

BID EVALUATION AND RECOMMENDATION FORM		
PROCUREMENT RECOMMENDATION (COMPLETED BY PROCUREMENT)		
PROCUREMENT SPECIALIST: Stephanie Nouman		DATE: 11/20/2023
BID NUMBER:	23-058; 6100017209	NAME OF BID: Annual Contract Barricade Rental Services - Citywide
EST. ANNUAL AMOUNT: \$ 826,586.00		TOTAL AMOUNT: \$ 4,132,930.00
TYPE CONTRACT:	ANNUAL <input checked="" type="checkbox"/>	FORMAL <input type="checkbox"/>
PROCUREMENT METHOD:	SOLE SOURCE <input type="checkbox"/> COMPETITIVE <input checked="" type="checkbox"/> STATE <input type="checkbox"/> DIR <input type="checkbox"/> CO-OP <input type="checkbox"/> Name of CO-OP: _____	
CONTRACT PERIOD:	Upon award through December 30, 2027, with 2, 1 year renewal periods.	
PRICE TREND ANALYSIS:	38% increase	
END USERS:	Citywide	
VENDOR(S) RECOMMENDED BY PROCUREMENT:	Flasher Limited dba Flasher Equipment Company 246 W Josephine St. San Antonio, TX 78212	
PREVIOUS VENDOR(S):	Flasher Limited dba Flasher Equipment Company 246 W Josephine St. San Antonio, TX 78212	

PARKS & RECREATION

DEPARTMENT RECOMMENDATION (COMPLETED BY DEPARTMENT)	
BID NUMBER:	24-007; 6100017753
CONCUR / NON-CONCUR. IF NON-CONCUR, INDICATE REASON WHY.	Concur
NAS: INDICATE ANY BIDDERS WHOSE BIDS WERE "NOT AS SPECIFIED" (NAS) AND GIVE JUSTIFICATION:	N/A
INDICATE COUNCIL DISTRICT(S) IMPACTED OR IF CITY WIDE:	Citywide
BACKGROUND: THE SECTION SHOULD DESCRIBE WHAT PROMPTED THE NEED; A BRIEF FINANCIAL SUMMARY; AND THE BID PROCESS.	The City of San Antonio is soliciting proposals for rental of barricade services at various City facilities and parks.
ISSUE: THE SECTION SHOULD CLEARLY AND CONCISELY DESCRIBE THE ACTION BEING REQUESTED OF COUNCIL, AND THE GENERAL IMPACT OF THE RECOMMENDED PROPOSAL.	This action will approve a contract with Flasher Limited to rent barricades. This term contract will provide catalog discount pricing on an "as needed" basis.
ALTERNATIVE: DISCUSS VIABLE ALTERNATIVES WITH THE RATIONALE FOR REJECTING EACH. THE ALTERNATIVES FOR TAKING NO ACTION SHOULD BE OUTLINED FROM THE PERSPECTIVE OF ANY FINANCIAL OR OPERATIONAL IMPACTS.	An alternative for the City would be to solicit quotes for required service on an as needed basis, where increased costs due to non-contract buying could be realized. Non-contract rates may result in increased costs and adversely affect timeliness of delivery.
FISCAL IMPACT: PROVIDE THE NAME OF THE FUND(S) AND FISCAL YEAR UTILIZED FOR THIS PURCHASE(S). FUNDING AND QUESTIONS MUST BE COMPLETED IN THE CHART ON FOLLOWING PAGE OR ITEM WILL BE DELAYED.	Funds are available with the Parks and Recreation Department General Fund operating budget.
TOTAL OR ANNUAL ESTIMATED AMOUNT:	\$90,000.00
COORDINATION:	
PHOTO FOR EQUIPMENT:	Is a photo attached for PowerPoint slide? YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER INFORMATION:	
RFCA APPROVERS: (E-mail Address)	
RFCA VIEWERS: (E-mail Address)	
*Fleet Matrix (If applicable)	Is the Fleet Matrix attached? YES <input type="checkbox"/> NO <input type="checkbox"/>

- Information not provided will cause item to be moved to following agenda date.

Requisition Number: _____

* Asterisks indicate a required field.

*CAPITAL PROJECT	
*Is this project included in the Capital Improvement Budget?	
*As a result of this action, does this place the project over budget?	
*The total budget amount approved to date:	
*Funds/Staffing Budgeted	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Impact on Operations and Maintenance	YES <input type="checkbox"/> NO <input type="checkbox"/>
*FISCAL IMPACT SHEET REQUIRED WITH FUNDING INFORMATION (PROVIDE DAC WITH AN ELECTRONIC VERSION TO BE UPLOADED AS ATTACHMENT IN RFCA)	

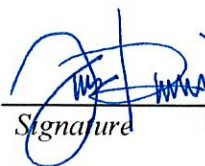
*OPERATING EXPENDITURE	
*Are funds budgeted for this expenditure?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
*Comments	N/A
*Staffing Budgeted	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
*Positions Currently Authorized?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
*Impact on Operations and Maintenance?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
*Personnel Changes?	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
*If item is not budgeted, please specify: Available Funding Source	<input type="checkbox"/> Carry Forward <input type="checkbox"/> One Time <input type="checkbox"/> Other Sources <input type="checkbox"/> Undesignated Fund Balance
*Amount	\$90,000.00
*General Ledger No.	5204070
*Fund No.	11001000
*Cost Center	2615020001

*GRANT OR OTHER REVENUE	
*Grant Type and Name i.e. federal, state or other grant (if applicable)	
*Is this 100% grant funded	YES <input type="checkbox"/> NO <input type="checkbox"/>
If the item is NOT 100% grant funded or N/A, then Cash Match and In-Kind Match are required:	
List in-kind match	
List cash match	
If cash, amount: \$	
Cost Center:	
General Ledger No:	
Fund No:	
Internal Order (if applicable)	
*Does the grant budget include an indirect cost to the General Fund?	YES <input type="checkbox"/> Amount: \$ _____ NO <input type="checkbox"/>
*If this is a new grant, does this action create a new position? Explain in detail.	
*If this is a continuation of a grant, does this action require any changes to the current authorized positions for the department/project? Explain in detail.	
*Impact on Operation and Maintenance	
*Grant related	YES <input type="checkbox"/> NO <input type="checkbox"/>
*Donated Property/Item	
*Amount	\$
*Internal Order	
*Fund No.	
*General Ledger No.	
*Cost Center	

APPROVED BY:

James Ramirez
Department Fiscal Administrator

3052
Extension


Signature

3/19/2024
Date

Homer Garcia III
Department Head or Designee

Extension


Signature

3-20-24
Date