



Legislation Details (With Text)

File #: 21-4832 **Version:** 1 **Name:**
Type: Contract - Amendment **Status:** Passed
File created: 9/7/2021 **In control:** Commissioners Court
On agenda: 9/14/2021 **Final action:** 9/14/2021
Title: Request for approval of the first and final renewal option with Kelsey-Seybold Medical Group, P.L.L.C. for management of on-site clinic operations for Harris County for the period of October 23, 2021 through October 22, 2023, at no additional cost to the county.

Sponsors:

Indexes:

Code sections:

Attachments: 1. 21-4832 Renewal Kelsey-Seybold Medical Group, P.L.L.C..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 - Amendment

Project ID (if applicable):

Vendor/Entity Legal Name (if applicable):

MWDBE Participation (if applicable):

Request Summary (Agenda Caption):

Request for approval of the first and final renewal option with Kelsey-Seybold Medical Group, P.L.L.C. for management of on-site clinic operations for Harris County for the period of October 23, 2021 through October 22, 2023, at no additional cost to the county.

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):