



## Legislation Details (With Text)

**File #:** 24-2489      **Version:** 1      **Name:**  
**Type:** Resolution      **Status:** Passed  
**File created:** 4/15/2024      **In control:** Commissioners Court  
**On agenda:** 4/23/2024      **Final action:** 4/23/2024  
**Title:** Request by the Commissioner of Precinct 2 for approval of a resolution commending Ms. Theodesia Drummer and Mr. Dale Bates for their life saving efforts on March 11, 2024.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

Date	Ver.	Action By	Action	Result
4/23/2024	1	Commissioners Court		
4/23/2024	1	Commissioners Court		

**Department:** Commissioner, Precinct 2

**Department Head/Elected Official:** Commissioner Adrian Garcia

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Resolution

**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 by the Commissioner of Precinct 2 for approval of a resolution commending Ms. Theodesia Drummer and Mr. Dale Bates for their life saving efforts on March 11, 2024.

**Background and Discussion:**

**Expected Impact:**

**Alternative Options:**

**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): Precinct 2

**Fiscal and Personnel Summary**

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

**Anticipated Court Date:** April 23, 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:** Joel Cooley, Risk Management/Safety Manager

**Attachments** (if applicable): Resolution