



Legislation Text

File #: 24-2154, **Version:** 1

Department: Purchasing

Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA

Type of Request: Contract - Amendment

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 that the County Judge execute an amendment to an agreement with SafetyMed, LLC in the additional amount of \$635,013 for additional automatic external defibrillators and maintenance of equipment and related items for Harris County for the period of June 29, 2023 - June 28, 2024 (200269), Justification for 0% MWDBE Participation Goal: 0% - Non-Divisible.

Background and Discussion:

Automatic external defibrillators and related items

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
2/27/2024	318	Request for approval of a renewal option (3 of 4) and amendment approval

Location:

Address (if applicable):

Precinct(s): Countywide

Fiscal and Personnel Summary

Service Name			
	Current Fiscal Year Cost		
			Annual Fiscal Cost
	Labor	Non-Labor	Total
			Recurring Expenses

Funding Sources**Existing Budget**

Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Current Budget	\$	\$	\$	\$

Additional Budget Request (*Requires Fiscal Review Request Form*)

Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Additional Budget Request	\$	\$	\$	\$
Total Funding Request	\$	\$	\$	\$

Personnel (Fill out section only if requesting new PCNs)

Current Position Count for Service	-	-	-	-
Additional Positions Request	-	-	-	-
Total Personnel	-	-	-	-

Anticipated Court Date: 4/23/2024**Anticipated Implementation Date** (if different from Court date): 4/23/2024

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): Letter, Amendment