



## Legislation Text

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**File #:** 24-2474, **Version:** 1

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**Department:** Commissioner, Precinct 1

**Department Head/Elected Official:** Rodney Ellis

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Interlocal Agreement

**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 execute an agreement with The Common Market Texas to establish expectations for the distribution of local foods to food insecure people using Texas Department of Agriculture funds for the period of June 2024 - May 2025.

**Background and Discussion:**

The Common Market Texas is a mission-driven distributor of regional farm products. The contract allows The Common Market to purchase healthy foods from sustainable, family farms and work with Precinct One to distribute Farm Fresh Boxes and bulk foods to Harris County residents. This program is funded by Texas Department of Agriculture through The Common Market Texas' awarded contract titled "Connecting Texas Agriculture to Texas Communities".

**Expected Impact:**

The partnership will benefit small and family-owned farms while simultaneously improving food security in Precinct One.

**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): N/A

| Date | Agenda Item # | Action Taken |
|------|---------------|--------------|
| N/A  |               |              |

**Location:**

Address (if applicable): N/A

Precinct(s): Countywide

| Fiscal and Personnel Summary  |    |                          |           |                    |
|---|----|--------------------------|-----------|--------------------|
| Service Name  |    |                          |           |                    |
|   |    | Current Fiscal Year Cost |           | Annual Fiscal Cost |
|   |    | Labor                    | Non-Labor | Total              |
|   |    |                          |           | Recurring Expenses |
| <b>Funding Sources</b>  |    |                          |           |                    |
| <b>Existing Budget</b>  |    |                          |           |                    |
| Choose an item.   | \$ | \$                       | \$        | \$                 |
| Choose an item.   | \$ | \$                       | \$        | \$                 |
| Choose an item.   | \$ | \$                       | \$        | \$                 |
| Total Current Budget  | \$ | \$                       | \$        | \$                 |
| <b>Additional Budget Request</b> ( <i>Requires Fiscal Review Request Form</i> ) |    |                          |           |                    |
| Choose an item.   | \$ | \$                       | \$        | \$                 |
| Choose an item.   | \$ | \$                       | \$        | \$                 |
| Choose an item.   | \$ | \$                       | \$        | \$                 |
| Total Additional Budget Request   | \$ | \$                       | \$        | \$                 |
| <b>Total Funding Request</b>  | \$ | \$                       | \$        | \$                 |
| <b>Personnel</b> (Fill out section only if requesting new PCNs)                 |    |                          |           |                    |
| Current Position Count for Service  | -  | -                        | -         | -                  |
| Additional Positions Request  | -  | -                        | -         | -                  |
| <b>Total Personnel</b>  | -  | -                        | -         | -                  |

**Anticipated Court Date:** April 23, 2024

**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:** Sophie Elsner, Policy Director, Precinct One

**Attachments** (if applicable): Pct. 1 HC CMXT Signed (PDF), to be submitted separately