

Legislation Details (With Text)

| File #: | 21-4925 | Version: 1 | Name: | | | |
|----------------|--|---------------|---------------|---------------------|--|--|
| Туре: | Resolution | | Status: | Passed | | |
| File created: | 9/7/2021 | | In control: | Commissioners Court | | |
| On agenda: | 9/14/2021 | | Final action: | 9/14/2021 | | |
| Title: | Request by the Commissioner of Precinct 4 for approval of a resolution recognizing the High Holy Days and the celebration for the Days of Awe for our Jewish Community in Harris County. | | | | | |
| Sponsors: | | | | | | |
| Indexes: | | | | | | |
| Code sections: | | | | | | |
| Attachments: | 1. 21-4925 Pct 4 09.14.2021_Agenda Submittal_Resolution High Holy Days.pdf | | | | | |
| Date | Ver. Action By | y | Act | tion Result | | |
| 9/14/2021 | 1 Commis | sioners Court | | | | |
| | | | | | | |

Department: Commissioner, Precinct 4

Department Head/Elected Official: Commissioner R. Jack Cagle

Regular or Supplemental RCA:

🛛 Regular RCA

□ Supplemental RCA

Type of Request: Resolution

Project ID (if applicable): NA

Vendor/Entity Legal Name (if applicable): NA

MWDBE Participation (if applicable): NA

Request Summary (Agenda Caption):

Request by the Commissioner of Precinct 4 for approval of a resolution recognizing the High Holy Days and the celebration for the Days of Awe for our Jewish Community in Harris County.

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):

 \boxtimes Countywide

 \Box Precinct 1

Precinct 2

□ Precinct 3

| Precinct 4Fiscal and Perse | Jine Jun | | | |
|--------------------------------|---------------|-------------------------|-------------------|------------|
| Service Name | | FY 21-22 | Estimates | |
| | | | FY 22 | Next 3 FYs |
| Incremental Expenditures | | | | |
| Labor Expenditures | - | - | - | |
| Non-Labor Expenditures | - | - | - | |
| Total Incremental Expenditure | - | - | - | |
| Funding Sources (General Fund, | PIC Fund, Deb | ot or CP, Grants, or Ot | ther - Please Spe | cify) |
| Existing Budget | - | - | - | - |
| | - | - | - | - |
| | - | - | - | - |
| Total Current Budget | | - | - | - |
| Additional Budget Requested | - | - | - | - |
| | _ | - | - | - |
| | - | - | - | - |
| Total Additional Budget Reque | sted | - | - | - |

| 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: NA

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: Debbie Kopecky, Agenda Coordinator, Com. Pct. 4

Attachments (if applicable): Resolution