

**AGENDA ITEM INFORMATION SHEET**

**SUBJECT:**

**AUTHORIZE COMPETITIVE SOLICITATIONS FOR A RELOCATION PLANNING AND SERVICES CONSULTANT (DISTRICTS: ALL)**

**REQUIRES FOUR VOTES:**    Yes     No

**WRITTEN DISCLOSURE PER COUNTY CHARTER SECTION 1000.1 REQUIRED**  
Yes     No

**PREVIOUS RELEVANT BOARD ACTIONS:**

N/A

**BOARD POLICIES APPLICABLE:**

A-87, Competitive Procurement

**BOARD POLICY STATEMENTS:**

N/A

**MANDATORY COMPLIANCE:**

N/A

**ORACLE AWARD NUMBER(S) AND CONTRACT AND/OR REQUISITION NUMBER(S):**

N/A

**ORIGINATING DEPARTMENT:**

Health and Human Services Agency

**OTHER CONCURRENCE(S):**

Department Purchasing and Contracting

**INTERNAL REVIEW COMPLETE BY:**

Signature

**CONTACT PERSON(S):**

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