



Legislation Details (With Text)

**File #:** 24-2314      **Version:** 1      **Name:**

**Type:** Asset Management      **Status:** Passed

**File created:** 4/10/2024      **In control:** Commissioners Court

**On agenda:** 4/23/2024      **Final action:** 4/23/2024

**Title:** Request for approval to remove inventory items listed on Auditor’s Form 3351 for the Flood Control District and Public Health Services.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 24-2314 Inventory Deletions

Date	Ver.	Action By	Action	Result
4/23/2024	1	Commissioners Court		

**Department:** Purchasing

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

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Asset Management

**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):**

Request for approval to remove inventory items listed on Auditor’s Form 3351 for the Flood Control District and Public Health Services.

**Background and Discussion:**

N/A

**Expected Impact:**

N/A

**Alternative Options:**

N/A

**Alignment with Goal(s):** N/A

- 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:** N/A

Address (if applicable): N/A

Precinct(s): Choose an item.

<b>Fiscal and Personnel Summary</b>				
Service Name	Current Fiscal Year Cost			Annual Fiscal Cost
	Labor	Non-Labor	Total	Recurring Expenses
<b>Funding Sources</b>				
<b>Existing Budget</b>				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$	\$
<b>Additional Budget Request (Requires Fiscal Review Request Form)</b>				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
<b>Total Additional Budget Request</b>	\$	\$	\$	\$
<b>Total Funding Request</b>	\$	\$	\$	\$
<b>Personnel (Fill out section only if requesting new PCNs)</b>				
Current Position Count for Service	-	-	-	-
Additional Positions Request	-	-	-	-
<b>Total Personnel</b>	-	-	-	-

**Anticipated Court Date: April 23, 2024**

**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:** Angle Luna, Inventory Specialist, Purchasing

**Attachments (if applicable):** Letter