

# Harris County, Texas

## **Legislation Text**

File #: 23-0474, 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): 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 for approval to increase an Imprest Account for Harris County Juvenile Probation/POST ADJ FAC - Leadership.

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
- X Governance and Customer Service

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### 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			
•	FY 23	FY 24	Next 3 FYs
Incremental Expenditures (do NOT w	rite values in t	housands or millions	s)
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write value	s 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	\$	\$	\$
<b>Personnel</b> (Fill out section only if reques	ting new PCNs)		
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

**Anticipated Court Date: 1/31/2023** 

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