



Legislation Details (With Text)

File #: 21-4806 **Version:** 1 **Name:**
Type: Financial Authorization **Status:** Passed
File created: 9/7/2021 **In control:** Commissioners Court
On agenda: 9/14/2021 **Final action:** 9/14/2021
Title: Request for approval to Increase an Imprest Account for the HCSO Civil Service Commission.
Sponsors:
Indexes:
Code sections:
Attachments: 1. 21-4806 Imprest Account for Court 09-14-2021.pdf

Date	Ver.	Action By	Action	Result
9/14/2021	1	Commissioners Court		

Department: Auditor

Department Head/Elected Official: Michael Post

Regular or Supplemental RCA:

- ☒ Regular RCA
☐ Supplemental 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 to Increase an Imprest Account for the HCSO Civil Service Commission.

Background and Discussion: NA

Expected Impact: NA

Alternative Options: NA

Alignment with Goal(s):

- ☐ Justice and Safety
☐ Economic Opportunity
☐ Housing
☐ Public Health

- ☐ Transportation
☐ Flooding
☐ Environment

☒ Governance and Customer Service **Prior Court Action (if any):**

Location:

Address (if applicable list below):

- ☒ Countywide
☐ Precinct 1
☐ Precinct 2

☐ Precinct 3

☐ Precinct 4 **Fiscal and Personnel Summary**

Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
Incremental Expenditures				
Labor Expenditures	-	-	-	-
Non-Labor Expenditures	-	-	-	-
Total Incremental Expenditures	-	-	-	-
Funding Sources (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget	-	-	-	-
Additional Budget Requested	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Additional Budget Requested	-	-	-	-
Total Funding Sources	-	-	-	-

Personnel (Fill out section only if requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Implementation Date:

Emergency/Disaster Recovery Note:

☒ Not an emergency, disaster recovery, or COVID-19 related item

☐ Emergency Item

☐ COVID-19 related Item

☐ Disaster Recovery related Item

Contact(s) name, title, department:

Carmella Sanford, Executive Assistant/Executive Division, Auditor's Office

Attachments (if applicable):

County Auditor's Form 1235E.