



Legislation Details (With Text)

File #: 21-6420 **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 janitorial services for various women, infant, and children centers for Public Health Services (210397).

Sponsors:

Indexes:

Code sections:

Attachments:

| 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 janitorial services for various women, infant, and children centers for Public Health Services (210397).

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):