



Legislation Text

File #: 21-6344, **Version:** 1

Department: Purchasing

Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA

Type of Request: Financial Authorization

Project ID (if applicable): N/A

Vendor/Entity Legal Name (if applicable): Motorola Solutions, Inc.

MWDBE Participation (if applicable): N/A

Request Summary (Agenda Caption):

Request for approval of a sole source exemption from the competitive bid requirements and a renewal option with Motorola Solutions, Inc. in the amount of \$2,112,000 for system enhancement and upgrade for the Texas Wide Area Radio Network (TxWARN) Astro P25 System for Universal Services through November 9, 2022.

Background and Discussion: 00000592 System Enhancement and Upgrade for the Texas Wide Area Radio Network (TxWARN) Astro P25 System for Harris County Universal Services

Expected Impact: Renewal of this contract will allow the awarded supplier to upgrade software

Alternative Options: Alternative option would be not to approve the renewal which would impact software upgrades

Alignment with Goal(s):

- Justice and Safety
- Economic Opportunity
- Housing
- Public Health
- Transportation

- _ Flooding
- _ Environment
- _ Governance and Customer Service

Prior Court Action (if any): November 10,2021 - November 09,2022with 3 year one year renewals

Date	Agenda Item #	Action Taken

Location:

Address (if applicable):

Precinct(s): Choose an item.

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	-	2,072,160.00-	2,112,000.00-	-
	-	-	-	-
	-	-	-	-
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: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):