

Fulton County

Legislation Details (With Text)

File #: 21-0694 **Version**: 1 **Name**:

Type: CM Action Item - Open & Status: Passed

Responsible Government

File created: 9/8/2021 In control: Board of Commissioners

On agenda: 9/15/2021 **Final action:** 9/15/2021

Title: Request ratification of emergency procurement - County Manager, Countywide Emergency

Procurements. (APPROVED)

Sponsors:

Indexes:

Code sections:

Attachments: 1. FULTON COUNTY EMERGENCY PROCUREMENTS 8 24 - 9 8 2021

Date	Ver.	Action By	Action	Result
9/15/2021	1	Board of Commissioners	approve	Pass

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

Request ratification of emergency procurement - County Manager, Countywide Emergency Procurements. (APPROVED)

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

In accordance with Purchasing Code Section 102-385, when the County Manager has approved an emergency procurement, the item shall be forwarded to the Board of Commissioners for ratification.

Strategic Priority Area related to this item (If yes, note strategic priority area below)

Open and Responsible Government

Is this a purchasing item?

Yes

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: Attached is a list of emergency procurements for the County for the period 8/25/2021 through 9/8/2021.

Contract Modification

Contract & Compliance Information (Provide Contractor and Subcontractor details.)

Not Applicable

Exhibits Attached (Provide copies of originals, number exhibits consecutively, and label all exhibits in the upper right corner.)

File #: 21-0694, Version	: 1	
Exhibit 1: List of Cou	nty Emergency F	rocurements
Contact Information		Agency and Phone) County Emergency Management Agency, (404) 612-5660
Pamela Roshell, PhD	, Deputy COO, I	lealth & Human Services, (404) 612-1243
Joseph Davis, Directo	or, DREAM (404)	612-3772
Contract Attached No		
Previous Contract No	s	
Total Contract Val	ue	
Original Approved Ar Previous Adjustments This Request: TOTAL: Grant Information	0.00 0.00 0.00	
Amount Requested: Match Required:	0.00 0.00	□ Cash □ In-Kind

 $\ \square$ Approval to Award

☐ Apply & Accept

Fiscal Impact / Funding Source

0.00

0.00

0.00

Start Date:

End Date:

Match Account \$:

Funding line to be identified at time of request by Finance Department