

## Harris County, Texas

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

## Legislation Text

File #: 21-4848, 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 - Award
Project ID (if applicable):
Vendor/Entity Legal Name (if applicable):
MWDBE Participation (if applicable):
Request Summary (Agenda Caption):
Request for approval on the basis of best overall evaluations and authorize negotiations with CDM Smith Inc.; CONSOR Engineers, LLC; IDCUS Inc.; VERSA Infrastructure; HDR Engineering Inc.; HR Green, Inc.; Stuart Consulting Group Inc.; and BGE, Inc. for professional engineering services for construction management and construction material testing for the Flood Control District, and the county, at its sole discretion, may discontinue negotiations and proceed to negotiate with the next ranking vendors (210185).
Background and Discussion:
Expected Impact:
Alternative Options:
Alignment with Goal(s):
☐ Justice and Safety
☐ Economic Opportunity
☐ Housing
☐ Public Health

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☐ Transportation	
☐ Flooding	
☐ Environment	
☐ Governance and Customer Service	
Prior Court Action (if any):	
Location:	
Address (if applicable list below):	
<ul><li>☐ Countywide</li><li>☐ Precinct 1</li></ul>	
☐ Precinct 2	
☐ Precinct 2	
☐ Precinct 4	

Fiscal and Personnel Su	ımmary			
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
Incremental Expenditures			•	
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
Total Incremental Expendi	tures	-	-	-
Funding Sources (General Fu	und, PIC Fund, De	bt or CP, Grants, or O	ther - Please Spe	cify)
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget		-	-	-
Additional Budget Requesto	ed -	-	-	-
	-	-	-	-
	-	-	-	-
Total Additional Budget Requested		-	-	-
Total Funding Sources		-	-	-
<b>Personnel</b> (Fill out section or	nly if requesting n	ew PCNs)		
Current Position Count for Service		-	-	-
Additional Positions Requested		-	-	-
Total Personnel		-	-	-

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Anticipated Implementation Date:	
mergency/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):	