



## Legislation Details (With Text)

**File #:** 21-5536      **Version:** 1      **Name:**  
**Type:** Financial Authorization      **Status:** Passed  
**File created:** 10/5/2021      **In control:** Commissioners Court  
**On agenda:** 10/12/2021      **Final action:** 10/12/2021  
**Title:** Request for approval of Supplemental Estimates of Revenue for FY 2021-22.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

Date	Ver.	Action By	Action	Result
10/12/2021	1	Commissioners Court		

**Department:** Auditor

**Department Head/Elected Official:**

Michael Post

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Financial Authorization

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

**Vendor/Entity Legal Name (if applicable):** NA

**MWDBE Participation (if applicable):** NA

**Request Summary (Agenda Caption):**

Request for approval of Supplemental Estimates of Revenue for FY 2021-22.

**Background and Discussion:**

**Expected Impact:**

**Alternative Options:**

**Alignment with Goal(s):**

- Justice and Safety
- Economic Opportunity
- Housing
- Public Health
- Transportation
- Flooding
- Environment
- Governance and Customer Service

**Prior Court Action (if any):**

Date	Agenda Item #	Action Taken

**Location:**

Address (if applicable):

Precinct(s): Countywide

<b>Fiscal and Personnel Summary</b>				
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
<b>Incremental Expenditures</b>				
Labor Expenditures				
Non-Labor Expenditures				
<b>Total Incremental Expenditures</b>				
<b>Funding Sources</b> (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget				
<b>Total Current Budget</b>				
Additional Budget Requested				
<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 Implementation Date:**

**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

**Contact(s) name, title, department:** Carmella Sanford, Executive Assistant/Executive Division, Auditor's Office

**Attachments (if applicable):** List of Supplemental Estimates of Revenue