

Harris County, Texas

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

Legislation Details (With Text)

File #: 21-6319 Version: 1 Name:

Type: Transmittal Status: Accepted

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

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

Transmittal by the Office of the Purchasing Agent of bids and proposals for advertised jobs that were

opened November 15, 22, and 29, 2021.

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: Transmittal

Project ID (if applicable): N/A

Vendor/Entity Legal Name (if applicable): N/A **MWDBE Participation** (if applicable): N/A

Request Summary (Agenda Caption):

Transmittal by the Office of the Purchasing Agent of bids and proposals for advertised jobs that were opened November 15, 22, and 29, 2021.

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 <mark>NOT</mark> w	rite values in the	ousands 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 Implementation Date:

Emergency/Disaster Recovery Note: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):