

City Council Meeting

Agenda Item

Data Sheet

Meeting Date: October 20, 2025

Topic:

Approve the expenditure greater than \$100,000.00 with Axon Enterprise Inc. for video and surveillance services and licenses for a not-to-exceed amount of \$184,381.85. The expenditure is included in the FY 2025-2026 Budget.

Background:

The IT Department manages all technology-based solutions, including personal, vehicle video, and surveillance services for our first responders. Axon is the primary video and surveillance service used by the City's Police Department officers. Axon holds a dominant position in this field and delivers excellent service to a variety of users.

Item	Amount
Body worn camera TAP Bundle/Licenses/storage	\$83,362.55
AB3C/BWCam TAP/Dynamic Bundle	\$6,058.37
Axon Body TAP Refresh/ECOM License/Warranty	\$11,990.54
Fleet ALPR License/Integration services	\$ 9,224.00
FLEET ADVANCED Bundle w TAP True up	\$2,600.02
Body Worn/AB3 Camera Multi-Bay Dock	\$1,323.54
Basic to pro conversion	\$2,184.00
Pro License Bundle	\$795.60
TASER 7 Basic Bundle – 10 Certifications Standard	\$47,714.29
FLEET ADVANCED Bundle w TAP True up (3)	\$7,671.42
Pro License Bundle	\$2,341.00
Pro License Bundle	\$1,009.80
FLEET 3A	\$3,106.80
Camera docks, taser replacement parts (Miscellaneous items)	\$5,000
Total:	\$184,381.85

Per the City's adopted Procurement Policy and Manual, cumulative annual expenditures with a single vendor in excess of \$100,000 must be approved by City Council. This purchase was made under a

BuyBoard Cooperative Purchasing contract (Contract No. 743-24) with the payments extending for five years for various products and services purchased.

Origination:

Recommendation:

Staff recommend approving the purchase of these video and surveillance services from Axon. in an amount not to exceed \$184,381.85 as appropriated in the Fiscal Year 2025-2026 Budget.

Party(ies) responsible for placing this item on agenda: _____

FUNDING (IF APPLICABLE)

Are funds specifically designated in the current budget for the full amount required for this purpose?

Yes: X No: _____ If yes, specify Account Number: 100-117-6320

If no, funds will be transferred from account # _____ To account # _____

Signed	_____	Approved by	_____
	Staff Member		City Manager
	Date		Date