

# Harris County, Texas

1001 Preston St., 1st Floor Houston, Texas 77002

# Legislation Details (With Text)

File #: 21-6376 Version: 1 Name:

Type: Proposals/Bids Status: Passed

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

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

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

11/30/2021 1 Commissioners Court

**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:**

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# Alignment with Goal(s):

- \_ Justice and Safety
- \_ Economic Opportunity
- \_ Housing
- \_ Public Health
- $\_\, {\sf Transportation}$
- \_ 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 w	rite values in tho	usands or millions	5)
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write value	s in thousands o	r 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	\$	\$	\$

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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):