AGENDA NOTES

Procurement Technician Vendor(s) agree to renew under the same prices, terms and conditions Solicitation Name, Number and Portable Toilet Rental	
Vendor(s) agree to renew under the same prices, terms and conditions YES	
same prices, terms and conditions	
Solicitation Name, Number and Portable Toilet Rental	
,	
Contract Number of Expiring Contract ITB 15-100609	
(If no previous contract, please indicate CPA No. 1021260	
N/A)	
Expiring Contract Number, Contractor CPA No. 1021260	
Name and Award Amount (Include M.A.S.S. Services, Inc. dba Comfort Zone Porta	ables
increases and Total Award Amount) \$103,281.00	
Previous Amount Spent on \$15,600.00	
Expiring/Expired Contract (If multiple	
award, List Amount Spent per Contract CPA No. 1021260	
and include Total Amount Spent)	
Prime Contractor Information and M.A.S.S. Services, Inc. dba Comfort Zone Po	ortables -
LSBE-Subcontractor (Prime: Company Prime	
Name, Owner Name and Title, Number Owner: Patty Slade	
years in business and Number of Years Years in business: 25	
doing business with DeKalb County) Years doing business with DeKalb: 13	
(LSBE: LSBE Type (DeKalb or MSA,	
Participation Percentage, Company	
Name, Owner Name and Title, Address,	
Type of Work Provided, Number of	
years in business and Previous	
Business/Contracts and Amounts in	
DeKalb County) No LSBE Participation	
Attachments Renewal Request Forms	