

Legislation Details (With Text)

File #:	21-6	406	Version:	1	Name:		
Туре:	Tran	smittal			Status:	Accepted	
File created:	11/1	5/2021			In control:	Commissioners Court	
On agenda:	11/3	0/2021			Final action:	11/30/2021	
Title:	supp	Transmittal by the Office of the Purchasing Agent of a project scheduled for advertisement for supplemental quick clearance of stalled and/or abandoned vehicles from Harris County freeways for the Sheriff's Office (210402).					
Sponsors:							
Indexes:							
Code sections:							
Attachments:							
Date	Ver.	Action By			Acti	on Result	t
11/30/2021	1	Commiss	sioners Cou	ırt			
Department: P	urchas	sing					

Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA

Type of Request: Transmittal

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

Request Summary (Agenda Caption):

Transmittal by the Office of the Purchasing Agent of a project scheduled for advertisement for supplemental quick clearance of stalled and/or abandoned vehicles from Harris County freeways for the Sheriff's Office (210402).

Background and Discussion:

Expected Impact:

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 w	rite values in the	ousands or millions	5)
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write value	es 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	\$	\$	\$

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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):