

Legislation Text

#### File #: 21-4682, Version: 1

**Department:** Purchasing

Department Head/Elected Official: DeWight Dopslauf, Purchasing Agent, Purchasing Department

Regular or Supplemental RCA: ☑ Regular RCA ☑ Supplemental RCA

Type of Request: Asset Management

Project ID (if applicable): Vendor/Entity Legal Name (if applicable): MWDBE Participation (if applicable):

#### **Request Summary (Agenda Caption):**

Request for authorization to remove inventory items listed on Auditor's Form 3351 for the Commissioner of Precinct 3, Fire Marshal's Office, and Public Health Services.

Background and Discussion:

**Expected Impact:** 

Alternative Options:

#### Alignment with Goal(s):

- □ Justice and Safety
- Economic Opportunity
- □ Housing
- Public Health
- □ Transportation
- Flooding

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□ Environment

□ Governance and Customer Service

# **Prior Court Action (if any):**

## Location:

Address (if applicable list below):

□ Countywide

Precinct 1

Precinct 2

Precinct 3

Precinct 4

| Fiscal and Personnel Summ           | nary                |                  |                   |            |
|-------------------------------------|---------------------|------------------|-------------------|------------|
| Service Name                        |                     | FY 21-22         | Estimates         |            |
|                                     |                     |                  | FY 22             | Next 3 FYs |
| Incremental Expenditures            |                     |                  |                   |            |
| Labor Expenditures                  |                     | -                | -                 | -          |
| Non-Labor Expenditures              |                     | -                | -                 | -          |
| Total Incremental Expenditures      |                     | -                | -                 | -          |
| Funding Sources (General Fund, I    | PIC Fund, Debt or ( | CP, Grants, or O | ther - Please Spe | cify)      |
| Existing Budget                     | -                   | -                | -                 | -          |
|                                     | -                   | -                | -                 | -          |
|                                     | -                   | -                | -                 | -          |
| Total Current Budget                |                     | -                | -                 | -          |
| Additional Budget Requested         | -                   | -                | -                 | -          |
|                                     | -                   | -                | -                 | -          |
|                                     | -                   | -                | -                 | -          |
| Total Additional Budget Requested   |                     | -                | -                 | -          |
| Total Funding Sources               |                     | -                | -                 | -          |
| Personnel (Fill out section only if | requesting new PC   | Ns)              |                   |            |
| Current Position Count for Service  |                     | -                | -                 | -          |
| Additional Positions Requested      |                     | -                | -                 | -          |
| Total Personnel                     |                     | -                | -                 | -          |

# **Anticipated Implementation Date:**

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### **Emergency/Disaster Recovery Note:**

□ Not an emergency, disaster recovery, or COVID-19 related item

Emergency Item

COVID-19 related Item

□ Disaster Recovery related Item

## Contact(s) name, title, department:

Attachments (if applicable):