



## Legislation Text

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**File #:** 21-4886, **Version:** 1

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**Department:** Commissioner, Precinct 2

**Department Head/Elected Official:** Commissioner Garcia

**Regular or Supplemental RCA:**

- ☒ Regular RCA  
☐ Supplemental RCA

**Type of Request:** Executive Session

**Project ID (if applicable):**

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

**MWDBE Participation (if applicable):**

**Request Summary (Agenda Caption):**

Request by the Commissioner of Precinct 2 for an Executive Session and possible action upon return in regards to the North Houston Highway Improvement Project.

**Background and Discussion:**

Precinct 2 seeks an update from the County Attorney on the status of litigation regarding the NHHIP, and the ability to take any action that may be advisable due to that current status.

**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):****Location:**

Address (if applicable list below):

- ☐ Countywide  
☒ Precinct 1  
☒ Precinct 2  
  
☐ Precinct 3  
☐ Precinct 4

**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 recovery, or COVID-19 related item

☐ Emergency Item

☐ COVID-19 related Item

☐ Disaster Recovery related Item

**Contact(s) name, title, department:** Kris Banks, Director of Policy

**Attachments (if applicable):**