

**SHELBY COUNTY GOVERNMENT  
GRATUITY DISCLOSURE FORM**

**INSTRUCTIONS:** *This form is for all individuals receiving any Shelby County Government contract, subcontract, land use approval or financial grant of money to report any gratuity that has been given, directly or indirectly, to any elected official, employee or appointee (including their spouse and immediate family members) who is involved in the decision regarding the contract, land use approval, or financial grant of money.*

1. **NAME**

Tucker Dunlap Johnson PhD

2. **DATE OF GRATUITY**

None

3. **NATURE AND PURPOSE OF THE GRATUITY**

N/A

4. **NAME OF THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER WHO RECEIVED THE GRATUITY**

N/A

5. **NAME OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY**

N/A

6. **ADDRESS OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY**

N/A

**7. DESCRIPTION OF THE GRATUITY**

N/A

**8. COST OF THE GRATUITY** (If cost is unknown and not reasonably discernible by the person giving the gratuity, then the person giving the gratuity shall report a good faith estimate of the cost of the gratuity.)

N/A

**9.** The information contained in this Gratuity Disclosure Form, and any supporting documentation or materials referenced herein or submitted herewith, is true and correct to the best of my knowledge, information and belief and I affirm that I have not given, directly or indirectly, any gratuity to any elected official, employee or appointee (including their spouse and immediate family members) that has not been disclosed and I affirm that I have not violated the provisions of the Shelby County Code of Ethics.

Tucker Dunlap Johnson PhD  
Signature

07-11-2016  
Date

Tucker Dunlap Johnson PhD  
Print Name

*A copy of your completed form will be placed on the Shelby County Internet website.*

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**

<b>Insured Name and Mailing Address*</b> Tucker D Johnson P O Box 147 Stanton, TN 38069	<b>Program Administrator</b> <b>Administered By:</b> CPH and Associates 711 S. Dearborn, Suite 205 Chicago, IL 60605 P. 312-987-9823 F. 312-987-0902 info@cphins.com <b>Underwritten By:</b> Philadelphia Indemnity Insurance Company
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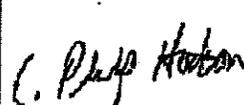
\*Additional insured locations are often requested by individual business owners who have more than one office. Your coverage is portable, meaning that you are covered at any location for practice under the occupation(s) listed on your policy.

<b>Coverage</b>		
<b>Policy #:</b> E78371	<b>Effective Date:</b> 11/08/2015	<b>Expiration Date:</b> 11/08/2016

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Limits of Liability		Coverage Part
EACH OCCURRENCE <i>(Per individual claim)</i>	AGGREGATE <i>(Total amount per policy year)</i>	
\$1,000,000	\$5,000,000	Professional Liability
N/A	N/A	Commercial General Liability Includes: General Liability, Fire & Water Legal Liability and Personal Liability
N/A	N/A	Property Coverage
\$1,000,000	\$5,000,000	Supplemental Liability
Unlimited	Unlimited	Defense Expense Coverage
\$100,000	\$100,000	State Licensing Board Investigation Defense Coverage
\$15,000	\$15,000	Assault Coverage
\$10,000	\$35,000	Deposition Expense Benefit
\$5,000/person	\$50,000	Medical Expense Coverage
\$15,000	\$15,000	First Aid Coverage

<b>Description/Special Provisions:</b>	
<b>Certificate Holder</b> Shelby County Government, its elected officials, appointees, & employees 160 N Main St, Suite 550 Memphis, TN 38103	<b>Cancellation</b> Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

Holder has also been added to the policy as an additional insured:** [ <input checked="" type="checkbox"/> Yes/No ]  **If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).	 Authorized Representative C. Philip Hodson
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**DISCLAIMER:** The Certificate of Insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend, or alter the coverage afforded by the policies listed thereon.

**THIS ENDORSEMENT CHANGED THE POLICY. PLEASE READ IT CAREFULLY**

**Additional Insured Endorsement**

This endorsement modifies insurance provided under the following:

**ALLIED HEALTHCARE PROVIDERS PROFESSIONAL  
AND SUPPLEMENTAL LIABILITY POLICY**

In consideration of the premium paid, this policy is amended as follows:

**Shelby County Government, its elected officials, appointees, & employees** is hereby added as an Additional Insured, solely for **Damages** arising out of a **Professional Incident** covered under this policy. The **Professional Incident** must arise out of services provided by the **Insured**, under contract with **Shelby County Government, its elected officials, appointees, & employees**.

**Additional Insured Name and Mailing Address:**

Shelby County Government, its elected officials, appointees, & employees

160 N Main St, Suite 550  
Memphis, TN , 38103

**\*\*Added to the policy effective 05/23/2016, at the additional premium of \$0.00.**

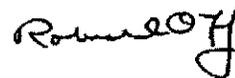
All other terms and conditions of this policy remain unchanged. This endorsement is part of your policy and takes effect on the effective date of your Policy, unless another effective date is shown below.

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Policy: E78371  
Effective on and after: 05/23/2016  
Issued to: Tucker D Johnson  
Expiration date: 11/08/2016

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PI-PHCP-3(03/01)



By: Robert O'Leary, Authorized Representative





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/16/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b>  Jim McAdams State Farm PO Box 115 100 N Washington Ave Brownsville, TN 38012	<b>CONTACT NAME:</b> Jim McAdams <b>PHONE (ACT. No. Ext.):</b> 731-772-6000 <b>E-MAIL ADDRESS:</b> Jim@JimMcAdams.com	<b>FAX (ACT. No.):</b> 731-772-6005
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b>  JOHNSON, TUCKER DUNLAP PO Box 147 122 Covington St Stanton, TN 38069	<b>INSURER A:</b> State Farm Mutual Automobile Insurance Company	<b>NAC #</b> 25178
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL. AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		026 5687-A31-42F	01/31/2016	07/31/2016	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE (Per accident) \$ 1,000,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE    DTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Shelby County Government, it's elected officials, appointees, employees and members of boards, agencies, and commissions shall be named as additional insured.

**CERTIFICATE HOLDER**                      **CANCELLATION**

Shelby County Government Purchasing Department 160 N. Main Street, 9th Floor, Suite 800 Memphis, TN 38103	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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**SHELBY COUNTY GOVERNMENT  
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1. **NAME**

~~N/A~~ Tuckee Johnson

2. **DATE OF GRATUITY**

N/A

3. **NATURE AND PURPOSE OF THE GRATUITY**

N/A

4. **NAME OF THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER WHO RECEIVED THE GRATUITY**

N/A

5. **NAME OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY**

N/A

6. **ADDRESS OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY**



# Shelby County Government

MARK H. LUTTRELL, JR.  
MAYOR

June 28, 2016

Dr. Tucker D. Johnson  
P O Box 147  
Stanton, TN 38069

**RE: RFP #16-005-73, OCS Management Services**

Dear Dr. Johnson:

We are pleased to inform you that you've been selected to provide clinical and management services on a full time basis for the Juvenile Court Office of Clinical Services, which was issued on the above-described RFP.

A contract for these services will be forwarded to you for review and approval. Until then, no work should begin on this project until you receive an official "Notice to Proceed," along with a fully negotiated and executed copy of the contract.

Thank you for your proposal and congratulations on your selection. Shelby County Government looks forward to the successful and timely delivery of this very important service and your efforts in reaching this goal.

If you have any questions regarding this letter, please contact Ms. Debra Louis @ (901) 222-2259.

Sincerely,

Clifton Davis  
Administrator of Purchasing  
Shelby County Government

CD/shw

cc: Dini Malone, Director, Administrative Services, Juvenile Court  
Lee Rankin Hopson, Contracts Administrator  
Tonya Blunt, Contracts Administration



## Purchasing Department

160 N. Main, Suite 900  
Memphis, TN 38103

(901) 222-2250  
Fax (901) 222-2064

# Shelby County Tennessee

Mark H. Luttrell, Jr., Mayor

## Memorandum

To: Honorable Mark H. Luttrell, Jr.  
Shelby County Mayor

From: Clifton Davis, Administrator  
Purchasing Department

Date: June 20, 2016

Re: RFP #16-005-73, OCS Management Services

Shelby County Government on behalf of the Juvenile Court of Memphis and Shelby County solicited proposals from interested and qualified consultants to provide clinical and management services on a full time basis for the Juvenile Court Office of Clinical Services. In addition to being advertised, the RFP was issued directly to thirty (30) vendors. Two (2) companies submitted proposals indicating their interest in providing the above-described services.

	Local Business <u>Y/N</u>	Evaluation <u>Score</u>	EOC <u>Number</u>	<u>Proposed Cost</u>
1. Dr. Tucker D. Johnson, Ph.D.	Y	99.33	EOC-VS-0519-26669	\$125,004.00
2. Dr. J. Jolene Bailey, Ph.D.	Y	75.67	EOC-S-0916-24695	\$222,560.00

An evaluation committee comprised of three (3) staff members from the Juvenile Court Office evaluated the proposal responses and determined that the proposal submitted by **Dr. Tucker D. Johnson, Ph.D.** thoroughly demonstrated their ability to meet the requirements of the Scope of Work described in the RFP. It is the recommendation of the evaluation committee, with the concurrence of the Purchasing Department, that **Dr. Tucker D. Johnson, Ph.D.** be awarded the contract to provide clinical management services on a full time basis for the Juvenile Court Office of Clinical Services.

