

## TAKINGS IMPACT ASSESSMENT CHECKLIST

Complete this form for any county action that involves the adoption of a regulation, policy, guideline, court resolution, or order.

Project/Regulation Name: - Public Health - Various Vendors - Pe	RFO No. 2023-069 - Purchase of Flu Vaccine - MMCAP r Unit Price
County Department:	PURCHASING
Contact Person:	Melissa Lee, C.P.M., A.P.P.
Phone Number for Contact Person:	(817) 884-3245
Type of TIA Performed: SHORT TIA Sections II and III below.	or FULL TIA. Circle one after answering the questions in
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I. Stated Purpose	
Attach to this checklist an explacourt resolution, or order.	anation of the purpose of the regulation, policy, guideline,
Note: The remainder of this Takings Impact Assessment Checklist should be completed in consultation with the Criminal District Attorney's Office.	
II. Potential Effect on Private Re	eal Property
<ol> <li>Does the county action re property?</li> </ol>	equire a physical invasion, occupation, or dedication of real
Yes No_	√
2. Does the county action temporarily?	limit or restrict a real property right, even partially, or
Yes No	√
If you answered yes to either qu HERE and circle SHORT TIA a	uestion, go to Section III. If you answered no to both, STOP it the top of the form.
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