



Legislation Text

File #: 21-4912, **Version:** 1

Department: Sheriff

Department Head/Elected Official: Ed Gonzalez, Sheriff

Regular or Supplemental RCA:

- ☒ Regular RCA
☐ Supplemental RCA

Type of Request: Contract - Award

Project ID (if applicable): 54060410

Vendor/Entity Legal Name (if applicable): Harris County Municipal Utility District No.102

MWDBE Participation (if applicable): N/A

Request Summary (Agenda Caption):

Request for approval of an interlocal agreement for law enforcement services with Harris County Municipal Utility District No. 102 for a deputy position effective September 25, 2021.

Background and Discussion:

Harris County Municipal Utility District No.102. is requesting (1) Deputy Position to devote (100%) of their working time to provide Law Enforcement Services related to the MUD geographical area to become effective September 25, 2021.

Expected Impact:

To provide safety and patrolling to the Municipal District

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): N/A

Location:

Address (if applicable list below):

- ☐ Countywide
☐ Precinct 1
☐ Precinct 2

- ☐ Precinct 3
☐ Precinct 4

Fiscal and Personnel Summary

Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
Incremental Expenditures				
Labor Expenditures		.046	.053	.319
Non-Labor Expenditures		-	-	-
Total Incremental Expenditures		.046	.053	.319
Funding Sources (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget		-	-	-
		-	-	-
		-	-	-
Total Current Budget		-	-	-
Additional Budget Requested	General Fund	.046	.053	.319
		-	-	-
		-	-	-
Total Additional Budget Requested		.046	.053	.319
Total Funding Sources		.046	.053	.319
Personnel (Fill out section only if requesting new PCNs)				
Current Position Count for Service		0	-	-
Additional Positions Requested		1	-	-
Total Personnel		1	-	-

Anticipated Implementation Date:

Emergency/Disaster Recovery Note:

☒ Not an emergency, disaster recovery, or COVID-19 related item

☐ Emergency Item

☐ COVID-19 related Item

☐ Disaster Recovery related Item

Contact(s) name, title, department: Pamela Onyenobi, HR Assistant, Compensation

Attachments (if applicable): Enc: Position Change Request Forms 3441