

Harris County, Texas

1001 Preston St., Suite 934 Houston, Texas 77002

Legislation Text

File #: 22-4403, Version: 1

Department: Purchasing

Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA

Type of Request: Proposals/Bids

Project ID (if applicable): 210179

Vendor/Entity Legal Name (if applicable): N/A

MWDBE Contracted Goal (if applicable): N/A
MWDBE Current Participation (if applicable): N/A

Justification for 0% MWDBE Participation Goal: N/A - Goal not applicable to request

Request Summary (Agenda Caption):

Request for approval to reject the proposal(s) received for occupational safety and health administration training services for Harris County (210179).

Background and Discussion:

N/A

Expected Impact:

N/A

Alternative Options:

N/A

Alignment with Goal(s):

- _ Justice and Safety
- _ Economic Opportunity
- _ Housing
- _ Public Health
- _ Transportation
- _ Flooding
- Environment
- _ Governance and Customer Service

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Prior Court Action (if any): N/A

Date	Agenda Item #	Action Taken

Location: N/A

Address (if applicable): N/A Precinct(s): Countywide

Fiscal and Personnel Summary			
Service Name			
•	SFY 22	FY 23	Next 3 FYs
Incremental Expenditures (do NOT w	rite values in th	ousands or millions	5)
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write value	s in thousands	or millions)	•
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Current Budget	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Additional Budget Requested	\$	\$	\$
Total Funding Sources	\$	\$	\$
Personnel (Fill out section only if reques	ting new PCNs)		
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Court Date: N/A

Anticipated Implementation Date (if different from Court date): N/A

Emergency/Disaster Recovery Note: Not an emergency, disaster, or COVID-19 related item

Contact(s) name, title, department: Lytrina Bob, Contracts Administrator, Purchasing

Attachments (if applicable): Letter