

# Harris County, Texas

# Legislation Details (With Text)

File #: 24-1148 Version: 1 Name:

Type: Financial Authorization Status: Passed

File created: 2/16/2024 In control: Commissioners Court

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

Title: Request for approval to open a new Imprest Account for Community Services Department.

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
				-

2/27/2024 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 to open a new Imprest Account for Community Services Department.

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

#### **Expected Impact:**

### **Alternative Options:**

Alignment with Goal(s):						
_ Justice and Safety						
_ Economic Opportunity						

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\_ 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

Fiscal and Personnel Summary			
Service Name			
	FY 24	FY 25	Next 3 FYs
Incremental Expenditures (do NOT w	rite values in t	housands or million	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: 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):