



## Harris County Commissioners Court

### CIP Investment Memo

**Please note that this form cannot be submitted by departments independently and must first be reviewed by the OMB CIP team. It will take around 3 weeks to process each Investment Memo, we kindly request any drafts to be sent to [HarrisCountyCIP@bmd.hctx.net](mailto:HarrisCountyCIP@bmd.hctx.net). Please address questions to [HarrisCountyCIP@bmd.hctx.net](mailto:HarrisCountyCIP@bmd.hctx.net).**

**Primary Department:** *Choose your department from the drop-down.*

**Primary Department Head/Elected Official:** *Please enter your department leadership's name.*

**Managing Department:** *Choose your department from the drop-down. The managing department is the entity that will be handling project execution. For example, for most construction or facilities projects this will be County Engineer, and for most technology projects this will be Universal Services. OMB can provide guidance.*

**Managing Department Head/Elected Official:** *Please enter the managing department leadership's name.*

**Regular or Supplemental RCA:** *Select whether this is a regular or supplemental/emergency RCA.*

**Type of Request:** Investment Memo

**Investment Memo Type:** *Select whether this is a Preliminary, Final, or Change Investment Memo. Preliminary Investment Memos request funding for the programming, detailed design, or investigation phase of a capital project. Final Investment Memos request funding for the construction or implementation phase of a capital project. Change Investment Memos can be used to request substantial changes in scope or additional funding after another investment memo has already been approved. Not all projects will require a Preliminary or Change Investment Memo. Please consult with the CIP team ([HarrisCountyCIP@bmd.hctx.net](mailto:HarrisCountyCIP@bmd.hctx.net)) if you have any question about what type of request best fits your needs.*

**Project Name:** *Enter project name. If an official project name has not yet been established, the name should be in the format "<Item or Location Name> <Action>," e.g., "Automated Snowplow Testing" or "Countywide Sunshade Purchase." It should be concise, but descriptive. The project name should be unique and make it clear what the project is about to County employees and the public.*

**Project ID (if applicable):** *Provide PeopleSoft ID. If your item does not have a Project ID yet, please write, "N/A".*

**Vendor Legal Name (if applicable):** *Please write "N/A". This field does not apply for an Investment Memo.*

**MWDBE Contracted Goal (if applicable):** *Please write "N/A". This field does not apply for an Investment Memo.*

**MWDBE Current Achievement (if applicable):** *Please write "N/A". This field does not apply for an Investment Memo.*

**Justification for 0% MWDBE Participation Goal:** *Please select "N/A – Goal not applicable to request".*

**Grant Indirect Costs Rate (if applicable):** *Please write "N/A". This field does not apply for an Investment Memo.*

**Justification for 0% Grant Indirect Costs Rate (if applicable):** *Please select "N/A – Not a grant item".*

**Incremental Expenditures Requested:** *Please note the incremental authorization you are requesting with this investment memo. For a Preliminary Investment Memo, this will most likely be the amount you need for programming or detailed design. For a Final Investment Memo, this will be the **additional** amount needed for implementation or construction. For a Change Investment Memo, this can be negative (for a decrease in cost or scope), zero (for a pure scope change), or positive (if additional funding is being requested).*

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**Total Estimated Project Cost:** *Please enter the total estimated cost of the project, including all past and future expenses. Include phases already completed **and** phases that are to be completed later. Please only include capital*

expenses. Internal department investigations and project monitoring are not typically eligible for capital funding, and those expenses generally should not be capitalized. This field should give the reader a sense of how much capital funding the project needs overall, irrespective of how much is being asked for right now. If the total cost is unknown, enter “TBD”.

## Request Summary:

..title

Do not delete this

This is the text that will appear on the Commissioners Court Agenda. The below table includes OMB-recommended wording for the most common situations. If you have a unique situation, the text should be modified as appropriate. Please place the text between the words “title” and “end” to ensure they are read properly by the software.

|  |  |
|--|--|
| Project needs additional authorization and additional commercial paper     | Request for approval of <the/a> <Preliminary/Final/Change> Investment Memo for the <project name> project for an additional <amount> for a total of <amount> and request for approval of commercial paper funding for <managing department name> for the project in the additional amount of <amount> for a total of <amount>. |
| Project needs additional authorization, but no commercial paper            | Request for approval of <the/a> <Preliminary/Final/Change> Investment Memo for the <project name> project for an additional <amount> for a total of <amount>.  |
| Project seeking initial authorization and initial commercial paper funding | Request for approval of <the/a> <Preliminary/Final/Change> Investment Memo for the <project name> project for an initial amount of <amount> and request for approval of initial commercial paper funding in the amount of <amount>.  |
| Project seeking initial authorization, but no commercial paper             | Request for approval of <the/a> <Preliminary/Final/Change> Investment Memo for the <project name> project for an initial amount of <amount>.   |

..end

Do not delete this

## Project Description:

This should provide a detailed description of the project’s scope or scope changes. It may be multiple paragraphs. Where is the project being done? What are the major project elements (detailed scope of work to be explained below)? What is the end benefit of the project? What is the current and newly requested project budget? What is the project timeline? When does the project need to be completed?

For a Preliminary or Final Investment Memo, identify overall project purpose, key tasks, desired end state and anticipated benefits. What is the projected size and/or scope of the project? This is distinct from Project Description, the overview/narrative of the project, and should describe the project details. For a building note how many gross square feet of space are affected. What is the number of employees impacted? Is there a comparable project? Where possible, please describe the quantities of items to be purchased. For a Change Investment Memo, still identify overall project scope, but focus on the changes in scope since the last Investment Memo was approved, if any.

Justification & Alternatives:

For a Preliminary or Final Investment Memo, explain why this project is needed. What is the problem to be solved by this project? Is there a cost savings or increase in operational efficiency that will be achieved because of this project? Explain if the project must be completed to satisfy a legal mandate or to address a fire/life safety issue.

For a Change Investment Memo, explain instead why the budget increase is needed & why the original budget was insufficient.

This project supports the following Priority Outcomes and/or Goal Areas:

- X.

- X.

Note any Priority Outcomes and/or Goal Areas that the project supports.

The success of the project can be measured through the following performance metrics:

- X.

- X.

What will we measure to determine if the project was successful? It's ok if this data is not available for the Preliminary Investment approval, but the data should be ready to be collected for Final Investment approval.

Why is this project the best solution to addressing the problem(s) identified in the sections above? What are other possible alternatives to addressing the problem(s)? In addition to any alternatives, discuss the impacts of delaying this project for a year or not doing the project.

Identify stakeholders. Who are the groups impacted by the project? Explain the plan to engage these groups (dates and specific names not needed). Universal Services and Facilities & Property Maintenance must be consulted to evaluate the project before it is approved.

Anticipated Impact on Other Funds (If Applicable):

Does the project require other funding sources, such as the general funds? If so, please specify

| Fund Code | Description | Estimated Cost | Funding Method<br>(Existing or Future Budget<br>Request Required) | Estimated Date of<br>Needs |
|-----------|-------------|----------------|---|----------------------------|
|           |             | \$-            |   | -                          |
|           |             | \$-            |   | -                          |
| Total     |             | \$-            |   | -                          |

**Anticipated Project Expenditures and Timeline:**

*Explain what the total estimated project cost is, any expenditures to date, and how much funding Commissioners Court is being asked to approve now. For the funding being requested now, provide a detailed scope of work in the table below, noting the costs and estimated completion times. If more than two sentences are needed to explain how costs were estimated, explain that here. Finally, explain if any non-County funding, such as grants, are anticipated to be secured for this project.*

*Month/Year if work to be done within 12 months of the Commissioners Court date this item is presented. Quarter/Year for any work 12 months or after this item is presented to Commissioners Court.*

| Scope of Work | Estimated Cost | Estimated Completion |
|---------------|----------------|----------------------|
|               | -              | -                    |
|               | -              | -                    |
| Total         | -              | -                    |

*Explain how costs were estimated (e.g., vendor quotes). If this requires more than two sentences to explain, explain in the paragraph above the table.*

*Discuss any risks to project completion. Is there anything that might come up during the project that would significantly delay the project or add additional costs?*

*Explain what the anticipated operating impacts will be when this project is completed. Consider the Total Cost of Ownership. What costs are associated with operating the asset? For example, will there be a reduction in operating costs from lower utilities? Will the project require new personnel or software licenses to operate?*

*Explain if certain things must be done before the project can advance. For example, if this was a demolition project, the buildings occupants would first need to be relocated.*

**Alignment with Goal(s):**

*Please select the County Strategic Plans Goal and Objective most relevant to the project.*

- County Strategic Plan Goal:
- County Strategic Plan Objective:
- Justice/Safety Initiative (Goal 1):
  - Infrastructure Initiative (Goal 2):
  - Economy Initiative (Goal 3):
  - Health Initiative (Goal 4):
  - Climate/Resilience Initiative (Goal 5):
  - Housing Initiative (Goal 6):

**Previous Court Action:**

List all instances of prior Commissioners Court action that relates to this item. Please include the date of the agenda, the item number or other File ID, and type of action that took place, in order from earliest to most recent.

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

**Address:** Note the address where the project will take place. If multiple, note "Multiple." If Countywide, note "Countywide." If not applicable, note "N/A."

**Precinct(s):** Select whether your item is located in/impacts the county as a whole, or which specific precincts will be impacted if not a countywide item. All construction contracts should include approximate project boundaries.

The table below must be filled out completely for any item that will require a current or future expenditure not already approved by Commissioners Court. Please review this table with the CIP team.

**Fiscal and Personnel Summary**

|   |                          |           |       |                    |
|---|--------------------------|-----------|-------|--------------------|
| Service Name  |                          |           |       |                    |
|   | Current Fiscal Year Cost |           |       | Annual Fiscal Cost |
|   | Labor                    | Non-Labor | Total | Recurring Expenses |
| <b>Funding Sources</b>  |                          |           |       |                    |
| <b>Existing Budget</b>  |                          |           |       |                    |
| Choose an item.   | \$                       | \$        | \$    | \$                 |
| Choose an item.   | \$                       | \$        | \$    | \$                 |
| Choose an item.   | \$                       | \$        | \$    | \$                 |
| Total Current Budget  | \$                       | \$        | \$    | \$                 |
| <b>Additional Budget Request</b>                                |                          |           |       |                    |
| Choose an item.   | \$                       | \$        | \$    | \$                 |
| Choose an item.   | \$                       | \$        | \$    | \$                 |
| Choose an item.   | \$                       | \$        | \$    | \$                 |
| Total Additional Budget Request                                 | \$                       | \$        | \$    | \$                 |
| Total Funding Request   | \$                       | \$        | \$    | \$                 |
| <b>Personnel</b> (Fill out section only if requesting new PCNs) |                          |           |       |                    |
| Current Position Count for Service                              | -                        | -         | -     | -                  |
| Additional Positions Request                                    | -                        | -         | -     | -                  |
| Total Personnel   | -                        | -         | -     | -                  |

|   |           |           |           |
|---|-----------|-----------|-----------|
| Total Current Budget  | \$        | \$        | \$        |
| Additional Budget Requested                                     |           |           |           |
| Choose an item.   | \$        | \$        | \$        |
| Choose an item.   | \$        | \$        | \$        |
| Choose an item.   | \$        | \$        | \$        |
| Total Additional Budget Requested                               | \$        | \$        | \$        |
| <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: *Note the anticipated court date*

Anticipated Implementation Date (if different from Court date): *Note the project's starting date*

Emergency/Disaster Recovery Note: *Please select from the drop-down.*

Legal funding compliance confirmed by: *For OMB use only.*

Department Approval by: *Note the department contact approving submission of the investment memo to Commissioners Court.*

OMB CIP Team Approval by: *For OMB use only. To be signed by the CIP Team member approving the investment memo.*

**Commercial Paper Request** (*For OMB use only*):

*The fields below are for OMB use only and will be filled out by the CIP team during review. Note commercial paper can only be issued in increments of \$5,000. Any excess amount of commercial paper above project authorization is not available to departments for spending.*

**Receiving Department:**

**Project PeopleSoft ID:**

**CP Series Description:**

**HB 1869 compliance confirmed by:**

**OMB Financial Management contact:**