



Legislation Text

File #: 21-4658, **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: Proposals/Bids

Project ID (if applicable):

Vendor/Entity Legal Name (if applicable):

MWDBE Participation (if applicable):

Request Summary (Agenda Caption):

Request for approval of a project scheduled for advertisement for drainage service, maintenance, and improvements at various locations in the South zone of Precinct 2 for the Office of the County Engineer (210286).

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

| Fiscal and Personnel Summary | | | | |
|--|--|----------|-----------|------------|
| 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, PIC Fund, Debt or CP, Grants, or Other - Please Specify) | | | | |
| 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:

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):