

Harris County, Texas

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

Legislation Text

File #: 21-4672, Version: 1
Department: Purchasing
Department Head/Elected Official: DeWight Dopslauf, Purchasing Agent, Purchasing Department
Regular or Supplemental RCA: Regular RCA
□ Supplemental RCA
Type of Request: Contract - Amendment
Project ID (if applicable):
Vendor/Entity Legal Name (if applicable):
MWDBE Participation (if applicable):
Request Summary (Agenda Caption): Request for approval of a Houston-Galveston Area Council (H-GAC) Cooperative Purchasing Program renewal option with Data Transfer Solutions, LLC for pavement data collection services for Harris County through July 29, 2022 at a cost of \$200,000.
Background and Discussion:
Expected Impact:
Alternative Options:
Alignment with Goal(s):
 ☐ Justice and Safety ☐ Economic Opportunity ☐ Housing ☐ Public Health
☐ Transportation

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☐ Flooding ☐ Environment
☐ Governance and Customer Service
Prior Court Action (if any):
ocation: Address (if applicable list below):
☐ Countywide
\square Precinct 1 \square Precinct 2
□ Precinct 2 □ Precinct 3
☐ Precinct 4

Fiscal and Personnel Summary							
Service Name	-		FY 21-22	Estimates			
				FY 22	Next 3 FYs		
Incremental Exp	enditures			•			
Labor Expenditures			-	-	-		
Non-Labor Expenditures			-	-	-		
Total Incremental Expenditures			-	-	-		
Funding Sources	(General Fund, F	IC Fund, Debt or C	CP, Grants, or O	ther - Please Spe	cify)		
Existing Budget		-	-	-	-		
		-	-	-	-		
		-	-	-	-		
Total Current Budget			-	-	-		
Additional Budget Requested		-	-	-	-		
		-	-	-	-		
		-	-	-	-		
Total Additional Budget Requested		-	-	-			
Total Funding Sources			-	-	-		
Personnel (Fill ou	t section only if r	equesting new PC	Ns)	•	<u>.</u>		
Current Position Count for Service		-	-	-			
Additional Positions Requested		-	-	-			
Total Personnel			-	-	-		

Anticipated Implementation Date:

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Emergency/Disaster Recovery Note:
\square 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 (if applicable):