



# Harris County, Texas

1001 Preston St., 1st Floor  
Houston, Texas 77002

## Legislation Details (With Text)

**File #:** 21-1783      **Version:** 1      **Name:**  
**Type:** Request for approval      **Status:** Passed  
**File created:** 4/20/2021      **In control:** Commissioners Court  
**On agenda:** 4/27/2021      **Final action:** 4/27/2021  
**Title:** Request for Approval of Supplemental Estimates of Revenue.  
**Sponsors:**  
**Indexes:**  
**Code sections:**  
**Attachments:**

Date	Ver.	Action By	Action	Result
4/27/2021	1	Commissioners Court		

**To:** Harris County Commissioners Court  
**Through:** Mike Post, County Auditor, Auditor's Office  
**Prepared By:** Jolanda Smith, Director, Revenue Accounting  
**Subject:** Certification of Supplemental Estimates of Revenue  
**Project ID (If applicable):**

**Purpose and Request:**  
*Request for Approval of Supplemental Estimates of Revenue.*

### Background and Discussion: NA

*[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: NA

*[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.]*

Fiscal Summary			
Expenditures	FY 20-21	FY 21-22 Projected	Future Years Projected [3 additional years]

<b>Service Impacted:</b> <i>[Please identify the division where expenditures will be impacted]</i>			
Existing Budget			
Additional Appropriation Requested			
<b>Total Expenditures</b>			
<b>Funding Sources</b>			
Existing Department Budget			
Please Identify Funding Sources (Special Revenue, Grant, etc.)			
[INSERT FUNDING SOURCES]			
<b>Total Sources</b>			

**Alternatives:**

**Alignment with Strategic Objective:**

**Attachments: Court Letter and List of Supplemental Estimates of Revenue**