CA0916526

To Permanent Rules of Order of the Board of County Commissioners of Shelby County, Tennessee

SHELBY COUNTY BOARD OF COMMISSIONERS
AGENDA ROUTE SHEET

Referred to Commission Committee (name) _____

For Commission Action on (date) _____

DESCRIPTION OF ITEM:

RESOLUTION APPROVING A CONTRACT IN THE AMOUNT OF $181,890.00 WITH PINNACLE MAPPING TECHNOLOGIES, INC. FOR DIGITIAL ORTHOGRAPHIC PROJECTIONS AND THIS ITEM REQUIRES EXPENDITURE OF REGISTER'S SPECIAL REVENUE FUNDS IN THE AMOUNT OF $181,890.00. SPONSORED BY COMMISSIONER MALONE

CHECK ALL THAT APPLY BELOW:

_____ This Action does NOT require expenditure of funds.

_X_____ This Item requires/approves expenditure of funds as follows (complete all that apply):

County General Funds: $_____; County CIP Funds- $_____

State Grant Funds: $_____; State Gas Tax Funds: $_____

Federal Grant Funds: $ 50,000

Other funds (Specify source and amount): $ 131,890 – DP Special Revenue Acct# 076-800701-6637

Other pass-thru funds (Specify source and amount): $ _____

Originating Department: _____
APPROVAL:

	(Type your name & phone #.)	(Initials)	(Date)
Dept. Head:			
Elected Official:	Tom Leatherwood, Register - 379-7500	TL	8-12-08
Division Director:			
CIP – A&F Director:			
Finance Dept.	Mike Swift 545-4269	MS	8/18/08
County Attorney:	Lisa Kelly	LK	8-15-08
CAO/Mayor:	James F. Huntzicker 545-4514		8/18/08

8-18

SUMMARY

I. Description of Item

Shelby County Register is in need of a professional service contract which provides the creation of a Digital Orthophotographic Projection of Shelby COUNTY to be used in conjunction with the Register's GIS website.

II. Source and Amount of Funding

Funds are available in FY 08-09 Special Revenue Account # 076-800701-6637 Register outside contracts in an amount not to exceed $181,890.00

III. Contract Items

A. Type of Contract- This is a Professional Services Contract.

B. Terms - The term of this contract will begin upon execution of the contract and continue until June 30, 2009 with an option to renew beginning July 1, 2009 for an additional one (1) year period.

The CONTRACTOR is to provide digital orthophotographic images and two foot contours as requested in RFP #08-008-11R.

IV. Additional Information Relevant to Approval of this Item

Shelby County Register recommends approval of this Resolution.

ITEM #_____
COMMISSIONER MALONE

PREPARED BY: Tom Leatherwood
APPROVED BY: Lisa Kelly

RESOLUTION APPROVING A CONTRACT IN THE AMOUNT OF $181,890.00 WITH PINNACLE MAPPING TECHNOLOGIES, INC. FOR DIGITIAL ORTHOGRAPHIC PROJECTIONS AND THIS ITEM REQUIRES EXPENDITURE OF REGISTER'S SPECIAL REVENUE FUNDS IN THE AMOUNT OF $181,890.00. SPONSORED BY COMMISSIONER MALONE

WHEREAS, Shelby County is in need of professional services contract which provide the creation of a Digital Orthophotographic Projection of Shelby County to be used in conjunction with the Register's GIS website, on behalf of the Shelby County Register; and

WHEREAS, Shelby County desires to enter a contract with Pinnacle Mapping Technologies, Inc. for the aforementioned services, commencing upon execution of the contract and continuing until June 30,2008, with an option to renew; and

WHEREAS, Funds are available in FY 08-09 Registers Special Revenue Account numbers 076-800701-6637, Register's Outside Contracts.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COMMISSIONERS OF SHELBY COUNTY, TENNESSEE, That the contract with Pinnacle Mapping Technologies, Inc. for the provision of a Digital Orthophotographic Projection of Shelby County to be used in conjunction with the Register's GIS website on behalf of the Shelby County Register is hereby approved.

BE IT FURTHER RESOLVED, That funds in the amount of $181,890.00 for FY 08-09 from Account Number 076-800701-6637, Register's Outside Contracts are hereby appropriated.

BE IT FURTHER RESOLVED, That said contract contains the option to renew for an additional one (1) year period upon mutual written agreement, and said renewal is hereby approved and subject to adoption of the appropriate fiscal year Operating Budget by the Board of County Commissioners.

BE IT FURTHER RESOLVED, That the County Mayor is hereby authorized to execute the contract for the aforementioned services on behalf of Shelby County Government, a copy of which is to be kept on file in the Contract Administration Department.

BE IT FURTHER RESOLVED, That the County Mayor and the Director of Administration and Finance are authorized to issue their warrant or warrants in an amount not to exceed $181,890.00 to Pinnacle Mapping Technologies, Inc. and to take proper credit in their accounting therefore.

_____
A C Wharton, County Mayor

Date: _____

ATTEST:

_____
Clerk of County Commission

ADOPTED: _____

CA086526 bkp

CONTRACT AND ENCUMBRANCE INFORMATION SHEET
AN ORIGINAL AND 1 COPY OF THIS FORM MUST BE SUBMITTED

THIS SHEET MUST BE COMPLETED AND SIGNED BY THE DEPARTME HEAD AND DIVISION DIRECTOR, AND, IF APPLICABLE, THE HEALTH POLICY COORDINATOR, AND ATTACHED TO ALL CONTRACT AND RESOLUTION PACKETS BEFORE ANY ACTION WILL BE TAKEN.

1. Department Requesting Services: Register
2. Preparer's Name, Telephone #, and E-Mail Address:
   Joe Reves; 379-7500; joe.reves@shelbycountytn.gov
3. DESCRIPTION OF ITEM TO BE PURCHASED, BUILT, OR SERVICE TO BE PROVIDED:
   a professional service contract which provides a digital orthographic projection of Shelby County for the Shelby County Register's Office.
4. NAME, ADDRESS, VENDOR NUMBER, SOCIAL SECURITY NUMBER, AND/OR FEDERAL I.D. NUMBER OF VENDOR/CONSULTANT/AGENCY WITH WHICH SHELBY COUNTY WILL BE CONTRACTING:

   Pinnacle Mapping and Technologies, inc.; 8021 Knue Rd., Suite 113, Indianapolis, Indiana 46250
   VENDOR NO. 08092
5. COST OF ITEM OR SERVICE REQUESTED: $181,900.00
6. TERM OF PROPOSED CONTRACT/AGREEMENT: Upon execution of the contract amendment and continue until June 30,2009
7. FUND, ORG, AND ACCOUNT NUMBER (13 DIGITS) **FOR MULTIPLE ACCOUNTS, PLEASE SPECIFY DOLLAR AMOUNT FOR EACH**076-800701-6637
8. COMMODITY CODE: _____
9. VENDOR/CONSULTANT/AGENCY SELECTED BY (CHECK ONE):
   PLEASE ATTACH APPROVAL DOCUMENTS

   a. X Bid/RFP Process - # 08-008-11R & Date Sept7 2007
   b. ____ Emergency/Sole Source
10. LOSB/MBE INFORMATION: Please check the appropriate description

   ____ MBE (MINORITY OWNED BUSINESS ENTERPRISE)
   ____ MALE ____ FEMALE
   X WBE (WOMEN OWNED BUSINESS ENTERPRISE)
   ____ LOSB (LOCALLY OWNED SMALL BUSINESS)
   ANNUAL SALES DOES NOT EXCEED $3 MILLION
   ____ N/A

11. SPECIAL INSRUCTIONS (ROUTING, FUNDING, BUDGET TRANSFER IN PROCESS)

REVIEWED AND APPROVED BY: Tom Leatherwood 7/28/08
DEPARTMENT HEAD DATE

HEALTH POLICY COORDINATOR DATE (If Applicable)

DIVISION DIRECTOR DATE

GRATUITY DISCLOSURE FORM

Shelby County Ethics Commission

INSTRUCTIONS: *This form is for all persons receiving any Shelby County Government contract, land use approval or financial grant money to report any gratuity that has been given, directly or indirectly, to any elected official, employee or appointee (including their spouses and immediate family members) who is involved in the decision regarding the contract, land use approval, or financial grant of money.*

1. **NAME**

   ~~NONE~~ Pinnacle Mapping Technologies, INC

2. **DATE OF GRATUITY**

   NONE

3. **NATURE AND PURPOSE OF THE GRATUITY**

   N/A

4. **NAME OF THE OFFICIAL, EMPLOYEE, APPOINTEE, OR FAMILY MEMBER WHO RECEIVED THE GRATUITY**

   N/A

5. **NAME OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY**

   N/A

6. **ADDRESS OF THE PERSON OR ENTITY THAT PROVIDED THE GRATUITY**

   N/A

7. **DESCRIPTION OF THE GRATUITY**

N/A

8. **COST OF THE GRATUITY (If cost is unknown and not reasonably discernible by the person giving the gratuity, then the person giving the gratuity shall report a good faith estimate of the cost of the gratuity.)**

N/A

9. **The information contained in this Gratuity Disclosure Form, and any supporting documentation or materials referenced herein or submitted herewith, is true and correct to the best of my knowledge, information and belief and affirm that I have not given, directly or indirectly, any gratuity to any elected official, employee or appointee (including spouse and immediate family members) that has not been disclosed and I affirm that I have not violated the provisions of the Shelby County Government Code of Ethics.**

Signature

14-FEB-08
Date

Ryan M. King, Treasurer
Print Name

A copy of your completed form will be placed on the Shelby County Internet website.