



Fulton County Board of Commissioners  
**Agenda Item Summary**

#20-0713

**ADD-ON**  
BOC Meeting Date  
**10/7/2020**

**Requesting Agency**  
Registration & Elections

**Commission Districts Affected**  
All Districts

**Requested Action** *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*  
Presentation: Registration & Elections Update.

**Requirement for Board Action** *(Cite specific Board policy, statute or code requirement)*

**Is this Item related to a Strategic Priority Area?** *(If yes, note strategic priority area below)*  
Yes            Open and Responsible Government

**Is this a purchasing item?**  
No

<b>Summary &amp; Background</b>	<i>(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)</i>
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Scope of Work:

<b>Contract &amp; Compliance Information</b>	<i>(Provide Contractor and Subcontractor details.)</i>
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Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

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Typed Name and Title	Phone	
Signature	Date	

<b>Solicitation Information</b>	<b>NON-MFBE</b>	<b>MBE</b>	<b>FBE</b>	<b>TOTAL</b>
No. Bid Notices Sent:				
No. Bids Received:				
<b>Total Contract Value</b>	.			
<b>Total M/FBE Values</b>	.			
<b>Total Prime Value</b>	.			
<b>Fiscal Impact / Funding Source</b>	<i>(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)</i>			
.				
<b>Exhibits Attached</b>	<i>(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)</i>			
<b>Source of Additional Information</b>	<i>(Type Name, Title, Agency and Phone)</i>			

<b>Agency Director Approval</b>		<b>County Manager's Approval</b>
<b>Typed Name and Title</b>	<b>Phone</b>	
<b>Signature</b>	<b>Date</b>	

## Procurement

Contract Attached:

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Previous Contracts:

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Solicitation Number:

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Submitting Agency:

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Staff Contact:

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Contact Phone:

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Description:.

### FINANCIAL SUMMARY

Total Contract Value:

Original Approved Amount: .

Previous Adjustments: .

This Request: .

TOTAL: .

MBE/FBE Participation:

Amount: . %: .

Amount: . %: .

Amount: . %: .

Amount: . %: .

Grant Information Summary:

Amount Requested: .

Match Required: .

Start Date: .

End Date: .

Match Account \$: .

☐

Cash

☐

In-Kind

☐

Approval to Award

☐

Apply &amp; Accept

Funding Line 1:

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Funding Line 2:

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Funding Line 3:

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Funding Line 4:

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### KEY CONTRACT TERMS

Start Date:

.

End Date:

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Cost Adjustment:

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Renewal/Extension Terms:

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### ROUTING & APPROVALS

(Do not edit below this line)

. Originating Department: . Date: .

. County Attorney: . Date: .

. Purchasing/Contract Compliance: . Date: .

. Finance/Budget Analyst/Grants Admin: . Date: .

. Grants Management: . Date: .

. County Manager: . Date: .