

# Legislation Details (With Text)

File #:	21-1	818	Version:	1	Name:		
Туре:	Reso	olution			Status:	Passed	
File created:	4/20	/2021			In control:	Commissioners Court	
On agenda:	4/27	4/27/2021		Final action: 4/27/2021			
Title:	Request for consideration and approval of the reimbursement resolution to permit Harris County to reimburse Financed Facilities and Improvements from the proceeds of Tax-Exempt Obligations for the construction of capital projects, purchase of capital lease assets, and potential purchase of a downtown building including payment of earnest money deposits.						
Sponsors:							
Indexes:							
Code sections:							
	1. 21-1818 Reimbursement Resolution.pdf						
Attachments:							
Attachments:	Ver.	Action By	/		Act	ion	Result

То:	Harris County Commissioners Court
Through: Prepared By:	Amy Perez, Director of Financial Management, Budget Management Rebecca Garcia, Debt Analyst, Budget Management

Subject: Reimbursement Resolution Project ID (If applicable]:

#### Purpose and Request:

Request for consideration and approval of the reimbursement resolution to permit Harris County to reimburse Financed Facilities and Improvements from the proceeds of Tax-Exempt Obligations for the construction of capital projects, purchase of capital lease assets, and potential purchase of a downtown building including payment of earnest money deposits.

## Background and Discussion: N/A

[INSTRUCTIONS: In this section should concisely provide any background and analysis that the Commissioners Court needs to fully understand the action being requested. Please limit background to 3-4 sentences and include any reference to when this item was previously considered by Court. Background should include reference to study or order that led to this item or if the item is a result of compliance with any specific law or statutory requirements.]

#### Fiscal Impact: N/A

[INSTRUCTIONS: A short description of the cost of the request and where you are requesting funding from. No more than 2 sentences. In addition please fill out the table below. This includes financial impact to the current fiscal year and subsequent fiscal years along with the source of funding (general fund, grant, etc.). If the amount is within the current budget, please indicate the amount from 'Existing Department Budget'. If all of or part of the request is a new expense, please indicate funding source in the space provided.]

Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]
Service Impacted: [Pleadivision where expenditu			
Existing Budget			
Additional Appropriation	F		
Total Expenditures			
Funding Sources			
Existing Department Bud	lg		
Please Identify Funding Special Revenue, Grant,			
INSERT FUNDING SOL	J		
Total Sources			

### Alternatives: N/A

[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]

#### Alignment with Strategic Objective: N/A

[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]

#### Attachments: Harris County Reimbursement Resolution

[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]