



Legislation Details (With Text)

File #: 21-6468 **Version:** 1 **Name:**

Type: Financial Authorization **Status:** Agenda Ready

File created: 11/16/2021 **In control:** Commissioners Court

On agenda: 11/30/2021 **Final action:**

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
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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):