



## Legislation Details (With Text)

**File #:** 21-4601      **Version:** 1      **Name:**

**Type:** Proposals/Bids      **Status:** Agenda Ready

**File created:** 9/2/2021      **In control:** Commissioners Court

**On agenda:** 9/14/2021      **Final action:**

**Title:** Request for approval of a renewal option with Arthur J. Gallagher Risk Management Services, Inc. for aircraft insurance for the Sheriff's Office for the period of September 16, 2021 - September 15, 2022 at a cost of \$74,000 (190188).

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 21-4601 for Job No. 190188.pdf

Date	Ver.	Action By	Action	Result
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**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 renewal option with Arthur J. Gallagher Risk Management Services, Inc. for aircraft insurance for the Sheriff's Office for the period of September 16, 2021 - September 15, 2022 at a cost of \$74,000 (190188).

**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>				
<b>Additional Budget Requested</b>				

	-	-	-	-
	-	-	-	-
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):**