

Harris County, Texas

1001 Preston St., 1st Floor Houston, Texas 77002

Legislation Details (With Text)

File #: 21-1624 Version: 1 Name:

Type: Request for approval Status: Passed

File created: 4/15/2021 In control: Commissioners Court

On agenda: 4/27/2021 Final action: 4/27/2021

Title: Request for approval of a State of Texas Department of Information Resources cooperative contract

purchase from Optiv Security Inc. on the basis of low quote in the amount of \$264,469 for

maintenance, support and subscription of network security appliances for Harris County Universal

Services-Technology for the period through March 9, 2022.

Sponsors:

Indexes:

Code sections:

Attachments: 1. 21- 1624 Approval of DIR for Optiv Security Inc.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 Maria Elvira Cruz, Purchasing Coordinator, Purchasing Department

Subject: Request for Approval

Project ID (If applicable]:

Purpose and Request:

Request for approval of a State of Texas Department of Information Resources cooperative contract purchase from Optiv Security Inc. on the basis of low quote in the amount of \$264,469 for maintenance, support and subscription of network security appliances for Harris County Universal Services-Technology for the period through March 9, 2022.

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

File #: 21-1624, Version: 1

Expenditures	FY 20-21	Projected	Future Years Projected [3 additional years]
Service Impacted: [Pleadivision where expenditure]			
Existing Budget			
Additional Appropriation F			
Total Expenditures			
Funding Sources			
Existing Department Budg			
Please Identify Funding S Special Revenue, Grant, I			
[INSERT FUNDING SOU			
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.]