



## Legislation Text

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**File #:** 24-2489, **Version:** 1

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**Department:** Commissioner, Precinct 2

**Department Head/Elected Official:** Commissioner Adrian Garcia

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Resolution

**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 Commissioner of Precinct 2 for approval of a resolution commending Ms. Theodesia Drummer and Mr. Dale Bates for their life saving efforts on March 11, 2024.

**Background and Discussion:**

**Expected Impact:**

**Alternative Options:**

**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): Precinct 2

**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):**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item**Contact(s) name, title, department:** Joel Cooley, Risk Management/Safety Manager**Attachments** (if applicable): Resolution