

## Harris County, Texas

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

## **Legislation Text**

File #: 22-5623, 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): 220332

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 of a project scheduled for advertisement and consent for Request for Proposal for program evaluation of grant strategies for Public Health Services (CDC Funded) (220332).

**Background and Discussion:** Pursuant to Tex. Loc. Gov't Code §262.0295(a) and §262.030(d), for any RFP contract submitted and included on this request, submission shall constitute (1) a determination by the Purchasing Agent that it is impractical to prepare detailed specifications for an item to support the award of a purchase contract, and (2) a notification to the commissioners court of the same. If such letter is returned to Purchasing without alterations by commissioners court, that (3) shall constitute a finding by commissioners court that it is impractical to prepare detailed.

**Expected Impact:** N/A

Alternative Options: N/A

Alignment with Goal(s): N/A

- Justice and Safety
- \_ Economic Opportunity
- Housing

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- \_ Public Health
- \_ Transportation
- \_ Flooding
- \_ Environment
- \_ Governance and Customer Service

Prior Court Action (if any): N/A

Date	Agenda Item #	Action Taken

Location: N/A

Address (if applicable): N/A Precinct(s): Choose an item.

Fiscal and Personnel Summary			
Service Name			
•	SFY 22	FY 23	Next 3 FYs
Incremental Expenditures (do <mark>NOT</mark> w	rite values in th	ousands or millions	s)
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	sting new PCNs)		
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Court Date: September 13, 2022

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**Anticipated Implementation Date (if different from Court date):** 

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