



Legislation Text

File #: 21-4520, Version: 1

Harris County Commissioners Court

Request for Court Action

Proposed Meeting Date: [September 14, 2021]

Department:
Purchasing

Department Head/Elected Official: DeWight Dopslauf, Purchasing Agent

Type of Request:
Choose an item.

Project ID (if applicable): [Project ID]

Vendor/Entity Legal Name (if applicable): [Vendor/Entity Legal Name]

MWDBE Participation (if applicable): [% participation goal]

Request Summary (Agenda Caption):

Request for approval of a project scheduled for advertisement and consent for Request for Proposal for promotional examination services of Law Enforcement Officers for the Sheriff's Office (210275).

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):

[Address, Line 1]

[Address, Line 2]

- Countywide
- Precinct 1
- Precinct 2

Precinct 3

<input type="checkbox"/> Precinct 4 Fiscal and Personnel Summary				
Service Name: [Enter Here]		FY 21-22	Estimates	
			FY 22-23	Next 3 FYs
Incremental Expenditures				
Labor Expenditures		##.##M	##.##M	##.##M
Non-Labor Expenditures		##.##M	##.##M	##.##M
Total Incremental Expenditures		\$##.##M	\$##.##M	\$##.##M
Funding Sources (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget	[Fund Name 1]	##.##M	##.##M	##.##M
	[Fund Name 2]	##.##M	##.##M	##.##M
	[Fund Name 3]	##.##M	##.##M	##.##M
Total Current Budget		\$##.##M	\$##.##M	\$##.##M
Additional Budget Requested	[Fund Name 1]	##.##M	##.##M	##.##M
	[Fund Name 2]	##.##M	##.##M	##.##M
	[Fund Name 3]	##.##M	##.##M	##.##M
Total Additional Budget Requested		\$##.##M	\$##.##M	\$##.##M
Total Funding Sources		\$##.##M	\$##.##M	\$##.##M
Personnel (Fill out section only if requesting new PCNs)				

Current Position Count for Service	#	#	#
Additional Positions Requested	#	#	#
Total Personnel	#	#	#

Anticipated Implementation Date: [Month, Day, Year]

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:

[List of attached documents]