



Legislation Details (With Text)

File #: 21-1753 **Version:** 1 **Name:**

Type: Agreement **Status:** Agenda Ready

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On agenda: 4/27/2021 **Final action:**

Title: Request that the County Judge execute a memorandum of understanding between Harris County Community Services Department and The Alliance for Multicultural Community Services. The MOU allows The Alliance to provide high quality financial literacy, education, coaching, counseling, and related services to Harris County residents.

Sponsors:

Indexes:

Code sections:

Attachments: 1. MOU The Alliance for Multicultural Services.pdf

Date	Ver.	Action By	Action	Result
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To: Harris County Commissioners Court

Through: Adrienne M. Holloway, Ph.D., Executive Director, Community Services

Prepared By: Elizabeth R. Winfrey, Assistant Director, CSD Grants Management

Subject: Approval of an Order Authorizing Execution of a Memorandum of Understanding (MOU) between Harris County and The Alliance for Multicultural Services

Project ID (If applicable):

Purpose and Request:

Request that the County Judge execute a memorandum of understanding between Harris County Community Services Department and The Alliance for Multicultural Community Services. The MOU allows The Alliance to provide high quality financial literacy, education, coaching, counseling, and related services to Harris County residents.

Background and Discussion:

Harris County Community Services Department (HCCSD) desires to establish a relationship with The Alliance for Multicultural Services (The Alliance) to provide financial literacy services to Harris County residents. The Alliance services will result in Harris County residents improving levels of income, higher credit scores, reduced levels of personal debt, and increased levels of emergency savings, along with greater rates of wealth accumulation through home ownership, investment, and entrepreneurship.

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

Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
Service Impacted: <i>[Please identify the division where expenditures are incurred]</i>			
Existing Budget			
Additional Appropriation Requested			
Total Expenditures			
Funding Sources			
Existing Department Budget			
Please Identify Funding Sources (Special Revenue, Grant, etc.)			
[INSERT FUNDING SOURCES]			
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: MOU with The Alliance