

Texas Department of Public Safety  
TEXAS HOMELAND SECURITY - STATE ADMINISTRATIVE AGENCY


**2015 ELIGIBILITY CERTIFICATION FORM**

**2015**

\* This submission is new.

\* **Type of Organization**  
County

\* **Region** [See Map](#)  
16 - Houston-Galveston Area Council - H-GAC

\* **County**   
Fort Bend County



\* **Name of Jurisdiction/ Organization:**  
Fort Bend County

Please follow these formatting examples for jurisdictions

Counties:  
Tejas County

City / Town / Village: (Name First)  
Mockingbird, City of  
Travis, Village of  
Harris, Town of

COG / Region:  
Big Texas Council of Governments

\* **Zip Code (Principle Administration Location)**   \* **DUNS Number:** 

Every Sub-recipient must have a DUNS number and active registration in SAM prior to submitting an application for Federal funding. Sub-recipients may verify if they have a DUNS number and/or may obtain a DUNS number via <http://fedgov.dnb.com/webform/index.jsp> or by calling (866) 705-5711. To ensure your SAM registration will be active at the time of award, please review and update your registration if needed ([www.sam.gov](http://www.sam.gov)). Sub-recipients are required to keep their SAM registration current, accurate, and complete throughout the grant performance period (2 CFR 25). Additional information regarding this item can be found in the [Instructions Document](#) under item V.

\* Indicates Response Required



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Progress: 11% Complete

This question is about **you**, the person submitting the information at this moment, through this web page.

**\* Please describe your role for the Subgrantee.**

I'm the Authorized/Elected Official or Chief Financial Officer

I'm someone else

\* Indicates Response Required



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Progress: 22% Complete

Authorized Official

As part of a verification, a **correct** email address for the Authorized official is required. Upon successful submission, a confirmation email will be sent to the Authorized official, who **MUST APPROVE** this eligibility form submission.

This replaces the signature page from past eligibility processes.

EMCs, EMS, Fire, Police, and Sheriff personnel **ARE NOT Authorized Officials**. Only **Chief elected official, chief executive** and/or **chief financial officers** may be listed.

\* Authorized Official Title

Judge ▼

\* Authorized Official First Name

Robert

\* Authorized Official Last Name

Hebert

\* Authorized Official Email Address

jenetha.jones@fortbendcounty

\* Phone Number ?

281-341-8608

\* Re-Confirm Email

jenetha.jones@fortbendcounty

**NOTE:** It's important to provide valid contact information for the authorized official. If you are a designee for the Authorized Official, you must indicate this in the next screen. You can then provide contact details to ensure the SAA can communicate with you if follow-up is necessary. Authorized Officials may also elect to provide information for their designee.

\* Indicates Response Required

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Progress: 33% Complete

Submitter / Point-of-Contact Information:

Upon submission of this form a confirmation copy will be forwarded to the authorized official and region. The SAA will contact the submitter first if there are any follow-up questions.

**\* What best defines the Submitter / Point-of-Contact role?**

Other Role

**\* First Name**

Robert

**\* Last Name**

Stone

**\* Title**

Planning Coordinator

**\* Organization:**

Fort Bend County Office of Emergency Management

**\* POC Email Address**

robert.stone@fortbendcountytx

**\* Phone Number** 

281-238-3412

**\* Confirm Email Address**

robert.stone@fortbendcountytx

\* Indicates Response Required



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Progress: 44% Complete

### I. National Incident Management System (NIMS)

**\* NIMS:**

Please certify to one of the NIMS statements below.

**A) My jurisdiction has adopted and implemented NIMS and is compliant with all NIMS objectives issued to date (FY2005-FY2009). [Reference: NIMS Implementation Chart](#)**

**B) My jurisdiction has adopted and implemented NIMS, BUT is not fully compliant with all NIMS implementation objectives. [?](#)**

- a) Is Compliant
- b) Is Not Fully Compliant

Please review the [FY 2014 Texas NIMS Implementation Reporting Tool](#) information page for additional guidance on this requirement.

If you have not submitted a 2014 NIMS report, you must [complete this step](#) to be eligible.

If you have additional questions, please contact your COG.

### II. EMERGENCY MANAGEMENT PLANS (INTERMEDIATE LEVEL)

**\* Emergency Management Plans: Please certify to one of the following statements.**

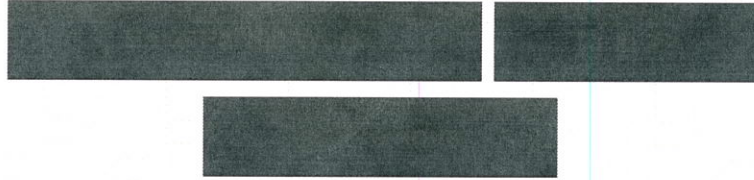
**A. My jurisdiction has its own emergency management plan that currently meets the state preparedness standards at the Intermediate Level on file with the Texas Division of Emergency Management (TDEM).**

**B. My jurisdiction is a legally established member of an inter-jurisdictional emergency management program that has a plan that currently meets the state preparedness standards at the Intermediate Level on file with TDEM.**

**C. My jurisdiction/organization is not a city or county and is not required by Texas law to have an emergency management plan, e.g., COG or nonprofit organization.** 

- a) Has Plan That Meets Requirements
- b) Member of Plan That Meets Requirements
- c) Not Required

\* Indicates Response Required



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Progress: 56% Complete

**III.  OMB CIRCULAR A-133 SINGLE AUDIT**

**\* A-133 Reporting: My jurisdiction's/organization's fiscal year (FY) end for 2014 was (check one):**

- a) August 31, 2014 (Reporting Package is due 30 days after completion or May 31, 2014, whichever is sooner)**
- b) September 30, 2014 (Reporting Package is due 30 days after completion or June 30, 2014, whichever is sooner)**
- c) December 31, 2014 (Reporting Package is due 30 days after completion or September 30, 2014, whichever is sooner)**

**d) Other**

- a) August 31, 2014
- b) September 30, 2014
- c) December 31, 2014
- d) Other

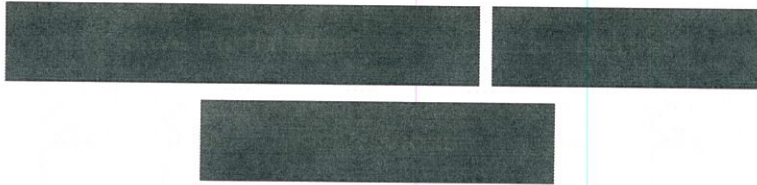
*A-133 AUDIT STATEMENT*

**\* A-133: Please certify to one of the A-133 Audit Statement below:**

**a) I certify my jurisdiction/organization did not expend over \$500,000 in Federal or State funding during FY2014 so no A-133 audit was necessary or obtained.**

**b)  I certify my jurisdiction/organization expended over \$500,000 in Federal or State funding in FY 2013 and that the required reporting package has been/will be provided 1) to the Texas Department of Public Safety (TXDPS) and 2) to the Federal Clearinghouse.**

a) Did not expend over \$500,000  b) Did expend over \$500,000



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Progress: 67% Complete

**V. FFATA, DUNS, and CCR**

**FFATA Certification**

**Certification of Recipient Highly Compensated Officers** – the Federal Funding Accountability and Transparency Act (FFATA) requires Prime Recipients (THSSAA) to report the names and total compensation of each of the five most highly compensated officers (a.k.a. positions) of each subrecipient organization for the most recently completed fiscal years preceding the year in which the grant is awarded if the subrecipient answers **YES** to the **FIRST** statement but **NO** to the **SECOND** statement listed below:

**\* In the subrecipient’s preceding completed fiscal year, did the subrecipient receive: (1) 80 percent or more of its annual gross revenue from Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements; AND (2) \$25,000,000 or more in annual gross revenue from Federal contracts (and subcontracts), loans, grants (and subgrants) and cooperative agreements?**

Yes  No

**\* Does the public have access to information about the compensation of the senior executives through periodic reports filed under Section 13(a) or 15 (d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or Section 6104 of the Internal Revenue Code of 1986?**

Yes  No

**\* DUNS, & CCR: I certify my jurisdiction/organization has entered all required information, into the System for Award Management (SAM) and has an active registration status with no "Active Exclusion Records".**

**Reference: SAM.gov**

Yes

I cannot certify to this statement

**VI. CRIMINAL HISTORY DISPOSITION REPORTING  
(If Applicable)**

**\* CRIMINAL HISTORY DISPOSITION REPORTING:**

**Current Report listed:** [2015 HSGP Security Grant Information Page](#)

**For grant year 2015 federal funds, the criminal history reporting eligibility requirement will be applied to all SHSP sub-recipients. Only entities within a county that have met the 90% completeness rates by August 1, 2015 will be eligible for these THSSAA awards issued on or after September 1, 2015. This section DOES NOT APPLY to NSGP, OPSG, or UASI applicants.**

**Please select to certify to one of the criminal history disposition reporting statements:**

**a) My County has documented a 90% average disposition completeness rate for adult arrests and a 90% average disposition completeness rate for juvenile arrests under calendar years 2009-2013 as required by Chapter 60, Texas Code of Criminal Procedure.**

**b) My County DOES NOT currently have a documented 90% average disposition completeness rate for adult arrests and a 90% average disposition completeness rate for juvenile arrests under calendar years 2009-2013, but my County intends to attain the required averages by August 1, 2015. I understand that sub-recipients within the County will not be Eligible for 2015 SHSP funds if the required averages are not achieved by the August 1, 2015 deadline.**

- a) 90% or above
- b) Below 90%, intends to attain by 8/1/2015
- c) COG Region
- d) Tribal Nation