



Legislation Details (With Text)

File #: 22-5667 **Version:** 1 **Name:**
Type: Donation **Status:** Passed
File created: 9/13/2022 **In control:** Commissioners Court
On agenda: 9/27/2022 **Final action:** 9/27/2022

Title: Request by the Constable of Precinct 3 for approval to accept from Suzanne Jamison the donation of seventy Emergency Survival First Aid Kits (IFAK) to be used by the Patrol Division.

Sponsors:

Indexes:

Code sections:

Attachments: 1. 0770_ProposedGiftToHarrisCounty

| Date | Ver. | Action By | Action | Result |
|-----------|------|---------------------|--------|--------|
| 9/27/2022 | 1 | Commissioners Court | | |

Department: Constables

Department Head/Elected Official: Constable Sherman Eagleton

Regular or Supplemental RCA: Regular RCA

Type of Request: Donation

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 by the Constable of Precinct 3 for approval to accept from Suzanne Jamison the donation of seventy Emergency Survival First Aid Kits (IFAK) to be used by the Patrol Division.

Background and Discussion:

N/A

Expected Impact:

N/A

Alternative Options:

N/A

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): Precincts 1, 2, & 3

| 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: Not an emergency, disaster, or COVID-19 related item

Contact(s) name, title, department: Jill Harrison, Chief Clerk, Constable Precinct 3

Attachments (if applicable): Auditor's Form 0770