



## Legislation Details (With Text)

**File #:** 22-5649      **Version:** 1      **Name:**  
**Type:** Financial Authorization      **Status:** Passed  
**File created:** 9/12/2022      **In control:** Commissioners Court  
**On agenda:** 9/27/2022      **Final action:** 9/27/2022  
**Title:** Request for approval of various Out of Texas travel and training requests.  
**Sponsors:**  
**Indexes:**  
**Code sections:**  
**Attachments:** 1. Out 9-27

Date	Ver.	Action By	Action	Result
9/27/2022	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
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$
<b>Personnel (Fill out section only if requesting new PCNs)</b>			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-

<b>Total Personnel</b>	-	-	-
------------------------	---	---	---

**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):