# Legislation Details (With Text)

File #:	21-1337	Version:	1	Name:		
Туре:	Request	for approval		Status:	Passed	
File created:	3/26/202	1		In control:	Commissioners Court	
On agenda:	3/30/202	1		Final action:	3/30/2021	
Title:	Respons Harris Co	e and Recovery	Fund t of E	for a County Cor ducation for the p	approval of funding up to \$712,2 nections Youth Summer Progra purpose of supporting youth sum	ms initiative with the
Sponsors:						
Indexes:						
Code sections:						
Attachments:					h Summer Programming Cover Programming Letter.pdf	Sheet.pdf, 2. 21-1337
Date	Ver. Acti	ion By		Act	on	Result
3/30/2021	1 Cor	mmissioners Cou	urt			

То:	Harris County Commissioners Court						
Through: Prepared By:	Sophie Elsner, Director, HC Pct. 1 Policy Department Erica Lee Carter, Policy Advisor, Pct. 1 Policy Department						

Subject: County Connections Youth Summer Programming Initiative Project ID (If applicable]:

## Purpose and Request:

Request by the Commissioner of Precinct 1 for approval of funding up to \$712,250 from the COVID Response and Recovery Fund for a County Connections Youth Summer Programs initiative with the Harris County Department of Education for the purpose of supporting youth summer enrichment for school-aged youth across Harris County.

#### 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.]

## File #: 21-1337, 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 Bud			
Please Identify Funding S Special Revenue, Grant,			
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.]