



## Legislation Text

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**File #:** 24-2314, **Version:** 1

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**Department:** Purchasing

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

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Asset Management

**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):**

Request for approval to remove inventory items listed on Auditor's Form 3351 for the Flood Control District and Public Health Services.

**Background and Discussion:**

N/A

**Expected Impact:**

N/A

**Alternative Options:**

N/A

**Alignment with Goal(s):** N/A

- ☐ 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 applicable): N/A

Precinct(s): Choose an item.

**Fiscal and Personnel Summary**

Service Name				
	Current Fiscal Year Cost			Annual Fiscal Cost
	Labor	Non-Labor	Total	Recurring Expenses
<b>Funding Sources</b>				
<b>Existing Budget</b>				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Current Budget	\$	\$	\$	\$
<b>Additional Budget Request</b> ( <i>Requires Fiscal Review Request Form</i> )				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Additional Budget Request	\$	\$	\$	\$
<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: April 23, 2024

Anticipated Implementation Date (if different from Court date): N/A

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

Contact(s) name, title, department: Angle Luna, Inventory Specialist, Purchasing

Attachments (if applicable): Letter