



## Legislation Text

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**File #:** 21-4782, **Version:** 1

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**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 an order permitting the assignment of a contract and a renewal option with Century Asphalt, Ltd. (assignor) to Texas Materials Group, Inc. D/B/A Gulf Coast (assignee) for crushed concrete base material and related items in Precinct 3 for the period of October 24, 2021 - October 23, 2022 in the amount of \$176,000 effective July 31, 2021 (190254).

**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 list below):

- ☐ Countywide  
☐ Precinct 1  
☐ Precinct 2  
☐ Precinct 3  
☐ Precinct 4

<b>Fiscal and Personnel Summary</b>				
<b>Service Name</b>		<b>FY 21-22</b>	<b>Estimates</b>	
			<b>FY 22</b>	<b>Next 3 FYs</b>
<b>Incremental Expenditures</b>				
Labor Expenditures	-	-	-	-
Non-Labor Expenditures	-	-	-	-
<b>Total Incremental Expenditures</b>	-	-	-	-
<b>Funding Sources</b> (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
<b>Total Current Budget</b>	-	-	-	-
Additional Budget Requested	-	-	-	-
	-	-	-	-
	-	-	-	-
<b>Total Additional Budget Requested</b>	-	-	-	-
<b>Total Funding Sources</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:**

**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 (if applicable):**