



## Legislation Text

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**File #:** 23-0098, **Version:** 1

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**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:** Transmittal

**Project ID** (if applicable): Job No. 21/0216

**Vendor/Entity Legal Name** (if applicable): Main Lane Industries, LTD

**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 Office of the County Engineer of a substantial completion certificate with Main Lane Industries, LTD, for improvements in connection with Asphalt Overlay Package Phase 3 - Various Roadways - 2021, UPIN 21101MF22Y01, Precinct 1.

**Background and Discussion:**

The Substantial Completion Certificate provides documentation that a capital improvement project meets the qualifications of Substantial Completion in accordance with the Contract Documents as determined by the County Engineer. Substantial Completion establishes the date on which a capital improvement enters service as a Harris County asset. The establishment and reporting of this date is important for all governmental entities as outlined in the GASB Statement #34, Capital Assets & Depreciation Guidance, August 31, 2001. These certificates provide a method by which Harris County may document and record this date.

**Expected Impact:**

N/A

**Alternative Options:**

N/A

**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
09/28/2021	228	Contract Award

**Location:**

Address (if applicable):

Precinct(s): Precinct 1

<b>Fiscal and Personnel Summary</b>			
Service Name			
	FY 23	FY 24	Next 3 FYs
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
Existing Budget			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Additional Budget Requested			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Total Funding Sources</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
<b>Personnel</b> (Fill out section only if requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	<b>-</b>	<b>-</b>	<b>-</b>

**Anticipated Court Date:** January 10, 2023

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

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

**Contact(s) name, title, department:** Julia Bond, P.E., Manager HCED-CPD

**Attachments (if applicable):** Substantial Completion Form