

# Harris County, Texas

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

# Legislation Details (With Text)

File #: 21-1893 **Version**: 1 **Name**:

Type: Request for approval Status: Passed

File created: 4/23/2021 In control: Commissioners Court

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

Title: Request by the Purchasing Agent for approval of a project scheduled for advertisement and/or

consent for Request for Proposal on work order management system in Precinct 2 (210117).

Sponsors:

Indexes:

Code sections:

Attachments: 1. 21-1893 - Purchasing Supplemental Agenda Item.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 I. Rodriguez, Purchasing Coordinator, Purchasing Department

**Subject:** Supplemental Item

Project ID (If applicable]:

### **Purpose and Request:**

Request by the Purchasing Agent for approval of a project scheduled for advertisement and/or consent for Request for Proposal on work order management system in Precinct 2 (210117).

#### **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 #: 21-1893, Version: 1

Expenditures	Projected	Future Years Projected [3 additional years]
Service Impacted: [Plea division 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.]