



Legislation Details (With Text)

File #: 23-2767 **Version:** 1 **Name:**
Type: Transmittal **Status:** Accepted
File created: 5/5/2023 **In control:** Commissioners Court
On agenda: 5/16/2023 **Final action:** 5/16/2023
Title: Transmittal by the Office of the Purchasing Agent of a project scheduled for advertisement for fitness instructors and related services for Harris County (230016).

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
5/16/2023	1	Commissioners Court		

Department: Purchasing

Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA

Type of Request: Transmittal

Project ID (if applicable): 230016

Vendor/Entity Legal Name (if applicable): N/A

MWDBE Contracted Goal (if applicable): N/A

MWDBE Current Participation (if applicable): N/A

Justification for 0% MWDBE Participation Goal: N/A - Goal not applicable to request

Request Summary (Agenda Caption):

Transmittal by the Office of the Purchasing Agent of a project scheduled for advertisement for fitness instructors and related services for Harris County (230016).

Background and Discussion: N/A

Expected Impact: N/A

Alternative Options: N/A

Alignment with Goal(s): N/A

- Justice and Safety
- Economic Opportunity
- Housing

- _ Public Health
- _ Transportation
- _ Flooding
- _ Environment
- _ Governance and Customer Service

Prior Court Action (if any): N/A

Date	Agenda Item #	Action Taken

Location:

Address (if applicable): N/A

Precinct(s): Choose an item.

Fiscal and Personnel Summary			
Service Name			
	FY 23	FY 24	Next 3 FYs
Incremental Expenditures (do NOT write values in thousands or millions)			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write values in thousands or millions)			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Current Budget	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
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 Court Date: N/A

Anticipated Implementation Date (if different from Court date): N/A

Emergency/Disaster Recovery Note: Choose an item.

Contact(s) name, title, department: N/A

Attachments (if applicable): Letter