



Legislation Details (With Text)

**File #:** 21-6414      **Version:** 1      **Name:**

**Type:** Proposals/Bids      **Status:** Passed

**File created:** 11/15/2021      **In control:** Commissioners Court

**On agenda:** 11/30/2021      **Final action:** 11/30/2021

**Title:** Request for approval of a project scheduled for advertisement and consent for Request for Proposal for case management solution consulting services for the County Attorney’s Office (210405).

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 21-6414 Advertisement 210405.pdf

Date	Ver.	Action By	Action	Result
11/30/2021	1	Commissioners Court		

**Department:** Purchasing

**Department Head/Elected Official:** DeWight Dopslauf

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Proposals/Bids

**Project ID (if applicable):**

**Vendor/Entity Legal Name (if applicable):**

**MWDBE Participation (if applicable):**

**Request Summary (Agenda Caption):**

Request for approval of a project scheduled for advertisement and consent for Request for Proposal for case management solution consulting services for the County Attorney’s Office (210405).

**Background and Discussion:**

**Expected Impact:**

**Alternative Options:**

**Alignment with Goal(s):**

- Justice and Safety
- Economic Opportunity
- Housing
- Public Health
- Transportation
- Flooding
- Environment
- Governance and Customer Service

**Prior Court Action (if any):**

Date	Agenda Item #	Action Taken

**Location:**

Address (if applicable):

Precinct(s): Choose an item.

<b>Fiscal and Personnel Summary</b>			
Service Name			
	FY 21-22	FY 22	Next 3 FYs
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$

<b>Personnel</b> (Fill out section only if requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	-	-	-

**Anticipated Implementation Date:**

**Emergency/Disaster Recovery Note:** Choose an item.

**Contact(s) name, title, department:**

**Attachments** (if applicable):