AGENDA NOTES

	Sole Source – First Responder State-Specific
Solicitation Name and Number	Policy and Training Support Solution
	Services
Procurement Agent	Jenifer G. Chapital
Date Solicitation prices expires.	N/A
(Indicate if vendor has agreed to extend	1 1 1 2
bid date/prices. Include new date.)	
,	
Solicitation Name, Number and	N/A
Contract Number of expiring/expired	
contract (If no previous contract, please	
indicate N/A)	
Contract Number, Contractor Name	NT/A
and Award Amount (Include increases and Total Award Amount)	N/A
,	\$0.00
Amount Spent to Date on Expiring/Expired Contract	\$0.00
(If multiple awards, List Amount Spent	
per Contract and include Total Amount	
Spent)	
SP 1115)	
Prime Contractor Information and	
LSBE – Subcontractor (Prime:	Lexipol, LLC (Prime)
Company Name, Owner Name and	Chuck Corbin, CEO
Title, Number years in business and	Years in Business: 9
Number of Years doing business with	Years Doing Business with DeKalb: 0
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)	
Attachments	NCPR Form
	• Quote
	Sole Source Letter