

Legislation Details (With Text)

File #:	24-2	316	Version:	1	Name:		
Туре:	Fina	Financial Authorization			Status:	Passed	
File created:	4/10	/2024			In control:	Commissioners Court	
On agenda:	4/18	/2024			Final action:	4/18/2024	
Title:	Req	uest for ap	oproval of ta	ax refu	ind payments.		
Sponsors:							
Indexes:							
Code sections:							
Attachments:							
Date	Ver.	Action By	,		Actio	on	Result
4/18/2024	1	Commis	sioners Cou	urt			
Department: Ta	ax Ass	essor-Co	llector				

Department Head/Elected Official: Ms. Ann Harris Bennett

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 tax refund payments.

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):

Date	Agenda Item #	Action Taken

Location:

Address (if applicable): Precinct(s): Countywide

Fiscal and Personnel Summa	iry				
Service Name					
	Current Fise	cal Year Cost	Annual Fiscal Cost		
	Labor	Non-Labor	Total	Recurring Expense	
Funding Sources		•		·	
Existing Budget					
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Total Current Budget	\$	\$	\$	\$	
Additional Budget Request (<i>Requ</i>	ires Fiscal Re	view Request Form)	-		
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Total Additional Budget Request	\$	\$	\$	\$	
Total Funding Request	\$	\$	\$	\$	
Personnel (Fill out section only if re-	questing new I	PCNs)	-		
Current Position Count for Service	e -	-	-	-	
Additional Positions Request	-	-	-	-	
Total Personnel	-	-	-	-	

Anticipated Court Date: April 18, 2024 **Anticipated Implementation Date (if different from Court date):**

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

Contact(s) name, title, department: Elizabeth Doss, Assistant Chief Deputy, Harris County Tax Office

Attachments (if applicable): Refund Payments