



Legislation Text

File #: 23-2808, **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): Silver Springs Interests, Ltd.

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 release financial surety for development projects for Silver Springs Interests, Ltd. in the amount of \$2,020.00 for Silver Springs West Richey Road Street Dedication Sec 1, Precinct 1.

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
- ☒ Governance and Customer Service

Prior Court Action (if any): N/A

Date	Agenda Item #	Action Taken

Location: Silver Springs West Richey Road Street Dedication Sec 1

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):****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