



Hidalgo County Head Start Program

Policy Council Agenda

DATE: August 19, 2009

SUBJECT: Discussion/Approval of Request to Enter into a Service Contract for Five (5) Motorola ic502 Flip Phones with 1000 Minutes per Phone with Sprint through the Hidalgo County's Membership/Participation with Houston-Galveston Area Council (HGAC)

RATIONALE/NEED: The phones will be used by the four (4) Education Area Directors and the Risk Management Specialist. The Area Directors spent more than 90% of this time at the centers, they supervise center staff and they need to be reached at all times. The Risk Management Specialist is required to attend and investigate all accidents and to address emergency issues at all times.

RECOMMENDATION: Administration recommends approval.

COST: Approximate Yearly Cost: \$2,771.40

RELATED INFORMATION INCLUDES: County's Cellular Phone Request Form

INITIATED BY: Ambrosio Tovar, Procurement Director *at*

REVIEWED BY: Edmundo Garcia, Assistant Program Director *G*

EXECUTIVE DIRECTOR'S APPROVAL: *Loren Flores*

CELLULAR PHONE REQUEST FORM
HIDALGO COUNTY, TEXAS

(1) Type of Request:

Phone and service (NEW) User Name Change
 Phone and service (Porting/Existing number: 956-__-____) Delete Service
 Plan change Other _____
 Motorola Model ic502 Phone


(2) Requesting employee/position: Teresa Flores, Executive Director
 Employee ID #: _____ Office: _____ Budget Acct. #: _____

(3) Type of duties:

Offsite duties On-call duties Law Enforcement Emergency Response Other: _____

(4) Describe how cell phone will be used: To be used for business while monitoring the operation of all Head Start Centers county wide.

(5) Anticipated usage in minutes per month (check only one): Monthly Service Fee \$54.59 per month

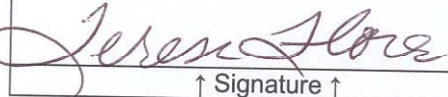
| | | | | | |
|--|--------------------------------|---------------------------------|------------------------------------|---|---|
|  | <input type="checkbox"/> Other | <input type="checkbox"/> BE1000 | <input type="checkbox"/> Data Plan | <input type="checkbox"/> Equipment Type | <input type="checkbox"/> Equipment Cost |
| Plan Cost | \$46.19 | \$55.00 | | | \$.99 |

(6) Will phone be used outside of the County of Hidalgo No. If yes indicate where and how frequently _____

(7) Cell phones come with desktop charger. Additional accessories needed: N/A
 Car charger _____ Carrying case _____ Extra battery _____ Other: _____

(8) If requesting a different model or make of cell phone than is supplied under the current contract indicate justification for additional expense For business use while monitoring the operation of all Head Start Centers

Department Head / Elected Official

| | | |
|---|----------------|-----------------|
|  | Teresa Flores | <u>8-14-09</u> |
| ↑ Signature ↑ | ↑ Print Name ↑ | ↑ Date Signed ↑ |

APPROVED BY HIDALGO COUNTY COMMISSIONERS' COURT

APPROVAL DATE : _____

