Inter-Local Application For Tuberculosis Prevention and Control for FY 2014 State Funds

http://www.dshs.state.tx.us/idcu/disease/tb

TB Services Branch

1100 W. 49th Street
P. O. Box 149347, MS 1990
Austin, Texas 78714

David L. Lakey, M.D.
Commissioner

Department of State Health Services
Form A Face Page – Tuberculosis (TB) Funding

RESPONDENT INFORMATION

1) **LEGAL BUSINESS NAME:** Fort Bend County Clinical Health Services

2) **MAILING Address Information** (include mailing address, street, city, county, state and 9-digit zip code): **Check if address change** ☐

4520 Reading Rd., Ste. A-200 Rosenberg, TX. 77471

3) **PAYEE Name and Mailing Address, including 9-digit zip code** (if different from above): **Check if address change** ☐

Fort Bend County Auditor 301 Jackson St., Ste 533 Richmond, TX. 77469

4) **DUNS Number (9-digit) required if receiving federal funds:** 081497075

5) **Federal Tax ID No.** (9-digit), **State of Texas Comptroller Vendor ID Number** (14-digit) or **Social Security Number** (9-digit): 746001969

The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.

6) **TYPE OF ENTITY** (check all that apply):

- ☐ City
- ☒ County
- ☐ Other Political Subdivision
- ☐ State Agency
- ☐ Indian Tribe
- ☐ Nonprofit Organization*
- ☐ For Profit Organization*
- ☐ HUB Certified
- ☐ Community-Based Organization
- ☐ Minority Organization
- ☐ Faith Based (Nonprofit Org)
- ☐ Individual
- ☐ Federally Qualified Health Centers
- ☐ State Controlled Institution of Higher Learning
- ☐ Hospital
- ☐ Private
- ☐ Other (specify): _____

If incorporated, provide 10-digit charter number assigned by Secretary of State:

7) **PROPOSED BUDGET PERIOD:** **Start Date:** 09/01/2013 **End Date:** 08/31/2014

8) **COUNTIES SERVED BY PROJECT:**

Fort Bend County

9) **AMOUNT OF FUNDING REQUESTED:** 149,330

10) **PROJECTED EXPENDITURES**

Does respondent's projected federal expenditures exceed $500,000, or its projected state expenditures exceed $500,000, for respondent's current fiscal year (excluding amount requested in line 9 above)? **

Yes ☒ No ☐

***Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.*

11) **PROJECT CONTACT PERSON**

Name: Nancy Drake, R.N.
Phone: 281-238-3548
Fax: 281-342-7371
Email: NancyDrake@fortbendcountytx.gov

12) **FINANCIAL OFFICER**

Name: Robert Sturdivant
Phone: 281-344-3760
Fax: 281-341-3774
Email: RobertSturdivant@fortbendcountytx.gov

The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **APPENDIX B: DSHS Assurances and Certifications**. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.

13) **AUTHORIZED REPRESENTATIVE** **Check if change** ☐

Name: Robert E. Hebert
Title: County Judge
Phone: 281-341-8608
Fax: 281-341-8609
Email: RobertHebert@fortbendcountytx.gov

14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** Robert Hebert

15) **DATE** July 1, 2013

TEXAS
Department of
State Health Services

Inter-Local Application for Tuberculosis Prevention and Control for FY 2014 Federal Funds

http://www.dshs.state.tx.us/idcu/disease/tb

TB Services Branch
1100 W. 49th Street
Austin, Texas 78756-3199

David L. Lakey, M.D. Commissioner

Department of State Health Services
Form A Face Page – Tuberculosis (TB) Funding

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2) **MAILING Address Information** (include mailing address, street, city, county, state and 9-digit zip code): **Check if address change** ☐
4520 Reading Rd., Ste. 200, Rosenberg, TX 77471

3) **PAYEE Name and Mailing Address, including 9-digit zip code** (if different from above): **Check if address change** ☐
Fort Bend County Auditor
301 Jackson St., Ste. 533, Richmond, TX 77469

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- ☐ City
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- ☐ Federally Qualified Health Centers
- ☐ State Controlled Institution of Higher Learning
- ☐ Hospital
- ☐ Private
- ☐ Other (specify): _____

If incorporated, provide 10-digit charter number assigned by Secretary of State:

7) **PROPOSED BUDGET PERIOD:** **Start Date:** 09/01/2013 **End Date:** 08/31/2014

8) **COUNTIES SERVED BY PROJECT:**
Fort Bend County Clinical Health Services

9) **AMOUNT OF FUNDING REQUESTED:** $71,599

10) **PROJECTED EXPENDITURES**

Does respondent's projected federal expenditures exceed $500,000, or its projected state expenditures exceed $500,000, for respondent's current fiscal year (excluding amount requested in line 9 above)? **

Yes ☒ No ☐

***Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.*

11) **PROJECT CONTACT PERSON**

Name: Nancy Drake, RN
Phone: 281-238-3548
Fax: 281-342-7371
Email: Nancy.drake@fortbendcountytx.gov

12) **FINANCIAL OFFICER**

Name: Robert E. Sturdivant
Phone: 281-344-3760
Fax: 281-341-3774
Email: Robert.sturdivant@fortbendcountytx.gov

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Name: Robert E. Hebert
Title: County Judge
Phone: 281-341-8608
Fax: 281-341-8609
Email: Ann.werlein@fortbendcountytx.gov

14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** Robert Hebert

15) **DATE** July 1, 2013