

July 14, 2014

Asst Chief Sharon Arnold Fort Bend County Constable Pct #2 303 Texas Parkway, Suite 124 Missouri City, TX 77459

Dear Asst Chief Arnold,

Congratulations! On behalf of our funding agency, the Texas Department of State Health Services, Tobacco Prevention and Control Branch Tobacco Enforcement Program, we are happy to inform you that your application for funding to conduct controlled buy/stings and follow-ups involving the use of minors in accordance with Subchapter H, Chapter 161, Texas Health and Safety Code has been approved as follows:

Amount of Contract:

\$6,525.00

Services Procured:

87 Controlled Buy/Stings and Follow-ups

Refer to zip code list on page 2

Jurisdiction Coverage:

24% of the tobacco permitted outlets

Contract Period:

September 1, 2014 to August 31, 2015

Multiple agencies in <u>Fort Bend</u> County have been approved for funding to conduct tobacco enforcement activities. Each agency's work area has been identified by zip codes. This will prevent duplication of enforcement activities in overlapping jurisdictions, and will maximize overall tobacco enforcement efforts.

An Interlocal Cooperation Contract for services procured is being prepared and will be mailed to your agency. Information regarding the scope of work and contract compliance will be submitted with the contract for services. Texas School Safety Center at Texas State University will be the contract administrator for your contract.

Your participation in this program through enforcement efforts will ensure retailer compliance of tobacco sales to minors. This effort is critical not only to maintaining compliance with federal regulations, but, more importantly, you will directly impact the health and safety of all young citizens in your community.

For questions regarding this notification, contact Chad L. Nolte or Alexia Cox, Contract Specialists for this program. Chad's email is CN1082@txstate.edu and his direct office line is 512-245-9665. Alexia's email is AC45@txstate.edu and her direct line is 512-245-7230.

We look forward to working with you!

Sincerely,

Florence C. Raymond Program Manager

Tobacco Prevention and Community Services

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A member of The Texas State University System

Application for Tobacco Enforcement Funding **Funding Period:**

September 1, 2014 to August 31, 2015

Eligible applicants include:

- Municipal Police Departments
- County Sheriff's Departments/Offices
- County Constable's Offices

Applications due by 5pm Friday, May 30, 2014



Tobacco Enforcement Contract Application for Local Law Enforcement Agencies

Please indicate if you are:	Municipal Chief o	f Police	
Fiscal Year 2015 September 1, 2014 through August 31, 2015			
Name of Applicant Organization	Federal Employer Identification Number (FEIN)		
Fort Bend County Constable Predinct 2 Authorized Representative First Name Authorized Representative Last Name	Authorized Representative Middle Initial Authorized Representative Title		
SHARDN ATNOID	E	Asst. Chie	F
Mailing address City 303 Texas Parkway Suite 124 Missons County ZIP code	iri City	Texas	
Fort Bend		9	
Phone (Area code and number) (2,8,1) 4,0,3,-8,0,1,9	FAX number (Area code and number) (2 8 1	4.038.0.	27
E-mail address			
SEA-2001 @ 14+4. WET			
Agency official with authority to negotiate contract terms: Contact Information (if different from above) Name Name	E As ABove	Title	
Тапо		THE	
Address	City	State 2	ZIP code
Phone FAX	E	-mail	
What is the approximate number of tobacco permitted retail outlets in your	r jurisdiction?		361
Select the appropriate funding option: (refer to application information)		Option A	Option B
Indicate the percentage of tobacco permitted retail outlets in your jurisdictic Controlled Buy/Stings during FY15			100 %
Please Answer Items 4 - 6 on a separate sheet of paper and attach to thi	s application form.		
 Provide a list of ZIP codes included in your full jurisdictional boundaries - (the percentage that is in your jurisdiction.) 77489, 71053, 715 11479 	Note: If a ZIP code is not wholly in 45, 77459, 77477, 7	ncluded within that boundary 7083, 77407, 7	ary, please estimate
 Provide a list of agencies with whom your agency has an existing Interage informal) that may restrict your agency's ability to provide full enforcement Office or Constable's Office that does not enforce laws within the corporate 	capabilities within jurisdictional bo	oundaries - (Example: A S	Sheriff's
7. Explain your agency's plan to implement this contract and how it will supple CONDUCT INSPECTIONS AND CONTROL B	ort and enforce Health and Safety	Code, Chapter 161.082.	ASSOCIATED
WITH TO BACCO LAWS AND VIOLATIONS	BY MINORS.		
Certification Section: To the best of my knowledge, information. The document has been duly authorized by the applicant.	n in this application and any	attachments is true a	and correct.
Typed name and title			
Ruben Davis Constable			
sign Ruby Parus		5-12-14	
1			