



## Legislation Text

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**File #:** 21-4519, **Version:** 1

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### 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 of a project scheduled for advertisement for installation of Pickleball Courts at Richard and Meg Weekley Community Center in Precinct 3 (210265).

**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**

<b>Service Name:</b> [Enter Here]		<b>FY 21-22</b>	<b>Estimates</b>	
			<b>FY 22-23</b>	<b>Next 3 FYs</b>
<b>Incremental Expenditures</b>				
Labor Expenditures		##M	##M	##M
Non-Labor Expenditures		##M	##M	##M
<b>Total Incremental Expenditures</b>		<b>\$##M</b>	<b>\$##M</b>	<b>\$##M</b>
<b>Funding Sources</b> (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
<b>Total Funding Sources</b>		<b>\$##M</b>	<b>\$##M</b>	<b>\$##M</b>
<b>Personnel</b> (Fill out section only if requesting new PCNs)				

Current Position Count for Service	#	#	#
Additional Positions Requested	#	#	#
<b>Total Personnel</b>	#	#	#

**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]