

Legislation Details (With Text)

File #:	21-4	937	Version:	1	Name:	
Туре:	Tran	nsmittal			Status:	Accepted
File created:	9/8/2	2021			In control:	Commissioners Court
On agenda:	9/14	/2021			Final action:	9/14/2021
Title:	Transmittal by the Office of the Purchasing Agent of bids and proposals for advertised jobs that were opened August 30 and September 13, 2021.					
Sponsors:						
Indexes:						
Code sections:						
Attachments:						
Date	Ver.	Action By	,		Act	ion Result
9/14/2021	1	Commis	sioners Cou	ırt		

Department: Purchasing

Department Head/Elected Official: DeWight Dopslauf, Purchasing Agent, Purchasing Department

Regular or Supplemental RCA:

🛛 Regular RCA

□ Supplemental RCA

Type of Request: Transmittal

Project ID (if applicable): Vendor/Entity Legal Name (if applicable): MWDBE Participation (if applicable):

Request Summary (Agenda Caption):

Transmittal by the Office of the Purchasing Agent of bids and proposals for advertised jobs that were opened August 30 and September 13, 2021.

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):

 \Box Countywide

- \Box Precinct 1
- Precinct 2
- □ Precinct 3

Precinct 4

Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
Incremental Expenditure	S			
Labor Expenditures	-	-	-	
Non-Labor Expenditures	-	-	-	
Total Incremental Expen	-	-	-	
Funding Sources (General	Fund, PIC Fund, De	ebt or CP, Grants, or Ot	ther - Please Spe	cify)
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget	-	-	-	
Additional Budget Reques	sted -	-	-	-
	-	-	-	-
	-	-	-	-

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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:

 \Box 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):