

Legislation Text

#### File #: 21-6512, Version: 1

## **Department:** Public Health Services **Department Head/Elected Official:** Barbie L. Robinson, MPP, JD, CHC, Executive Director

## Regular or Supplemental RCA: Regular RCA Type of Request: Contract - Award

Project ID (if applicable): N/A Vendor/Entity Legal Name (if applicable): Gulf Coast Dietetic Internship MWDBE Participation (if applicable): N/A

### **Request Summary (Agenda Caption):**

Request for approval of an agreement between Harris County Public Health (HCPH) and Gulf Coast Dietetic Internship for the purpose of providing internship experiences to students.

#### Background and Discussion:

The agreement with the Gulf Coast Dietetic Internship will provide internships for students. The county will benefit from the services provided by the student interns and in turn will provide professional development and training to the students. There is no cost to the county. The agreement has been approved by the County Attorney as to form.

#### Expected Impact:

HCPH protects and promotes a healthy and safe community by preventing illness and injury, which improves the quality of life for all Harris County residents. The agreement will allow students to complete internship programs at HCPH. It is of mutual advantage to both Parties that students of Gulf Coast Dietetic Internship be given the opportunity to utilize certain facilities of Harris County for educational and training purposes, which serves a public purpose of Harris County.

#### Alternative Options:

N/A

## Alignment with Goal(s):

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

\_ Environment

\_ Governance and Customer Service

# Prior Court Action (if any): N/A

Date	Agenda Item #	Action Taken

### Location:

Address (if applicable): N/A Precinct(s): Countywide

Fiscal and Personnel Summary			
Service Name			
	FY 21-22	FY 22	Next 3 FYs
Incremental Expenditures (do NOT w	rite values in the	ousands or millions	s)
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write value	s in thousands o	r millions)	
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Current Budget	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Additional Budget Requested	\$	\$	\$
Total Funding Sources	\$	\$	\$
Personnel (Fill out section only if reques	ting new PCNs)		
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

## Anticipated Implementation Date: November 30, 2021

**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item **Contact(s) name, title, department:** Gwen J. Sims, Deputy Director, Public Health Services **Attachments** (if applicable): Affiliation Agreement Contract