

# Legislation Details (With Text)

File #:	21-45	579	Version:	1	Name:	
Туре:	·		Status:	Passed		
File created:			In control:	Commissioners Court		
On agenda:	9/14/2	9/14/2021		Final action:	9/14/2021	
Title:	Request for approval of a project scheduled for advertisement for mosquito control insecticide chemicals, diluents oil and related items for Harris County (210281).					
Sponsors:						
Indexes:						
Code sections:						
Code sections: Attachments:	1. 21-	4579 Adve	ertisement 2	2102	281.pdf	
		-4579 Adve Action By	ertisement 2	2102	281.pdf Act	ion Result

### **Department:** Purchasing

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

#### **Regular or Supplemental RCA:**

🛛 Regular RCA

□ Supplemental RCA

Type of Request: Proposals/Bids

Project ID (if applicable):

Vendor/Entity Legal Name (if applicable):

MWDBE Participation (if applicable):

### **Request Summary (Agenda Caption):**

Request for approval of a project scheduled for advertisement for mosquito control insecticide chemicals, diluents oil and related items for Harris County (210281).

**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):

 $\Box$  Countywide

- $\Box$  Precinct 1
- Precinct 2
- □ Precinct 3

Precinct 4

Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
Incremental Expenditure	S			
Labor Expenditures	-	-	-	
Non-Labor Expenditures	-	-	-	
Total Incremental Expen	-	-	-	
Funding Sources (General	Fund, PIC Fund, De	ebt or CP, Grants, or Ot	ther - Please Spe	cify)
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget	•	-	-	-
Additional Budget Reques	sted -	-	-	-
	-	-	-	-
	-	-	-	-

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

# 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):