

THE STATE OF TEXAS §

COUNTY OF HARRIS §

The Commissioners Court of Harris County, Texas, Met in a regular session at its regular term at the Harris County Administration Building in the City of Houston, Texas, on _____,

with the following members present:

Judge Hidalgo	County Judge
Rodney Ellis	Commissioner, Precinct No. 1
Adrian Garcia	Commissioner, Precinct No. 2
Tom S. Ramsey, P.E.	Commissioner, Precinct No. 3
Lesley Briones	Commissioner, Precinct No. 4

and the following members absent: _____,

constituting a quorum, when among other business, the following was transacted:

ORDER AUTHORIZING HARRIS COUNTY PUBLIC HEALTH to provide the temporary transfer funds for the Refugee Health Program.

Commissioner _____ introduced an order and moved that Commissioners Court adopt the order. Commissioner _____ seconded the motion for adoption of the order. The motion, carrying with it the adoption of the order, prevailed by the following vote:

	Yes	No	Abstain
Judge Hidalgo	[]	[]	[]
Comm. Ellis	[]	[]	[]
Comm. Garcia	[]	[]	[]
Comm. Ramsey	[]	[]	[]
Comm. Briones	[]	[]	[]

The meeting chair announced that the motion had duly and lawfully carried and that the order had been duly and lawfully adopted. The order adopted follows:

IT IS ORDERED that the County Judge is authorized to approve Harris County Public Health to apply to provide temporary transfer funds in the amount of \$237,860 from Charity Care Special Revenue Fund 2117, for the Texas Health and Human Services Commission / Refugee Health Program, for the funding period effective October 01, 2024 to September 30, 2025. We also request permission to extend 56 position(s) associated with this grant.

The documents are attached hereto and incorporated herein and incorporated as if set out in full word for word. Harris County is authorized to do any and all things necessary or convenient to accomplish the purpose of this Order.

REQUEST FOR SIMULTANEOUS SUBMISSION OF GRANT AWARD AND REVENUE CERTIFICATION TO COMMISSIONERS COURT

Department Name Public Health Services	Department Number 275	Date 8/22/24
Department Contact Name Richard Williams	Department Contact Telephone Number 832-927-7414	
Date to Present the Grant Award to Commissioners Court for Acceptance 9/19/24	Grant Award Amount to be Certified \$237,860.00	
Grant Awarding Agency		

Reason for Simultaneously Submitting Grant Award and Revenue Certification to Commissioners Court
Grant begins 10/1/24
Temporary transfer to cover Personnel expenses for FY25_REFUGEE.

DEPARTMENT APPROVAL

Richard A. Williams Digitally signed by Richard A. Williams
Date: 2024.08.28 15:22:11 -05'00'

Official/Department Head or Designee Signature

Date

AUDITOR'S OFFICE APPROVAL

Grants Accounting Manager Signature

Date

County Auditor or Chief Assistant County Auditor Signature

Date

POSITION MANAGEMENT REQUEST FORM

Business Unit Name: Public Health Services

Business Unit Number: 27500

SECTION I – TYPE OF REQUEST

Function	Check Applicable	Comments
Position Update	<input checked="" type="checkbox"/>	May require Commissioners Court approval
Position Reclassification	<input type="checkbox"/>	May require Commissioners Court approval
New Position Request	<input type="checkbox"/>	Requires Commissioners Court approval
Is computer usage < 25%?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Does not require annual Cybersecurity training if "Yes"

SECTION II – REASON FOR REQUEST

Refugee Grant Renewal Position Extensions

SECTION III – PROPOSED EFFECTIVE DATE

Proposed Effective Date	<u>10/5/24</u>	Date must be the beginning of a pay period. For requests requiring Commissioners Court approval, the earliest effective date will be the first pay period after approval.
Grant Effective Date	From: <u>10/01/2024</u> To: <u>9/30/25</u>	

SECTION IV – POSITION DATA

Current <i>Use "Pos_List_File" (PCN Download) to complete all fields</i>	Proposed <i>Complete all fields for a new position or change appropriate field(s) for existing position.</i>
Position Title	Number of Positions
Job Code Number	Position Title (30 Spaces Maximum)
Job Code Description	Job Code Number
Position Number	Job Code Description
Company (CS, FC, HC, JV or PA)	Position Number (HRRM Use Only)
Business Unit	Company (CS, FC, HC, JV or PA)
Home Department ID Number	Business Unit
Location	Home Department ID Number
Full Time, Part Time or Temporary	Location
Budgeted Hours	Full Time, Part Time or Temporary
Salary Range Maximum	Budgeted Hours
FLSA Code	Salary Range Maximum
Reports To Position Number	FLSA Code
Fund Code	Reports To Position Number
Funding Department ID Number	Fund Code
Account (Same for all Business Units)	Funding Department ID Number
Business Unit PC (Projects or Grants only)	Account (Same for all Business Units)
Project/Grant (Projects or Grants only)	Business Unit PC (Projects or Grants only)
Activity ID (Projects or Grants only)	Project/Grant (Projects or Grants only)
	Activity ID (Projects or Grants only)

Richard A. Williams	Digitally signed by Richard A. Williams Date: 2024.08.28 15:22:48 -05'00'	8/28/24
Business Unit Approval (Business Unit Head or Designee)		Date

