



Legislation Details (With Text)

**File #:** 21-4632      **Version:** 1      **Name:**

**Type:** Transmittal      **Status:** Accepted

**File created:** 9/3/2021      **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 purchase through the Texas Association of School Boards (TASB) BuyBoard Cooperative Program from Progressive Commercial Aquatics, Inc. for an emergency boiler replacement at the Harris County Aquatic Center in Precinct 1 in the amount of \$72,855 for the project price, with bonding in the amount of \$1,821, and applicable bonds to be received for the project price.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

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

**Department:** Purchasing

**Department Head/Elected Official:** DeWight Dopslauf, Purchasing Agent, Purchasing Department

**Regular or Supplemental RCA:**

- Regular RCA
- Supplemental RCA

**Type of Request:** Transmittal

**Project ID (if applicable):**

**Vendor/Entity Legal Name (if applicable):**

**MWDBE Participation (if applicable):**

**Request Summary (Agenda Caption):**

Transmittal by the Office of the Purchasing Agent of a purchase through the Texas Association of School Boards (TASB) BuyBoard Cooperative Program from Progressive Commercial Aquatics, Inc. for an emergency boiler replacement at the Harris County Aquatic Center in Precinct 1 in the amount of \$72,855 for the project price, with bonding in the amount of \$1,821, and applicable bonds to be received for the project price.

**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 list below):

- Countywide
- Precinct 1
- Precinct 2
- Precinct 3
- Precinct 4

| <b>Fiscal and Personnel Summary</b>  |   |                 |                  |                   |
|--|---|-----------------|------------------|-------------------|
| <b>Service Name</b>  | - | <b>FY 21-22</b> | <b>Estimates</b> |                   |
|  |   |                 | <b>FY 22</b>     | <b>Next 3 FYs</b> |
| <b>Incremental Expenditures</b>  |   |                 |                  |                   |
| Labor Expenditures   |   | -               | -                | -                 |
| Non-Labor Expenditures   |   | -               | -                | -                 |
| <b>Total Incremental Expenditures</b>  |   | -               | -                | -                 |
| <b>Funding Sources</b> (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify) |   |                 |                  |                   |
| Existing Budget  | - | -               | -                | -                 |
|  | - | -               | -                | -                 |
|  | - | -               | -                | -                 |
| <b>Total Current Budget</b>  |   | -               | -                | -                 |

|   |   |   |   |   |
|---|---|---|---|---|
| Additional Budget Requested                                     | - | - | - | - |
|   | - | - | - | - |
|   | - | - | - | - |
| Total Additional Budget Requested                               |   | - | - | - |
| <b>Total Funding Sources</b>                                    |   | - | - | - |
| <b>Personnel</b> (Fill out section only if requesting new PCNs) |   |   |   |   |
| Current Position Count for Service                              |   | - | - | - |
| Additional Positions Requested                                  |   | - | - | - |
| <b>Total Personnel</b>  |   | - | - | - |

**Anticipated Implementation Date:**

**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 (if applicable):**