

# Harris County, Texas

## **Legislation Text**

File #: 24-2320, Version: 1

**Department:** County Administration

Department Head/Elected Official: Diana Ramirez, County Administrator

Regular or Supplemental RCA: Regular RCA

Type of Request: Policy

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 discussion and possible action on resource needs to support the Jail and Community Safety Infrastructure Governance Advisory Committee and Resident Advisory Committee and update on the Committees' membership.

#### **Background and Discussion:**

**Expected Impact: TBD** 

Alternative Options: N/A

#### Alignment with Goal(s):

- X Justice and Safety
- Economic Opportunity
- \_ Housing
- \_ Public Health
- \_ Transportation
- Flooding
- Environment
- Governance and Customer Service

### Prior Court Action (if any):

Date	nda Item # Ac	Action Taken
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3/26/2024	30 File ID 24- 1361	Approved as presented						

#### **Location:**

Address (if applicable): N/A Precinct(s): Countywide

Fiscal and Personnel Summa	ry				
Service Name					
•	Current Fise	cal Year Cost	Annual Fiscal Cost		
	Labor	Non-Labor	Total	Recurring Expen	
Funding Sources		•			
Existing Budget					
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Total Current Budget	\$	\$	\$	\$	
Additional Budget Request ( <i>Requ</i>	ires Fiscal Re	view Request Form)			
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Choose an item.	\$	\$	\$	\$	
Total Additional Budget Request	\$	\$	\$	\$	
Total Funding Request	\$	\$	\$	\$	
Personnel (Fill out section only if re	questing new I	PCNs)			
Current Position Count for Service	<u> </u>	-	-	-	
Additional Positions Request	-	-	-	-	
Total Personnel	-	-	-	-	

**Anticipated Court Date:** 4/23/2024

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: Diana Ramirez, County Administrator, Office of County Administration

Attachments (if applicable):