



Legislation Text

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**File #:** 23-0219, **Version:** 1

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**Department:** Auditor

**Department Head/Elected Official:** Michael Post

**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 open a new Imprest Account for Harris County Juvenile Probation/Pre-Adjudication Facilities.

**Background and Discussion:** NA

**Expected Impact:** NA

**Alternative Options:** NA

**Alignment with Goal(s):**

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

Prior Court Action (if any): NA

Date	Agenda Item #	Action Taken

Location:

Address (if applicable):

Precinct(s): Countywide

Fiscal and Personnel Summary			
Service Name			
	FY 23	FY 24	Next 3 FYs
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$
<b>Personnel (Fill out section only if requesting new PCNs)</b>			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	-	-	-

Anticipated Court Date: 1/10/2023

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: Carmella Sanford, Executive Assistant to County Auditor, Auditor's Office

Attachments (if applicable): Form 1235