



Legislation Details (With Text)

**File #:** 24-2320      **Version:** 1      **Name:**

**Type:** Policy      **Status:** Agenda Ready

**File created:** 4/10/2024      **In control:** Commissioners Court

**On agenda:** 4/23/2024      **Final action:**

**Title:** Request for discussion and possible action on resource needs to support the Jail and Community Safety Infrastructure Governance Advisory Committee and Resident Advisory Committee and update on the Committees' membership.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:**

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|

**Department:** County Administration

**Department Head/Elected Official:** Diana Ramirez, County Administrator

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Policy

**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 discussion and possible action on resource needs to support the Jail and Community Safety Infrastructure Governance Advisory Committee and Resident Advisory Committee and update on the Committees' membership.

**Background and Discussion:**

**Expected Impact:** TBD

**Alternative Options:** N/A

**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          |
|-----------|--------------------|-----------------------|
| 3/26/2024 | 30 File ID 24-1361 | Approved as presented |

**Location:**

Address (if applicable): N/A

Precinct(s): Countywide

| <b>Fiscal and Personnel Summary</b>   |                          |           |       |                    |
|---|--------------------------|-----------|-------|--------------------|
| 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.   | \$                       | \$        | \$    | \$                 |
| <b>Total Current Budget</b>   | \$                       | \$        | \$    | \$                 |
| <b>Additional Budget Request</b> ( <i>Requires Fiscal Review Request Form</i> ) |                          |           |       |                    |
| Choose an item.   | \$                       | \$        | \$    | \$                 |
| Choose an item.   | \$                       | \$        | \$    | \$                 |
| Choose an item.   | \$                       | \$        | \$    | \$                 |
| <b>Total Additional Budget Request</b>  | \$                       | \$        | \$    | \$                 |
| <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: 4/23/2024**

**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:** Diana Ramirez, County Administrator, Office of County Administration

**Attachments** (if applicable):