



Legislation Details (With Text)

**File #:** 20-334      **Version:** 1      **Name:**

**Type:** Action Item      **Status:** Agenda Ready

**File created:** 4/8/2020      **In control:** BOARD OF SUPERVISORS

**On agenda:** 4/14/2020      **Final action:**

**Title:** Consideration of Proposed Findings of Fact and Decision in the Appeal of Lake County Local (AB -19-07)

**Sponsors:** County Counsel

**Indexes:**

**Code sections:**

**Attachments:** 1. Findings AB 19-07

| Date      | Ver. | Action By            | Action | Result |
|-----------|------|----------------------|--------|--------|
| 4/14/2020 | 1    | BOARD OF SUPERVISORS |        |        |

**Memorandum**

**Date:** April 14, 2020

**To:** The Honorable Moke Simon, Chair, Lake County Board of Supervisors

**From:** Anita L. Grant, County Counsel

**Subject:** Consideration of Proposed Findings of Fact and Decision in the Appeal of Lake County Local (AB -19-07)

**Executive Summary:** (include fiscal and staffing impact narrative):

Pursuant to your Board’s Statement of Intended Decision in the above matter on March 3, 2020, I have prepared the attached Findings of Fact to support your Board’s intended decision.

If the Findings of Fact are acceptable to you, I would recommend that you take the following two actions:

1. Move to approve the Findings of Fact and authorize the Chair to Sign; and
2. Move to deny the appeal.

**If not budgeted, fill in the blanks below only:**

Estimated Cost: \_\_\_\_\_ Amount Budgeted: \_\_\_\_\_ Additional Requested: \_\_\_\_\_ Future Annual Cost: \_\_\_\_\_

**Consistency with Vision 2028 and/or Fiscal Crisis Management Plan** (check all that apply):

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Well-being of Residents | <input type="checkbox"/> Public Safety               | <input type="checkbox"/> Infrastructure   | <input checked="" type="checkbox"/> Not applicable  |
| <input type="checkbox"/> Economic Development    | <input type="checkbox"/> Disaster Recovery           | <input type="checkbox"/> County Workforce | <input type="checkbox"/> <i>Technology Upgrades</i> |
| <input type="checkbox"/> Community Collaboration | <input type="checkbox"/> Business Process Efficiency | <input type="checkbox"/> Clear Lake       | <input type="checkbox"/> <i>Revenue Generation</i>  |
|  |  |   | <input type="checkbox"/> <i>Cost Savings</i>        |

**If request for exemption from competitive bid in accordance with County Code Chapter 2 Sec. 2-38, fill in blanks below:**

Which exemption is being requested?  
How long has Agreement been in place?  
When was purchase last rebid?  
Reason for request to waive bid?

**Recommended Action:**

**If the Findings of Fact are acceptable to you, I would recommend that you take the following two actions:**

- 1. Move to approve the Findings of Fact and authorize the Chair to Sign; and**
- 2. Move to deny the appeal.**