

Legislation Text

File #: 21-4554, 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: Contract - Amendment

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

Request Summary (Agenda Caption):

Request for approval of a renewal option with ABP Enterprises, LLC for physical records conversion and indexing services for the Office of the County Engineer for the period of September 10, 2021-September 09, 2022 in the amount of \$493,642 (190225).

Background and Discussion:

Expected Impact:

Alternative Options:

Alignment with Goal(s):

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

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- \Box 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

| 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 Of | 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 | PCNs) | | |
| Current Position Count for Service | | - | - | - |
| Additional Positions Requested | | - | - | - |
| Total Personnel | | - | - | - |

Anticipated Implementation Date:

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Emergency/Disaster Recovery Note:

 \Box 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):