



Legislation Details (With Text)

File #: 21-4626 **Version:** 1 **Name:**
Type: Contract - Award **Status:** Agenda Ready
File created: 9/3/2021 **In control:** Commissioners Court
On agenda: 9/14/2021 **Final action:** 9/14/2021
Title: Request for approval of an award to Coburn Supply Company, INC. on the basis of only bid for reinforced concrete pipe, saddle inlets and related items in Precinct 4 in the amount of \$254,390 for a one year initial term, with two one-year renewal options, based on estimated quantities and fixed unit pricing (210219).

Sponsors:

Indexes:

Code sections:

Attachments: 1. 21-4626 for Job No. 210219.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: Contract - Award

Project ID (if applicable):

Vendor/Entity Legal Name (if applicable):

MWDBE Participation (if applicable):

Request Summary (Agenda Caption):

Request for approval of an award to Coburn Supply Company, INC. on the basis of only bid for reinforced concrete pipe, saddle inlets and related items in Precinct 4 in the amount of \$254,390 for a one year initial term, with two one-year renewal options, based on estimated quantities and fixed unit pricing (210219).

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

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

Additional Budget Requested	-	-	-	-
	-	-	-	-
	-	-	-	-
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):