



## Legislation Text

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**File #:** 21-4607, **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 Public Calamity from GBJ Inc d/b/a AFC Transportation in the amount of \$107,799 for emergency shuttle services for employees of the Institute of Forensic Sciences.

**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		-	-	-
		-	-	-
		-	-	-
<b>Total Current Budget</b>		-	-	-
Additional Budget Requested		-	-	-
		-	-	-
		-	-	-
<b>Total Additional Budget Requested</b>		-	-	-
<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):**