



AGENDA PLACEMENT FORM

(Submission Deadline – Monday, 5:00 PM before Regular Court Meetings)

Date: 09/27/2023

COMMISSIONER'S COURT

Meeting Date: 10/09/2023

OCT 10 2023

Submitted By: Ralph McBroom

No Action

Department/Office: Purchasing

Signature of Director/Official: _____

Agenda Title:

Consider and approve award of RFQ 2023-342 for Transportation of Human Remains for Johnson County.

Public Description (Description should be 2-4 sentences explaining to the Court and the public what action is recommended and why it is necessary):

Consider and approve award of RFQ 2023-342 for Transportation of Human Remains for Johnson County to Rosser Funeral Home for a one year contract with 4 renewal periods.

(May attach additional sheets if necessary)

Person to Present: Ralph McBroom

(Presenter must be present for the item unless the item is on the Consent Agenda)

Supporting Documentation: (check one) PUBLIC CONFIDENTIAL

(PUBLIC documentation may be made available to the public prior to the Meeting)

Estimated Length of Presentation: 5 minutes

Session Requested: Action Item (Action Item, Workshop, Consent, Executive)

Check All Departments That Have Been Notified:

County Attorney IT Purchasing Auditor

Personnel Public Works Facilities Management

Other Department/Official (list) _____

Please Inter-Office All Original Documents to County Judge's Office Prior to Deadline & List All External Persons Who Need a Copy of Signed Documents In Your Submission Email

RFQ 2023-342 (QUOTES) TABULATION FORM



INSTRUCTIONS FOR COMPLETION:

- 1) Per Policy, purchases from \$10,000 and \$49,999.99 require at least two (2) vendor quotes.
- 2) Vendor quotes must be in writing (i.e. Vendor Quotation form; Vendor email; Internet Quote, etc.).
- 3) All awards should be made to the vendor whose proposal offers the "best value" to Johnson County.
- 4) Awards based on "best value" may consider various factors, including but not limited to:
 - (a) Price / Total Cost of Ownership, (b) Product/Service Quality, (c) Availability, (d) Vendor/Product Reputation, (e) Vendor's Ability to Meet County Needs, (f) Client References, (g) Past Experience with the County, and/or (h) any other relevant factor that ensures best value to the County, (i) Warranty.
- 5) Upon consideration of all factors, if all bids meet the County needs, the award should be made to the lowest bidder.

Informal Bids Tabulation Summary	Vendor Name:		VENDOR #1		VENDOR #2		VENDOR #3		VENDOR #4		VENDOR #5		
	Rosser Funeral Home		N/A		N/A		N/A		N/A		N/A		
	Quoted By (Contact Name):		Perry Rosser										
	Enter "X" for selected vendor		XX										
PRODUCT/SERVICE DESCRIPTION	ITEM	QTY	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE	UNIT PRICE	EXTENDED PRICE	UNIT PRICE	EXTENDED PRICE	UNIT PRICE	EXTENDED PRICE	UNIT PRICE	EXTENDED PRICE
Price per body - Transportation of Human Remains	1	1	ea	\$525.00	\$525.00		\$0.00		\$0.00		\$0.00		\$0.00
	2		ea		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
	3		ea		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
	4		ea		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
	5		ea		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
	6		ea		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
	7		ea		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
	8		ea		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
	9		ea		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
	10		ea		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
	11		ea		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
	12		ea		\$0.00		\$0.00		\$0.00		\$0.00		\$0.00
* DISCLOSURE NOTICE: By signing below, I hereby certify that all quotes recorded include all the firms that have been contacted for bids and their replies are reflected accurately on this form.	SUBTOTAL			\$525.00	\$525.00		\$0.00		\$0.00		\$0.00		\$0.00
	SHIPPING COST			N/A									
	TOTALS			\$525.00	\$525.00		\$0.00		\$0.00		\$0.00		\$0.00
	Warranty												
	F.O.B. SHIPPING TERMS												
DELIVERY DATE													

All awards should be made based on "Best Value" to the County. Please write a short summary below of why the vendor chosen is the best value if it is not the lowest bid.

Note No Change In Pricing from Current

* Name of Person Completing this Form:

Lance Anderson

* Signature:

Lance G. Anderson

NOTE: THE COMPLETED & SIGNED TABULATION FORM AND COPIES OF ALL QUOTES MUST BE ATTACHED TO THE PURCHASE REQUISITION.