



Legislation Text

File #: 21-5567, **Version:** 1

Department: Commissioner, Precinct 2
Department Head/Elected Official: Adrian Garcia

Regular or Supplemental RCA: Supplemental RCA
Type of Request: Policy

Project ID (if applicable):
Vendor/Entity Legal Name (if applicable):
MWDBE Participation (if applicable):

Request Summary (Agenda Caption):

Request by the Commissioner of Precinct 2 for action directing the County Administrator to establish a task force, consisting of representatives from Facilities and Property Maintenance, Universal Services, District Courts Administration, Office of Court Management (County Courts at Law), the District Attorney's Office, the Sheriff's Office, the Public Defender's Office and the District Clerk's Office, for the purpose of identifying and developing available and appropriate space for which to conduct all criminal justice proceedings, and report back to Court on or before October 26 with formation of task force and other progress.

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): 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: COVID-19 related item

Contact(s) name, title, department:

Attachments (if applicable):