


# Cameron County Commissioners' Court Agenda Request Form

No. \_\_\_\_\_

D - Q

Date: \_\_\_\_\_ Meeting Date Request: \_\_\_\_\_  
Deadline for Action: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Mark Yates  
Department: \_\_\_\_\_ PD & M Phone: 544-0828 Fax: \_\_\_\_\_  
Department Head Name: \_\_\_\_\_ Mark Yates Signature: \_\_\_\_\_ 

## Caption:

Consideration and authorization to award the following:

Cameron/Willacy Counties Colonia Self-Help Center Service Provider – Request for Proposals # 170101

subject to Contract negotiations and approval by Commissioners Court

*revised by line item 5/2/17 to CDCB.*

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

**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 \_\_\_\_\_