

# Harris County, Texas

1001 Preston St., Suite 934 Houston, Texas 77002

# **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):		

- X Justice and Safety
- **Economic Opportunity**
- \_ Housing
- \_ Public Health
- Transportation

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_ Floodi _ Enviro _ X Gov	_	Service			
Prior Cou	rt Action (if any):				
Date	Agenda Item #	Action Taken			

### Location:

Address (if applicable): Precinct(s): Choose an item.

Fiscal and Pers	sonnel Summa	ary				
Service Name	-		FY 21-22	Estimates		
				FY 22	Next 3 FYs	
Incremental Exp	enditures			•	<u> </u>	
Labor Expenditures		-	-	-		
Non-Labor Expenditures		-	-	-		
Total Incremental Expenditures		-	-	-		
Funding Sources	(General Fund, PI	C Fund, Debt or CF	, Grants, or Ot	ther - Please Spe	cify)	
Existing Budget		-	_	-	-	
		-	-	-	-	
		-	-	-	-	
Total Current Bu	dget		-	-	-	
Additional Budge	et Requested	-	-	-	-	
		-	-	-	-	
		-	-	-	-	
Total Additional Budget Requested		-	-	-		
Total Funding Sources		-	-	-		
<b>Personnel</b> (Fill ou	it section only if re	equesting new PCN	ls)	•	•	
Current Position Count for Service		-	-	-		
Additional Positions Requested		-	-	-		
Total Personnel		-	-	-		

## **Anticipated Implementation Date:**

Emergency/Disaster Recovery Note: COVID-19 related item

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Contact(s) name, title, department:

Attachments (if applicable):