

Legislation Text

File #: 22-5476, Version: 1

Department: Commissioner, Precinct 4 **Department Head/Elected Official:** R. Jack Cagle

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

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

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

Request Summary (Agenda Caption):

Request for approval to use Hotel Occupancy Tax (HOT) funds for payment of \$10,500 to the vendors participating in The Fall Harvest Festival event scheduled for Saturday, October 29, 2022, at Bear Creek Pioneers Park.

Background and Discussion:

Expected Impact: NA

Alternative Options: NA

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): NA

Date	Agenda Item #	Action Taken

Location:

Address (if applicable): 15015 Clay Road, Houston, TX Precinct(s): Precinct 4

Service Name			
•	SFY 22	FY 23	Next 3 FYs
Incremental Expenditures (do NOT w	rite values in th	ousands or millions)	
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write value	s in thousands	or millions)	
Existing Budget			
Other	\$	\$10,500	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Total Current Budget	\$	\$10,500	\$
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 Court Date: September 13, 2022

Anticipated Implementation Date (if different from Court date): NA

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

Contact(s) name, title, department: Debbie Kopecky, Agenda Coordinator, Com. Pct. 4

Attachments (if applicable): PDF