



Legislation Details (With Text)

File #: 21-6476 **Version:** 1 **Name:**
Type: Policy **Status:** Agenda Ready
File created: 11/16/2021 **In control:** Commissioners Court
On agenda: 11/30/2021 **Final action:** 11/30/2021
Title: Request for an update from PFM on their study related to Harris County law enforcement.
Sponsors:
Indexes:
Code sections:
Attachments:

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

Department: Commissioner, Precinct 3

Department Head/Elected Official: Tom S. Ramsey, P.E.

Regular or Supplemental RCA:

- ☒ Regular RCA
☐ Supplemental RCA

Type of Request: Policy

Project ID (if applicable):

Vendor/Entity Legal Name (if applicable):

MWDBE Participation (if applicable):

Request Summary (Agenda Caption):

Request for an update from PFM on their study related to Harris County law enforcement.

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):**

Location:

Address (if applicable list below):

- ☒ Countywide
☐ Precinct 1
☐ Precinct 2

☐ Precinct 3

☐ Precinct 4 **Fiscal and Personnel Summary**

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 Other - Please Specify)				
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget	-	-	-	-
Additional Budget Requested	-	-	-	-
	-	-	-	-
	-	-	-	-
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:

- ☐ 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: August Williams Pct. 3

Attachments (if applicable):