



Legislation Details (With Text)

File #: 21-6214 **Version:** 1 **Name:**
Type: Financial Authorization **Status:** Passed
File created: 11/10/2021 **In control:** Commissioners Court
On agenda: 11/30/2021 **Final action:** 11/30/2021
Title: Request for approval of various Out of Texas travel and training requests.

Sponsors:

Indexes:

Code sections:

Attachments: 1. Out 11-30

Date	Ver.	Action By	Action	Result
11/30/2021	1	Commissioners Court		

Department: Choose an item.

Department Head/Elected Official:

Regular or Supplemental RCA: Regular RCA

Type of Request: Financial Authorization

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:

Alignment with Goal(s):

- ☐ Justice and Safety
- ☐ Economic Opportunity
- ☐ Housing
- ☐ Public Health
- ☐ Transportation
- ☐ Flooding
- ☐ Environment
- ☐ Governance and Customer Service

Prior Court Action (if any):

Date	Agenda Item #	Action Taken

Location:

Address (if applicable):

Precinct(s): Choose an item.

Fiscal and Personnel Summary			
Service Name			
	FY 21-22	FY 22	Next 3 FYs
Incremental Expenditures (do NOT write values in thousands or millions)			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write values in thousands or millions)			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Current Budget	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
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: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):