

Legislation Text

File #: 22-4572, Version: 1

Department: Purchasing Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA **Type of Request:** Financial Authorization

Project ID (if applicable): N/A Vendor/Entity Legal Name (if applicable): N/A

MWDBE Contracted Goal (if applicable): N/A MWDBE Current Participation (if applicable): N/A Justification for 0% MWDBE Participation Goal: N/A - Goal not applicable to request

Request Summary (Agenda Caption):

Transmittal by the Office of the Purchasing Agent of bids and proposals for advertised jobs that were opened July 25 and August 1, 2022.

Background and Discussion: N/A

Expected Impact: N/A

Alternative Options: N/A

Alignment with Goal(s):

- _ Justice and Safety
- _ Economic Opportunity
- _ Housing
- _ Public Health
- _ Transportation
- _ Flooding
- _ Environment
- _ Governance and Customer Service

Prior Court Action (if any): N/A

Date	Agenda Item #	Action Taken

Location:N/A

Address	(if	арр	licat	ble):	N/	A
---------	-----	-----	-------	-----	----	----	---

Precinct(s): Choose an item.

Fiscal and Personnel Summary			
Service Name			
· · ·	SFY 22	FY 23	Next 3 FYs
Incremental Expenditures (do NOT w	rite values in th	ousands or millions	5)
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write value	es in thousands	or millions)	
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Current Budget	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Additional Budget Requested	\$	\$	\$
Total Funding Sources	\$	\$	\$
Personnel (Fill out section only if reques	sting new PCNs)		
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Court Date: 8.2.22

Anticipated Implementation Date (if different from Court date):

Emergency/Disaster Recovery Note: Not an emergency, disaster, or COVID-19 related item

Contact(s) name, title, department:

Attachments (if applicable): Letter, report