



## Legislation Details (With Text)

**File #:** 21-4605 **Version:** 1 **Name:**  
**Type:** Purchase Order **Status:** Passed  
**File created:** 9/2/2021 **In control:** Commissioners Court  
**On agenda:** 9/14/2021 **Final action:** 9/14/2021  
**Title:** Request for approval of a purchase through The Interlocal Purchasing System (TIPS) on the basis of low quote from Texas Timberjack, Inc. for wood chipper trucks for Precinct 4 in the amount of \$129,472.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 21-4605 TIPS Approval of Purchase- Texas Timberjack Inc -Letter

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:** Purchase Order

**Project ID (if applicable):**

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

**MWDBE Participation (if applicable):**

**Request Summary (Agenda Caption):**

Request for approval of a purchase through The Interlocal Purchasing System (TIPS) on the basis of low quote from Texas Timberjack, Inc. for wood chipper trucks for Precinct 4 in the amount of \$129,472.

**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):**