



## Legislation Details (With Text)

**File #:** 24-2458      **Version:** 1      **Name:**  
**Type:** Transmittal      **Status:** Accepted  
**File created:** 4/15/2024      **In control:** Commissioners Court  
**On agenda:** 4/23/2024      **Final action:** 4/23/2024  
**Title:** Transmittal by the Auditor of the Harris County Annual Comprehensive Financial Report for the Fiscal Year Ended September 30, 2023.

**Sponsors:**

**Indexes:**

**Code sections:**

**Attachments:** 1. HC Final 9-30-23

Date	Ver.	Action By	Action	Result
4/23/2024	1	Commissioners Court		

**Department:** Auditor

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

**Regular or Supplemental RCA:** Regular RCA

**Type of Request:** Transmittal

**Project ID (if applicable):** N/A

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

**MWDBE Contracted Goal (if applicable):** N/A

**MWDBE Current Participation (if applicable):** N/A

**Justification for 0% MWDBE Participation Goal:** N/A - Goal not applicable to request

**Request Summary (Agenda Caption):**

Transmittal by the Auditor of the Harris County Annual Comprehensive Financial Report for the Fiscal Year Ended September 30, 2023.

**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): N/A

Precinct(s): Countywide

**Fiscal and Personnel Summary**

Service Name				
		Current Fiscal Year Cost		Annual Fiscal Cost
	Labor	Non-Labor	Total	Recurring Expenses
<b>Funding Sources</b>				
<b>Existing Budget</b>				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Current Budget	\$	\$	\$	\$
<b>Additional Budget Request</b> ( <i>Requires Fiscal Review Request Form</i> )				
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Choose an item.	\$	\$	\$	\$
Total Additional Budget Request	\$	\$	\$	\$
<b>Total Funding Request</b>	\$	\$	\$	\$
<b>Personnel</b> (Fill out section only if requesting new PCNs)				
Current Position Count for Service	-	-	-	-
Additional Positions Request	-	-	-	-
<b>Total Personnel</b>	-	-	-	-

**Anticipated Court Date:** 4/23/2024

**Anticipated Implementation Date (if different from Court date):**

**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

**Contact(s) name, title, department:** Carmella Sanford, Executive Assistant to Mike Post, County Auditor

**Attachments** (if applicable):