



## Legislation Text

---

**File #:** 21-5542, **Version:** 1

---

**Department:** Commissioner, Precinct 4

**Department Head/Elected Official:** R. Jack Cagle

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Discussion Item

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

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

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

**Request Summary (Agenda Caption):**

Request for discussion and possible action with respect to the County policy to back-up documentation for the Commissioners Court agenda.

**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):**

Date	Agenda Item #	Action Taken
------	---------------	--------------

**Location:**

Address (if applicable):

Precinct(s): Countywide

<b>Fiscal and Personnel Summary</b>				
<b>Service Name</b>		<b>FY 21-22</b>	<b>Estimates</b>	
			<b>FY 22</b>	<b>Next 3 FYs</b>
<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		-	-	-
		-	-	-
		-	-	-
<b>Total Current Budget</b>		-	-	-
Additional Budget Requested		-	-	-
		-	-	-
		-	-	-
<b>Total Additional Budget Requested</b>		-	-	-
<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:** NA**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item**Contact(s) name, title, department:** Debbie Kopecky, Agenda Coordinator, Com. Pct. 4**Attachments (if applicable):** Copy of CAO email.