

FY2017 Tobacco Enforcement Program
Contract Period: September 1, 2016 to August 31, 2017

Agency Name **Fort Bend County Sheriff's Office**

TRANSMITTAL FORM CHECKLIST

- Transmittal Form Checklist
- Signed Interlocal Cooperation Contract with Exhibits A, B, and C
- Completed Contractor Information Form
- Completed Vendor Maintenance Form/W9 Not Applicable
- Completed Contractor's Program Work Plan
- Training Registration Form(s) for Appropriate Staff

Submission Instructions

Place the Transmittal Form Checklist on top of the contract documents listed above and submit to:

Email: TEPtobacco@txstate.edu

The Texas School Safety Center
Tobacco Prevention and Enforcement
Attention: Tobacco Enforcement Program
415 N. Guadalupe, PMB 164
San Marcos, Texas 78666

Submission due date: **August 31, 2016.**

TEXAS  STATE
TEXAS SCHOOL SAFETY CENTER®
A member of The Texas State University System

August 9, 2016

Judge Robert Herbert
Fort Bend County Sheriff's Office
401 Jackson Street
Richmond, TX 77469

Dear Honorable Judge Herbert,

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:	\$28,350.00
Services Procured:	378 Controlled Buy/Stings and Follow-ups <u>Refer to zip code list on Page 2</u>
E-cigarette Attempts:	Of the 378 Controlled Buy/Stings, 57 must be an E-cigarette attempt
Jurisdiction Coverage:	81% of the tobacco permitted outlets
Contract Period:	September 1, 2016 to August 31, 2017

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 E-cigarette and tobacco product sales to minors. This effort is critical not only to maintaining compliance with state and 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 & Enforcement

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A member of The Texas State University System

The following zip codes are where Fort Bend County Sheriff's Office is permitted to conduct Controlled Buy/Stings:

77064
77082
77083
77085
77099
77407
77417
77435
77444
77451
77461
77464
77469
77471
77476
77477
77478
77479
77489
77493
77498
77583

INTERLOCAL COOPERATION CONTRACT

THE STATE OF TEXAS
COUNTY OF HAYS

This Interlocal Cooperation Contract (this "Contract") is entered into by and between the Contracting Parties shown below pursuant to authority granted in and in compliance with the *Interlocal Cooperation Act, Chapter 791, Texas Government Code*.

I. Contracting Parties

The Receiving Party: **Texas State University ("Texas State")** an institution of higher education and agency of the State of Texas.

*Texas School Safety Center
Florence C. Raymond
415 N. Guadalupe, PMB 164
San Marcos, Texas 78666
877-304-2727*

The Performing Party: **Fort Bend County by and through the Fort Bend County Sheriff's Office** a local government of the State of Texas

*Judge Robert Herbert
401 Jackson Street
Richmond, TX 77469*

II. Statement of Services to be Performed

Performing Party will perform the following service(s):

Conduct **378** controlled buy/stings and follow-ups of tobacco permitted retail outlets and sales and use tax permitted e-cigarette retail outlets using minors as decoys, to determine compliance with applicable laws in accordance with *Texas Health and Safety Code §161.082 – Sale of cigarettes, e-cigarettes, or tobacco products to persons younger than 18 years of age prohibited: Proof of age required*. Work shall be performed following the details outlined in attached **Exhibit A – Scope of Work**, and **Exhibit B – Performance Measures**.

III. Basis for Calculating Reimbursable Costs

Performing Party shall be paid \$75.00 for each correct and completed controlled buy/sting and follow-up reported on the Texas Department of State Health Services (DSHS) Cigarette, E-cigarette, and Tobacco Controlled Buy/Sting Report form (**for a maximum of 378 Controlled Buy/Stings and Follow-ups x \$75.00 each for a total of \$28,350.00**). Payment will be based on the receipt and approval of an invoice for services following the details outlined in attached **Exhibit C – Payment for Services**.

IV. Contract Amount

The total amount of this Contract shall not exceed TWENTY-EIGHT THOUSAND THREE HUNDRED FIFTY DOLLARS AND NO/100 CENTS (\$28,350.00). This is the maximum amount collectable under the Contract as written.

V. Payment of Services

Receiving Party will remit payments to Performing Party for services satisfactorily performed under this Contract in accordance with the *Texas Prompt Payment Act, Chapter 2251, Texas Government Code*.

Payments made under this Contract will (1) fairly compensate Performing Party for the services performed under this Contract, and (2) be made from current revenues available to Receiving Party in the form of a contract from the Department of State Health Services to fund local law enforcement agencies to enforce *Texas Health and Safety Code §161.082 – Sale of cigarettes, e-cigarettes, or tobacco products to persons younger than 18 years of age prohibited: Proof of age required*.

VI. Warranties

Receiving Party warrants that (1) the services are necessary and authorized for activities that are properly within its statutory functions and programs; (2) it has the authority to contract for the services under authority granted in *Texas Government Code 403.105 – Permanent Fund for Health and Tobacco Education and Enforcement*; (3) it has all necessary power and has received all necessary approvals to execute and deliver this Contract; and (4) the representative signing this Contract on its behalf is authorized by its governing body to sign this Contract.

Performing Party warrants that (1) it has authority to perform the services under authority granted in *Chapter 161.088, Texas Health and Safety Code and Chapter 791, Texas Government Code*; (2) it has all necessary power and has received all necessary approvals to execute and deliver this Contract; and (3) the representative signing this Contract on its behalf is authorized by its governing body to sign this Contract.

VII. Term of the Contract

This Agreement is effective **September 1, 2016** and shall terminate on **August 31, 2017**.

VIII. Termination

In the event of a material failure by a Performing Party to perform its duties and obligations in accordance with the terms of this Contract, the other party may terminate this Contract upon **30 days'** advance written notice of termination setting forth the nature of the material failure; provided that, the material failure is through no fault of the terminating party. The termination will not be effective if the material failure is fully cured prior to the end of the **30-day** period.

Executed effective as of the Effective Date by the following duly authorized representatives of the Contracting Parties:

Performing Party
Fort Bend County

Receiving Party
Texas State University

By _____

Name Robert Hebert

Title County Judge

Date _____

By 

Name Troy Nehls

Title Sheriff

Date _____

By _____

Name _____

Title _____

Date _____

By _____

Name _____

Title _____

Date _____

Attest:

Laura Richard, County Clerk

EXHIBIT A SCOPE OF WORK

The Performing Party shall diligently render the following performance:

Contract funds shall be used to support the enforcement activities and additional programs requirements outlined below. The Performing Party shall meet the assigned Performance Measures assigned in Exhibit B.

1. Enforcement Activities

The Performing Party shall:

- a. Conduct Controlled Buy/Stings and Follow-ups of tobacco permitted retail outlets and sales and use tax permitted e-cigarette retail outlets using minors as decoys, to determine compliance with applicable laws in accordance with *Texas Health and Safety Code §161.082 – Sale of cigarettes, e-cigarettes, or tobacco products to persons younger than 18 years of age prohibited: Proof of age required*. Refer to **Exhibit B Schedule – Performance Measures**, for the number of controlled buy/stings to be conducted.
- b. Conduct controlled buy/stings and follow-ups in target areas to include high retail density, low socio economic, high risk areas, and local perspective of pervious sales to minors and/or complaints received.
- c. Record the results of the controlled buy/stings conducted using the Texas Department of State Health Services (DSHS) Cigarette, E-cigarette, and Tobacco Controlled Buy/Sting Report form provided by the Texas School Safety Center at Texas State University.
- d. Use non-smoking male and female minors ages 14 –16 in accordance with *Texas Health and Safety Code, Chapter 161.088 – Enforcement; Announced Inspections*.
- e. Use the State Comptroller of Public Accounts most recent Tobacco Permitted Retail Outlet List and Sale and Use Tax Outlet List of e-cigarette retail outlets for the controlled buy/stings to obtain retail outlet name, address, and tobacco permit numbers.
- f. Conduct follow-up controlled buy/stings of retail outlets found to be in violation of the sale of cigarettes, e-cigarettes, or tobacco products to minors. Reasons for follow-up may include: 1) repeated violations, 2) knowledge of historical perspective of previous sales to minors, and /or 3) complaints received where a follow-up is needed. Follow-up controlled buy/stings shall be conducted within two to ten (2-10) days of original controlled buy/sting.
- g. Conduct follow-up inspections on complaints regarding retailer and/or other violations received on the state's 1-800 tobacco hotline.

2. Training Activities

The Performing Party shall:

- a. Assign agency representatives to participate in the appropriate web-based training session conducted by Texas School Safety Center. Representatives shall include the person(s) assigned to the implementation of the contract activities, and/or the line supervisor overseeing the day-to-day activities of this contract, and the person(s) conducting the enforcement activities outlined in Exhibit A – Scope of Work. Training sessions will be conducted as follows:
 1. New Funded Agencies for FY2017 shall participate in a required 6-hour Tobacco Enforcement Program Training prior to implementation of the contract activities.
 2. Agencies that participated in the FY2016 Tobacco Enforcement Program shall participate in a required 3-hour Tobacco Enforcement Program Update Training to achieve training compliance requirements.
- b. Participate in any and all ongoing technical assistance and training activities offered by the Texas School Safety Center at Texas State University.

3. Reporting Requirements

The Performing Party shall:

- a. Submit a monthly activity summary report for the controlled buy/stings and follow-ups conducted, using the Monthly Summary and Invoice form provided by the Texas School Safety Center at Texas State University.
- b. Provide a short summary of challenges and obstacles encountered in the course of conducting controlled buys/stings and follow-ups for performance reporting period, using the Monthly Summary and Invoice form provided by the Texas School Safety Center at Texas State University.
- c. Submit the Monthly Summary and Invoice form to include the number of controlled buy/stings conducted along with the number of citations issued within the performance reporting period. Controlled buy/stings conducted as part of a follow-up shall also be included in the total of controlled buy/stings conducted.
- d. Submit billing information for services provided in the invoice section of the Monthly Summary and Invoice form. Payment amount for services is outlined in **Exhibit C – Payment for Services**. The Monthly Summary and Invoice form shall be signed by the designated authorized official.
- e. The Monthly Summary and Invoice form shall be submitted to the Texas School Safety Center on the first of the month for activities of the previous month, with the exception of the August Performance Reporting Period (July 26, 2017 to August 26, 2017) which is due August 31, 2017. The report may be mailed, emailed or faxed to the Texas School Safety Center, 415 N. Guadalupe, PMB 164, San Marcos, Texas 78666. Email address TEPTobacco@txstate.edu. Fax number 512-245-1133.

- f. Texas School Safety Center will provide violation information to the Comptroller of Public Accounts as required by law, (*Texas Health & Safety Code, Section 161.090 Reports of Violation*) by the 10th working day of the month for activity of the previous month.

4. Additional Program Requirements

The Performing Party shall:

- a. Assign a minimum of one (1) agency representative to the implementation of the activities of this contract, and provide the name(s) of any key personnel changes that impact the requirements of this contract.
- b. Coordinate enforcement activities with other law enforcement agencies in the area. Coordination of services shall include but not limited to resources such as officers and minor decoys to maintain integrity of the undercover operation in testing compliance with tobacco sales to minors.
- c. Performing Party shall maintain specific, detailed supporting documentation of all programmatic records used in the course of conducting the Controlled Buy/Stings for a minimum of 4 years.

EXHIBIT B PERFORMANCE MEASURES

The following performance measures will be used to measure compliance with the services rendered as described in Exhibit A, Scope of Work.

The Performing Party shall:

1. Conduct the number of activities for this contract period as follows:
 - a. Number of controlled buy/stings and follow-ups using minors as decoys: **378**
 - b. Of the **378** controlled buy/stings and follow-ups, the minimum number of purchase attempts of an e-cigarette, component, part, or accessory using minors as decoys: **57**
 - c. A performance measure will not be assigned for follow-up of controlled buy/stings as a result of local perspective of previous sales to minors and/or complaints received. However, contractor is required to conduct follow-up of retail outlets not in compliance and report the activity monthly.
2. The Performing Party shall follow the Contractor's Program Work Plan monthly goal pre-established upon inception of the contract. The Contractor's Program Work Plan outlines monthly goals to follow from **September 2016 to August 2017**.
 - a. Deviation from the pre-established Contractor's Program Work Plan requires prior approval from TxSSC staff. Failure to complete and/or update the Contractor's Program Work Plan may result in payment being withheld until completion or submission.

**EXHIBIT C
PAYMENT FOR SERVICES**

Payment will be based on the receipt and approval of an invoice for services.

The Performing Party shall:

1. Be paid monthly upon submission of Parts 1-5 of the Monthly Summary and Invoice form and attachments as confirmation of services rendered.
2. Record the number of controlled buy/stings conducted and attach complete Texas Department of State Health Services (DSHS) Cigarette, E-cigarette, and Tobacco Controlled Buy/Sting Report forms for each controlled buy/sting conducted for the performance reporting period. The total activity reported shall correspond to the pre-established monthly goal listed in the Contractor's Program Work Plan.
3. Be paid \$75.00 for each correct and completed controlled buy/sting reported on the Texas Department of State Health Services (DSHS) Cigarette, E-cigarette, and Tobacco Controlled Buy/Sting Report form. All costs incurred for the purpose of conducting a complete control buy/sting are the responsibility of the contractor. In order to receive full payment for the controlled buy/stings including follow-ups billed for each performance reporting period, a completed Texas Department of State Health Services (DSHS) Cigarette, E-cigarette, and Tobacco Controlled Buy/Sting Report must be attached for each.
4. Submit invoices and attachments to:

Tobacco Enforcement Program
Tobacco Prevention and Enforcement
Texas School Safety Center
Texas State University
415 N. Guadalupe, PMB 164
San Marcos, Texas 78666
Phone: 877.304.2727
Fax: 512-245-1133
Email: Chad L. Nolte or Alexia Cox - TEPtobacco@txstate.edu

The Monthly Summary and Invoice form shall be reviewed by the 15th of the month and submitted for payment if information included in the report and attachments are correct. Payment shall be subject to laws of the State of Texas including Prompt Payment.

Notwithstanding the foregoing, the cumulative amount of Service Fees remitted by University to Contractor shall not exceed **\$28,350.00** without the prior written approval of the University.

The Contractor Information Form requests basic information about the contractor and project, including the signature of the authorized representative. This form is required to set up a contract for services.

- Submit this form with the signed contract
- Use this form to update changes in contact information

CONTRACTOR INFORMATION	
1) AGENCY NAME: Fort Bend County Sheriff's Office	
1A) AGENCY ORI #: <u>0790000</u>	
2) ADDRESS: (include mailing address, street, city, county, state and zip code): 1410 Williams Way Blvd., Richmond, Texas 77469	
3) PAYEE Mailing Address (if different from above): Same as above	
4) Federal Tax ID No. (9 digit): 74-6001969	
4A) Texas State Vendor #: (for TxSSC use only) <input style="width: 150px; height: 20px;" type="text"/>	
5) TYPE OF ENTITY (check appropriate box): <input type="checkbox"/> City <input checked="" type="checkbox"/> County	
6) PROPOSED CONTRACT PERIOD: Start Date: September 1, 2016 End Date: August 31, 2017	
7) AREA SERVED: County of Fort Bend	
8) AMOUNT OF CONTRACT: \$28,350.00	
9) PROJECT CONTACT PERSON Name: Roger Barton, Sergeant Phone: 281-238-1534 Fax: 281-238-1532 E-mail: roger.barton@fortbendcountytexas.gov	10) FINANCIAL OFFICER Name: Robert Ed Sturdivant Phone: 281-341-3760 Fax: 281-341-3774 E-mail: robert.sturdivant@fortbendcountytexas.gov
11) AUTHORIZED REPRESENTATIVE Name: Robert Hebert Phone: 281-341-8608 Fax: 281-3418609 E-mail: jenetha.jones@fortbendcountytexas.gov	12) SIGNATURE OF AUTHORIZED REPRESENTATIVE <hr/> 13) DATE

**FY2017 Texas Tobacco Enforcement Program
Contactor's Program Work Plan
September 1, 2016 to August 31, 2017**

Contractor: (Agency Name) Fort Bend County Sheriff's Office
Program Contact Person: Sgt. Roger Barton

Activity: Controlled Buys/Stings and Follow-Ups **Performance Goal:** 378 **E-cigarette Attempt Goal:** 57

Instructions: Report the number of controlled buy/stings that will be completed each month, and the percentage of contract completion.

Contractor's Program Work Plan will allow Texas School Safety Center (TxSSC) to accurately measure your progress, identify any potential problem areas, provide technical assistance, and report ongoing enforcement efforts to the Department of State Health Services to ensure compliance with contractual obligations.

Reporting Period	Reporting Dates	Controlled Buy/Stings	% Complete	Report Due Date	Quarters
Period 1	Sept 1 - Sept 25	31	8 %	October 1	1 st Quarter – 25% Complete
Period 2	Sept 26 - Oct 25	38	18 %	November 1	
Period 3	Oct 26 - Nov 25	38	28 %	December 1	
Period 4	Nov 26 - Dec 25	38	38 %	January 1	2 nd Quarter – 50% Complete
Period 5	Dec 26 - Jan 25	38	48 %	February 1	
Period 6	Jan 26 - Feb 25	38	58 %	March 1	
Period 7	Feb 26 - March 25	38	69 %	April 1	3 rd Quarter – 75% Complete
Period 8	March 26 - April 25	38	79 %	May 1	
Period 9	April 26 - May 25	38	89 %	June 1	
Period 10	May 26 - June 25	15	93 %	July 1	4 th Quarter – 100% Complete
Period 11	June 26 - July 25	15	97 %	August 1	
Period 12	July 26 - Aug 28	13	100%	August 31	
Totals	-	378	100%	-	

Date Submitted: 8/15/2016

Signature: *Roger Barton*

**Forms may be emailed to TEPtobacco@txstate.edu or Assigned Contract Specialist
Or faxed to (512) 245-1133**

Received & Approved by TxSSC _____ Date: _____
FOR TXSSC USE ONLY

TRAINING REGISTRATION – For trainings 3 hours or more

The purpose of the Training Registration form is to collect data on participants to be recorded into the database, which increases customer base and information. It is required for all trainings scheduled for three hours or more, and is completed by the participants which attended the training(s) event.

Participant Information

- **Date** – Record the date using two digits for month, two digits for day, and four digits for year. (MM/DD/YYYY)
- **Full Name** – Record your full name, including your middle initial and suffix, if applicable.
- **Title/Position** – Record your official job title or position.
- **Agency/District** – Record the agency or district in which your job is located.
- **ESC Region:** If district, record the name of the ESC region where the district is located.
- **School Name** – If applicable, record the full name of the school in which your job is located.
- **Work Mailing Address** – Record the street address, city, state, zip code, and district in which your work mailing address is located.
- **Work Phone** – Provide a ten digit work phone number, starting with the area code. (512-555-6880)
- **Work Fax** – Provide a ten digit work fax number, starting with the area code. (512-555-6880)
- **Email** – Please provide a work email address in the designated boxes.

Participant Classification

- **Classification Category:** Mark with an “X” the corresponding box which best represents your classification category.
- **Classification Type:** Mark with an “X” the corresponding box which best represents your classification. If “Other,” please write the classification in the space provided.