

AGENDA REQUEST FORM

Agenda Item: To consider and/or approve a Facility Assignment Confirmation for services between Amergis Healthcare Services and the Cleveland County Health Department per the statewide contract SW1032.

Name of Person Submitting Request: Melody Bays, Regional Director

Address: Cleveland County Health Department
250 12th Ave. NE
Norman, OK 73071

Phone: (405) 579-2261

Date Requested: 6/22/2026

Description of Agenda Item including purpose for consideration by Board of County Commissioners (include type of Motion requested).

To consider and/or approve a Facility Assignment Confirmation for services between Amergis Healthcare Services and the Cleveland County Health Department per the statewide contract SW1032 for staffing Registered Nurse, Claire Richards . The Cleveland County Health Department agrees to pay \$65 per hour worked and \$96.00 per overtime hour worked, and .725/mile (or current gsa rate) for mileage. This agreement is for July 1, 2026 to June 30, 2027.

Internal Use Only

Received by: _____

Acknowledge: _____ (Chairman)

Date Assigned: _____

_____ (Member)

Applicant Notified: _____

_____ (Member)

Routine (Consent) Item: _____

Other Parties Notified: _____

