



Legislation Details (With Text)

**File #:** 22-5379      **Version:** 1      **Name:**

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

**File created:** 8/30/2022      **In control:** Commissioners Court

**On agenda:** 9/13/2022      **Final action:** 9/13/2022

**Title:** Transmittal by the Auditor of the Harris County Toll Road Authority Basic Financial Statements for the Fiscal Year Ended February 28, 2022.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. TR Final with opinion

Date	Ver.	Action By	Action	Result
9/13/2022	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):**

**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 Toll Road Authority Basic Financial Statements for the Fiscal Year Ended February 28, 2022.

**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			
	SFY 22	FY 23	Next 3 FYs
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$
<b>Personnel</b> (Fill out section only if requesting new PCNs)			

Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	-	-	-

**Anticipated Court Date:** 9/13/2022

**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:** Carmella Sanford, Executive Assistant, Auditor's Office

**Attachments** (if applicable):