



## Legislation Text

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**File #:** 21-4698, **Version:** 1

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**Department:** Purchasing

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

**Regular or Supplemental RCA:**

- ☒ Regular RCA  
☐ Supplemental RCA

**Type of Request:** Transmittal

**Project ID (if applicable):**

**Vendor/Entity Legal Name (if applicable):**

**MWDBE Participation (if applicable):**

**Request Summary (Agenda Caption):**

Transmittal by the Office of the Purchasing Agent of a purchase for The Interlocal Purchasing Systems (TIPS) with Homecare Products Inc. dba EZ-Access for Americans with Disabilities Act (ADA) Compliant Aluminum Ramps for the Elections Administrator's Office in the amount of \$772,061.

**Background and Discussion:**

**Expected Impact:**

**Alternative Options:**

**Alignment with Goal(s):**

- ☐ Justice and Safety  
☐ Economic Opportunity  
☐ Housing  
☐ Public Health  
☐ Transportation

- ☐ Flooding  
☐ 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

<b>Fiscal and Personnel Summary</b>				
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
<b>Incremental Expenditures</b>				
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
<b>Total Incremental Expenditures</b>		-	-	-
<b>Funding Sources</b> (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget		-	-	-
		-	-	-
		-	-	-
Total Current Budget		-	-	-
Additional Budget Requested		-	-	-
		-	-	-
		-	-	-
Total Additional Budget Requested		-	-	-
<b>Total Funding Sources</b>		-	-	-
<b>Personnel</b> (Fill out section only if requesting new PCNs)				
Current Position Count for Service		-	-	-
Additional Positions Requested		-	-	-
<b>Total Personnel</b>		-	-	-

**Anticipated Implementation Date:**

**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):**