



Legislation Text

File #: 21-5447, **Version:** 1

Department: Constables

Department Head/Elected Official: Sherman Eagleton

Regular or Supplemental RCA: Regular 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 Constable of Precinct 3 for approval to accept from Texas State University grant funds in the amount of \$25,000, with no required match, for the FY 2022 Tobacco Enforcement Program.

Background and Discussion:

As part of the state's Tobacco Enforcement Program (TEP), the Texas School Safety Center at Texas State University (TxSSC) is soliciting local law enforcement agencies to submit applications for the purpose of conducting controlled buy/stings and follow-up controlled buy/stings of tobacco permitted and e-cigarette retail outlets statewide for State Fiscal Year 2022.

Expected Impact:

Reduction of tobacco sales to minors

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):

Date	Agenda Item #	Action Taken

Location:

Address (if applicable):

Precinct(s): Choose an item.

Fiscal and Personnel Summary				
Service Name		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	Grant-	-	25.000k	-
		-	-	-
		-	-	-
Total Additional Budget Requested		-	25.000k	-
Total Funding Sources		-	25.000k	-
Personnel (Fill out section only if requesting new PCNs)				
Current Position Count for Service		-	-	-
Additional Positions Requested		-	-	-
Total Personnel		-	-	-

Anticipated Implementation Date:**Emergency/Disaster Recovery Note:** Choose an item.**Contact(s) name, title, department:****Attachments (if applicable):** Interlocal Cooperation Agreement / Auditor's Form 1290