

Legislation Details (With Text)

File #:	24-1	143	Version: 1	I	Name:			
Туре:	Fina	incial Auth	orization		Status:	Passed		
File created:	2/16	6/2024			In control:	Commissioners Court		
On agenda:	2/27	/2024			Final action:	2/27/2024		
Title:	Req	uest for ap	proval of Sup	ple	mental Estimates	of Revenue for Fiscal Year 2024.		
Sponsors:								
Indexes:								
Code sections:								
Attachments:								
Date	Ver.	Action By	1		Actio	n	Result	
2/27/2024	1	Commis	sioners Court					
Department: A	udito	r						
Department Head/Elected Official: Michael Post								
Regular or Sun	nlome	ontal RCA	• Regular RC	Δ				
Regular or Supplemental RCA: Regular RCA Type of Request: Financial Authorization								
.,pe el neque								
Project ID (if applicable): N/A								
Vendor/Entity	Legal	Name (if	applicable):	N//	4			

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 2024.

Background and Discussion:

Expected Impact:

Alternative Options:

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):

Date	Agenda Item #	Action Taken		

Location:

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

Service Name			
•	FY 24	FY 25	Next 3 FYs
Incremental Expenditures (do NOT w	vrite values in th	nousands or millions	5)
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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		1	
Total Personnel	-	-	-

Anticipated Court Date: 2/27/2024

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):