



Legislation Text

File #: 24-2049, **Version:** 1

Department: Choose an item.

Department Head/Elected Official:

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 of various Out of Texas travel and training requests.

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): Choose an item.

Fiscal and Personnel Summary

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

Anticipated Court Date:

Anticipated Implementation Date (if different from Court date):

Emergency/Disaster Recovery Note: Choose an item.

Contact(s) name, title, department:

Attachments (if applicable):