



Legislation Details (With Text)

File #: 22-4468 **Version:** 1 **Name:**
Type: Financial Authorization **Status:** Passed
File created: 7/20/2022 **In control:** Commissioners Court
On agenda: 8/2/2022 **Final action:** 8/2/2022
Title: Request for approval of various Out of Texas travel and training requests.
Sponsors:
Indexes:
Code sections:
Attachments: 1. Out 8-2

| Date | Ver. | Action By | Action | Result |
|----------|------|---------------------|--------|--------|
| 8/2/2022 | 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): N/A

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

MWDBE Contracted Goal (if applicable): N/A

MWDBE Current Participation (if applicable): N/A

Justification for 0% MWDBE Participation Goal: N/A - Goal not applicable to request

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 | | | |
| | SFY 22 | FY 23 | 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 Court Date:

Anticipated Implementation Date (if different from Court date):

Emergency/Disaster Recovery Note: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):