



Commission Order No. 2023-54
First Quarter Term 2023

COMMISSION ORDER

STATE OF MISSOURI }
County of Franklin } ss.

Tuesday, February 07, 2023
Bid Award

IN THE MATTER OF AWARDING THE BID FOR FIRE ALARMS TO ET SECURITY & FIRE LLC.

WHEREAS, a Public Notice to Bidders asking for sealed bids for Fire Alarms was published in the Washington Missourian December 14, 2022 edition for receipt by January 19, 2023; and

WHEREAS, three (3) bids were received from Midwest Electronic Systems Inc.; ET Security & Fire LLC.; and American Burglary & Fire, Inc.; and

WHEREAS, after due deliberation and consideration, and following discussion with the Maintenance Department, it is the recommendation of the Franklin County Purchasing Department that the contract for Fire Alarms be awarded to the lowest and most responsive bidder, ET Security & Fire LLC.; and


WHEREAS, the Franklin County Commission hereby finds and determines it is in the best interest of Franklin County to award the bid for Fire Alarms to ET Security & Fire LLC. for the total cost not to exceed \$46,275.00.

IT IS THEREFORE ORDERED by the Franklin County Commission that the contract for Fire Alarms is hereby awarded to ET Security & Fire LLC. and that the Presiding Commissioner, Tim Brinker, is authorized to execute any and all documents as may be necessary or desirable to carry out and comply with the intent of this Order, for and on behalf of the County of Franklin, Missouri.

IT IS FURTHER ORDERED that a copy of this Order be provided to ET Security & Fire LLC.; Tony Henry, Maintenance Director; Shakara Bray, Purchasing Director; Lynne Maloney, Accounts Payable; and to Angela Gibson, Auditor.

I hereby certify that there is a balance otherwise unencumbered to the credit of the current year appropriation to which this order is chargeable and a cash balance otherwise unencumbered in the treasury to the credit of the fund which payment is to be made, each sufficient to meet this obligation.

Auditor Angela Gibson 2/7/23
495495-696.640



Presiding Commissioner



Commissioner of 1st District



Commissioner of 2nd District



FRANKLIN COUNTY
PURCHASING DEPARTMENT

January 27, 2023

Tim Brinker, Presiding Commissioner
Todd Boland, 1st District Commissioner
Dave Hinson, 2nd District Commissioner

RE: RFP 2022-38 Fire Alarms

Dear Commissioners:

On January 19, 2023 the Purchasing Department received responses to the Request for Bid for Fire Alarms. Three responses were received from Midwest Electronic Systems Inc., ET Security & Fire LLC. and American Burglary & Fire, Inc. Following discussion with the Maintenance Department, the Purchasing Department hereby recommends ET Security & Fire LLC for award of the Fire Alarm bid.

Respectfully,

A handwritten signature in black ink that reads "Shakara Bray". The signature is fluid and cursive.

Shakara Bray

Purchasing Director, Franklin County



**FRANKLIN COUNTY
PURCHASING DEPARTMENT
REQUEST FOR BID (RFB) COVER PAGE**

RFB NO: # 2022-38

TITLE: Fire Alarms

Solicitation Schedule & Deadlines:

December 14, 2022	Solicitation Release Date
December 21, 2022 10:00 AM	Non Mandatory Walk-Through
December 28, 2022 2:00 PM	Deadline for Submitting Questions
December 30, 2022 4:30 PM	Deadline to post Addendum
January 19, 2023, 2:00PM	Deadline to Submit Response

Responses must be received no later than "Deadline to Submit Response"

January 19, 2023 2:00PM

Shakara Bray, Purchasing Agent

Meagan Cowser, Assistant Purchasing Agent

Phone: 636-584-6274 Email: purchasing@franklinmo.net

Submittal Instructions: Print this Packet in its entirety and complete all pages per instructions. Print the SEALED RESPONSE LABEL found in Attachment 1 of this packet and attach to the front of your envelope.

****In the event of inclement weather, contact purchasing at the phone number above.***

Company Name: ET Security & Fire LLC. _____

SUBMISSION CHECKLIST

I have reviewed the bid schedule and deadlines, located on the solicitation cover page

I have read ALL Terms and Conditions and Bid documents closely

(Located at www.franklinmo.org)

THE ITEMS LISTED BELOW ARE THE REQUIRED DOCUMENTATION FOR SUBMITTING A RESPONSE

USE THESE FORMS ONLY

- Solicitation Cover page
- Contractual Terms and Conditions Acknowledgement
- Pricing Form completed and signed
- I have one original and two copies that are labeled accordingly
- I have included contact information
- I have included the COI (Certificate of Insurance)
- Envelope is sealed and label attached
- Affidavit for Work Authorization is completed and Notarized
- Current, signed W-9 is included in solicitation packet
- Anti-Discrimination Against Israel Act Affidavit

If you have already submitted W-9 information through Vendor Registry, you do not have to resubmit with response. Just reference Vendor Registry.

GENERAL INFORMATION

Franklin County is looking for a qualified vendor to provide Franklin County Government Center with Fire Alarm Modification.

SCOPE OF WORK

Propose to replace existing fire alarm panel and devices with new equipment. Propose to change all the existing devices in the Franklin County Government Building. This is a device for device change out. Propose to install cellular dialer to monitor the system.

SPECIFIC INFORMATION

System Type(s): Fire Alarm Modification of the Existing

Install Proposed: Upgrade of Existing Conventional Devices and Fire Alarm Panel

ADDITIONAL SERVICES

Expectation of the County is that all components integral to the structure are fully functioning and operational upon arrival to the site. Vendor to provide an unconditional guarantee against defect of all workmanship, all equipment, and material for a period of one year from date of acceptance by the County.

The contents of this section include mandatory requirements that will be required of the successful bidder and subsequent contractor. The offeror is requested to provide responses to the requirements/desired attributes in this section pursuant to the directions identified herein. The offeror's response, whether responding to a mandatory requirement or a desired attribute, shall be binding in the event the bid is accepted by Franklin County. The offeror must provide all costs necessary to meet the mandatory requirements and the fulfillment of any desirable attributes in the appropriate section titled Pricing.

INSURANCE REQUIREMENTS

1. The Contractor shall furnish County with a certificate of insurance indicating proof of the following insurance from company's license in the State of Missouri:
 - A. Worker's Compensation and Employers' Liability: Worker's Compensation Statutory in compliance with the Compensation law of the Sate and Employers' Liability Insurance with a limit no less than \$1,000,000.00 each accident.
 - B. Comprehensive or Commercial General Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include, but not be limited to, the following coverage.
 1. Premises – Operations
 2. Products and Completed Operations
 3. Broad Form Property Damage
 4. Contractual
 5. Personal Injury
 - C. Automobile Liability with a minimum limit of \$1,000,000.00 per occurrence, \$3,000,000.00 aggregate Combined Single Limit for Bodily Injury and Property Damage Liability. This insurance shall include coverage for all the following:
 1. Owned Automobiles
 2. Hired Automobiles
 3. Non-Owned Automobiles
 - D. The certificate shall list the Certificate Holder and Address as follows: Franklin County, 400 E Locust Street, Room 206, Union, Mo 63084. The services provided to Franklin County shall be listed under "Description of Operations."
 - E. Such insurance shall include under the General Liability and Automobile Liability policies Franklin County, its employees, elected officials, representatives, and members of its board and/or commissioners as "Additional Insured's".
2. The Agreement of Insurance shall provide for notice to the County of amendment or cancellation of insurance policies 30 days before such amendment or cancellation is to take effect.

OTHER REQUIREMENTS

Anti-Discrimination Against Israel Act Requirement

A public entity shall not enter into a contract with a company to acquire to dispose of services, supplies, information technology, or construction unless the contract includes a written certification that the company is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel. This section shall not apply to contracts with a total potential value of less than one hundred thousand dollars or to contractors with fewer than ten employees.

Affidavit of Compliance with Section 34.600 RSMo for Contracts over \$100,000 or for Contractors with Ten (10) or more employees

I, Jeremy Overman [Contractor Agent], being duly sworn, attest and state, under penalty of perjury, as follows:

1. I am employed by ET Security & Fire LLC. [Contractor] and serve as the Operations Manager [Position with Contractor].
2. I hereby affirm that ET Security & Fire LLC. [Contractor]:
 - a) is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; or
 - b) is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or
 - c) is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from persons or entities doing business in the State of Israel.

Further Affiant Sayeth Not.


[Contractor Agent]

STATE OF MISSOURI)
) ss.
Franklin COUNTY)

Subscribed and sworn to me, a notary public, this 19 day of January, 2023


Notary Public

My commission expires: 7-6-2026



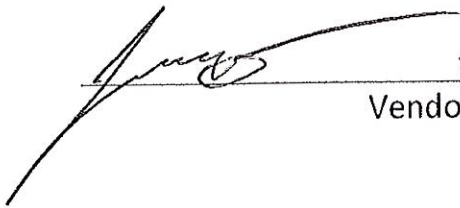
X

CONTRACTUAL TERMS AND CONDITIONS ACKNOWLEDGEMENT

The undersigned Vendor/Contractor has read, understood, and accepted the Terms and Conditions as published on the Franklin County Official Website located at:

<http://www.franklinmo.org>

All terms and conditions as stated shall be adhered to by Vendor/Contractor upon acceptance of contract. Vendor/Contractor enters into this agreement voluntarily, with full knowledge of its effect.



for ET Security & Fire LLC.
Vendor/Contractor Signature

01/19/2023

Date

Jeremy Overman for ET Security & Fire LLC.

Operations Manager

Vendor/Contractor Name and Title

AFFIDAVIT OF WORK AUTHORIZATION

The grantee, sub grantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Jeremy Overman (Name of Business Entity Authorized Representative)
as Operations Manager (Position/Title)

first being duly sworn on my oath, affirm ET Security & Fire LLC. (Business Entity Name) is enrolled and will continue to participate in the E-Verify Federal Work Authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to RFB # 2022-38 (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contractor, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that ET Security & Fire LLC. (Business Entity Name)

does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to RFP # 2022-38 (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

[Signature] for ET Security & Fire LLC. Jeremy Overman
Authorized Representative's Signature Printed Name

Operations Manager
Title Date

Subscribed and sworn to before me this 19 of January 2023. I am
Day Month, Year

commissioned as a notary public within the County of Franklin, State of Missouri and my commission expires on Date 7-6-2026

Tiana Elizabeth Brand 1-19-2023
Signature of Notary Date



X

AFFIDAVIT OF WORK AUTHORIZATION

(Continued)

CURRENT BUSINESS ENTITY STATUS

I certify that ET Security & Fire (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

<u>Jeremy Overman</u> Authorized Business Entity Representative's Name (Please Print)	<u>[Signature]</u> for <u>ET Security & Fire</u> Authorized Business Entity Representative's Signature
<u>Operations Manager</u> Business Entity Name	<u>01/19/2023</u> Date

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

- o Enroll and participate in the E-Verify Federal Work Authorization Program (Website: <http://www.dhs.gov/e-verify>; Phone: 888-464-4218 Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- o Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify Federal Work Authorization Program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, subgrantee's, contractors, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, subgrantee, contractor, or subcontractor and the Department of Homeland Security – Verification Division; (if the signature page of the MOU lists the grantee's, subgrantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

PRICING FORM
2022-38 Fire Alarms

REQUIRED PRICING

The bidder shall complete the following pricing form and provide firm, fixed pricing necessary to meet the mandatory requirements of the solicitation. Pricing must include all labor and materials for the fire alarm modification in accordance with Local AHJ.

Base Price: \$46,275

Additional Costs: \$0

TOTAL COST: \$46,275

Company Name ET Security & Fire LLC.

Authorized Signature  for ET Security & Fire LLC.

Printed name and title jeremy overman Operations Manager

Franklin County reserves the right to request supporting documentation for the proposed pricing. In addition, it may be necessary to evaluate the bidder's expertise and experience in order to award a bid. Franklin County reserves the right to request reference information and/or proof of expertise if necessary.

VENDOR INFORMATION

Company Name ET Security & Fire LLC.

Mailing Address 517 W. Osage, Pacific, MO 63069

Phone number 314-645-7557

Contact Name jeremy overman

Contact Name Title Operations Manager

Email Address jeremy@etsecurityandfire.com



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/19/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Weiss Insurance 683 Trade Center Blvd Suite 100 Chesterfield MO 63005		CONTACT NAME: Rhonda Blanton PHONE (A/C, No, Ext): (636) 534-7210 FAX (A/C, No): (636) 534-7910 E-MAIL ADDRESS: rhondablanton@weiss-ins.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: West Bend Mutual Insurance Company	
		INSURER B: National Liability & Fire Insurance Co.	
		INSURER C: Missouri Employers Mutual	
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER: CL2281748131

REVISION NUMBER:

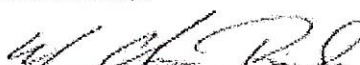
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			1909534	09/08/2022	09/08/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Contractors E&O GAL \$ 100,000 COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			73APR399903	09/08/2022	09/08/2023	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			1909534	09/08/2022	09/08/2023	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MEM2004805-10	08/15/2022	08/15/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Fire Alarm System Replacement

CERTIFICATE HOLDER**CANCELLATION**

Franklin County 400 E Locust Street, Room 206 Union MO 63084	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

Electronic Technicians

2 Business name/disregarded entity name, if different from above

ET Security & Fire

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

- Individual/sole proprietor or single-member LLC
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S
- Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

517 W. Osage

6 City, state, and ZIP code

Pacific, MO 63069

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number								
			-					

OR

Employer identification number									
9	0	-	1	2	5	9	0	4	5

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here

Signature of U.S. person ▶

Date ▶

01/19/2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

2022-38 Fire Alarms Tab Sheet

Vendor Name:	Address:	Total Cost:
Midwest Electronic Systems Inc.	1943 Gravois Ave. St. Louis, MO. 63104	\$95,000.00
ET Security & Fire LLC.	517 W. Osage Pacific, MO. 63069	\$46,275.00
American Burglary & Fire, Inc.	507 Rudder Road Fenton, MO. 63026	\$156,473.00

COMMISSION ORDER PRECERTIFICATION FORM

Please return this completed form to the Purchasing Department to make a request for solicitation, contract, or contract renewal for the expenditure of funds.

Date: 1-31-2023

Official/Appointed Requestor: Meagan Cowser

Name of item/service requesting: Awarding 2022-38 Fire Alarm bid to ET Security & Fire LLC.

(Proposed specifications/contract documents/quotes should be attached to form)

Budget Information: List the account(s) and estimated amount(s) used to make the purchase.

Account	Estimated Amount
?	\$46,275.00

Auditor approval of funds: _____ Date: _____

Purchasing Director approval: [Signature] Date: 1-31-23

Circle One: Solicitation New Contract Renew Existing Signature

Attached solicitation information and no: 2022-38

Previous Commission Order number if applicable: _____

Cooperative Agreement Number/Information: _____

Notes: _____

Date of Agenda for Commission approval: _____

(Attached is all corresponding information; signed contract, awarding vendor, required documents.)