

Legislation Text

File #: 22-5539, Version: 1

Department: County Engineer **Department Head/Elected Official:** Milton Rahman, PhD, P.E., PMP, CFM, County Engineer

Regular or Supplemental RCA: Regular RCA **Type of Request:** Financial Surety

Project ID (if applicable): NA **Vendor/Entity Legal Name** (if applicable): Bridgeland Development, LP, a Maryland Limited Partnership

MWDBE Contracted Goal (if applicable): NA MWDBE Current Participation (if applicable): NA Justification for 0% MWDBE Participation Goal: N/A - Goal not applicable to request

Request Summary (Agenda Caption):

Request for approval to retain financial surety for development projects for Bridgeland Development, LP, a Maryland Limited Partnership in the amount of \$1,960.00 for Bridgeland White Petticoat Drive and Basking Butterfly Street Dedication, Precinct 4.

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

X Governance and Customer Service

Prior Court Action (if any): N/A

| Date | Agenda Item # | Action Taken |
|------|---------------|--------------|
| | | |

Location: Bridgeland White Petticoat Drive and Basking Butterfly Street Dedication Address (if applicable): NA Precinct(s): Precinct 4

| Fiscal and Personnel Summary | | | |
|---|--------------------|----------------------|------------|
| Service Name | | | |
| | SFY 22 | FY 23 | Next 3 FYs |
| Incremental Expenditures (do NOT w | vrite values in th | nousands or millions | 5) |
| Labor Expenditures | \$ | \$ | \$ |
| Non-Labor Expenditures | \$ | \$ | \$ |
| Total Incremental Expenditures | \$ | \$ | \$ |
| Funding Sources (do NOT write value | es in thousands | or millions) | |
| Existing Budget | | | |
| Choose an item. | \$ | \$ | \$ |
| Choose an item. | \$ | \$ | \$ |
| Choose an item. | \$ | \$ | \$ |
| Total Current Budget | \$ | \$ | \$ |
| Additional Budget Requested | | | |
| Choose an item. | \$ | \$ | \$ |
| Choose an item. | \$ | \$ | \$ |
| Choose an item. | \$ | \$ | \$ |
| Total Additional Budget Requested | \$ | \$ | \$ |
| Total Funding Sources | \$ | \$ | \$ |
| Personnel (Fill out section only if reque | sting new PCNs) | | |
| Current Position Count for Service | - | - | - |
| Additional Positions Requested | - | - | - |
| Total Personnel | - | - | - |

Anticipated Court Date: September 13. 2022

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: Jason Hains, Manager Public Review, Permits, HCED

Attachments (if applicable): NA