



## Legislation Details (With Text)

**File #:** 21-5364 **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 mobile drone detection, identification, and mitigation system for the Sheriff's Office (210335).

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

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):** 21/0335

**Vendor/Entity Legal Name (if applicable):**

**MWDBE Participation (if applicable):**

**Request Summary (Agenda Caption):**

Request for approval of a project scheduled for advertisement for mobile drone detection, identification, and mitigation system for the Sheriff's Office (210335).

**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.

<b>Fiscal and Personnel Summary</b>				
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
<b>Incremental Expenditures</b>				
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
<b>Total Incremental Expenditures</b>		-	-	-
<b>Funding Sources</b> (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget		-	-	-
		-	-	-
		-	-	-
Total Current Budget		-	-	-
Additional Budget Requested		-	-	-
		-	-	-
		-	-	-
Total Additional Budget Requested		-	-	-
<b>Total Funding Sources</b>		-	-	-
<b>Personnel</b> (Fill out section only if requesting new PCNs)				
Current Position Count for Service		-	-	-

Additional Positions Requested	-	-	-
<b>Total Personnel</b>	-	-	-

**Anticipated Implementation Date:**

**Emergency/Disaster Recovery Note:** Choose an item.

**Contact(s) name, title, department:**

**Attachments (if applicable):**