



Legislation Text

File #: 21-6344, **Version:** 1

Department: Purchasing

Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA

Type of Request: Financial Authorization

Project ID (if applicable): N/A

Vendor/Entity Legal Name (if applicable): Motorola Solutions, Inc.

MWDBE Participation (if applicable): N/A

Request Summary (Agenda Caption):

Request for approval of a sole source exemption from the competitive bid requirements and a renewal option with Motorola Solutions, Inc. in the amount of \$2,112,000 for system enhancement and upgrade for the Texas Wide Area Radio Network (TxWARN) Astro P25 System for Universal Services through November 9, 2022.

Background and Discussion: 00000592 System Enhancement and Upgrade for the Texas Wide Area Radio Network (TxWARN) Astro P25 System for Harris County Universal Services

Expected Impact: Renewal of this contract will allow the awarded supplier to upgrade software

Alternative Options: Alternative option would be not to approve the renewal which would impact software upgrades

Alignment with Goal(s):

- ☒ Justice and Safety
- ☐ Economic Opportunity
- ☐ Housing
- ☐ Public Health
- ☐ Transportation

- _ Flooding
- _ Environment
- _ Governance and Customer Service

Prior Court Action (if any): November 10,2021 - November 09,2022with 3 year one year renewals

Date	Agenda Item #	Action Taken

Location:

Address (if applicable):

Precinct(s): Choose an item.

Fiscal and Personnel Summary				
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
Incremental Expenditures				
Labor Expenditures				
Non-Labor Expenditures				
Total Incremental Expenditures				
Funding Sources (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget		2,072,160.00-	2,112,000.00-	
Total Current Budget				
Additional Budget Requested				
Total Additional Budget Requested				
Total Funding Sources				
Personnel (Fill out section only if requesting new PCNs)				
Current Position Count for Service				
Additional Positions Requested				
Total Personnel				

Anticipated Implementation Date:

Emergency/Disaster Recovery Note: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):