Legislation Text

File #: 22-4620, **Version:** 1

Department: Auditor
Department Head/Elected Official: Michael Post

Regular or Supplemental RCA: Regular RCA
Type of Request: Financial Authorization

Project ID (if applicable): N/A
Vendor/Entity Legal Name (if applicable):

MWDBE Contracted Goal (if applicable): N/A
MWDBE Current Participation (if applicable): N/A
Justification for 0% MWDBE Participation Goal: N/A - Goal not applicable to request

Request Summary (Agenda Caption):
Request for approval to close an Imprest Account for the Commissioner of Precinct 2.

Background and Discussion:

Expected Impact:

Alternative Options:

Alignment with Goal(s):

_ Justice and Safety
_ Economic Opportunity
_ Housing
_ Public Health
_ Transportation
_ Flooding
_ Environment
X_ Governance and Customer Service

Prior Court Action (if any)**:**

Date	Agenda Item #	Action Taken

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

Fiscal and Personnel Summary			
Service Name			
	SFY 22	**FY 23**	**Next 3 FYs**
Incremental Expenditures (do NOT write values in thousands or millions)			
Labor Expenditures	$	$	$
Non-Labor Expenditures	$	$	$
Total Incremental Expenditures	**$**	**$**	**$**
Funding Sources (do NOT write values in thousands or 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 requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	**-**	**-**	**-**

Anticipated Court Date: 8/2/2022

Anticipated Implementation Date (if different from Court date): N/A

Emergency/Disaster Recovery Note: Not an emergency, disaster, or COVID-19 related item

Contact(s) name, title, department: Carmella Sanford, Executive Assistant, Auditor's Office

Attachments (if applicable)**:** Form 1235