



## Legislation Text

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**File #:** 21-6454, **Version:** 1

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**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:** Grant

**Project ID** (if applicable): 100001000000992

**Vendor/Entity Legal Name** (if applicable): National Association of County & City Health Officials

**MWDBE Participation** (if applicable): N/A

**Request Summary (Agenda Caption):**

Request by Public Health Services for approval to accept an amendment to an agreement with the National Association of County & City Health Officials (NACCHO) to extend the end date to December 31, 2022 for the 2021 NACCHO/MRC Medical Reserve Corps Operational Readiness Program.

**Background and Discussion:**

The purpose of this grant is to build the capacity of local Medical Reserve Corps (MRC) units, among other things, to provide support to MRC units and to encourage these units to provide certain information to The Office of the Assistant Secretary of Preparedness and Response, Medical Reserve Corps Program (MRC Program).

**Expected Impact:**

Continuing the MRC requirements for training, recruitment and retention of Harris County volunteers supporting Public Health during emergency responses.

**Alternative Options:**

Funding would have to be allocated through the Harris County Public Health Services general funds to support the MRC deliverables.

**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
03/09/2021	127	Award

**Location:**

Address (if applicable):

Precinct(s): Countywide

<b>Fiscal and Personnel Summary</b>			
Service Name			
	<b>FY 21-22</b>	<b>FY 22</b>	<b>Next 3 FYs</b>
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$3,000	\$	\$
<b>Total Incremental Expenditures</b>	<b>\$3,000</b>	<b>\$</b>	<b>\$</b>
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
<b>Existing Budget</b>			
Grant	\$10,000	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	<b>\$10,000</b>	<b>\$</b>	<b>\$</b>
<b>Additional Budget Requested</b>			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Total Funding Sources</b>	<b>\$10,000</b>	<b>\$</b>	<b>\$</b>
<b>Personnel (Fill out section only if requesting new PCNs)</b>			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	<b>-</b>	<b>-</b>	<b>-</b>

**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): Court Letter, Contract Cover Letter, Extension Letter, RCA Form