

Legislation Text

#### File #: 21-4645, 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: Financial Authorization

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

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

Request for approval of a sole source exemption from the competitive bid requirements with Atser Systems, Inc. for Capital Improvement Project Management and Tracking Software System (CAPTRAC) Software as a Service (SaaS) Manage-IT Module for the Toll Road Authority in the amount of \$7,802,500 for the period of September 14, 2021 - September 13, 2026, and that the County Judge execute the agreement.

### **Background and Discussion:**

**Expected Impact:** 

Alternative Options:

### Alignment with Goal(s):

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

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- □ Transportation
- $\Box$  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 Ot	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 i	requesting new PC	CNs)	-	
Current Position Count for Service		-	-	-
Additional Positions Requested		-	-	-
Total Personnel		-	-	-

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### **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):