



Legislation Details (With Text)

File #: 21-4937 **Version:** 1 **Name:**
Type: Transmittal **Status:** Accepted
File created: 9/8/2021 **In control:** Commissioners Court
On agenda: 9/14/2021 **Final action:** 9/14/2021
Title: Transmittal by the Office of the Purchasing Agent of bids and proposals for advertised jobs that were opened August 30 and September 13, 2021.

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
9/14/2021	1	Commissioners Court		

Department: Purchasing

Department Head/Elected Official: DeWight Dopslauf, Purchasing Agent, Purchasing Department

Regular or Supplemental RCA:

- Regular RCA
- Supplemental RCA

Type of Request: Transmittal

Project ID (if applicable):

Vendor/Entity Legal Name (if applicable):

MWDBE Participation (if applicable):

Request Summary (Agenda Caption):

Transmittal by the Office of the Purchasing Agent of bids and proposals for advertised jobs that were opened August 30 and September 13, 2021.

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):

Location:

Address (if applicable list below):

- Countywide
- Precinct 1
- Precinct 2
- Precinct 3
- Precinct 4

Fiscal and Personnel Summary				
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
Incremental Expenditures				
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
Total Incremental Expenditures		-	-	-
Funding Sources (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget		-	-	-
		-	-	-
		-	-	-
Total Current Budget		-	-	-
Additional Budget Requested		-	-	-
		-	-	-
		-	-	-

Total Additional Budget Requested	-	-	-
Total Funding Sources	-	-	-
Personnel (Fill out section only if requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Implementation Date:

Emergency/Disaster Recovery Note:

- Not an emergency, disaster recovery, or COVID-19 related item

- Emergency Item
- COVID-19 related Item
- Disaster Recovery related Item

Contact(s) name, title, department:

Attachments (if applicable):