



## Legislation Text

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**File #:** 23-2770, **Version:** 1

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**Department:** Purchasing

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

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Proposals/Bids

**Project ID** (if applicable): 230146

**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 group Medicare Advantage and prescription drug insurance for Harris County (230146).

**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 specifications for that item to support the award of a purchase contract, and the Purchasing Agent may use the multistep competitive proposal procedure, or an "RFP" as per Tex. Loc. Gov't Code §262.0295 and §262.030.

**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

Date	Agenda Item #	Action Taken

**Location:**

Address (if applicable):

Precinct(s): Choose an item.

Fiscal and Personnel Summary			
Service Name			
	FY 23	FY 24	Next 3 FYs
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<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 Court Date:** May 16, 2023

**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:**

**Attachments** (if applicable): Letter