



## Legislation Text

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**File #:** 21-4798, **Version:** 1

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**Department:** Auditor

**Department Head/Elected Official:** Michael Post

**Regular or Supplemental RCA:**

- ☒ Regular RCA  
☐ Supplemental RCA

**Type of Request:** Financial Authorization

**Project ID (if applicable):**NA

**Vendor/Entity Legal Name (if applicable):**NA

**MWDBE Participation (if applicable):**NA

**Request Summary (Agenda Caption):**

Request for approval of payment of Audited Claims.

**Background and Discussion:** NA

**Expected Impact:** NA

**Alternative Options:** NA

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

**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:**

Carmella Sanford, Executive Assistant/Executive Division, Auditor's Office

**Attachments (if applicable):**