



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

**# 20-0697**

**BOC Meeting Date**  
**10/7/2020**

**Requesting Agency**

County Manager

**Commission Districts Affected**

All Districts

**Requested Action** *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*

Presentation of COVID-19 Operational Response 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

**Summary & Background**

*(First sentence includes Agency recommendation. Provide an executive summary of the action that gives an overview of the relevant details for the item.)*

**Scope of Work:**

.

**Contract & Compliance Information**

*(Provide Contractor and Subcontractor details.)*

Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

Revised 03/12/09 (Previous versions are obsolete)

Agency Director Approval		County Manager's Approval
Typed Name and Title	Phone	
Signature	Date	

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<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>	(Include projected cost, approved budget amount and account number, source of funds, and any future funding requirements.)			
.				
<b>Exhibits Attached</b>	(Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)			
<b>Source of Additional Information</b>	(Type Name, Title, Agency and Phone)			

<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:**

.

**Previous Contracts:**

.

**Solicitation Number:**

.

**Submitting Agency:**

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**Staff Contact:**

.

**Contact Phone:**

.

**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:**

.

**Funding Line 2:**

.

**Funding Line 3:**

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**Funding Line 4:**

.

**KEY CONTRACT TERMS****Start Date:**

.

**End Date:**

.

**Cost Adjustment:**

.

**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: .