



Legislation Text

File #: 21-5533, **Version:** 1

Department: Commissioner, Precinct 3

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

Regular or Supplemental RCA: Regular RCA

Type of Request: Donation

Project ID (if applicable): N/A

Vendor/Entity Legal Name (if applicable): N/A

MWDBE Participation (if applicable): N/A

Request Summary (Agenda Caption):

Request for approval to accept from the Better Business Bureau of Metropolitan Houston, Inc., the donation of a check in the amount of \$2,122 for the purchase of technology for the computer labs at Thomas A. Glazier Senior Education Center.

Background and Discussion:

Funds should be deposited in GL UNIT HCNTY, Fund 2201, Acct 486000, Dept. 10302131

Expected Impact:

N/A

Alternative Options:

N/A

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): 16600 Pine Forest Lane, Houston, TX, 77084

Precinct(s): Precinct 3

| 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 | | - | - | - |
| | | - | - | - |
| | | - | - | - |
| 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:**Emergency/Disaster Recovery Note:** Choose an item.**Contact(s) name, title, department:** Conrad Joe, Administrative Assistant

Attachments (if applicable): Copy of the check