## **AGENDA NOTES**

Solicitation Name and Number PO N	nal Crematory (Emergency) No. 1283762 eneen Walters
Procurement Agent  L. Do  Date Solicitation bid prices expires. (Indicate if vendor has agreed to extend bid date/prices.	
Date Solicitation bid prices expires. (Indicate if vendor has agreed to extend bid date/prices.	eneen Walters
vendor has agreed to extend bid date/prices.	
vendor has agreed to extend bid date/prices.	
include new date.)	
Solicitation Name, Number and Contract N/A	
Number of expiring/expired contract (If no	
previous contract, please indicate N/A)	
Previous Contract Number, Contractor Name N/A	
and Award Amount (Include increases and Total	
Award Amount)	
Previous Amount Spent on Expiring/Expired N/A	
Contract	
(If multiple award, List Amount Spent per	
Contract and include Total Amount Spent)	
Prime Contractor Information and LSBE –	
Subcontractor (Prime: Company Name, Owner	
` * * * * * * * * * * * * * * * * * * *	ech Environmental Resources – Prime
	iam Bristow – CEO
	s in Business: 34
(LSBE: LSBE Type (DeKalb or MSA, Year	s Doing Business with DeKalb: 13
Participation Percentage, Company Name,	
Owner Name and Title, Address, Type of Work	
Provided and Number of years in business)	
Non-	Competitive Procurement Request Form
Attachments	,