

Legislation Details (With Text)

File #:	21-1	015	Version:	1	Name:		
Туре:	Trar	Transmittal		Status:	Passed		
File created:	3/19	3/19/2021		In control:	Commissioners Court		
On agenda:	3/30	/30/2021		Final action:	3/30/2021		
Title:	Transmittal by the Constable of Precinct 6 of a full exemption racial profiling report for traffic citations submitted to the Texas Commission on Law Enforcement as required by the Texas Code of Criminal Procedure.						
Sponsors:							
Indexes:							
Code sections:							
Attachments:	1. 21-1015 Constable 6 Racial Profiling Report.pdf						
Date	Ver.	Action By	,		Acti	tion Result	
3/30/2021	1	Commis	sioners Cou	urt			

То:	Harris County Commissioners Court
Through: Prepared By:	Silvia Trevino, Constable, Harris County Constable Precinct 6 Cynthia Rodriguez, Chief Clerk, Harris County Constable Precinct 6
Subject	Racial Drofiling Report

Subject: Racial Profiling Report Project ID (If applicable]:

Purpose and Request:

Transmittal by the Constable of Precinct 6 of a full exemption racial profiling report for traffic citations submitted to the Texas Commission on Law Enforcement as required by the Texas Code of Criminal Procedure.

Background and Discussion:

[INSTRUCTIONS: In this section should concisely provide any background and analysis that the Commissioners Court needs to fully understand the action being requested. Please limit background to 3-4 sentences and include any reference to when this item was previously considered by Court. Background should include reference to study or order that led to this item or if the item is a result of compliance with any specific law or statutory requirements.]

Fiscal Impact:

[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]

Fiscal Summary

File #: 21-1015, Version: 1

Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
Service Impacted: [Plea division where expenditur			
Existing Budget			
Additional Appropriation F			
Total Expenditures			
Funding Sources			
Existing Department Budg			
Please Identify Funding S Special Revenue, Grant, I			
[INSERT FUNDING SOU			
Total Sources			

Alternatives:

[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]

Alignment with Strategic Objective:

[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]

Attachments:

[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]