



Legislation Details (With Text)

File #: 21-6376 **Version:** 1 **Name:**

Type: Proposals/Bids **Status:** Agenda Ready

File created: 11/15/2021 **In control:** Commissioners Court

On agenda: 11/30/2021 **Final action:**

Title: Request for approval of a project scheduled for advertisement for refurbishment of the Houston Downtown Tunnel System at Caroline Street in Precinct 1 for the Office of the County Engineer (210386).

Sponsors:

Indexes:

Code sections:

Attachments: 1. 21-6376 Advertisement 210386.pdf

Date	Ver.	Action By	Action	Result
------	------	-----------	--------	--------

Department: Purchasing
Department Head/Elected Official: DeWight Dopslauf

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

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

Request Summary (Agenda Caption):
 Request for approval of a project scheduled for advertisement for refurbishment of the Houston Downtown Tunnel System at Caroline Street in Precinct 1 for the Office of the County Engineer (210386).

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	FY 22	Next 3 FYs
Incremental Expenditures (do NOT write values in thousands or millions)			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write values in thousands or millions)			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Current Budget	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
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):