



## Legislation Text

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**File #:** 21-6215, **Version:** 1

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**Department:** Choose an item.

**Department Head/Elected Official:**

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Financial Authorization

**Project ID** (if applicable):

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

**MWDBE Participation** (if applicable):

**Request Summary (Agenda Caption):**

Request for approval of various In Texas travel and training requests.

**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 | FY 22 | Next 3 FYs |
| <b>Incremental Expenditures (do NOT write values in thousands or millions)</b> |          |       |            |
| Labor Expenditures   | \$       | \$    | \$         |
| Non-Labor Expenditures   | \$       | \$    | \$         |
| <b>Total Incremental Expenditures</b>  | \$       | \$    | \$         |
| <b>Funding Sources (do NOT write values in thousands or millions)</b>          |          |       |            |
| Existing Budget  |          |       |            |
| Choose an item.  | \$       | \$    | \$         |
| Choose an item.  | \$       | \$    | \$         |
| Choose an item.  | \$       | \$    | \$         |
| <b>Total Current Budget</b>  | \$       | \$    | \$         |
| Additional Budget Requested  |          |       |            |
| Choose an item.  | \$       | \$    | \$         |
| Choose an item.  | \$       | \$    | \$         |
| Choose an item.  | \$       | \$    | \$         |
| <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:****Emergency/Disaster Recovery Note:** Choose an item.**Contact(s) name, title, department:**

**Attachments** (if applicable):