Legislation Details (With Text)

File #:	21-5354	**Version:**	1	**Name:**	
Type:	Proposals/Bids			**Status:**	Passed
File created:	10/4/2021			**In control:**	Commissioners Court
On agenda:	10/12/2021			**Final action:**	10/12/2021
Title:	Request for approval of a project scheduled for advertisement for ditch regrading/reshaping and related items for various locations in Precinct 1 for the Office of the County Engineer (210340).				
Sponsors:					
Indexes:					
Code sections:					
Attachments:	1. 21-5354 AD for Job No. 210340.pdf				

Date	Ver.	Action By	Action	Result
10/12/2021	1	Commissioners Court		

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

Regular or Supplemental RCA: Regular RCA
Type of Request: Proposals/Bids

Project ID (if applicable): 21/0340
Vendor/Entity Legal Name (if applicable):
MWDBE Participation (if applicable):

Request Summary (Agenda Caption):
Request for approval of a project scheduled for advertisement for ditch regrading/reshaping and related items for various locations in Precinct 1 for the Office of the County Engineer (210340).

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.

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: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):