



Legislation Text

File #: 21-5546, **Version:** 1

Department: Constables

Department Head/Elected Official: Sherman Eagleton

Regular or Supplemental RCA: Regular RCA

Type of Request: Contract - Award

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 the agreement for overtime reimbursement with the Organized Crime Drug Enforcement Task Force for Operation Ice Catch SW-TXE0364 for the period of October 1, 2021 through September 30, 2022, and that the County Judge execute the agreement.

Background and Discussion:

The Organized Crime Drug Enforcement Task Forces (OCDETF) Program has consistently worked in close partnership with State and Local law enforcement agencies in the investigation and prosecution of major drug trafficking organizations. Since its inception in 1982, OCDETF has operated a program designed to reimburse State and Local law enforcement agencies for the overtime costs of law enforcement officers incurred while assisting in OCDETF investigations.

Expected Impact:

Reduction of illicit drug trafficking by immobilizing targeted violators and trafficking organizations.

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		-	-	-
		-	-	-
		-	-	-
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:

Attachments (if applicable):