



Fulton County Board of Commissioners
Agenda Item Summary

BOC Meeting Date
3/18/20

Requesting Agency
Commissioners

#20-0176

Commission Districts Affected
All Districts

Requested Action *(Identify appropriate Action or Motion, purpose, cost, timeframe, etc.)*
Proclamations for Spreading on the Minutes

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)*

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.)

Proclamations for Spreading on the Minutes

Proclamation recognizing "Reverend Dr. Donald Earl Bryant Appreciation Day." **(Pitts)**
March 13, 2020

Proclamation recognizing "Atlanta St. Patrick's Parade Day." **(Pitts)**
March 14, 2020

Proclamation recognizing "Junius Lavern Reed Remembrance Day." **(Hall)**
March 14, 2020

Contract & Compliance Information

(Provide Contractor and Subcontractor details.)

Agency Director Approval

**County Manager's
Approval**

Typed Name and Title

Phone

Signature

Date

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

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

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

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

Procurement

Contract Attached:

.

Previous Contracts:

.

Solicitation Number:

.

Submitting Agency:

.

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 & Accept

Funding Line 1:

.

Funding Line 2:

.

Funding Line 3:

.

Funding Line 4:

.

KEY CONTRACT TERMS

Start Date:

.

End Date:

.

Cost Adjustment:

.

Renewal/Extension Terms:

.

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: .