



## Legislation Text

File #: 21-1155, Version: 1

To: Harris County Commissioners Court

Through: Director Name, Title, Department

Prepared By: Name, Title, Department

Subject: Title of the Item

Project ID (If applicable):

### Purpose and Request:

Recommendation for approval of a Second Amendment to the original Engineering Services Agreement dated June 13, 2017, between HTS, Inc. Consultants and Harris County to provide Construction Materials Testing and Geotechnical Engineering Services in support of the construction of the East Sam Houston Tollway between Interstate 45 (South) to SH 225, including the replacement of SH 225 and Jacintoport Overpass Project. The County and the Engineer now desire to amend the Agreement to amend the provision for the Delivery of Notices and add Historically Underutilized Business Requirements. Also, the County and the Engineer desire to increase the Compensation and Payment to be paid by the County to the Engineer from the amount of \$1,850,000 to \$2,200,000 resulting in \$350,000 in additional funds in Precinct 2.

### Background and Discussion:

*[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:

*[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]
Service Impacted: <i>[Please specify division where expenditure is incurred]</i>			
Existing Budget			
Additional Appropriation Requested			
Total Expenditures			

<b>Funding Sources</b>			
Existing Department Budget			
Please Identify Funding Sources: Special Revenue, Grant, etc.			
[INSERT FUNDING SOURCES]			
<b>Total Sources</b>			

**Alternatives:**

*[INSTRUCTIONS: In this section you should briefly discuss any viable alternatives, including the benefits and consequences of each. Include subtitles on the first line of each alternative to identify it. If appropriate, the financial impact of each alternative can be discussed. If taking no action is a viable alternative it should also be discussed, including any financial or other impacts that would result.]*

**Alignment with Strategic Objective:**

*[INSTRUCTIONS: Please write out the Department Strategic Objective impacted by this item.]*

**Attachments:**

*[INSTRUCTIONS: Please include a list of backup for this item with a short description of each if more than one.]*