AGENDA NOTES

	ITB 18-100953 Installation and Fertilization of Bermuda Sod
Solicitation Name and Number	(Annual Contract with 2 Options to Renew)
Procurement Agent	Nancy Harrison
Date Solicitation bid prices expires. (Indicate if vendor has agreed to extend bid date/prices.	July 30, 2018
Include new date.)	Vendor agreed to extend to October 31, 2018
Solicitation Name, Number and Contract	Installation of Bermuda Sod ITB No. 3003474
Number of expiring/expired contract (If no previous contract, please indicate N/A)	TRI Scape Inc. CPA No. 974549
previous contract, please mulcate 14/A)	Benson Construction Company, Inc.
	CPA No. 973083
Previous Contract Number, Contractor Name	Total Award Amount - \$1,540,896.00
and Award Amount (Include increases and Total Award Amount)	CPA No. 974549 TRI Scape Inc.
Awaru Amount)	Initial Award - \$461,736.00
	1 st Renewal - \$300,000.00
	2 nd Renewal - \$150,000.00
	Total - \$911,736.00
	CPA No. 973083 (Alternate)
	Benson Construction Company, Inc.
	Initial Award - \$479,160.00
	1 st Renewal - \$100,000.00
	2 nd Renewal - \$ 50,000.00
	Total - \$629,160.00
Previous Amount Spent on Expiring/Expired	
Contract (If multiple expend List Amount Spont nor	Amount Spent to Date - \$488,395.00
(If multiple award, List Amount Spent per Contract and include Total Amount Spent)	CPA No. 974549 TRI Scape Inc.
Contract and include Total Amount Spent)	Initial Award - \$288,585.00
	1 st Renewal - \$199,810.00 2 nd Renewal - \$0
	Total - \$488,395.00
	CPA No. 973083 Benson Construction Company, Inc.
	Initial Award - \$0
	1 st Renewal - \$0
	2 nd Renewal - \$0
	Total - \$0

Prime Contractor Information and LSBE –	Prime:
Subcontractor (Prime: Company Name, Owner	Benson Construction Company, Inc.
Name and Title, Number years in business and	Burt E. Benson Jr., Owner
Number of Years doing business with DeKalb	Years in Business: 49
County)	Years doing business with DeKalb: 2
(LSBE: LSBE Type (DeKalb or MSA,	Č
Participation Percentage, Company Name,	Good Faith Effort approved by CPO . Prime attended
Owner Name and Title, Address, Type of Work	mandatory LSBE meeting and made a good faith effort partner
Provided and Number of years in business)	with multiple LSBE. One responded and declined.
	Department Recommendation Form
Attachments	Tabulation Sheet
	Market Survey