

# Harris County, Texas

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

## **Legislation Text**

File #: 23-2624, Version: 1

**Department:** Purchasing

Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA

Type of Request: Transmittal

Project ID (if applicable): N/A

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):**

Transmittal by the Office of the Purchasing Agent of bids and proposals for advertised jobs that were opened May 1, 8, and 15, 2023.

**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

Prior Court Action (if any): N/A

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Date	Agenda Item #	Action Taken

Location: N/A

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

Fiscal and Personnel Summary			
Service Name			
•	FY 23	FY 24	Next 3 FYs
Incremental Expenditures (do NOT w	rite values in t	nousands 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: May 16, 2023

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: Purchasing

Attachments (if applicable): Letter