

DESCHUTES COUNTY DOCUMENT SUMMARY

(NOTE: This form is required to be submitted with ALL contracts and other agreements, regardless of whether the document is to be on a Board agenda or can be signed by the County Administrator or Department Director. If the document is to be on a Board agenda, the Agenda Request Form is also required. If this form is not included with the document, the document will be returned to the Department. Please submit documents to the Board Secretary for tracking purposes, and not directly to Legal Counsel, the County Administrator or the Commissioners. In addition to submitting this form with your documents, please submit this form electronically to the Board Secretary.)

Please complete all sections above the Official Review line.

Date: June 2, 2022

Department: Deschutes County 9-1-1

Contractor/Supplier/Consultant Name: L3Harris Technologies, Inc.

Contractor Contact:

Contractor Phone #:

Type of Document: Service Agreement DC-2022-524

Goods and/or Services: This is a radio systems maintenance agreement between L3Harris Technologies, Inc. and Deschutes County 9-1-1 for support provided to Deschutes County 9-1-1.

Background & History: Attach additional page if needed.

Agreement Starting Date: 07/01/2022

Ending Date: 07/01/2032

Annual Value or Total Payment:

Insurance Certificate Received (check box)

Insurance Expiration Date:

Check all that apply:

RFP, Solicitation or Bid Process

Informal quotes (<\$150K)

Exempt from RFP, Solicitation or Bid Process (specify – see DCC §2.37)

Funding Source: (Included in current budget? Yes No

If **No**, has budget amendment been submitted? Yes No

Is this a Grant Agreement providing revenue to the County? Yes No

Special conditions attached to this grant:

Deadlines for reporting to the grantor:

If a new FTE will be hired with grant funds, confirm that Personnel has been notified that it is a grant-funded position so that this will be noted in the offer letter: Yes No

Contact information for the person responsible for grant compliance:

Name:

Phone #:

Departmental Contact and Title: Kim Morse **Phone #:** 541-322-6102

Department Director Approval:  6/2/22
Signature Date

Distribution of Document: Once signature(s) are obtained, this document should be routed to Kim Morse at Deschutes County 9-1-1. She will then send out copies of the document to Central Oregon Community College for their signature and she will ask that the document be returned to her. Once she receives the signed document, she will route a copy back to BoCC for filing.

Official Review:

County Signature Required (check one):

- BOCC (if \$150,000 or more) – BOARD AGENDA Item
- County Administrator (if \$25,000 but under \$150,000)
- Department Director - Health (if under \$50,000)
- Department Director (if under \$25,000)

Legal Review _____ Date _____

Document Number DC-2022-524