



## Legislation Details (With Text)

**File #:** 21-6392      **Version:** 1      **Name:**  
**Type:** Financial Authorization      **Status:** Passed  
**File created:** 11/15/2021      **In control:** Commissioners Court  
**On agenda:** 11/30/2021      **Final action:** 11/30/2021  
**Title:** Request for approval of Supplemental Estimates of Revenue for FY 2021-22.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

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

**Department:** Auditor

**Department Head/Elected Official:**

Michael Post

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Financial Authorization

**Project ID (if applicable):** NA

**Vendor/Entity Legal Name (if applicable):** NA

**MWDBE Participation (if applicable):** NA

**Request Summary (Agenda Caption):**

Request for approval of Supplemental Estimates of Revenue for FY 2021-22.

**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): Countywide

Fiscal and Personnel Summary				
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
<b>Incremental Expenditures</b>				
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
<b>Total Incremental Expenditures</b>		-	-	-
<b>Funding Sources</b> (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget		-	-	-
		-	-	-
		-	-	-
<b>Total Current Budget</b>		-	-	-
Additional Budget Requested		-	-	-
		-	-	-
		-	-	-
<b>Total Additional Budget Requested</b>		-	-	-
<b>Total Funding Sources</b>		-	-	-
<b>Personnel</b> (Fill out section only if requesting new PCNs)				
Current Position Count for Service		-	-	-
Additional Positions Requested		-	-	-
<b>Total Personnel</b>		-	-	-

**Anticipated Implementation Date:**

**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

**Contact(s) name, title, department:** Carmella Sanford, Executive Assistant/Executive Division, Auditor's Office

**Attachments (if applicable):** List of Supplemental Estimates of Revenue