

## Harris County, Texas

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

## Legislation Text

File #: 21-4686, 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 that the County Judge execute an amendment to an agreement with Johnston LLC to increase funding for 701 N. San Jacinto ceiling replacement for professional architectural and/or engineering and project management services for mechanical, electrical, and plumbing repairs and upgrades of the detention facilities (Phase 1) in Harris County for the period of February 11, 2021 - February 10, 2022 in the additional amount of \$1,950,550 (190327).
Background and Discussion:
Expected Impact:
Alternative Options:
Alignment with Goal(s):

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☐ Public Health
☐ Transportation
☐ Flooding
☐ Environment
☐ Governance and Customer Service
Prior Court Action (if any):
Location:
Address (if applicable list below):
☐ Countywide
□ Precinct 1
☐ Precinct 2
☐ Precinct 3
☐ Precinct 4

Fiscal and Personnel Summ	nary			
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
Incremental Expenditures				
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
Total Incremental Expenditures		-	-	-
Funding Sources (General Fund, I	PIC Fund, Debt or C	P, Grants, or O	ther - Please Spe	cify)
Existing Budget	-	-	-	-
	-	_	-	-
	-	_	-	-
Total Current Budget		-	-	_
Additional Budget Requested	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Additional Budget Requested		-	-	-
Total Funding Sources		-	-	-
<b>Personnel</b> (Fill out section only if	requesting new PCN	Ns)		
Current Position Count for Service		_	-	-
Additional Positions Requested		_	-	-
Total Personnel		-	-	-

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Anticipated Implementation Date:
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):