Harris County, Texas

1001 Preston St., 1st Floor Houston, Texas 77002

Legislation Details (With Text)

File #: 21-1836 Version: 1 Name:

Type: Recommendation for approval Status: Passed

File created: 4/20/2021 In control: Commissioners Court

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

Title: Request approval to reimburse the Director of the Ryan White Office of Support a total of \$6,329.72

for expenses incurred in FY2020 in the administration of the Ryan White Planning Council and

considered allowable expenses under the FY2020 Ryan White Part A grant, Project ID

100001000000580, Activity 10004.

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
4/07/2024	4	Commissioners Court		

4/27/2021 1 Commissioners Court

To: Harris County Commissioners Court

Through: Lina Hidalgo, Harris County Judge

Prepared By: Victoria Williams, Director, Ryan White Office of Support

Subject: Approve FY2020 Employee Reimbursement Request

Project ID (If applicable]: 100001000000580 Ryan White Part A Grant, Planning Council's Office of Support

Purpose and Request:

Request approval to reimburse the Director of the Ryan White Office of Support a total of \$6,329.72 for expenses incurred in FY2020 in the administration of the Ryan White Planning Council and considered allowable expenses under the FY2020 Ryan White Part A grant, Project ID 100001000000580, Activity 10004.

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						
Expenditures	FY 20-21	FY 21-22	Future Years			
		Projected	Projected [3 additional years]			

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Service Impacted: Ryan [Please provide service of will be used]*			
Existing Budget	\$524,908.00	\$509,155.00	n/a
Additional Appropriation F			
Total Expenditures	6,329.72		
Funding Sources			
Existing Department Budg			
Please Identify Funding S Special Revenue, Grant, I			
Ryan White Part A Grant	<u>\$524,908.00</u>		
Total Sources	\$524,908.00	\$509,155.00	n/a

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.]