

Cameron County Commissioners' Court Agenda Request Form

No. _____

Date: 2/21/19 Meeting Date Request: 3/4/19
Deadline for Action: _____ Contact Person: Michael Forbes
Department: Purchasing Phone: 544-0871 Fax: 550-7219
Department Head Name: Michael Forbes Signature: [Signature]

Caption: (ACTION)

Consideration and authorization to award the following:

Infirmity Medical Services for County Jails & Detention Facilities – RFP # 180501

subject to contract negotiations and approval by Commissioners Court

approved Court 3/4/19

Background: (Briefly summarize your request, if needed use separate sheet(s) or attach supporting documentation).

Evaluation Committees recommendation Correct Care Solutions

**PLEASE FILL IN ALL BLANKS WITH REQUIRED INITIALS AND FISCAL DATA INFORMATION
OR PLACE N/A IF IS NOT APPLICABLE:**

County Judge _____ Auditor _____ Budget _____ Legal _____ Human Resources _____ Purchasing _____
1295 Form _____

Fiscal Data:

Dept. Name: _____ Fund No. _____ Department: Yes _____ No _____ Amt. Expended : \$ _____
Funds Available: Yes _____ No _____ General: Yes _____ No _____ Impact on future budget: Yes _____ No _____
Grant: Yes _____ No _____

Comments:

Action taken by Commissioners' Court

Approved _____ Tabled _____ Denied _____ Motion made by _____ Seconded _____ Vote _____