



Legislation Details (With Text)

File #: 22-4403 **Version:** 1 **Name:**
Type: Proposals/Bids **Status:** Passed
File created: 7/15/2022 **In control:** Commissioners Court
On agenda: 8/2/2022 **Final action:** 8/2/2022
Title: Request for approval to reject the proposal(s) received for occupational safety and health administration training services for Harris County (210179).

Sponsors:

Indexes:

Code sections:

Attachments: 1. 22-4403 Rejection Job No. 210179

Date	Ver.	Action By	Action	Result
8/2/2022	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): 210179
Vendor/Entity Legal Name (if applicable): N/A

MWDBE Contracted Goal (if applicable): N/A
MWDBE Current Participation (if applicable): N/A
Justification for 0% MWDBE Participation Goal: N/A - Goal not applicable to request

Request Summary (Agenda Caption):
Request for approval to reject the proposal(s) received for occupational safety and health administration training services for Harris County (210179).

Background and Discussion:
N/A

Expected Impact:
N/A

Alternative Options:
N/A

Alignment with Goal(s):

- _ Justice and Safety
- _ Economic Opportunity
- _ Housing
- _ Public Health
- _ Transportation
- _ Flooding
- _ Environment
- _ Governance and Customer Service

Prior Court Action (if any): N/A

Date	Agenda Item #	Action Taken

Location: N/A

Address (if applicable): N/A

Precinct(s): Countywide

Fiscal and Personnel Summary			
Service Name			
	SFY 22	FY 23	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 Court Date: N/A

Anticipated Implementation Date (if different from Court date): N/A

Emergency/Disaster Recovery Note: Not an emergency, disaster, or COVID-19 related item

Contact(s) name, title, department: Lytrina Bob, Contracts Administrator, Purchasing

Attachments (if applicable): Letter