



Legislation Text

File #: 24-2058, **Version:** 1

Department: Harris County Resources for Children and Adults

Department Head/Elected Official: Joel Levine, Executive Director

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 be a 2024 Texas Guardianship Association sponsor in the amount of \$5,000 using special revenue funds.

Background and Discussion: The Harris County Guardianship Program is an organizational member of the Texas Guardianship Association. An organizational sponsorship allows access to a network of professionals of guardianship services across the state to improve knowledge of recognized standards and challenges facing guardianship programs. This partnership will provide opportunities to contribute input regarding public policy that effects guardianship, as well as allow 82 staff to participate at a reduced rate in continuing education trainings.

Expected Impact: The requested amount of \$5,000 would be utilized from Special Revenue account 2356.

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):

Date	Agenda Item #	Action Taken

Location:

Address (if applicable): N/A

Precinct(s): Choose an item.

Fiscal and Personnel Summary				
Service Name	Guardianship Services			
	Current Fiscal Year Cost			Annual Fiscal Cost
	Labor	Non-Labor	Total	Recurring Expense
Funding Sources				
Existing Budget				
Other	\$	\$5,000	\$5,000	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Current Budget	\$	\$5,000	\$5,000	\$
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	\$	\$5,000	\$5,000	\$
Personnel (Fill out section only if requesting new PCNs)				
Current Position Count for Service	-	-	-	-
Additional Positions Requested	-	-	-	-
Total Personnel	-	-	-	-

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:** Tyra Hinton, Deputy Director of Adult Services, Harris County Resources for Children and Adults

Attachments (if applicable):