**File #:** 24-2458, **Version:** 1

**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 Annual Comprehensive 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
_X Governance and Customer Service

**Prior Court Action** (if any)**:**

| Date | Agenda Item # | Action Taken |
|------|---------------|--------------|
|      |               |              |

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

| **Fiscal and Personnel Summary** | | | | |
|---|---|---|---|---|
| Service Name | | | | |
| | **Current Fiscal Year Cost** | | | **Annual Fiscal Cost** |
| | **Labor** | **Non-Labor** | **Total** | **Recurring Expens** |
| **Funding Sources** | | | | |
| **Existing Budget** | | | | |
| Choose an item. | $ | $ | $ | $ |
| Choose an item. | $ | $ | $ | $ |
| Choose an item. | $ | $ | $ | $ |
| Total Current Budget | $ | $ | $ | $ |
| **Additional Budget Request** (*Requires Fiscal Review Request Form*) | | | | |
| 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 Service | - | - | - | - |
| Additional Positions Request | - | - | - | - |
| **Total Personnel** | - | - | - | - |

**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)**:**