# Legislation Details (With Text)

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|---|---|---|---|---|---|
| **File #:** | 21-1593 | **Version:** | 1 | **Name:** | |
| **Type:** | Request for approval | | | **Status:** | Passed |
| **File created:** | 4/12/2021 | | | **In control:** | Commissioners Court |
| **On agenda:** | 4/27/2021 | | | **Final action:** | 4/27/2021 |
| **Title:** | Request for approval of a project scheduled for advertisement and/or consent for Request for Proposal on Online Bail Bond Payment Services for the Sheriff's Office (210101). | | | | |
| **Sponsors:** | | | | | |
| **Indexes:** | | | | | |
| **Code sections:** | | | | | |
| **Attachments:** | 1. 21-1593 Advertisement.pdf | | | | |

| Date | Ver. | Action By | Action | Result |
|---|---|---|---|---|
| 4/27/2021 | 1 | Commissioners Court | | |

**To:** Harris County Commissioners Court

**Through:** DeWight Dopslauf, Purchasing Agent, Purchasing Department
**Prepared By:** Maria I. Rodriguez, Purchasing Coordinator, Purchasing Department

**Subject:** Advertisement
**Project ID (If applicable]**:

**Purpose and Request:**
*Request for approval of a project scheduled for advertisement and/or consent for Request for Proposal on Online Bail Bond Payment Services for the Sheriff's Office (210101).*

**Background and Discussion:**
*[INSTRUCTIONS: In this section should concisely provide any background and analysis that the Commissioners Court needs to fully understand the action being requested. Please limit background to 3-4 sentences and include any reference to when this item was previously considered by Court. Background should include reference to study or order that led to this item or if the item is a result of compliance with any specific law or statutory requirements.]*

**Fiscal Impact:**
*[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]*

**Fiscal Summary**

| **Expenditures** | **FY 20-21** | **FY 21-22 Projected** | **Future Years Projected [3 additional years]** |
|---|---|---|---|
| **Service Impacted:** *[Plea division where expenditur* | | | |
| Existing Budget | | | |
| Additional Appropriation R | | | |
| **Total Expenditures** | | | |
| **Funding Sources** | | | |
| Existing Department Budg | | | |
| Please Identify Funding S Special Revenue, Grant, I | | | |
| [INSERT FUNDING SOUI | | | |
| **Total Sources** | | | |

**Alternatives:**

*[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]*

**Alignment with Strategic Objective:**

*[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]*

**Attachments:**

*[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]*