

Legislation Details (With Text)

File #:	21-5	503	Version:	1	Name:			
Туре:	Tran	smittal			Status:	Accepted		
File created:	10/5	/2021			In control:	Commissioners Court		
On agenda:	10/12/2021		Final action:	10/12/2021				
Title:		Transmittal by the Office of the Purchasing Agent of bids and proposals for advertised jobs that were opened September 20, 2021, September 27, 2021, October 4, 2021, and October 11, 2021.						
Sponsors:								
Indexes:								
Code sections:								
Attachments:								
		Action By	,		Act	on Result		
Date	Ver.	,						

Regular or Supplemental RCA: Regular 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 September 20, 2021, September 27, 2021, October 4, 2021, and October 11, 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):

Date	Agenda Item #	Action Taken

Location:

Address (if applicable): Precinct(s): Choose an item.

Service Name		FY 21-22	Estimates	Estimates	
			FY 22	Next 3 FY	
Incremental Expenditures		•			
Labor Expenditures		-	-	-	
Non-Labor Expenditures		-	-	-	
Total Incremental Expenditur	es	-	-	-	
Funding Sources (General Fund	l, PIC Fund, Deb	t or CP, Grants, or O	ther - Please Spe	cify)	
Existing Budget	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
Total Current Budget		-	-	-	
Additional Budget Requested	-	-	-	-	
	-	-	-	-	
	-	-	-	-	
Total Additional Budget Requ	ested	-	-	-	
Total Funding Sources	-	-	-		
Personnel (Fill out section only	if requesting ne	w PCNs)	•	•	
Current Position Count for Se	rvice	-	_	-	

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Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Implementation Date:

Emergency/Disaster Recovery Note: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):