



Legislation Text

File #: 22-5667, **Version:** 1

Department: Constables

Department Head/Elected Official: Constable Sherman Eagleton

Regular or Supplemental RCA: Regular RCA

Type of Request: Donation

Project ID (if applicable): N/A

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

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 by the Constable of Precinct 3 for approval to accept from Suzanne Jamison the donation of seventy Emergency Survival First Aid Kits (IFAK) to be used by the Patrol Division.

Background and Discussion:

N/A

Expected Impact:

N/A

Alternative Options:

N/A

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): Precincts 1, 2, & 3

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:**Anticipated Implementation Date** (if different from Court date):**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item**Contact(s) name, title, department:** Jill Harrison, Chief Clerk, Constable Precinct 3**Attachments** (if applicable): Auditor's Form 0770