

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: **October 14, 2009**

Submitted By: **Laura Dougherty**

Court Agenda Date: **October 20, 2009**

Department: **Facilities Management & Planning**

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

SUMMARY OF ITEM:

Approve Invoice # 004 in the amount of \$4,979.52, 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

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 91038

*at long last
10-14-09*

INVOICE

Fort Bend County
Estimate for Payment
Missouri City Annex Building

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 #: 004
Invoice Date: 10/6/2009
Invoice Period: September 1, 2009 - October 3, 2009

*PO # 30944
R# 81356*

<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	\$18,748.80 ✓	\$5,241.60 ✓	\$23,990.40 ✓
Retainage=5%	\$3,500.00	(\$937.44) ✓	(\$262.08) ✓	(\$1,199.52) ✓
Reimbursables	\$5,000.00	\$0.00	\$0.00	\$0.00
Subtotal Project	\$70,000.00	\$18,748.80	\$4,979.52 ✓	
 TOTAL INVOICE	 \$70,000.00	 \$18,748.80	 \$4,979.52 ✓	

AMOUNT DUE
THIS INVOICE

\$4,979.52 ✓
20myh

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



Project Summary- Invoice 04

Labor Charges

Employee	Classification	Reg. Hours	Ovt. Hours	Billing Rate	Cost
Brian Smith	PM	12 ✓	0	\$100.80	\$1,209.60 ✓
					\$0.00
Kalvin Williams	PM	13 ✓		\$100.80	\$1,310.40 ✓
				\$0.00	
Timothy Li	PM	27		\$100.80	\$2,721.60 ✓
Total Labor Cost					\$5,241.60 ✓

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
Total Reimbursable Expenses			\$0.00

Total Amount Due	\$5,241.60
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PROJECT SUMMARY

Contract Amount	70,000.00
Retainage-5%	(262.08)
Amount Due This Invoice	\$4,979.52
Amount Previously Invoiced	18,748.80
Total Invoiced To Date	23,929.92
Percent Complete	34.19%

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

Missouri City Annex Project.
Job No.

Timonthy Li

Week Ending	Project # Reg. Hours	Project # Ovt. Hours	Total Hours	Total Miles
09/05/09			0.0	
09/12/09			0.0	
09/19/09			0.0	
09/26/09	8.0 ✓		8.0	
10/03/09	19.0 ✓		19.0	
TOTAL HOURS	27.0	0.0	27.0	
TOTAL MILES				0.0

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

Bluebonnet Apt. Project
Job #

INVOICE NO.004
Employee Labor/Mileage Summary

Brian Smith

Week Ending	Project # MC Annex Reg. Hours	Project # Ovt. Hours	Total Hours	Total Miles
09/05/09			0.0	
09/12/09	3.0		3.0	
09/19/09	3.0		3.0	
09/26/09	3.0		3.0	
10/03/09	3.0		3.0	
			0.0	
			0.0	
TOTAL HOURS	12.0 ✓	0.0	12.0	
TOTAL MILES				0.0

TIME SHEET

NAME: Bryan GuSmith

DATE: 2-25-69

EMPLOYEE ID #: _____

JOB TITLE:

PERIOD: 20 SEP through 26 SEP

PROJECT NAME

[illegible]

EMPLOYEE SIGNATURE

SUPERVISOR'S SIGNATURE

APPROVAL SIGNATURE

DATE 25 SEPT 07

DATE _____

DATE _____



Brian Smith
CONSTRUCTION
INSPECTION, INC.

TIME SHEET

PAGE: 1 of 1

NAME: BRIAN G. SMITH

DATE: 2 Oct. 09

EMPLOYEE ID #: _____

JOB TITLE: _____

PERIOD: 27 Oct. 09 through 30 Oct. 09

PROJECT NAME

PROJECT NUMBER	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTAL
TASK NUMBER / ACTIVITY CODE	DATE	27	28	29	30	1	2	3	

FT. BEND					3				3 ✓
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COT - KIRBY ST			2	1		2		1	
----------------	--	--	---	---	--	---	--	---	--

BROWN + CALDWELL			2						
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TOTAL PROJECT HOURS									
VACATION									
SICK TIME									
HOLIDAY									
STRAIGHT TIME									
OVERTIME									
TOTAL HOURS									

EMPLOYEE SIGNATURE

Brian Smith

DATE 2 Oct 09

SUPERVISOR'S SIGNATURE

DATE _____

APPROVAL SIGNATURE

DATE _____

TIME SHEET

NAME: BRIAN G. SMITH

DATE: 18 ^{SEPT} ~~19~~ 09

EMPLOYEE ID #: _____

JOB TITLE:

DATE: 16 SEP 01
PERIOD: 13 SEP through 19 SEP 01

PROJECT NAME

[illegible]

EMPLOYEE SIGNATURE

DATE 18 SEP 1969

SUPERVISOR'S SIGNATURE

DATE _____

APPROVAL SIGNATURE

DATE _____



PAGE: 1 of 1.

DATE: 11 Sept. 09

PERIOD: 6 SEPT. through 12 SEPT. 09

PROJECT NUMBER		DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTAL
TASK NUMBER / ACTIVITY CODE			DATE	6	7	8	9	10	11	

[illegible]

TOTAL HOURS

DATE _____

DATE _____

DATE _____



Brian Smith
CONSTRUCTION
INSPECTION, INC.

TIME SHEET

NAME: Kalvin J. Williams, E.I.T.

JOB TITLE: Project Manager

DATE: 9/8/2009

EMPLOYEE ID #: 1465

PERIOD: 8/31/2009 TO 9/6/2009

PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE								TOTALS
Fort Bend County	R.T.		3.0	0.0	4.0	0.0	3.0		10.0 ✓
<input checked="" type="checkbox"/> Missouri City Annex	O.T.								
City of Houston	R.T.		0.0	0.0	0.0	4.0	0.0		4.0
<input checked="" type="checkbox"/> Bellaire Braes	O.T.								
METRO	R.T.		3.0	4.0	0.0	0.0	3.0		10.0
<input checked="" type="checkbox"/> Southpoint Park and Ride	O.T.								
City of Houston	R.T.		2.0	0.0	2.0	2.0	0.0		6.0
<input checked="" type="checkbox"/> Lockwood Lift Station Rehab	O.T.								
Office	R.T.		0.0	3.0	2.0	0.0	1.0		6.0
<input checked="" type="checkbox"/> Proposal & 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									
TOTAL HOURS			8.0	7.0	8.0	6.0	7.0		36.0

REMARKS:

EMPLOYEE SIGNATURE Kalvin J. Williams

SUPERVISOR'S SIGNATURE _____

APPROVAL SIGNATURE _____

DATE 9-08-09

DATE _____

DATE _____

**Brian Smith**CONSTRUCTION
INSPECTION, INC.**TIME SHEET**NAME: Kalvin J. WilliamsJOB TITLE: Project ManagerDATE: 9/11/2009EMPLOYEE ID #: 1465PERIOD: 9/6/2009 TO 9/12/2009**PROJECT NAME / REF. NUMBER**

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE								
City of Houston	R.T.			3.0					3.0
<input checked="" type="checkbox"/> Lockwood Lift Station & F.M.	O.T.								
Fort Bend County	R.T.			3.0					3.0
<input checked="" type="checkbox"/> Missouri City Annex	O.T.								
METRO	R.T.				7.0	4.0	7.0		18.0
<input checked="" type="checkbox"/> Engineering Support	O.T.								
Office	R.T.			2.0					2.0
<input checked="" type="checkbox"/> Cameras, Truck & Files	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			0.0	8.0	7.0	4.0	7.0		26.0

REMARKS:

EMPLOYEE SIGNATURE

Kalvin J. Williams

DATE

9-11-09

SUPERVISOR'S SIGNATURE

Brian Smith

DATE

9-11-9

APPROVAL SIGNATURE

DATE

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

Missouri City Annex Project.
Job No.

INVOICE NO. 004
Employee Labor/Mileage Summary

K. Williams

Week Ending	Project # Reg. Hours	Project # Ovt. Hours	Total Hours	Total Miles
09/05/09	10.0 ✓		10.0	
09/12/09	3.0 ✓		3.0	
09/19/09			0.0	
09/26/09			0.0	
10/03/09			0.0	
TOTAL HOURS	13.0 ✓	0.0	13.0	
TOTAL MILES				0.0



PAGE: 1 of 1

PERIOD: 9/20/09 through 9/26/09

[illegible]

Brian Smith

CONSTRUCTION
INSPECTION, INC.

TIME SHEET

PAGE: 1 of 1

NAME: Timothy L1

EMPLOYEE ID #:

JOB TITLE:

DATE: 105/09

PERIOD: 9/27/09 through 10/03/09

PROJECT NAME

PROJECT NUMBER

TASK NUMBER / ACTIVITY CODE

COH Parking Meter Project

DAYS

DATE

Sun.

M

Tu

W

Th

F

Sa.

TOTALS

Fort Bend County
Missouri City Annex

9/27

9/28

9/29

9/30

10/01

10/02

10/03

6

7

6

19

Vacation

Sick

Holiday

ASCI

8

2

1

2

13

TOTAL HOURS

TRAIGHT TIME

VERTIME

8

8

8

8

32

32

0

EMPLOYEE SIGNATURE

APPROVAL SIGNATURE

DATE 10/05/09

DATE