ASSIGNED ID AND LAWSON ACTIVITY REQUEST FORM FOR CERTIFICATES OF OBLIGATION FUNDED ITEMS APPROVED OUTSIDE THE ANNUAL BUDGET

This form is used only when requesting new funding outside of the annual budget process Complete all information and submit to Auditor email: AuditorCO@fbctx.gov Auditor's Office will provide accounting information within 2 business days

Requesting Department:	Information Technology
Contact Person:	Adriana Plantinos
Contact Email:	adriana.plantinos@fortbendcountytx.gov
Brief Description:	Disaster Recovery Site
Estimated Start Date:	5/1/2024
Estimated End Date:	7/30/2024
Approval Court Date:	4/23/2024
Approval Agenda Item:	
Total Approved Appropriation:	\$1,808,903.00
Detailed Description:	
A Disaster Recovery Site (I	DR) is a facility used during disaster events that contains backups of
data, systems, and other t	echnology infrastructure.
Justification for not Reque	esting During Budget Process:
	overy site if the primary location and its systems fail due to an
	ensuring continuity operations.
dinorescent event, while e	insuring continuity operations.
FOR AUDITOR USE ONLY:	
Assigned ID #:	
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Initial Accounting Unit:	
Activity:	
Approved by:	
Date:	
Note: Account and Account (Category are determined by requisition details.

Accounting Units are subject to change.