

# Harris County, Texas

1001 Preston St., 1st Floor Houston, Texas 77002

# Legislation Details (With Text)

File #: 23-0278 Version: 1 Name:

Type: Financial Authorization Status: Passed

File created: 12/30/2022 In control: Commissioners Court

On agenda: 1/10/2023 Final action: 1/10/2023

Title: Request for approval of Supplemental Estimates of Revenue for Fiscal Year 2023.

Sponsors:

Indexes:

Code sections:

Attachments: 1. Supplemental Revenue Estimates for Court FY 2023

Date Ver. Action By Action Result

1/10/2023 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): 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 Supplemental Estimates of Revenue for Fiscal Year 2023.

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
- X\_ Governance and Customer Service

# Prior Court Action (if any): N/A

Date	Agenda Item #	Action Taken

### Location:

Address (if applicable): **N/A** Precinct(s): Countywide

Fiscal and Personnel Summary			
Service Name			
•	FY 23	FY 24	Next 3 FYs
Incremental Expenditures (do NOT w	rite values in t	housands or millions	s)
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write value	s 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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Total Personnel	-	-	-						

**Anticipated Court Date: 1/10/2023** 

Anticipated Implementation Date (if different from Court date): N/A

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

Contact(s) name, title, department: Carmella Sanford, Executive Assistant to Mike Post, County Auditor

Attachments (if applicable):