



Legislation Details (With Text)

File #: 21-4517 **Version:** 1 **Name:**
Type: Transmittal **Status:** Accepted
File created: 8/26/2021 **In control:** Commissioners Court
On agenda: 9/14/2021 **Final action:** 9/14/2021
Title: Transmittal by the Office of the Purchasing Agent of a project scheduled for advertisement and/or consent for Request for Proposal for repair parts, labor and related items for Ford automobiles and light duty trucks for Harris County (210266).

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
9/14/2021	1	Commissioners Court		

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:

Transmittal

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):

Transmittal by the Office of the Purchasing Agent of a project scheduled for advertisement and/or consent for Request for Proposal for repair parts, labor and related items for Ford automobiles and light duty trucks for Harris County (210266).

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

☐ 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]