



Legislation Details (With Text)

File #: 25-2286 **Version:** 1 **Name:**

Type: Financial Authorization **Status:** Passed

File created: 3/28/2025 **In control:** Commissioners Court

On agenda: 4/10/2025 **Final action:** 4/10/2025

Title: Request for approval of Supplemental Estimates of Revenue for Fiscal Year 2025.

Sponsors:

Indexes:

Code sections:

Attachments:

Date	Ver.	Action By	Action	Result
4/10/2025	1	Commissioners Court		

Primary Department: Auditor
Primary Department Head/Elected Official: Michael Post

Secondary Department: Choose an item.
Secondary Department Head/Elected Official:

Regular or Supplemental RCA: Regular RCA
Type of Request: Financial Authorization

Project ID (if applicable): N/A
Vendor/Entity Legal Name (if applicable):

MWBE Contracted Goal (if applicable): N/A
MWBE Current Participation (if applicable): N/A
Justification for 0% MWBE Participation Goal: N/A - Goal not applicable to request

Grant Indirect Costs Rate (if applicable): N/A
Justification for 0% Grant Indirect Costs Rate (if applicable): Choose an item.

Request Summary (Agenda Caption): N/A
 Request for approval of Supplemental Estimates of Revenue for Fiscal Year 2025.

Background and Discussion: N/A

Expected Impact: N/A

Alternative Options: N/A

County Strategic Plan Goal: Choose an item.

County Strategic Plan Objective: Choose an item.

Justice/Safety Initiative (Goal 1): Choose an item.

Infrastructure Initiative (Goal 2): Choose an item.

Economy Initiative (Goal 3): Choose an item.

Health Initiative (Goal 4): Choose an item.

Climate/Resilience Initiative (Goal 5): Choose an item.

Housing Initiative (Goal 6): Choose an item.

Additional notes related to the Strategic Plan: N/A

Prior Court Action (if any):

Date	Agenda Item #	Action Taken

Location:

Address (if applicable):

Precinct(s): Choose an item.

Fiscal and Personnel Summary				
Service Name	Current Fiscal 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 Existing Budget	\$	\$	\$	\$
Additional Budget Request (Requires Fiscal Review Request Form)				
Choose an item.	\$	\$	\$	\$

Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Additional Budget Request	\$	\$	\$	\$
Total Funding Sources	\$	\$	\$	\$
Grants - Proposed Budget (For Grants Items only)				
	Labor	Non-Labor	Total	No. of Grant Years
Local Match Source - Existing Budget	\$	\$	\$	
Local Match Source - Additional	\$	\$	\$	
Grant Funds Applied for/Awarded	\$	\$	\$	
Personnel (Fill out section only if requesting new PCNs)				
Current Position Count for Services	-	-	-	-
Additional Positions Requested	-	-	-	-
Total Personnel	-	-	-	-

Anticipated Court Date: 4/10/2025

Anticipated Implementation Date (if different from Court date): Click or tap to enter a date.

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):