



## Legislation Details (With Text)

**File #:** 21-6479      **Version:** 1      **Name:**  
**Type:** Memorandum of Understanding      **Status:** Passed  
**File created:** 11/16/2021      **In control:** Commissioners Court  
**On agenda:** 11/30/2021      **Final action:** 11/30/2021  
**Title:** Request for approval to execute a Letter of Intent between Harris County and The Woodlands Township to document the intended project scope and funding plans for the possible development of the Spring Creek Greenway in Precinct 4.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. 21-6479 11.30.2021\_Agenda Backup\_Letter of Intent Woodlands.pdf

Date	Ver.	Action By	Action	Result
11/30/2021	1	Commissioners Court		

**Department:** Commissioner, Precinct 4

**Department Head/Elected Official:** R. Jack Cagle

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Memorandum of Understanding

**Project ID (if applicable):**

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

**MWDBE Participation (if applicable):**

**Request Summary (Agenda Caption):**

Request for approval to execute a Letter of Intent between Harris County and The Woodlands Township to document the intended project scope and funding plans for the possible development of the Spring Creek Greenway in Precinct 4.

**Background and Discussion:**

**Expected Impact:**

**Alternative Options:****Alignment with Goal(s):**

- ☐ Justice and Safety
- ☐ Economic Opportunity
- ☐ Housing
- ☐ Public Health
- ☐ Transportation
- ☐ Flooding
- ☐ Environment
- ☒ Governance and Customer Service

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

Date	Agenda Item #	Action Taken

**Location:**

Address (if applicable):

Precinct(s): Choose an item.

Fiscal and Personnel Summary				
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, or COVID-19 related item

**Contact(s) name, title, department:** Debbie Kopecky, Agenda Coordinator, Com. Pct. 4

**Attachments (if applicable):**