



Legislation Details (With Text)

File #: 21-5367 **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 and consent for Request for Proposal for investment advisor services for Harris County (210324).

Sponsors:

Indexes:

Code sections:

Attachments: 1. 21-5367 AD for Job No. 210324.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): 21/0324

Vendor/Entity Legal Name (if applicable):

MWDBE Participation (if applicable):

Request Summary (Agenda Caption):

Request for approval of a project scheduled for advertisement and consent for Request for Proposal for investment advisor services for Harris County (210324).

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):