

Legislation Details (With Text)

File #:	23-2	767	Version:	1	Name:			
Туре:	Tran	nsmittal			Status:	Accepted		
File created:	5/5/2	2023			In control:	Commissioners Court		
On agenda:	5/16	/2023			Final action:	5/16/2023		
Title:	Transmittal by the Office of the Purchasing Agent of a project scheduled for advertisement for fitness instructors and related services for Harris County (230016).							
Sponsors:								
Indexes:								
Code sections:								
Attachments:								
Date	Ver.	Action By	,		Act	on	Result	
5/16/2023	1	Commiss	sioners Cou	ırt				
Department: P Department He		-	ficial: DeW	/ight	Dopslauf			
Regular or Sup Type of Reques	-		: Regular R	RCA				
Project ID (if ap Vendor/Entity	-	-): 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):

Transmittal by the Office of the Purchasing Agent of a project scheduled for advertisement for fitness instructors and related services for Harris County (230016).

Background and Discussion: N/A

Expected Impact: N/A

Alternative Options: N/A

Alignment with Goal(s): N/A

_ 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:

Address (if applicable): N/A

Precinct(s): Choose an item.

Fiscal and Personnel Summary			
Service Name			
	FY 23	FY 24	Next 3 FYs
Incremental Expenditures (do NOT w	rite values in t	housands or millions	5)
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write value	s 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 reques	ting 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: Choose an item.

Contact(s) name, title, department: N/A

Attachments (if applicable): Letter