



## Legislation Details (With Text)

**File #:** 21-4796      **Version:** 1      **Name:**  
**Type:** 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 Toll Road Authority Basic Financial Statements for the Fiscal Year Ended February 28, 2021.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 21-4796 Auditor HC Toll Road Authority Basic Financial Statements.pdf

Date	Ver.	Action By	Action	Result
9/14/2021	1	Commissioners Court		

**Department:** Auditor

**Department Head/Elected Official:** Michael Post

**Regular or Supplemental RCA:**

- ☒ Regular RCA  
☐ Supplemental RCA

**Type of Request:** Transmittal

**Project ID (if applicable):**NA

**Vendor/Entity Legal Name (if applicable):**NA

**MWDBE Participation (if applicable):**NA

**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, 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):

- ☒ Countywide  
☐ Precinct 1  
☐ Precinct 2

☐ Precinct 3

<input type="checkbox"/> Precinct 4 <b>Fiscal and Personnel Summary</b>				
Service Name		FY 21-22	Estimates	
			FY 22	Next 3 FYs
<b>Incremental Expenditures</b>				
Labor Expenditures		-	-	-
Non-Labor Expenditures		-	-	-
<b>Total Incremental Expenditures</b>		-	-	-
<b>Funding Sources</b> (General Fund, PIC Fund, Debt or CP, Grants, or Other - Please Specify)				
Existing Budget		-	-	-
		-	-	-
		-	-	-
<b>Total Current Budget</b>		-	-	-
Additional Budget Requested		-	-	-
		-	-	-
		-	-	-
<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 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 Toll Road Basic Financial Statements.**