



Legislation Details (With Text)

**File #:** 24-2454      **Version:** 1      **Name:**

**Type:** Transmittal      **Status:** Accepted

**File created:** 4/15/2024      **In control:** Commissioners Court

**On agenda:** 4/23/2024      **Final action:** 4/23/2024

**Title:** Transmittal by the Auditor of the Harris County Flood Control District Comprehensive Annual Financial Report for the Fiscal Year Ended September 30, 2023.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. FC Final 9-30-23

Date	Ver.	Action By	Action	Result
4/23/2024	1	Commissioners Court		

**Department:** Auditor

**Department Head/Elected Official:** Michael Post

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Transmittal

**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):**

Transmittal by the Auditor of the Harris County Flood Control District Comprehensive Annual Financial Report for the Fiscal Year Ended September 30, 2023.

**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): N/A  
 Precinct(s): Countywide

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

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

**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:** Carmella Sanford, Executive Assistant to Mike Post, County Auditor

**Attachments (if applicable):**