## **AGENDA NOTES**

	Ratification – Emergency Mold
Solicitation Name and Number	Remediation
Solicitation Name and Number	
7	PO Nos.: 1075030 and 1077582
Procurement Agent	Phyllis A. Head
	N/A
Date Solicitation bid prices expires.	N/A
(Indicate if vendor has agreed to	
extend bid date/prices. Include new	
date.)	
C-1:-:4-4: N N 1	N/A
Solicitation Name, Number and	N/A
Contract Number of expiring/expired	
contract (If no previous contract,	
please indicate N/A)	
Previous Contract Number,	N/A
Contractor Name and Award Amount	
(Include increases and Total Award	
Amount)	
rimount)	
<b>Previous Amount Spent on</b>	N/A
Expiring/Expired Contract	
(If multiple award, List Amount Spent	
per Contract and include Total	
Amount Spent)	
Prime Contractor Information and	
LSBE – Subcontractor (Prime:	
Company Name, Owner Name and	Full Circle Restoration
Title, Number years in business and	Lawrence D. Duke, CEO
Number of Years doing business with	4325 River Green Parkway Duluth, GA 30096
DeKalb County)	Years in Business: 20
(LSBE: LSBE Type (DeKalb or MSA,	
Participation Percentage, Company	Years Doing Business with DeKalb: 9
Name, Owner Name and Title,	
Address, Type of Work Provided and	
Number of years in business)	
Attachments	Non –Competitive Procurement Request
	Forms