



Legislation Text

File #: 24-5904, **Version:** 1

Department: Juvenile Probation

Department Head/Elected Official: Henry Gonzales

Regular or Supplemental RCA: Regular RCA

Type of Request: Grant

Project ID (if applicable):GIFT_GY25

Vendor/Entity Legal Name (if applicable):

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 Juvenile Probation for approval to temporarily transfer general funds in the amount of \$60,000 to fund the cost of two grant positions pending receipt of the award for the Girls Inspiring Future Triumphs (GIFT) Program from the Office of the Governor, Criminal Justice Division, and extend the positions to December 27, 2024.

Background and Discussion:

Allowing HCJPD to temporarily transfer \$60,000.00 from general funds for two grant funded positions will allow HCJPD to provide uninterrupted services to justice involved youth of Harris County, until the new grant funding is awarded. HCJPD anticipates the award will be made before the end of December 2024. When the award is received, the transfer will be reversed and expenditures will be charged to the grant retroactive to October 1, 2024.

Expected Impact:

HCJPD will be able to continue provided therapeutic and supervision services of the Girls Inspiring Future Triumphs (GIFT) Program, which provides services to female victims of child sexual exploitation by providing funds to cover payroll expenses for two staff members working with the program. The request for a temporary transfer of funds will cover 3 months of salaries and fringe of staff until the award is received.

Alternative Options:

HCJPD will have to find an alternative funding source for these services.

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 Expe |
| 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 Servic | - | - | - | - |
| 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):