

AGENDA NOTES

Solicitation Name and Number	Compressed Natural Gas (Annual Contract with 2 Options to Renew) ITB 20-101259
Procurement Agent	L. Deneen Walters
Vendor(s) agree to renew under the same prices, terms, and conditions	yes
Solicitation Name, Number and Contract Number of expiring/expired contract (If no previous contract, please indicate N/A)	Compressed Natural Gas (Annual Contract with 2 Options to Renew) ITB 20-101259 CPA 1219152
Contract Number, Contractor Name and Award Amount (Include increases and Total Award Amount)	CPA 1219152 AFS DeKalb GA, LLC Total Award: \$500,000.00 Initial \$500,000.00
Amount Spent on Expiring/Expired Contract (If multiple awards, List Amount Spent per Contract and include Total Amount Spent)	Total Amount Spent: \$481,988.69 Initial \$481,988.69
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)	<u>AFS DeKalb GA, LLC - Prime</u> Elizabeth Crockett – Director of Operations Years in Business: 8 Years doing business with DeKalb:8 No LSBE participation
Attachments	<ul style="list-style-type: none"> • UD Recommendation Form