



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

JOHN HELLERSTEDT, M.D.
COMMISSIONER

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

May 6, 2016

Fort Bend County Health & Human Services Department

RE: Contract for Fiscal Year 2017

Dear Ms. Reynolds,

The Texas Department of State Health Services, Tuberculosis (TB) Services Branch, is initiating the contract process for fiscal year (FY) 2017. The Inter-Local Application will be distributed at a later date.

The contract period for the FY17 TB/Federal Contract is 01/01/16-12/31/17 because we are now considering this term to be an amendment to extend through December 31, 2017.

The allocation for 01/01/17-12/31/17 is \$99,186.00. Contractor shall provide a match of no less than 20% of the DSHS share of the budget which is \$19,837.00. The due date for submission of the Budget to DSHS is May 11, 2016. Please submit via email to Kathy Sharp at the email address noted below. The contract expenditures will be closely scrutinized and expenses not considered absolutely essential for delivery of direct client services may be eliminated or reduced.

In the event that the Texas Department of State Health Services (DSHS) is informed of state increases or decreases to funding amounts, or other unforeseen internal budgetary shortfalls, DSHS may find it necessary to amend funding allocations to its contractors.

If you have any questions or need additional information, please contact Kathy Sharp, Contract Manager, Disease Control and Prevention Services, Contract Management Unit at (512) 776-2640 or by e-mail at kathy.sharp@dshs.state.tx.us

Sincerely,

Kathy Sharp, Contract Manager
Division for Disease Control and Prevention Services
Contract Management Unit

Attachment

cc: Sandra A. Morris, M.P.H., Manager, Tuberculosis and Refugee Health Services Branch
Peggy Wittie, PhD, MAG, Manager, Tuberculosis and Hansen's Disease Group
Cynthia Lewis, Program Specialist, Tuberculosis and Refugee Health Services Branch
Pamela Mineba, Unit Resource Lead, Tuberculosis and Refugee Health Services Branch

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

RESPONDENT INFORMATION

1) LEGAL BUSINESS NAME: Fort Bend County

2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): 4520 Reading Road, Suite A-200 Rosenberg, Texas 77471 Check if address change

3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Fort Bend County Auditor-301 Jackson Street, Suite 701 –Richmond, Texas 77469 Check if address change

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):

<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual
<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> Federally Qualified Health Centers
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private
	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____

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

7) PROPOSED BUDGET PERIOD: Start Date: 01/01/2017 End Date: 12/31/2017

8) COUNTIES SERVED BY PROJECT: Fort Bend County

9) AMOUNT OF FUNDING REQUESTED: \$ 99,186.00

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

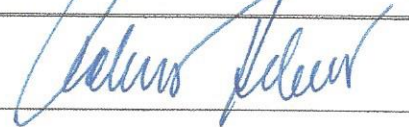
***Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.*

11) PROJECT CONTACT PERSON
Name: Kaye Reynolds, DrPH
Phone: 281-238-3519
Fax: 281-342-7371
Email: Kaye.Reynolds@fortbendcountytx.gov

12) FINANCIAL OFFICER
Name: Ed Sturdivant
Phone: 281-341-3760
Fax: 281-341-3374
Email: Ed.Sturdivant@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
Signature:
Name: Robert Hebert
Title: County Judge
Phone: 281-341-8608
Fax: 281-341-6809
Email: 281-341-6809


May 10, 2016

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
DOT/DOPT TB suspects, cases, TBII's on 3HP therapy and high risk TBII's of failure to take meds. Contact Investigation of suspects and cases in Fort Bend County; travel to local meetings.	16000	\$0.540	\$0		\$8,640
			\$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: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent: Fort Bend County Clinical Health Services

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (in Kind) (5)	Other Funds (6)
A. Personnel	\$42,064	\$42,064			\$0	
B. Fringe Benefits	\$21,690	\$21,690			\$0	
C. Travel	\$8,640	\$8,640			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$0	\$0			\$0	
F. Contractual	\$46,629	\$26,792			\$19,837	
G. Other	\$0	\$0			\$0	
H. Total Direct Costs	\$119,023	\$99,186	\$0	\$0	\$19,837	\$0
I. Indirect Costs	\$0	\$0			\$0	
J. Total (Sum of H and I)	\$119,023	\$99,186	\$0	\$0	\$19,837	\$0
K. Program Income - Projected Earnings	\$0	\$0	\$0	\$0	\$0	\$0

NOTE: The "Total Budget" amount for each Budget Category will have to be populated among the funding sources. Enter amounts in whole dollars for (3), (4), & (6), if applicable. 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	\$42,064	\$42,064	Fringe Benefits	\$21,690	\$21,690
Travel	\$8,640	\$8,640	Equipment	\$0	\$0
Supplies	\$0	\$0	Contractual	\$46,629	\$46,629
Other	\$0	\$0	Indirect Costs	\$0	\$0

TOTAL FOR: Distribution Totals **\$119,023** Budget Total **\$119,023**

*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.

Contractors as "To Be

TOTAL
\$5,625
\$1,875
\$812
\$200
\$80
\$18,200
\$0
\$0
\$0
\$0
\$26,792