



**FY2019  
HAZARDS**

**Applicant Information**

**Legal Name of Applicant Agency:  
Mailing Address:**

Fort Bend County

Street / PO Box: Health & Human Services - 301 Jackson St.  
City: Richmond, TX  
Zip: 77469

**Payee Name:**

Same

**Payee Mailing Address:**

Street / PO Box: Same  
City:  
Zip:

**State of Texas Comptroller Vendor ID #** (9 digit + 3 digit mail code):  
**DUNS #** (9 digits required for subrecipient contractors):

1 746001969 055  
08-14-97075

**Type of Entity (Choose one)**

City:  Click on appropriate box  
County:   
Other Political Subdivision:

**Project Period**

Start Date: 7/1/2018  
End Date: 6/30/2019

**Counties Served**

County(ies) Served:  
  
Fort Bend County

**Amount of Funding Allocated:**

\$355,000.00

**CONTACT PERSON INFORMATION**

Legal Business Name: Fort Bend County

*This form provides information about the appropriate contacts in the contractor's organization in addition to those on the FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit.*

Health Director/CEO: M. desVignes-Kendrick  
Phone: (281) 238-3512 Ext:   
Fax: (281) 238-3355  
E-mail: md.kendrick@fortbendcountytx.gov

Mailing Address (street, city, county, state, & zip):  
4520 Reading Rd., Ste A-100, Rosenberg, TX 77471

B-13/FSR Rep: Yvonne Mager  
Phone: (281) 238-2297 Ext:   
Fax: (281) 341-3774  
E-mail: yvonne.mager@fortbendcountytx.gov

Mailing Address (street, city, county, state, & zip):  
301 Jackson St., Richmond, TX 77469

PHEP (HAZARDS) Program Leader: David Olinger  
Phone: (281) 238-3515 Ext:   
Fax: (281) 238-3563  
E-mail: david.olinger@fortbendcountytx.gov

Mailing Address (street, city, county, state, & zip):  
4520 Reading Rd., Ste A-500, Rosenberg, TX 77471

SNS (CRI) Coordinator: Courtney Gremmel  
Phone: (281) 238-3321 Ext:   
Fax: (281) 238-3563  
E-mail: courtny.gremmel@fortbendcountytx.gov

Mailing Address (street, city, county, state, & zip):  
4520 Reading Rd., Ste A-500, Rosenberg, TX 77471

Authorized Signatory: Robert E. Hebert, County Judge  
Phone: (281) 342-8608 Ext:   
Fax: (281) 341-8609  
E-mail: county.judge@fortbendcountytx.gov

Mailing Address (street, city, county, state, & zip):  
301 Jackson St., Richmond, TX 77469

Emergency Contact: David Olinger  
Cell Phone: (832) 473-2338 Ext:   
Fax: (281) 238-3555  
E-mail: david.olinger@fortbendcountytx.gov

Mailing Address (street, city, county, state, & zip):  
4520 Reading Rd., Ste A-500, Rosenberg, TX 77471

## BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Fort Bend County

| Budget Categories         | Total Budget<br>(1) | DSHS Funds Requested<br>(2) | Direct Federal Funds<br>(3) | Other State Agency Funds*<br>(4) | Local Funding<br>(Match)<br>(5) | Other Funds<br>(6) |
|---------------------------|---------------------|-----------------------------|-----------------------------|----------------------------------|---------------------------------|--------------------|
| A. Personnel              | \$244,371           | \$234,479                   |                             |                                  | \$9,892                         |                    |
| B. Fringe Benefits        | \$88,904            | \$85,937                    |                             |                                  | \$2,967                         |                    |
| C. Travel                 | \$4,788             | \$4,788                     |                             |                                  | \$0                             |                    |
| D. Equipment              | \$0                 | \$0                         |                             |                                  | \$0                             |                    |
| E. Supplies               | \$9,826             | \$9,346                     |                             |                                  | \$480                           |                    |
| F. Contractual            | \$0                 | \$0                         |                             |                                  | \$0                             |                    |
| G. Other                  | \$43,655            | \$20,450                    |                             |                                  | \$23,205                        |                    |
| H. Total Direct Costs     | \$391,544           | \$355,000                   | \$0                         | \$0                              | \$36,544                        | \$0                |
| I. Indirect Costs         | \$0                 | \$0                         |                             |                                  |                                 |                    |
| J. Total (Sum of H and I) | \$391,544           | \$355,000                   | \$0                         | \$0                              | \$36,544                        | \$0                |
|                           |                     |                             |                             | Match Percentage                 | <b>10.29%</b>                   |                    |

**If the Contractor is using Indirect Costs as Match, then enter the amount in Line 16, Column H.**