

## Harris County, Texas

## Legislation Details (With Text)

File #: 21-5292 Version: 1 Name:

Type: Financial Authorization Status: Passed

File created: 9/29/2021 In control: Commissioners Court

On agenda: 10/12/2021 Final action: 10/12/2021

Title: Request for approval of various Out of Texas travel and training requests.

Sponsors:

Indexes:

Code sections:

Attachments: 1. Out 10-12

Date Ver. Action By Action Result	
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10/12/2021 1 Commissioners Court

**Department:** Choose an item.

**Department Head/Elected Official:** 

Regular or Supplemental RCA: Choose an item.

Type of Request: Choose an item.

Project ID (if applicable):

Vendor/Entity Legal Name (if applicable):

**MWDBE Participation (if applicable):** 

## Request Summary (Agenda Caption):

Request for approval of various Out of Texas travel and training requests.

**Background and Discussion:** 

**Expected Impact:** 

**Alternative Options:** 

File #: 21-529	92, Version: 1			
Alignment v	vith Goal(s):			
Justice a	nd Safety			
_ Economi	c Opportunity			
_ Housing				
_ Public He	ealth			
_ Transpor	tation			
_ Flooding				
_ Environn	nent			
_ Governa	nce and Customer S	Service		
Prior Court	Action (if any):			
Date	Agenda Item #	Action Taken		

## Location:

Address (if applicable): Precinct(s): Choose an item.

Fiscal and Personnel Sumn	···· y	EV 24 22	le	
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 O	ther - Please Spe	cify)
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget		-	-	-
Additional Budget Requested -		-	-	-
	-	-	-	-
	-	-	-	-
Total Additional Budget Requested		-	-	-
Total Funding Sources		-	-	-
Personnel (Fill out section only if	requesting new PO	CNs)		•
Current Position Count for Service		-	-	-
Additional Positions Requested		-	-	-
Total Personnel		-	-	-

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**Anticipated Implementation Date:** 

Emergency/Disaster Recovery Note: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):