

## AGENDA NOTES

<b>Solicitation Name and Number</b>	Emergency Notification System RFP 15-500532
<b>Procurement Agent</b>	Jennifer Schofield
<b>Date Solicitation bid prices expires. (Indicate if vendor has agreed to extend bid date/prices. Include new date.)</b>	N/A
<b>Solicitation Name, Number and Contract Number of expiring/expired contract (If no previous contract, please indicate N/A)</b>	Emergency Notification System RFP 15-500532 Contract: 1019538
<b>Previous Contract Number, Contractor Name and Award Amount (Include increases and Total Award Amount)</b>	<b>Total Award: \$283,500.00</b>
<b>Previous Amount Spent on Expiring/Expired Contract (If multiple award, List Amount Spent per Contract and include Total Amount Spent)</b>	<b>Total Spent: \$283,500.00</b>
<b>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)</b>	N/A
<b>Attachments</b>	UD CO Request Form