



Legislation Text

File #: 21-4521, **Version:** 1

Harris County Commissioners Court

Request for Court Action

Proposed Meeting Date: [September 14, 2021]

Department:

Purchasing

Department Head/Elected Official: DeWight Dopslauf, Purchasing Agent

Type of Request:

Choose an item.

Project ID (if applicable): [Project ID]

Vendor/Entity Legal Name (if applicable): [Vendor/Entity Legal Name]

MWDBE Participation (if applicable): [% participation goal]

Request Summary (Agenda Caption):

Request for approval to reject the bids received for batteries for automobiles, trucks, commercial, marine, lawn equipment and related Items for Harris County and that the project be readvertised at a later date with revised specifications (210186).

Background and Discussion:

Expected Impact:

Alternative Options:

Alignment with Goal(s):

- ☐ Justice and Safety
☐ Economic Opportunity
☐ Housing
☐ Public Health

- ☐ Transportation
☐ Flooding
☐ Environment

☐ Governance and Customer Service **Prior Court Action (if any):**

Location:

Address (if applicable):

[Address, Line 1]

[Address, Line 2]

- ☐ Countywide
☐ Precinct 1
☐ Precinct 2

☐ Precinct 3

☐ Precinct 4 **Fiscal and Personnel Summary**

Service Name: [Enter Here]		FY 21-22	Estimates	
			FY 22-23	Next 3 FYs
Incremental Expenditures				
Labor Expenditures		#. #M	#. #M	#. #M
Non-Labor Expenditures		#. #M	#. #M	#. #M
Total Incremental Expenditures		\$#. #M	\$#. #M	\$#. #M
Funding Sources (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget	[Fund Name 1]	#. #M	#. #M	#. #M
	[Fund Name 2]	#. #M	#. #M	#. #M
	[Fund Name 3]	#. #M	#. #M	#. #M
Total Current Budget		\$#. #M	\$#. #M	\$#. #M
Additional Budget Requested	[Fund Name 1]	#. #M	#. #M	#. #M
	[Fund Name 2]	#. #M	#. #M	#. #M
	[Fund Name 3]	#. #M	#. #M	#. #M
Total Additional Budget Requested		\$#. #M	\$#. #M	\$#. #M
Total Funding Sources		\$#. #M	\$#. #M	\$#. #M

Personnel (Fill out section only if requesting new PCNs)			
Current Position Count for Service	#	#	#
Additional Positions Requested	#	#	#
Total Personnel	#	#	#

Anticipated Implementation Date: [Month, Day, Year]

Emergency/Disaster Recovery Note:

- ☐ Not an emergency, disaster recovery, or COVID-19 related item
- ☐ Emergency Item
- ☐ COVID-19 related Item
- ☐ Disaster Recovery related Item

Contact(s):

[Name], [Title], [Department]

Attachments:

[List of attached documents]