

AGENDA NOTES

Solicitation Name and Number	Compressed Natural Gas (Annual Contract With 2 Options To Renew) ITB 20-101254
Procurement Agent	Marion Dean
Date Solicitation bid prices expires. (Indicate if vendor has agreed to extend bid date/prices. Include new date.)	N/A
Solicitation Name, Number and Contract Number of expiring/expired contract (If no previous contract, please indicate N/A)	N/A
Previous Contract Number, Contractor Name and Award Amount (Include increases and Total Award Amount)	CPA 1219152 AFS DeKalb Georgia, LLC Total Award: \$1,460,000.00 Initial \$500,000.00 1 st Renewal \$960,000.00
Previous Amount Spent on Expiring/Expired Contract (If multiple award, List Amount Spent per Contract and include Total Amount Spent)	Total Amount Spent: \$966,999.98 Initial \$481,988.69 1 st Renewal \$485,011.29
Prime Contractor Information and LSBE – Subcontractor (Prime: Company Name, Owner Name and Title, Number years in business and Number of Years doing business with DeKalb County) (LSBE: LSBE Type (DeKalb or MSA, Participation Percentage, Company Name, Owner Name and Title, Address, Type of Work Provided and Number of years in business)	<p><u>AFS DeKalb Georgia, LLC - Prime</u></p> <p>Elizabeth Crockett – Director of Operations Years in Business:8 Years doing business with DeKalb:8</p> <p>No LSBE participation</p>
Attachments	<ul style="list-style-type: none"> • UD Recommendation Form