



Legislation Text

File #: 21-4920, **Version:** 1

Department: Management and Budget

Department Head/Elected Official: David Berry

Regular or Supplemental RCA:

- ☒ Regular RCA
☐ Supplemental RCA

Type of Request: Grant

Project ID (if applicable):

Vendor/Entity Legal Name (if applicable):

MWDBE Participation (if applicable):

Request Summary (Agenda Caption):

Request by the Office of Management and Budget for the County Judge to sign certain forms pertaining to the terms and conditions of accepting funding from the Texas Division of Emergency Management related to Hurricane Laura.

Background and Discussion:

The reimbursement threshold is still being evaluated.

Expected Impact:

To be determined.

Alternative Options:

To not seek reimbursement for costs incurred in preparation/response to Hurricane Laura.

Alignment with Goal(s):

- ☐ Justice and Safety
☐ Economic Opportunity
☐ Housing
☐ Public Health

- ☐ Transportation
☒ Flooding
☐ Environment
☐ Governance and Customer Service

Prior Court Action (if any):**Location:**

Address (if applicable list below):

- ☒ Countywide
☐ Precinct 1
☐ Precinct 2

☐ Precinct 3
☐ Precinct 4

Fiscal and Personnel Summary

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

Anticipated Implementation Date: Upon award.

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: Shain Carrizal, Director, HRRM.

Attachments (if applicable): Copy of Form.