



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

KIRK S. COLE
INTERIM COMMISSIONER

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

Date: June 8, 2015

LHD: Fort Bend County Health Department

Attention: Kaye Reynolds

Address: 4520 Reading Road, Rosenberg, TX 77471

Subject: Letter of Intent: Infectious Disease Preparedness and Response Funding for Fiscal Years 2016-2017.
Response Requested by June 22, 2015

Dear Kaye Reynolds,

The Emerging and Acute Infectious Disease Branch (Branch) of the Department of State Health Services (DSHS) announces the availability of funding to enhance epidemiological capacity in infectious disease preparedness and response. The next funding cycle is effective September 1, 2015. The Branch estimates that 20 local health departments will receive such funding, contingent on final awards received from the 84th Legislative Session in the wake of the Ebola response in Texas. The maximum award per health department will be \$100,000 per year/\$200,000 over the biennium to be spent on personnel, fringe, equipment, supplies, training, travel, indirect costs not to exceed 15% associated with infectious disease preparedness and response. This funding opportunity is a separate from any other existing epidemiological capacity contracts in place with DSHS.

If you are interested in receiving funding, you are requested to review and sign this letter of intent and submit the attached packet with a proposed budget of expenditures for FY16 and FY17. By signing this Letter of Intent, Fort Bend County Local Health Department (LHD) acknowledges its interest to provide infectious disease preparedness and response within its service area for fiscal years 2016-2017 and further agrees to meet the following eligibility criteria:

1. Retain an Epidemiologist primarily dedicated to infectious disease preparedness and outbreak response activities. The Epidemiologist must have qualifications in epidemiology and public health infection surveillance, preferably with a Masters of Public Health (MPH) degree or at least two years working experience as an Epidemiologist to perform and track the following deliverables;
 - a. Complete all pertinent case investigation procedures, with at least seventy-five percent (75%) completed within five (5) business days of initial report. DSHS appropriate/focused questionnaire investigation forms to be used are located at <http://www.dshs.state.tx.us/idcu/investigation/>;
 - b. Enter all pertinent case investigation data correctly and completely in the National Electronic Disease Surveillance System (NEDSS) within five (5) business days of completion of investigation of each case interview;
 - c. Coordinate with hospitals and clinics within their jurisdiction to have at least ninety percent (90%) of laboratory specimens in Texas Administrative Code RULE §97.3 and/or those related to outbreak investigations sent to the Laboratory Services Section, Texas Department of State Health Services, Austin, Texas or other public health laboratory as designated by DSHS;
 - d. Submit completed interviews related to outbreak investigations to DSHS through a secure electronic

method to the designated EAID Epidemiologist or to fax number (512) 776-7616 no later than twenty-four (24) hours after completion of interview; and

- e. Assure and monitor the confidential treatment and transfer of confidential data provided by DSHS and confidential data provided to DSHS.

Contracts will be awarded based on demonstrated need within the following criteria:

- Number of travelers monitored from Ebola countries of concern;
- Burden of infectious disease within the jurisdiction, based on 2014 NEDSS data;
- Current epidemiological capacity within the jurisdiction;
- Previous performance on DSHS-funded contracts.

By electronic signature below, I am acknowledging that Fort Bend County LHD meets the requirements for funding for the provision of infectious disease preparedness and response in the State of Texas.

 Robert E. Hebert

Printed Name: Robert E. Hebert

Title of Signatory: County Judge

Date: 6-17-15

Janna Zumbrun, MSSW
Assistant Commissioner
Division for Disease Control and Prevention Services
Texas Department of State Health Services
PO Box 149347
Austin, Texas 78714-9347
Phone: 512-776-2406
Fax: 512-776-7229

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$99,528	\$99,528	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$46,271	\$46,271	\$0	\$0	\$0	\$0
C. Travel	\$28,240	\$28,240	\$0	\$0	\$0	\$0
D. Equipment	\$999	\$999	\$0	\$0	\$0	\$0
E. Supplies	\$23,162	\$23,162	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$1,800	\$1,800	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$200,000	\$200,000	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$200,000	\$200,000	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$0	\$0				

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Personnel	\$99,528	\$99,528	Fringe Benefits	\$46,271	\$46,271
Travel	\$28,240	\$28,240	Equipment	\$999	\$999
Supplies	\$23,162	\$23,162	Contractual	\$0	\$0
Other	\$1,800	\$1,800	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$200,000	Budget Total	\$200,000
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*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Conference / Workshop Travel Costs		Justification	Location City/State	Number of: Days/Employees	Travel Costs	
Description of Conference/Workshop						
INFORM 2015 / Integrated Foodborne Outbreak Response and Management Conference	This seminar is attended by Multi-State local Health Departments. Epidemiologist will adquire strengths in surveillance and outbreak investigations.	Phonenix, Arizona	5 / 1	Mileage Airfare Meals Lodging Other Costs Total	\$420 \$240 \$420 \$1,080	
				Mileage Airfare Meals Lodging Other Costs Total	 \$0	
				Mileage Airfare Meals Lodging Other Costs Total	 \$0	
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0	

Total for Conference / Workshop Travel

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
travel to hospitals, doctors' offices and potentially patient homes for data gathering and specimen collection.	48500	\$0.560	\$27,160		\$27,160
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel

Other / Local Travel Costs:

Conference / Workshop Travel Costs:

Total Travel Costs:

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable. Provide a justification for each supply item. Cost: each general type (e.g., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification
2 - Dell 20 Monitor - P2014H (320-9798)	Dual Computer Monitor
E-Port, 130W Simple Port Replicator	Port for Laptop
Dell 331-3761 USB Mouse	Dell 331-3761 USB Mouse and 104 Key Keyboard
HP Officejet Pro 8610 e-All-in-One Printer	HP Officejet Pro 8610 e-All-in-One Printer, Scanner, Copier, Fax
Desk	Realspace® Magellan Performance Collection L Desk, 30"H x 70 9/10"W x 23 1/5
Bookcase	Realspace® Magellan Performance Collection 5-Shelf Bookcase With Doors, 72"H x 30 1/2"W
Chair	Office Chair
Lateral File	File cabinet for securing file
Samsung Galaxy Phone	Communication between local health department, hospitals etc.
General Office Supplies	ongoing office supplies such as pens, paper, ink toner etc.
	TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS

Total Amount Requested for Supplies:

s may be categorized by

Total Cost
\$269
\$127
\$59
\$196
\$270
\$112
\$240
\$240
\$99
\$21,550
\$0
\$0
\$0
\$0
\$0
\$0
\$0

\$23,162

