



Legislation Text

File #: 23-2864, **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: Transmittal

Project ID (if applicable): Job No. 23101MF2KN01

Vendor/Entity Legal Name (if applicable): Neon Electric Corp.

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 Neon Electric Corp., for improvements in connection with Lawson Stormwater Detention Basin - 2022, UPIN 23101MF2KN01, 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): N/A

Date	Agenda Item #	Action Taken

Location:

Address (if applicable):

Precinct(s): Precinct 1

Fiscal and Personnel Summary			
Service Name			
	FY 23	FY 24	Next 3 FYs
Incremental Expenditures (do NOT write values in thousands or millions)			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
Total Incremental Expenditures	\$	\$	\$
Funding Sources (do NOT write values 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 requesting new PCNs)			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
Total Personnel	-	-	-

Anticipated Court Date: May 16, 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