

Harris County, Texas

Legislation Details (With Text)

File #: 21-6422 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 at various

locations for the Flood Control District (210393).

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver. Actio	on 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 janitorial services at various locations for the Flood Control District (210393).

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 v	write values in the	ousands or millions	s)
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write valu	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 [.]	tation	Date:
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Emergency/Disaster Recovery Note: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):