



## Legislation Details (With Text)

<b>File #:</b>	21-4861	<b>Version:</b>	1	<b>Name:</b>	
<b>Type:</b>	Proposals/Bids	<b>Status:</b>		Passed	
<b>File created:</b>	9/7/2021	<b>In control:</b>		Commissioners Court	
<b>On agenda:</b>	9/14/2021	<b>Final action:</b>		9/14/2021	
<b>Title:</b>	Request for approval of a project scheduled for advertisement for improvements at Kleb Woods stormwater detention basin (phase II) in Precinct 3 for the Office of the County Engineer (210280).				
<b>Sponsors:</b>					
<b>Indexes:</b>					
<b>Code sections:</b>					
<b>Attachments:</b>	1. 21-4861 Advertisement 210280.pdf				

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:** 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 improvements at Kleb Woods stormwater detention basin (phase II) in Precinct 3 for the Office of the County Engineer (210280).

**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):**