

## Harris County, Texas

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

## Legislation Text

File #: 21-4844, 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 renewal option with Phonoscope, Inc.; Comcast Cable Communications Management dba Comcast Business Communications, LLC; and AT&T Corp. for Data telecommunication services for Harris County through September 10, 2022 at a cost of \$1,400,000 (160175).
Background and Discussion:
Expected Impact:
Alternative Options:
Alignment with Goal(s):
☐ Justice and Safety ☐ Economic Opportunity ☐ Housing
<ul><li>☐ Public Health</li><li>☐ Transportation</li></ul>

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☐ 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 Persor	nel Summ	ary			
Service Name			FY 21-22	Estimates	
				FY 22	Next 3 FYs
Incremental Expend	litures			•	
Labor Expenditures			-	-	-
Non-Labor Expenditures			-	-	-
Total Incremental Expenditures			-	-	-
Funding Sources (Ge	eneral Fund, F	PIC Fund, Debt or	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 out se	ction only if r	equesting new PC	CNs)	-	
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
<ul> <li>□ Emergency Item</li> <li>□ COVID-19 related Item</li> <li>□ Disaster Recovery related Item</li> </ul>
Contact(s) name, title, department:
Attachments (if applicable):