

**FORT BEND COUNTY    FY 2009**  
**COMMISSIONERS COURT AGENDA REQUEST FORM**  
Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: **August 26, 2009**

Submitted By: **Laura Dougherty**

Department: **Facilities Management & Planning**

Court Agenda Date: **September 01, 2009**

Phone Number: **281-633-7017**

**SUMMARY OF ITEM:**

**Approve Invoice # 002 in the amount of \$5,649.84, from Brian Smith Construction Inspection, Inc., (BSCI) for Professional Services relating to the Missouri City Annex**

RENEWAL AGREEMENT/APPOINTMENT                      YES                       NO   
REVIEWED BY COUNTY ATTORNEY'S OFFICE:        YES                       NO

List Supporting Documents Attached: **Invoice**

**FINANCIAL SUMMARY:**

BUDGETED ITEM:    YES                       NO

FUNDING SOURCE: Accounting Unit:    **732418888**    Account Number: **64600**  
Activity (If Applicable):    **P418B-06PCT2**

DESCRIPTION OF LAWSON ACCOUNT: **Missouri City Annex**

**Instructions to submit Agenda Request Form:**

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

**DISTRIBUTION:**

Original Form Submitted with back up to County Judge's Office  (✓ when completed)

If by E-Mail to [ospindon@co.fort-bend.tx.us](mailto:ospindon@co.fort-bend.tx.us)

If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input checked="" type="checkbox"/>	Auditor	(281-341-3774)	<input checked="" type="checkbox"/>	Comm. Pct. 1	(281-342-0587)
<input checked="" type="checkbox"/>	Budget Officer	(281-344-3954)	<input checked="" type="checkbox"/>	Comm. Pct. 2	(281-403-8009)
<input checked="" type="checkbox"/>	Facilities/Planning	(281-633-7022)	<input checked="" type="checkbox"/>	Comm. Pct. 3	(281-242-9060)
<input checked="" type="checkbox"/>	Purchasing Agent	(281-341-8642)	<input checked="" type="checkbox"/>	Comm. Pct. 4	(281-980-9077)
<input checked="" type="checkbox"/>	Information Technology	(281-341-4526)	<input checked="" type="checkbox"/>	County Clerk	(281-341-8697)
<input type="checkbox"/>	Other:		<input checked="" type="checkbox"/>	County Atty	(281-341-4557)

**RECOMMENDATION / ACTION REQUESTED:**

Special Handling Requested (specify): **Please Approve**

Fm90786

*OK to pay  
All Budget  
8/25/09*

### INVOICE

Fort Bend County  
Estimate for Payment  
Missouri City Annex Building

Contract Date: 4/22/2009  
Contract Amount: 75,000.00

PO# 30944  
R# 74509

Invoice #: 002  
Invoice Date: 8/7/2009  
Invoice Period: June 28, 2009 - July 31, 2009

**Remit to:** Brian Smith Construction Inspection, Inc.  
1802 Calumet  
Houston, Texas 77004  
ATTN: Brian Smith

<u>Project</u>	<u>Budget</u>	<u>Previous Billings</u>	<u>Current Invoice</u>	<u>Total to Date</u>
Missouri City Annex-PM	\$70,000.00 ✓	\$7,358.40 ✓	\$5,947.20 ✓	\$13,305.60 ✓
Retainage=5%	\$3,500.00	(\$367.92) ✓	(\$297.36) ✓	(\$665.28) ✓
Reimbursables	\$5,000.00	\$0.00	\$0.00	\$0.00
<b>Subtotal Project</b>	<b>\$70,000.00 ✓</b>	<b>\$7,358.40 ✓</b>	<b>\$5,649.84 ✓</b>	
<b>TOTAL INVOICE</b>	<b>\$70,000.00 ✓</b>	<b>\$7,358.40 ✓</b>	<b>\$5,649.84 ✓</b>	

AMOUNT DUE THIS INVOICE	<u>\$5,649.84</u>
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*Donaherty*

I HEREBY CERTIFY THAT BRIAN SMITH CONSTRUCTION INSPECTION, INC., HAS MADE PAYMENTS FROM PROCEEDS OF PRIOR PAYMENTS, AND WILL MAKE TIMELY PAYMENTS FROM PROCEEDS OF THE PROGRESS AND/OR FINAL PAYMENT NOW DUE TO OUR SUBCONTRACTORS AND SUPPLIERS IN ACCORDANCE WITH CONTRACTUAL AGREEMENTS WITH THEM.

*Jacqueline Elliott*  
\_\_\_\_\_  
Signature

Jacqueline Elliott  
\_\_\_\_\_  
Name

Contract Administrator  
\_\_\_\_\_  
Title

**RECEIVED**  
AUG 10 2009  
BY: *KS*

Fm90786



**Brian Smith**

CONSTRUCTION  
INSPECTION, INC.

**BRIAN G. SMITH**

President

August 7, 2009

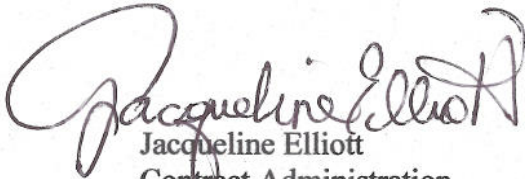
Fort Bend County, Texas  
Facilities, Management and Planning  
301 Jackson Street  
Richmond, Texas 77469  
Attn: Mr. Donald Brady, Director

RE: Program Management Services  
Missouri City Annex Building  
P.O. No: 30944  
Labor Periods June 28, 2009 thru: July 31, 2009

We hereby submit our invoice for the above-referenced project. The total amount due this invoice is **Five thousand Six hundred forty-nine dollars and eighty-four cents. (\$5,649.84)**. Attached you will find the breakdown and all relevant back-up data.

Please feel free to call me if there are any questions or corrections at (713) 590-7504.

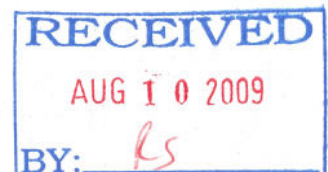
Cordially,



Jacqueline Elliott  
Contract Administration

jbe

Attachments  
File



Brian Smith Construction Inspection, Inc.  
 1802 Calumet  
 Houston, TX 77004

Missouri City Annex Project  
 Job No.

INVOICE NO. 002  
 Employee Labor/Mileage Summary

K. Williams

Week Ending	Project #	Project #	Total Hours	Total Miles
	Reg. Hours	Ovt. Hours		
07/04/09	8.0		8.0 ✓	
07/11/09	11.0		11.0 ✓	
07/12/09	12.0		12.0 ✓	
07/25/09	8.0		8.0 ✓	
08/01/09	15.0		15.0 ✓	
<b>TOTAL HOURS</b>	<b>54.0</b>	<b>0.0</b>	<b>54.0 ✓</b>	
<b>TOTAL MILES</b>				<b>0.0</b>

**Project Summary- Invoice 02**

**Labor Charges**

Employee	Classification	Reg. Hours	Ovt. Hours	Billing Rate	Cost
Brian Smith	PM	5		\$100.80	\$504.00 ✓
			0		\$0.00
Kalvin Williams	PM	54		\$100.80	\$5,443.20 ✓
				\$0.00	
<b>Total Labor Cost</b>					<b>\$5,947.20</b> ✓

**Reimbursable Expenses**

	Unit	Rate	Cost
<i>Reproduction</i>			
8 1/2 X 11	0	\$0.08	\$0.00
8 1/2 X 14	0	\$0.10	\$0.00
11 X 17	0	\$0.10	\$0.00
Mileage	0	\$0.505	\$0.00
Parking Fee-	0	0.00	\$0.00
Cell Phone-	0	cost	
Cell Phone	0	0.00	\$0.00
<b>Total Reimbursable Expenses</b>			<b>\$0.00</b> ✓

<b>Total Amount Due</b>	<b>\$5,947.20</b> ✓
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**PROJECT SUMMARY**

<b>Contract Amount</b>	<b>70,000.00</b>
<b>Retainage-5%</b>	<b>(297.36)</b>
<b>Amount Due This Invoice</b>	<b>\$5,649.84</b>
<b>Amount Previously Invoiced</b>	<b>7,358.40</b>
<b>Total Invoiced To Date</b>	<b>13,008.24</b>
<b>Percent Complete</b>	<b>8.50%</b>

<b>Reimbursable Amount</b>	<b>5,000.00</b>
<b>Amount Due This Invoice</b>	-
<b>Amount Previously Invoiced</b>	-
<b>Total Invoiced to Date</b>	-
<b>Percent Complete</b>	-





**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Brian Smith JOB TITLE: \_\_\_\_\_

DATE: 3 July 09

EMPLOYEE ID #: \_\_\_\_\_

PERIOD: 28 July 09 TO 4 July 09

**PROJECT NAME / REF. NUMBER**

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	28	29	30	1	2	3	4	
<input checked="" type="checkbox"/> FT. BEND	R.T.		1		4				5
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<b>HOLIDAY</b>									
<b>SICK</b>									
<b>VACATION</b>									
<b>OTHER</b>									
<b>TOTAL HOURS</b>			1		4				5

REMARKS: \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: KALVIN J WILLIAMS JOB TITLE: INSPECTOR, BIT

DATE: JULY 6, 2009

EMPLOYEE ID #: \_\_\_\_\_

PERIOD: 6-8-09 TO 7-4-2009

**PROJECT NAME / REF. NUMBER**

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE								
<input checked="" type="checkbox"/> FT BEND COUNTY	R.T.		2		3	3			8
<input checked="" type="checkbox"/> - MO. CITY ANNEX	O.T.								
<input checked="" type="checkbox"/> BSCI - OFFICE	R.T.		2						2
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/> ALMEDIA PD	R.T.			4	2	2			8
<input checked="" type="checkbox"/> STREET IMPROVEMENTS	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								

HOLIDAY									
SICK									
VACATION									
OTHER									
TOTAL HOURS			4	4	5	5			

REMARKS: \_\_\_\_\_

EMPLOYEE SIGNATURE Kalvin Williams DATE 7-6-2009  
 SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

### TIME SHEET

NAME: KALVIN WILLIAMS JOB TITLE: INSPECTOR, EIT

DATE: 7-13-2009

EMPLOYEE ID #: \_\_\_\_\_

PERIOD: 7-5-09 TO 7-11-09

**PROJECT NAME / REF. NUMBER**

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE								
<input checked="" type="checkbox"/> FT BEND 40	R.T.		3		4	4			11
<input checked="" type="checkbox"/> MO. CITY BNDY	O.T.								
<input checked="" type="checkbox"/> ALAMBDA RD	R.T.		2		2		2		6
<input checked="" type="checkbox"/> STREET IMPROVEMENTS	O.T.								
<input checked="" type="checkbox"/> SWAPS COMM CBAT	R.T.				2				2
<input checked="" type="checkbox"/> BUDG INSP.	O.T.								
<input checked="" type="checkbox"/> OFFICE	R.T.						1		1
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								

HOLIDAY									
SICK									
VACATION									
OTHER									
<b>TOTAL HOURS</b>			5	0	8	4	3		20

REMARKS: \_\_\_\_\_

EMPLOYEE SIGNATURE *Kalvin Williams* DATE 7-13-2009  
 SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: KALVIN LALLIBMS JOB TITLE: INSPECTOR, BIT

DATE: 7-20-2009

EMPLOYEE ID #: \_\_\_\_\_

PERIOD: 7-12-09 TO 7-18-09

**PROJECT NAME / REF. NUMBER**

PROJECT NO. TASK NO/ACTIVITY CODE	DAYS DATE	Sun.	M	Tu	W	Th	F	Sa	TOTALS
FT BEND CO. IND CITY ANNEX	R.T.	-	3	2	4	-	3		12
	O.T.								
ALMEDA RD STREET RECON STR	R.T.		2		1		1		4
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
HOLIDAY	R.T.								
	O.T.								
SICK	R.T.								
	O.T.								
VACATION	R.T.								
	O.T.								
OTHER	R.T.								
	O.T.								
TOTAL HOURS			5	2	5	0	4		16

REMARKS:

EMPLOYEE SIGNATURE Kalvin Lallibms DATE 7-20-09  
 SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: KALVIN WILLIAMS JOB TITLE: ENGINEER, INSPECTOR DATE: 7-27-2009

EMPLOYEE ID #: \_\_\_\_\_

PERIOD: 7-19-09 TO 7-25-09

**PROJECT NAME / REF. NUMBER**

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE								
<input checked="" type="checkbox"/> FT BEND CO.	R.T.		2		3	1	2		8
<input checked="" type="checkbox"/> MO-CITY ANNEX	O.T.								
<input checked="" type="checkbox"/> ALMEDA ROAD	R.T.		3	4	4	2	2		15
<input checked="" type="checkbox"/> STREET IMPROVEMENTS	O.T.								
<input checked="" type="checkbox"/> OFFICE - TRAMMEL-	R.T.					4			4
<input checked="" type="checkbox"/> CROW WORK PLAN	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
HOLIDAY									
SICK									
VACATION									
OTHER									
TOTAL HOURS			5	4	7	7	4		27

**REMARKS:**

EMPLOYEE SIGNATURE

*Kalvin Williams*

DATE

7-27-09

SUPERVISOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

# TIME SHEET

NAME: Kalvin J. Williams, E.I.T.      JOB TITLE: Project Manager      DATE: 8/3/2009

EMPLOYEE ID #: 1465      PERIOD: 7/26/2009 TO 8/1/2009

**PROJECT NAME / REF. NUMBER**

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE								
Fort Bend County	R.T.		3.0	2.0	4.0	0.0	6.0		15.0
<input checked="" type="checkbox"/> Missouri City Annex	O.T.								
Alameda Road	R.T.		3.0	2.0	0.0	6.0	0.0		11.0
<input checked="" type="checkbox"/> Street Reconstruction	O.T.								
Office	R.T.		0.0	0.0	0.0	0.0	0.0		0.0
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
HOLIDAY									
SICK									
VACATION									
OTHER									
<b>TOTAL HOURS</b>			6.0	4.0	4.0	6.0	6.0		26.0

**REMARKS:**

EMPLOYEE SIGNATURE *Kalvin J. Williams*      DATE 8-03-09  
 SUPERVISOR'S SIGNATURE \_\_\_\_\_      DATE \_\_\_\_\_  
 APPROVAL SIGNATURE \_\_\_\_\_      DATE \_\_\_\_\_