

**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: **September 16, 2009**  
Court Agenda Date: **September 22, 2009**

Submitted By: **Laura Dougherty**  
Department: **Facilities Management & Planning**  
Phone Number: **281-633-7017**

**SUMMARY OF ITEM:**

**Approve Invoice # 003 in the amount of \$5,171.04, 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**

Fm 90907

# INVOICE

Fort Bend County  
Estimate for Payment  
Missouri City Annex Building

*OK to pay  
9-1-09*

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

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

Invoice #: 003  
Invoice Date: 9/8/2009  
Invoice Period: August 2, 2009 - August 29, 2009

*PO # 30944  
R# 77813*

<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 ✓	\$13,305.60	\$5,443.20	\$18,748.80
Retainage=5%	\$3,500.00 ✓	(\$665.28)	(\$272.16)	(\$937.44)
Reimbursables	\$5,000.00 ✓	\$0.00	\$0.00	\$0.00
<b>Subtotal Project</b>	<b>\$70,000.00</b>	<b>\$13,305.60</b>	<b>\$5,171.04</b>	
<b>TOTAL INVOICE</b>	<b>\$70,000.00 ✓</b>	<b>\$13,305.60 ✓</b>	<b>\$5,171.04 ✓</b>	

AMOUNT DUE THIS INVOICE	<u>\$5,171.04</u> <i>Donshury</i>
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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**  
SEP 11 2009  
BY: *RS*



**Brian Smith**

CONSTRUCTION  
INSPECTION, INC.

BRIAN G. SMITH  
President

September 8, 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 August 01, 2009 thru: August 29, 2009

We hereby submit our invoice for the above-referenced project. The total amount due this invoice is **Five thousand one hundred seventy-one dollars and -four cents. (\$5,171.04)**. 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.

# TIME SHEET

NAME: Kalvin J. Williams, E.I.T.      JOB TITLE: Project Manager      DATE: 8/10/2009

EMPLOYEE ID #: 1465      PERIOD: 8/2/2009 TO 8/8/2009

**PROJECT NAME / REF. NUMBER**

PROJECT NO. TASK NO./ACTIVITY CODE	DAYS DATE	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> Fort Bend County	R.T.		4.0	4.0	3.0	0.0	3.0		14.0
<input checked="" type="checkbox"/> Missouri City Annex	O.T.								
Almeda Road	R.T.		1.0	0.0	3.0	4.0	4.0		12.0
<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>			5.0	4.0	6.0	4.0	7.0		26.0

**REMARKS:**

EMPLOYEE SIGNATURE *Kalvin J. Williams*      DATE 8-10-2009  
 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: 8/31/2009

EMPLOYEE ID #: 1465 PERIOD: 8/23/2009 TO 8/29/2009

**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.		2.0	0.0	4.0	2.0	3.0		11.0
<input checked="" type="checkbox"/> Missouri City Annex	O.T.								
Almeda Road	R.T.		0.0	0.0	0.0	0.0	0.0		0.0
<input checked="" type="checkbox"/> Street Reconstruction	O.T.								
METRO	R.T.		1.0	2.0	0.0	2.0	1.0		6.0
<input checked="" type="checkbox"/> Southpoint Park and Ride	O.T.								
City of Houston	R.T.		2.0	5.0	3.0	0.0	2.0		12.0
<input checked="" type="checkbox"/> Lockwood Lift Station Rehab	O.T.								
Office	R.T.		2.0	0.0	1.0	4.0	0.0		7.0
<input checked="" type="checkbox"/> Files, Truck & Computers	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>			7.0	7.0	8.0	8.0	6.0		36.0

**REMARKS:**

EMPLOYEE SIGNATURE *Kalvin J. Williams* DATE 8-31-09  
 SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_





**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

### TIME SHEET

NAME: Brian Smith JOB TITLE: PROJECT MAN DATE: 7 AUG. 09  
 EMPLOYEE ID #: \_\_\_\_\_ PERIOD: 2 AUG. 09 TO 8 AUG. 09

PROJECT NAME / REF. NUMBER		DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
PROJECT NO.	TASK NO./ACTIVITY CODE	DATE	2	3	4	5	6	7	8	
X	Tx. CHILDREN	R.T.			2					2
		O.T.								
X	FT. BLEND	R.T.		1			2			3
		O.T.								
X	BIO SOLIDS	R.T.			2					2
		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									
	SICK									
	VACATION									
	OTHER									
	TOTAL HOURS			1	4		2			7

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

EMPLOYEE SIGNATURE Brian Smith DATE 7 AUG. 09  
 SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

**TIME SHEET**

NAME: Brian Smith JOB TITLE: Project Man DATE: 14 AUG, 09

EMPLOYEE ID #: \_\_\_\_\_ PERIOD: 9 AUG, 09 TO 15 AUG, 09

PROJECT NAME / REF. NUMBER									
PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	9	10	11	12	13	14	15	
<input checked="" type="checkbox"/> TX. CHIPPED	R.T.				2.5				2.5
	O.T.								
<input checked="" type="checkbox"/> FT. BEND	R.T.		1						1
	O.T.								
<input checked="" type="checkbox"/> BIO SOLIDS	R.T.		1						1
	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.								
HOLIDAY									
SICK									
VACATION									
OTHER									
TOTAL HOURS			2		2.5				4.5

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

EMPLOYEE SIGNATURE Brian Smith DATE 14 AUG, 09

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

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



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

### TIME SHEET

NAME: Brian Smith JOB TITLE: PROJECT MAN

DATE: 21 AUG 09

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

PERIOD: 16 AUG 09 TO 22 AUG 09

**PROJECT NAME / REF. NUMBER**

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE	16	17	18	19	20	21	22	
<input checked="" type="checkbox"/> TX. CHILDREN	R.T.		2						2
	O.T.								
<input checked="" type="checkbox"/> FT. BEND	R.T.		1		2				3
	O.T.								
<input checked="" type="checkbox"/> BIO SOLIDS	R.T.				1		2		3
	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.								

HOLIDAY									
SICK									
VACATION									
OTHER									
<b>TOTAL HOURS</b>			3		3		2		8

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

EMPLOYEE SIGNATURE Brian Smith DATE 22 AUG 09  
 SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



**Project Summary- Invoice 03**

**Labor Charges**

Employee	Classification	Reg. Hours	Ovt. Hours	Billing Rate	Cost
Brian Smith	PM	10 ✓		\$100.80	\$1,008.00
			0		\$0.00
Kalvin Williams	PM	44 ✓		\$100.80	\$4,435.20
				\$0.00	
<b>Total Labor Cost</b>					<b>\$5,443.20</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>
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<b>Total Amount Due</b>	<b>\$5,443.20</b>
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**PROJECT SUMMARY**

<b>Contract Amount</b>	<b>70,000.00</b>
<b>Retainage-5%</b>	<b>(272.16)</b>
<b>Amount Due This Invoice</b>	<b>\$5,715.36</b>
<b>Amount Previously Invoiced</b>	<b>13,008.24</b>
<b>Total Invoiced To Date</b>	<b>18,723.60</b>
<b>Percent Complete</b>	<b>26.75%</b>

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