



Legislation Details (With Text)

File #: 21-6468 **Version:** 1 **Name:**
Type: Financial Authorization **Status:** Passed
File created: 11/16/2021 **In control:** Commissioners Court
On agenda: 11/30/2021 **Final action:** 11/30/2021
Title: Request for discussion and possible allocation of \$2.6M for violent crime initiatives.

Sponsors:

Indexes:

Code sections:

Attachments:

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

Department: County Administration

Department Head/Elected Official: David Berry, County Administrator

Regular or Supplemental RCA: Regular RCA

Type of Request: Financial Authorization

Project ID (if applicable): N/A

Vendor/Entity Legal Name (if applicable): N/A

MWDBE Participation (if applicable): N/A

Request Summary (Agenda Caption):

Request for discussion and possible allocation of \$2.6M for violent crime initiatives.

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): N/A

Precinct(s): Countywide

| 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):