



## Legislation Text

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**File #:** 21-4965, **Version:** 1

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**Department:** Commissioner, Precinct 3

**Department Head/Elected Official:** Tom S. Ramsey, P.E., Commissioner

**Regular or Supplemental RCA:**

- ☐ Regular RCA  
☒ Supplemental RCA

**Type of Request:** Discussion Item

**Project ID (if applicable):**

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

**MWDBE Participation (if applicable):**

**Request Summary (Agenda Caption):**

Request by the Commissioner of Precinct 3 for discussion and possible action regarding how much has been paid to PFM for their reports, the status of the remaining reports and reject any recommendations from their reports that would challenge the merits of having eight independent and elected precinct constables.

**Background and Discussion:**

**Expected Impact:**

**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):**

**Location:**

Address (if applicable list below):

- ☒ Countywide  
☐ Precinct 1  
☐ Precinct 2  
☐ Precinct 3

<input type="checkbox"/> Precinct 4 <b>Fiscal and Personnel Summary</b>				
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:**

Conrad Joe, Administrative Assistant

**Attachments (if applicable):**