



## Legislation Text

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**File #:** 21-4964, **Version:** 1

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**Department:** Purchasing

**Department Head/Elected Official:** DeWight Dopslauf

**Regular or Supplemental RCA:**

- ☐ Regular RCA  
☒ Supplemental RCA

**Type of Request:** Contract - Amendment

**Project ID (if applicable):** Job No. 21/0042

**Vendor/Entity Legal Name (if applicable):** Elevate Strategies, LLC

**MWDBE Participation (if applicable):** N/A

**Request Summary (Agenda Caption):**

Request by the Office of the Purchasing Agent for approval to terminate the agreement with Elevate Strategies, LLC for Targeted Community Vaccine Outreach for Harris County effective September 24, 2021.

**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):** August 10, 2021

**Location:**

Address (if applicable list below):

☒ Countywide☐ Precinct 1☐ Precinct 2☐ Precinct 3☐ Precinct 4 **Fiscal and Personnel Summary**

<b>Service Name</b>	Preparedness, Planning, Response and Recovery	<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	ARPA Fund		-	-
		-	-	-
		-	-	-
Total Current Budget			-	-
Additional Budget Requested		-	-	-
		-	-	-
		-	-	-
Total Additional Budget Requested		-	-	-
<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):**