

# Harris County, Texas

## Legislation Details (With Text)

File #: 21-6420 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 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	
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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 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
- $\_\, {\sf Transportation}$
- \_ 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 <mark>NOT</mark> w	rite values in the	usands or millions	s)
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	\$	\$	\$
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	Imp	lemen <sup>.</sup>	tation	Date:
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Emergency/Disaster Recovery Note: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):