



Legislation Details (With Text)

File #: 24-0824 **Version:** 1 **Name:**

Type: Asset Management **Status:** Passed

File created: 2/7/2024 **In control:** Commissioners Court

On agenda: 2/27/2024 **Final action:** 2/27/2024

Title: Request for approval to remove inventory items listed on Auditor’s Form 3351 for the Toll Road Authority (Org. 050); Constable Pct. 1 (Org. 301); Constable Pct. 5 (Org. 305); and Sheriff’s Office (Org. 540).

Sponsors:

Indexes:

Code sections:

Attachments: 1. 24-0824 Inventory Deletions

Date	Ver.	Action By	Action	Result
2/27/2024	1	Commissioners Court		

Department: Purchasing

Department Head/Elected Official: DeWight Dopslauf

Regular or Supplemental RCA: Regular RCA

Type of Request: Asset Management

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 to remove inventory items listed on Auditor’s Form 3351 for the Toll Road Authority (Org. 050); Constable Pct. 1 (Org. 301); Constable Pct. 5 (Org. 305); and Sheriff’s Office (Org. 540).

Background and Discussion:

N/A

Expected Impact:

N/A

Alternative Options:

N/A

Alignment with Goal(s): N/A

- _ 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					
			Current Fiscal Year Cost		Annual Fiscal Cost
			Labor	Non-Labor	Total
					Recurring Expenses
Funding Sources					
Existing Budget					
Choose an item.	\$	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$	\$
Total Current Budget	\$	\$	\$	\$	\$
Additional Budget Request (Requires Fiscal Review Request Form)					
Choose an item.	\$	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$	\$
Total Additional Budget Request	\$	\$	\$	\$	\$
Total Funding Request	\$	\$	\$	\$	\$
Personnel (Fill out section only if requesting new PCNs)					
Current Position Count for Service	-	-	-	-	-
Additional Positions Request	-	-	-	-	-
Total Personnel	-	-	-	-	-

Anticipated Court Date: 2/27/24

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: Jessie Gonzalez, Sr. Inventory Specialist, Purchasing

Attachments (if applicable): Letter