



Legislation Text

File #: 21-1752, Version: 1

To: Harris County Commissioners Court

Through: Adrienne M. Holloway, Ph.D., Executive Director, Community Services

Prepared By: Elizabeth R. Winfrey, Assistant Director, CSD Grants Management

Subject: HCPH Agreement - Lead Based Paint Hazard Control

Project ID (If applicable): 2021-0027

Purpose and Request:

Request for approval of a service agreement between Harris County Community Services Department and Harris County Public Health Department in the amount of \$400,000 for the operation of the Lead-Based Paint Hazard Control Program.

Background and Discussion:

On February 9, 2021, Commissioners Court allocated \$400,000.00 in Program Year (PY) 2021 Community Development Block Grant (CDBG) Program funds to the Harris County Public Health Department (HCPH) for the above mentioned project.

Fiscal Impact:

[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]

Fiscal Summary			
Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
Service Impacted: <i>[Please specify division where expenditures will be incurred]</i>			
Existing Budget			
Additional Appropriation Requested			
Total Expenditures			
Funding Sources			
Existing Department Budget			
Please Identify Funding Source: General Fund, Special Revenue, Grant, etc.			
<i>[INSERT FUNDING SOURCE]</i>			
Total Sources			

Alternatives:

[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]

Alignment with Strategic Objective:

[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]

Attachments: Service Agreement between Harris County Community Services Department and Harris County Public Health

[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]