

# Harris County, Texas

## Legislation Details (With Text)

File #: 23-0375 Version: 1 Name:

Type: Financial Authorization Status: Passed

File created: 1/10/2023 In control: Commissioners Court

On agenda: 1/31/2023 Final action: 1/31/2023

Title: Request for approval of various In Texas travel and training requests.

Sponsors:

Indexes:

Code sections:

Attachments: 1. In 1-31

Date	Ver. Action By	Action	Result

1/31/2023 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 In Texas travel and training requests.

#### **Background and Discussion:**

#### **Expected Impact:**

#### **Alternative Options:**

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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			
•	FY 23	FY 24	Next 3 FYs
Incremental Expenditures (do <mark>NOT</mark> w	rite values in t	housands or millions	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	sting new PCNs)		
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-

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L	ī	ı		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):