



## Legislation Text

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**File #:** 24-1010, **Version:** 1

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**Department:** Purchasing

**Department Head/Elected Official:** DeWight Dopslauf

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Contract - Renewal

**Project ID** (if applicable): 200269

**Vendor/Entity Legal Name** (if applicable): SafetyMed, LLC

**MWDBE Contracted Goal** (if applicable): N/A

**MWDBE Current Participation** (if applicable): N/A

**Justification for 0% MWDBE Participation Goal:** 0% - Non-Divisible

**Request Summary (Agenda Caption):**

Request for approval of a renewal option with SafetyMed, LLC for automatic external defibrillators and related items for Harris County for the period of June 29, 2024 - June 28, 2025 at a cost of \$314,987 (200269),

Justification for 0% MWDBE Participation Goal: 0% - Non-Divisible.

**Background and Discussion:**

The spending costs of automatic external defibrillators and related items is estimated at \$314,987.

**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):

Date	Agenda Item #	Action Taken
9/29/2020	21.c.1.d	Request for approval of project scheduled for advertisement
6/29/2021	407	Request for approval of an award on the basis of best proposal meeting requirements
7/19/2022	220	Request for approval of a renewal option (1 of 4)
6/6/2023	198	Request for approval of a renewal option (2 of 4) and order of assignment

**Location:**

Address (if applicable): N/A

Precinct(s): Countywide

**Fiscal and Personnel Summary**

Service Name					
			<b>Current Fiscal Year Cost</b>		<b>Annual Fiscal Cost</b>
			<b>Labor</b>	<b>Non-Labor</b>	<b>Total</b>
					<b>Recurring Expenses</b>
<b>Funding Sources</b>					
<b>Existing Budget</b>					
1000 - General Fund	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
<b>Total Current Budget</b>	\$	\$	\$	\$	
<b>Additional Budget Request</b> ( <i>Requires Fiscal Review Request Form</i> )					
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
<b>Total Additional Budget Request</b>	\$	\$	\$	\$	
<b>Total Funding Request</b>	\$	\$	\$	\$	
<b>Personnel</b> (Fill out section only if requesting new PCNs)					
Current Position Count for Service	-	-	-	-	
Additional Positions Request	-	-	-	-	
<b>Total Personnel</b>	-	-	-	-	

**Anticipated Court Date:** 2/27/2024

**Anticipated Implementation Date (if different from Court date):** 2/27/2024

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

**Contact(s) name, title, department:** Jacque Darbonne, Human Resources and Risk Management; Luke Herdrich, Senior Buyer, Purchasing

**Attachments** (if applicable): Amendment, Letter