

Legislation Details (With Text)

File #:	21-4793	Version:	1	Name:		
Туре:	Transmittal			Status:	Accepted	
File created:	9/7/2021			In control:	Commissioners Court	
On agenda:	9/14/2021		Final action:	9/14/2021		
Title:	Transmittal by the Auditor of the Harris County Comprehensive Annual Financial Report for the Fiscal Year Ended February 28, 2021.					
Sponsors:						
Indexes:						
Code sections:						
Attachments:	1.21-4793 A	uditor HC A	nnua	l Financial Repor	t.pdf	
Date	Ver. Action By		Action		Result	
9/14/2021	1 Commis	ssioners Cou	ırt			
Departme	e nt: Auditor					
	nt Head/Flect	ed Official:	Micł	nael Post		
Departme						
Regular o	r Supplementa	I RCA:				
Regular o ⊠ Regular	r Supplementa	l RCA:				
Regular or ⊠ Regular □ Suppler	r Supplementa r RCA					
Regular or ⊠ Regular □ Suppler Type of Re	r Supplementa r RCA mental RCA	nittal				

MWDBE Participation (if applicable):NA

Request Summary (Agenda Caption):

Transmittal by the Auditor of the Harris County Comprehensive Annual Financial Report for the Fiscal Year Ended February 28, 2021.

Background and Discussion: NA

Expected Impact: NA

Alternative Options: NA

Alignment with Goal(s):

- □ Justice and Safety
- Economic Opportunity
- □ Housing
- Public Health

□ Transportation

□ Flooding

Environment

Governance and Customer Service**Prior Court Action (if any):**

Location:

Address (if applicable list below):

 \boxtimes Countywide

 \Box Precinct 1

Precinct 2

□ Precinct 3

Precinct 4Fiscal and Perse	Jine Jun			
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
Incremental Expenditures				
Labor Expenditures		-	-	-
Non-Labor Expenditures	-	-	-	
Total Incremental Expenditure	S	-	-	-
Funding Sources (General Fund,	PIC Fund, Deb	ot or CP, Grants, or Ot	ther - Please Spe	cify)
Existing Budget	-	-	-	-
	-	-	-	-
	-	-	-	-
Total Current Budget		-	-	-
Additional Budget Requested	-	-	-	-
	_	-	-	-
	-	-	-	-
Total Additional Budget Reque	sted	-	_	-

Total Funding Sources	-	-	-			
Personnel (Fill out section only if requesting new PCNs)						
Current Position Count for Service	-	-	-			
Additional Positions Requested	-	-	-			
Total Personnel	-	-	-			

Anticipated Implementation Date:

Emergency/Disaster Recovery Note:

⊠ Not an emergency, disaster recovery, or COVID-19 related item

Emergency Item

COVID-19 related Item

□ Disaster Recovery related Item

Contact(s) name, title, department:

Carmella Sanford, Executive Assistant/Executive Division, Auditor's Office **Attachments (if applicable):**

HC Comprehensive Annual Financial Report.