



## Legislation Details (With Text)

**File #:** 24-2146      **Version:** 1      **Name:**  
**Type:** Proposals/Bids      **Status:** Passed  
**File created:** 4/9/2024      **In control:** Commissioners Court  
**On agenda:** 4/23/2024      **Final action:** 4/23/2024  
**Title:** Request for approval to reject the bid(s) received for pharmaceutical items for Public Health Services, and that the project be readvertised at a later date with revised specifications (230482).

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 24-2146 Bid Reject for Job No. 230482

Date	Ver.	Action By	Action	Result
4/23/2024	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):** 230482

**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 bid(s) received for pharmaceutical items for Public Health Services, and that the project be readvertised at a later date with revised specifications (230482).

**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				
		Current Fiscal Year Cost		Annual Fiscal Cost
	Labor	Non-Labor	Total	Recurring Expenses
<b>Funding Sources</b>				
<b>Existing Budget</b>				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Current Budget	\$	\$	\$	\$
<b>Additional Budget Request</b> ( <i>Requires Fiscal Review Request Form</i> )				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Additional Budget Request	\$	\$	\$	\$
<b>Total Funding Request</b>	\$	\$	\$	\$
<b>Personnel</b> (Fill out section only if requesting new PCNs)				
Current Position Count for Service	-	-	-	-
Additional Positions Request	-	-	-	-
<b>Total Personnel</b>	-	-	-	-

**Anticipated Court Date:** 4/23/24

**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:** Jessica Barelás, Sr. Buyer, Purchasing

**Attachments** (if applicable): Letter