

Legislation Details (With Text)

File #:	22-4	469	Version:	1	Name:		
Туре:	Finar	ncial Auth	norization		Status:	Passed	
File created:	7/20/	/2022			In control:	Commissioners Court	
On agenda:	8/2/2	:022			Final action:	8/2/2022	
Title:	Request for approval of various In Texas travel and training requests.						
Sponsors:							
Indexes:							
Code sections:							
Attachments:	1. In 8-2						
Date	Ver.	Action By		Act	ion	Result	
8/2/2022	1	Commis	sioners Cou	ırt			

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 In 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.

Service Name			
	SFY 22	FY 23	Next 3 FYs
Incremental Expenditures (do NOT w	vrite values in th	ousands or million	s)
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write value	es 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 reques	ting new PCNs)		
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-

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	1	1	
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):