



# HEALTH & HUMAN SERVICES

Fort Bend County, Texas

4520 READING ROAD ♦ SUITE A-100 ♦ ROSENBERG, TX 77471  
OFFICE: 281-238-3233 FAX: 281-238-3355



M. desVignes-Kendrick, MD, MPH, FAAP  
Director

Kaye Reynolds, DrPH  
Deputy Director

June 7, 2018

Legacy Trust Company, N.A.  
Attn: Karla A. Dominguez  
600 Jefferson Street, Suite 300  
Houston, TX 77002

Dear Ms. Dominguez,

I write on behalf of Fort Bend County by and through Clinical Health Services in support of IEDA Relief's proposal to the Susan Vaughn Foundation for a grant to fund the tuberculosis screening program to meet the needs of Fort Bend County's TB patients who live in the community. The tuberculosis screening program relates to Health Promotion as the health of TB patients directly impacts the public health of the community in which they live. We strongly support this grant application and the focus on a holistic approach to treating TB patients.

The ultimate goal of this program is to eliminate tuberculosis among the people of Fort Bend County and Texas. Through this letter, we acknowledge specific roles and responsibilities we will fulfill in this partnership. In the event this proposal is funded, we would expect our role in the tuberculosis screening program to include:

- Working with the Holistic Case Manager from IEDA Relief
- Providing TB screening for the Fort Bend community
- Provide services to those individuals undergoing treatment for TB
- Teaching Community Outreach sessions ( one a quarter) to promote TB screening
  - The Basic Facts About TB
  - The Difference between TB Infection and Disease
  - What Resources are available to me?

We look forward to working with IEDA Relief and the Susan Vaughn Foundation to expand the tuberculosis screening program.

Sincerely,

*Ngombe Bitendelo, RN*

Ngombe Bitendelo, RN, BSN, MPH, CIC  
Director of Clinical Health Services  
Fort Bend County Health & Human Services  
Office: 281-238-3548  
fax: 281-342-7371  
Email: [ngombe.bitendelo@fortbendcountytexas.gov](mailto:ngombe.bitendelo@fortbendcountytexas.gov)

Animal Services  
Rene Vasquez, Director

Clinical Health Services  
Ngombe Bitendelo, RN, BSN, MPH.  
Director

Emergency Medical Service  
Graig Temple, MS, NRP, Chief

Environmental Health  
Troy Scalco, RS, DR, Director

Indigent Health Care  
Martha Hernandez, Manager

Public Health Emergency Preparedness  
David Olinger, Program Coordinator

Social Services  
Anna Gonzales, MSW, Director

## Susan Vaughan Foundation

### Before you Begin

Thank you for your interest in the Susan Vaughan Foundation.

**Before you begin: Please read the Foundation guidelines that are contained on this website. The Trustees meet four times per year, generally in February, May, August, and November. Applications that are received within one month of the next meeting date will be considered. If an application does not arrive in time to be considered at the next meeting, it will be held for consideration at the following meeting. All applicants will be notified in writing of the Trustees' decision regarding their application shortly after the meeting at which their application has been considered.**

### Organization Information

#### ORGANIZATION INFORMATION

Organization Name

International Emergency And Development Aid Ieda Relief Inc

Tax ID

263977484

Address

10101 Fondren Rd, Suite # 570

City

Houston

State

TX

Postal Code

77096

Phone

713-774-2522

Fax

713-774-2529

E-mail Address

info@iedarelief.org

WWW Address

www.iedarelief.org

#### CONTACT INFORMATION

Prefix

First Name

Phil

Middle Initial

Last Name

Maanulwa

Title

President/CEO

Office Address

10101 Fondren Rd, Suite # 570

Office City

Houston

Office State

TX

Office Postal Code

77096

Office Phone

713 774 2522

Extension

E-mail

philma@iedarelief.org

#### REQUEST PRIMARY CONTACT

Same as Organization Primary Contact

No

Prefix

First Name

Ngombe

Middle Initial

Last Name

Bitendelo

Title

Fort Bend County Health & Human Services Director of Clinical Health Services

Office Address  
301 Jackson Street

Office City      Office State  
Richmond      TX

Office Postal Code  
77469

Office Phone  
2812383548

Extension

### Project Information

#### PROJECT INFORMATION

Request Date      Request Amount  
4/13/2018      25000

Total Estimated Project Cost  
186435.20

Project Description - one phrase  
Education around Tuberculous screening.

#### OTHER REQUIRED INFORMATION

Additional documentation:

Letter containing the project details and a summary of the organization  
[Susan Vaughn Foundation LOI IEDA Relief letterhead.docx](#)

Organization operating budget  
[IEDA Budget.pdf](#)

Project budget  
[Program Budget Template TB Program 4-3-18 \(1\).docx](#)

#### Copy of IRS determination letter\*

\*The determination letter must state that (1) the organization is exempt from federal income taxation as an organization described in Section 501(c)(3) of the Internal Revenue Code and (2) the organization is classified as a public charity or a supporting organization. If the organization is a supporting organization, please provide an opinion of counsel indicating that the organization is a Type I, Type II, or functionally integrated Type III supporting organization.

[IEDA RELIEF\\_IRS Determination-Approval \(1\).pdf](#)

Copy of most recent Form 990  
[IEDA RELIEF 990.pdf](#)

List of Board Members

[Board of Directors.pdf](#)

Other sources of funds that have been contacted for funding of this project

THE STATE OF TEXAS                   §  
   §     KNOW ALL MEN BY THESE PRESENTS  
 COUNTY OF FORT BEND               §

**PRELIMINARY MEMORANDUM OF UNDERSTANDING  
 BETWEEN FORT BEND COUNTY AND IEDA RELIEF  
 RELATING TO THE PURSUIT OF HEALTHCARE SERVICES**

This Preliminary Memorandum of Understanding is entered into between Fort Bend County ("COUNTY"), acting herein by and through its Commissioners' Court, on behalf of the Fort Bend County Clinical Health Services Department and IEDA Relief ("AGENCY"), a non-profit organization, governed by the laws of Texas, hereinafter collectively referred to as "Parties".

**RECITALS**

**WHEREAS**, IEDA Relief is an international organization that works to establish a stable environment and implements sustainable solutions that help people in need to become self-sufficient;

**WHEREAS**, County and Agency have agreed to enter into a collaborative agreement to respond to the growing health care needs of residents in Fort Bend County;

**WHEREAS**, both County and Agency wish to enter into a Memorandum of Understanding setting forth the services to be provided by the collaborative; and

**WHEREAS**, both County and Agency wish to reduce duplication of service delivery, and maximize available resources, and the collaborative efforts serve a public purpose; and

**NOW THEREFORE**, in consideration of the foregoing, the parties hereto agree as follows:

**I.     PURPOSE**

This Agreement articulates the policy and procedures to be used to implement activities required to meet deliverables assigned.

This Memorandum of Understanding ("Agreement") expresses the explicit intent of the Fort Bend County Clinical Health Services and partnering nonprofits to implement the objectives of the funding award, including such details as program scheduling, appropriate invoicing procedures, and monitoring/reporting requirements.

This Agreement is intended to provide guidance regarding the planned implementation of this Project within parameters established by the funding stream.

## **II. RELEVANT POLICY**

- A. Applicable OMB Circulars (<http://www.whitehouse.gov/omb/>)
- B. Financial Manual for Grants and Contracts (State of Texas)  
[http://www.twc.state.tx.us/business/fmgc/fmgc\\_toc.html](http://www.twc.state.tx.us/business/fmgc/fmgc_toc.html)

## **III. GENERAL RESPONSIBILITIES**

### **COUNTY DUTIES:**

- A. County will monitor the delivery of services in a manner as determined by County in order to provide coordination of services and avoid duplication of services.
- B. County will provide Agency with a County point of contact to answer questions or concerns regarding the health services described in this Agreement.
- C. County will assure that any information gathered during the course of this Agreement will be kept in a secure manner.

### **AGENCY DUTIES:**

- A. Agency will monitor the delivery of services in a manner as determined by County in order to provide coordination of services and avoid duplication of services.
- B. After receiving a signed client release from the client, Agency will provide to the County information regarding client's attendance at related medical appointments.
- C. Agency will provide County with an Agency point of contact to answer questions or concerns regarding the health services described in this Agreement.
- D. Agency will assure that any information gathered during the course of this Agreement will be kept in a secure manner.
- E. Agency agrees to refer and accept referrals for services as appropriate for clients.

## **IV. OTHER PROCEDURES**

### **ADDITIONAL DUTIES:**

- A. The parties will work together to develop the program in a manner which meets the contract's deliverables with particular attention given to meeting project benchmarks concerning the participation of a certain number of trainees;
- B. Agency will provide data documenting eligibility as required by the contract award;
- C. Agency will provide documentation related to expenditures or information required under the contract award;
- D. In the event invoicing is required, Agency will provide monthly invoices accompanied by documentation required by the contract award;

- E. Agency will provide appropriate documentation and data to support the contract award;
- F. All parties in this project will negotiate in good faith with respect to protecting confidential information in the reporting of trainee performance.
- G. The parties will serve all eligible clients regardless of race, gender, sexual preference or religion, seeking to eliminate any discriminatory practices related to client care.
- H. The parties will seek to provide high quality care that exceeds the standards of care set by the governing bodies.
- I. The parties will keep communication open and on-going to review strategies for improving service delivery and ensure the objectives for this agreement are fully met.

## **V. COMPENSATION**

Nothing in this Agreement, whether express or implied, will confer upon either party any right to compensation for services under this Agreement.

## **VI. INDEPENDENT CONTRACTOR**

The execution of this Agreement and the rendering of services prescribed by this Agreement do not change the independent status of the County or the Agency. No provision of this Agreement or act of Agency in performance of the Agreement shall be construed as making the Agency the agent, servant or employee of County, the State of Texas or the United States Government. The Agency is solely responsible for employee payrolls and claims arising therefrom. The Agency shall notify County of the threat of lawsuit or of any actual suit filed against the Agency pertaining to this Agreement or which would adversely affect the Agency's ability to perform services under this Agreement.

## **VII. CONFIDENTIALITY**

- A. Agency acknowledges that it and its employees or agents may, in the course of performing their responsibilities under this Agreement, be exposed to or acquire information that is confidential to County. Any and all information of any form obtained by Agency or its employees or agents from County in the performance of this Agreement shall be deemed to be confidential information of County ("Confidential Information").
- B. Confidential Information shall be deemed not to include information that (a) is or becomes (other than by disclosure by Agency) publicly known or is contained in a publicly available document; (b) is rightfully in Agency's possession without the obligation of nondisclosure prior to the time of its disclosure under this Agreement; or (c) is independently developed by employees or agents of Agency who can be shown to have had no access to the Confidential Information.
- C. Agency agrees to hold Confidential Information in strict confidence, using at least the same degree of care that Agency uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give, or disclose Confidential Information to third parties or use Confidential Information for any purposes whatsoever other than the provision of

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Services to County hereunder, and to advise each of its employees and agents of their obligations to keep Confidential Information confidential. Agency shall use its best efforts to assist County in identifying and preventing any unauthorized use or disclosure of any Confidential Information. Without limitation of the foregoing, Agency shall advise County immediately in the event Agency learns or has reason to believe that any person who has had access to Confidential Information has violated or intends to violate the terms of this Agreement and Agency will at its expense cooperate with County in seeking injunctive or other equitable relief in the name of County or Agency against any such person. Agency agrees that, except as directed by County, Agency will not at any time during or after the term of this Agreement disclose, directly or indirectly, any Confidential Information to any person, and that upon termination of this Agreement or at County's request, Agency will promptly turn over to County all documents, papers, and other matter in Agency's possession which embody Confidential Information.

- D. Agency acknowledges that a breach of this Section, including disclosure of any Confidential Information, or disclosure of other information that, at law or in equity, ought to remain confidential, will give rise to irreparable injury to County that is inadequately compensable in damages. Accordingly, County may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Agency acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interest of County and are reasonable in scope and content.
- E. Agency in providing all services hereunder agrees to abide by the provisions of any applicable Federal or State Data Privacy Act.
- F. Agency expressly acknowledges that County is subject to the Texas Public Information Act, TEX. GOV'T CODE ANN. §§ 552.001 *et seq.*, as amended, and notwithstanding any provision in the Agreement to the contrary, County will make any information related to the Agreement, or otherwise, available to third parties in accordance with the Texas Public Information Act. Any proprietary or confidential information marked as such provided to County by Agency shall not be disclosed to any third party, except as directed by the Texas Attorney General in response to a request for such under the Texas Public Information Act, which provides for notice to the owner of such marked information and the opportunity for the owner of such information to notify the Attorney General of the reasons why such information should not be disclosed. The terms and conditions of the Agreement are not proprietary or confidential information.

#### **VIII. INSPECTION OF BOOKS AND RECORDS**

Agency will permit County, or any duly authorized agent of County, to inspect and examine the books and records of Agency for the purpose of verifying the amount of work performed under this Agreement. County's right to inspect survives the termination of this Agreement for a period of four years.

## **IX. TIME OF PERFORMANCE**

The roles and responsibilities described above are contingent on County receiving funds requested for the project described in the grant application. Responsibilities under this Memorandum of Understanding would coincide with the grant period.

## **X. LIABILITY**

**AS PERMITTED BY LAW, AGENCY SHALL INDEMNIFY AND DEFEND COUNTY AGAINST ALL LOSSES, LIABILITIES, CLAIMS, CAUSES OF ACTION, AND OTHER EXPENSES, INCLUDING REASONABLE ATTORNEYS FEES, ARISING FROM ACTIVITIES OF AGENCY ITS AGENTS, SERVANTS OR EMPLOYEES, PERFORMED UNDER THIS AGREEMENT THAT RESULT FROM THE NEGLIGENT ACT, ERROR, OR OMISSION OF AGENCY OR ANY OF AGENCY'S AGENTS, SERVANTS OR EMPLOYEES.**

## **XI. NOTICE**

- A. Each party giving any notice or making any request, demand, or other communication (each, a "Notice") pursuant to this Agreement shall do so in writing and shall use one of the following methods of delivery, each of which, for purposes of this Agreement, is a writing: personal delivery, registered or certified mail (in each case, return receipt requested and postage prepaid), or nationally recognized overnight courier (with all fees prepaid).
- B. Each party giving a Notice shall address the Notice to the receiving party at the address listed below or to another address designated by a party in a Notice pursuant to this Section:

County: Kaye M. Reynolds, DrPH  
Deputy Director, Health & Human Services  
Fort Bend County Health & Human Services  
4520 Reading Rd., Suite A100  
Rosenberg, Texas 77471  
Office: 281-238-3519  
Cell: 832-407-7385  
Pager: 281-434-6394  
[Kaye.Reynolds@fortbendcountytexas.gov](mailto:Kaye.Reynolds@fortbendcountytexas.gov)

AND

Ngombe Bitendelo, RN, BSN, MPH, CIC  
Director of Clinical Health Services  
Fort Bend County Health & Human Services  
4520 Reading Rd., Suite A100  
Rosenberg, Texas 77471  
Office: 281-238-3548  
Fax: 281-342-7371  
[Ngombe.Bitendelo@fortbendcountytexas.gov](mailto:Ngombe.Bitendelo@fortbendcountytexas.gov)

*p.m*

With a copy to: Fort Bend County  
Attn: County Judge  
401 Jackson Street  
Richmond, Texas 77469

Agency: IEDA Relief  
Attn: Chief Executive Officer  
Brays Oaks Towers  
10101 Fondren Road, Suite 570  
Houston, Texas 77096

C. Notice is effective only if the party giving or making the Notice has complied with subsections C.1 and C.2 and if the addressee has received the Notice. A Notice is deemed received as follows:

1. If the Notice is delivered in person, or sent by registered or certified mail or a nationally recognized overnight courier, upon receipt as indicated by the date on the signed receipt.
2. If the addressee rejects or otherwise refuses to accept the Notice, or if the Notice cannot be delivered because of a change in address for which no Notice was given, then upon the rejection, refusal, or inability to deliver.

## **XII. INSURANCE**

A. Prior to commencement of the Services, Agency shall furnish County with properly executed certificates of insurance which shall evidence all insurance required and provide that such insurance shall not be canceled, except on 30 days' prior written notice to County. Agency shall provide certified copies of insurance endorsements and/or policies if requested by County. Agency shall maintain such insurance coverage from the time Services commence until Services are completed and provide replacement certificates, policies and/or endorsements for any such insurance expiring prior to completion of Services. Agency shall obtain such insurance written on an Occurrence form from such companies having Bests rating of A/VII or better, licensed or approved to transact business in the State of Texas, and shall obtain such insurance of the following types and minimum limits:

1. Workers' Compensation insurance. Substitutes to genuine Workers' Compensation Insurance will not be allowed. Employers' Liability insurance with limits of not less than \$1,000,000 per injury by accident, \$1,000,000 per injury by disease, and \$1,000,000 per bodily injury by disease.
2. Commercial general liability insurance with a limit of not less than \$1,000,000 each occurrence and \$2,000,000 in the annual aggregate. Policy shall cover liability for bodily injury, personal injury, and property damage and products/completed operations arising out of the business operations of the policyholder.

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3. Business Automobile Liability insurance with a combined Bodily Injury/Property Damage limit of not less than \$1,000,000 each accident. The policy shall cover liability arising from the operation of licensed vehicles by policyholder.
  4. Professional Liability insurance with limits not less than \$1,000,000.
- B. County and the members of Commissioners Court shall be named as additional insured to all required coverage except for Workers' Compensation. All Liability policies including Workers' Compensation written on behalf of Agency shall contain a waiver of subrogation in favor of County and members of Commissioners Court.
- C. If required coverage is written on a claims-made basis, Agency warrants that any retroactive date applicable to coverage under the policy precedes the effective date of the contract; and that continuous coverage will be maintained or an extended discovery period will be exercised for a period of two (2) years beginning from the time that work under the Agreement is completed.

### **XIII. GOVERNING LAW; VENUE**

The laws of the State of Texas govern all disputes arising out of or relating to this Agreement. The parties hereto acknowledge that venue is proper in Fort Bend County, Texas, for all legal actions or proceedings arising out of or relating to this Agreement and waive the right to sue or be sued elsewhere. Nothing in the Agreement shall be construed to waive the County's sovereign immunity.

### **XIV. COMPLIANCE WITH LAWS**

Agency shall comply with all federal, state, and local laws, statutes, ordinances, rules and regulations, and the orders and decrees of any courts or administrative bodies or tribunals in any matter affecting the performance of this Agreement, including, without limitation, Worker's Compensation laws, minimum and maximum salary and wage statutes and regulations, licensing laws and regulations. When required by County, Agency shall furnish County with certification of compliance with said laws, statutes, ordinances, rules, regulations, orders, and decrees above specified.

### **XV. PUBLICITY**

Agency may not undergo publicity including contact with residents of Fort Bend County, media outlets, or other governmental agencies with regard to services rendered under this Agreement without the express written permission of County, except where required to do so by law.

R.M

#### **XVI. CONFLICT**

Any provision of this Agreement later found to be in conflict with federal law or regulation, or invalidated by a court of competent jurisdiction, shall be considered inoperable and/or superseded by that law or regulation. Any provision found inoperable is severable from this Agreement, and the remainder of the Agreement shall remain in full force and effect.

#### **XVII. WAIVER**

A waiver by either party of a breach of this Agreement by the other party does not constitute a continuing waiver or a waiver of any subsequent breach of the Agreement.

#### **XVIII. ASSIGNMENT**

Neither party may assign any of its rights under this Agreement, except with the prior written consent of the other party. That party shall not unreasonably withhold its consent. All assignments of rights are prohibited under this Section, whether they are voluntarily or involuntarily, by merger, consolidation, dissolution, operation of law, or any other manner.

#### **XIX. MODIFICATION**

This Agreement may be modified or amended only with the written agreement of each of the parties.

#### **XX. ENTIRETY**

This Agreement, along with any amendments hereto, encompasses the entire agreement of the parties, and supersedes all previous understandings and agreements between the parties, whether oral or written.

Both parties to this Collaboration Agreement hereby agree to any and all provisions as stipulated above.

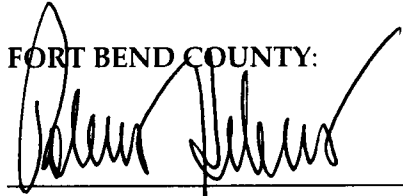
*{Execution Page Follows}*

*{Remainder Intentionally Left Blank}*

*P.M.*

IN WITNESS WHEREOF, this Agreement is signed, accepted, and agreed to by all parties by and through the parties or their agents or authorized representatives. All parties hereby acknowledge that they have read and understood this Agreement. All parties further acknowledge that they have executed this legal document voluntarily and of their own free will.

**FORT BEND COUNTY:**

  
\_\_\_\_\_  
Robert E. Hebert, County Judge

4-24-2018

Date

**IEDA RELIEF:**

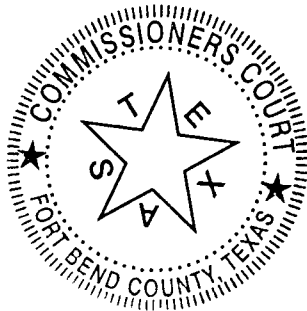
  
\_\_\_\_\_  
Phil Maanulwa, Chief Executive Officer

04.02.2018

Date

**ATTEST:**

  
\_\_\_\_\_  
Laura Richard, County Clerk





International Emergency and Development Aid (IEDA  
Relief, Inc.)  
10101 Fondren Rd, Suite # 570  
Houston, TX, 77096  
Phone: 713-774-2522 • Fax: 713-774-2529  
Email: [info@iedarelief.org](mailto:info@iedarelief.org)

Legacy Trust Company, N.A.  
Attn: Karla A. Dominguez  
600 Jefferson Street, Suite 300  
Houston, TX 77002

Dear Ms. Dominguez,

Thank you for the opportunity to present the proposal for support of IEDA Relief. The mission of IEDA Relief is to alleviate the suffering of vulnerable people by addressing the underlying causes of poverty so that they can become self-sufficient and capable of achieving their full potential. **IEDA Relief is requesting a \$25,000 investment from the Susan Vaughan Foundation to support our Tuberculosis screening program.**

Tuberculosis causes far more deaths than any other infectious disease worldwide. It infects one-third of the world's population, and kills three million people every year (a quarter of the world's preventable deaths). IEDA Relief, in partnership with Fort Bend County by and through Clinical Health Services works in conjunction with the Texas Department of Health to prevent and control tuberculosis within our community. The ultimate goal of this program is to eliminate tuberculosis among the people of Fort Bend county and Texas.

<b>Total Amount Requested</b>	<b>\$25,000.00</b>
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<i>TB Program Staff (IEDA Relief)</i>	<i>\$20,000.00</i>
<i>TB Program Activities (Fort Bend County)</i>	<i>\$5,000.00</i>

### **Organizational Background**

IEDA Relief aims to ensure that people have access to adequate and appropriate health care and nutrition that allows them to live healthy lives as refugees and asylum seekers integrate into the Houston community.

IEDA Relief is partnering with Fort Bend County by and through Clinical Health Services. Clinical Health Services is Fort Bend County's principal agency for protecting the health of county residents and providing essential human services, especially for those who are least able to help themselves. The Department includes six subordinate departments and three programs, covering a wide spectrum of activities.

Clinical Health Services, one of the six subordinate departments, provides clinical services in the core public health areas of STD treatment; tuberculosis prevention, diagnosis and treatment; and provision of childhood and adult immunizations.

The mission of Clinical Health Services is to prevent, control and eliminate communicable diseases among the residents of Fort Bend County.

### **Need**

In 2016, 1,250 cases of tuberculosis (TB) were reported in Texas, a rate of 4.5 per 100,000 population. That same year, Fort Bend County reported 27 cases, a rate of 3.6 per 100,000 population. Fort Bend

County falls in the top ten counties of Texas for TB cases reported. TB can affect anyone but is more likely to be diagnosed in persons born in a foreign country where TB is prevalent, persons living with diabetes or HIV/AIDS, persons who abuse alcohol and other drugs, persons who live in congregate settings (including prisons and other detention centers), homeless, and health care workers.

TB is curable with proper treatment. However, some strains of TB are resistant to the drugs used for treatment. In 2016, ten people in Texas were diagnosed with multidrug resistant TB. There were no cases of extensively drug-resistant TB (XDR-TB) reported in Texas in 2016. XDR-TB is the most difficult form of TB to treat.

In Texas, 54 percent of reported TB cases in 2016 were among Hispanics, 19 percent were among African Americans, 9 percent were among Whites, and 19 percent were among Asians. Homelessness and TB/HIV co-infection are more commonly found in larger urban areas of Texas.

### **Plan to Address the Need**

Meeting the needs of Fort Bend County's TB patients who live in the community relates to Health Promotion as the health of foreign-born TB patients directly impacts the public health of the community in which they live. All medical professionals are aware of the theory of herd immunity. This concept states that the community is only as healthy as the herd or the surrounding population. If the herd is healthy, the members will likely remain that way. In order to help address the TB problem in Fort Bend County, IEDA Relief and the Clinical Health Services department will implement the following functional elements:

- Conducting overall planning and development of policy, prioritizing TB control activities
- Identifying persons who have clinically active TB
- Protecting the health of the public by isolating and treating persons who have infectious TB with directly observed therapy (DOT)
- Coordinating care with other health care providers
- Identifying and managing high-risk persons infected with TB, utilizing DOT when deemed necessary
- Collecting and analyzing data on TB cases, suspects, contacts, and preventive therapy recipients
- Following up - Physical assessment, TB assessment
- Contact investigation
- Advising local institutions and practitioners
- Ensuring prompt, mandatory reporting of each confirmed and suspected case of TB
- Treating multiple drug resistant Tuberculosis

The TB program helps alleviate the impact that TB has on a patient. Active TB has several symptoms which have a direct impact on a patient physically. Patients with active TB suffer from symptoms such as a bad cough that lasts three weeks or longer, chest pain, coughing up blood, weakness or fatigue, weight loss, no appetite, chills, fever, and night sweats. All these symptoms have a debilitating effect on a wage earner. In some instances the symptoms prevents a person from working and supporting their family.

Typically, TB treatment will isolate a family from the community while they take the appropriate steps to heal. With this isolation, TB patients need additional services to help them through this period.



IEDA Relief, along with Fort Bend County's Clinical Health Services department will help address the needs of the TB patients by providing a holistic approach to healing. This approach includes social, psychological, and medical needs.

### **Evaluation**

To ensure the effectiveness and methods of the evaluation plan are appropriate to the program's outcomes, personnel will be responsible for implementing the following evaluation model. Both formative and summative evaluations will occur. Formative evaluations will be conducted to provide information to the program staff on how to improve and refine the on-going project. A summative evaluation will be conducted at the end of each year to assess the overall quality of the program and the effectiveness of meeting the specified outcomes. The evaluation process will be comprehensive with specific data collected to analyze the effectiveness of the delivery and impact.

### **Sustainability**

IEDA Relief in conjunction with Fort Bend Clinical Health Services has developed a plan for sustaining the **holistic approach to TB screening** that has broad institutional support. The plan includes:

1. the involvement of multiple campus locations and input from the county commissioners - allowing the Clinical Health Services department to pull some funding directly from operating budgets,
2. a continued effort to seek out external funds.

With the involvement of multiple campus locations, the project will receive monetary input from all locations ensuring the responsibility is shared by multiple vested parties.

Thank you for taking time to consider this grant request. Please find the organizational budget and IRS determination letter attached.

Sincerely,

Phil Maanulwa  
Founder, President & CEO  
IEDA Relief  
Office: 713-774-2522  
Email: [philma@iedarelief.org](mailto:philma@iedarelief.org)  
Web: [www.iedarelief.org](http://www.iedarelief.org)

Ngombe Bitendelo, RN, BSN, MPH  
Director of Clinical Health Services  
Fort Bend County Health & Human Services  
Office: [281-238-3548](tel:281-238-3548)  
email: [ngombe.bitendelo@fortbendcountytexas.gov](mailto:ngombe.bitendelo@fortbendcountytexas.gov)  
Web: [www.co.fort-bend.tx.us](http://www.co.fort-bend.tx.us)

## Program Budget

Category	Amount Request to Foundation	Committed from Other Sources	Project Total
<b>Salaries &amp; Wages</b>			
Holistic Case Manager	\$20,000.00		
Licensed Vocational Nurse (100% of time) \$22.68 hourly \$3,628.80 monthly (Partnership with Fort Bend County)		\$43,345.65	\$43,545.60
Fort Bend County TB/HIV/STD Program Manager (100% of time) \$35.18 hourly \$5629. monthly		\$67,548	\$67,548.00
Fort Bend County DOT/Contact Investigator (50% of time) \$21.65 hourly \$1732 monthly		\$20,784.00	\$20,784.00
<b>Consultant/Contracted Services</b>			
Emocha Mobile Health \$2,240 monthly X 12 months		\$26,880.00	\$26,880.00
West Houston Radiology \$292 monthly X 12 months		\$3,504.00	\$3,504.00
Oak Bend Medical Center \$250 monthly X 12 months		\$3,000.00	\$3,000.00
<b>Education Activities</b>			
The Basic Facts About TB Training/brochures The Difference between TB Infection and Disease training/brochures What Resources are available to me? Training/brochures Community Outreach sessions (4- one a quarter)	\$5,000.00		\$5,000.00
<b>Travel</b>			
TB Program Managers Meeting Austin, Texas 1 Employee Hotel- \$335.98 (2 nights) Travel Reimbursement- \$103.		\$438.98	\$438.98
TB Case Manager Meeting San Antonio, Texas 2 Employees Travel (2 nights) Reimbursement- \$206 Hotel- \$868.62		\$1,074.62	\$1,074.62
Nurses DOT Travel local \$805 monthly		\$9,660.00	\$9,660.00
<b>Total</b>			
	\$25,000.00	\$161,435.20	\$186,435.20

IEAD Relief Inc.  
Annual Budget for Operations  
For the Year Ending December 31, 2018

	<u>Amount in USD</u>
Annual Grants NGO	10,500,000
Program Service Cost	<u>9,765,000</u>
Net Grants from NGO	735,000
Donations and Contributions	<u>400,000</u>
Net Grants	1,135,000
Accounting and Audit	10,000.00
Administrative Expenses Office	76,000.00
Advertising/Promotional	15,000.00
Bank Charges	12,000.00
Communication - Tel and Internet	25,000.00
Dues and Subscription	1,200.00
Education and Training	25,000.00
Electricity and Utilities	22,000.00
Information Technology	18,000.00
Insurance Auto, Life and Casualty	35,800.00
International Personnel	290,000.00
Lease and Occupancy	70,000.00
Legal & Professional	5,500.00
Meals and Refreshments	11,000.00
Office Supplies and Expenses	76,000.00
Postage and Shipping	1,500.00
Printing and Copying	3,500.00
Repairs and Maintenance	6,800.00
Salaries and Benefits	280,000.00
Subcontract Labor	25,000.00
Taxes and Licenses	1,800.00
Transportation and Travel Cost	102,000.00
Total Expenditures	1,113,100
Fund Raising Expenses	<u>12,000</u>
Net Asset Increase	<u><u>9,900</u></u>

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: **DEC 21 2010**

INTERNATIONAL EMERGENCY AND  
DEVELOPMENT AID  
10101 FONDREN RD STE 560  
HOUSTON, TX 77096

Employer Identification Number:  
26-3977484  
DLN:  
17053328309000  
Contact Person: DANIEL RENNER ID# 31697  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
March 23, 2010  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.


Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Letter 947 (DO/CG)

INTERNATIONAL EMERGENCY AND

Sincerely,

A handwritten signature in dark ink, appearing to read "Robert Choi". The signature is fluid and cursive, with the first name "Robert" and last name "Choi" clearly distinguishable.

Robert Choi  
Director, Exempt Organizations  
Rulings and Agreements

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)