

FY20 CONTRACT RENEWAL CHECKLIST

Include checklist with renewal submission. Renewals not including checklist and ALL required documents on checklist will not be processed and will be returned for completion.

CONTRACTOR NAME:
COMPLETED BY:

FORM	DESCRIPTION	X
1	Completed Checklist	
2	Organizational Chart	
3	Job Descriptions with salary ranges	
4	Volunteer Job Descriptions, if applicable	
5	Budget Templates	
6	Quotes and/or Technical Specifications for items listed on the Equipment page, if \$5,000 or above.	
7	Travel Policy that includes maximum limits for meal reimbursement, lodging, and mileage.	
8	Indirect Rate Letter or Cost Allocation Plan, if applicable.	



**FY2020
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: 7/1/2019
End Date: 6/30/2020

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, M.D.
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: Humera Ansari
Phone: (281) 238-3978 Ext:
Fax: (281) 341-3774
E-mail: humera.ansari@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) 238-3355
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) 238-3355
E-mail: courtney.gremmel@fortbendcountytx.gov

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

Authorized Signatory for DocuSign KP George, 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

Additional Authorized Signatory for DocuSign only if applicable (FFATA, Certs, etc) Jenetha Jones
Phone: (281) 344-3994 Ext:
Fax: (281) 341-8609
E-mail: jenetha.jones@fortbendcountytx.gov

DocuSign "CC" Person
Phone: Ext:
Fax:
E-mail:

Emergency Contact David Olinger
Cell Phone: (832) 473-2338 Ext:
Fax: (281) 238-3355
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 (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds (6)
A. Personnel	\$197,040	\$161,404			\$35,636	
B. Fringe Benefits	\$65,982	\$65,982			\$0	
C. Travel	\$17,571	\$17,571			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$82,054	\$82,054			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$27,989	\$27,989			\$0	
H. Total Direct Costs	\$390,636	\$355,000	\$0	\$0	\$35,636	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$390,636	\$355,000	\$0	\$0	\$35,636	\$0
				Match Percentage	10.04%	

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

TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County

Conference / Workshop Travel Costs						
Description of Conference/Workshop	Justification	Location City/State	Number of:		Travel Costs	
			Days & Employees			
PHEP Annual Summit	Education, collaboration, training and learning about best practices from other areas of the country - cost estimates are based on Fort Bend County travel policies - \$175.00 room rate, and meal rate of \$48/day. Room rates subject to organizer and availability.	St. Louis, MO	5	5	Mileage	\$250
					Airfare	\$1,500
					Meals	\$875
					Lodging	\$3,500
					Other Costs	\$400
					Total	\$6,525
PHEP Quarterly Meetings - Austin	Attend mandatory contractor meetings in Austin as requested by DSHS and as listed in the annual socp of work. Cost estimates are based on Fort Bend County travel policies - State contract rate - \$146.00, and meal rate of \$36/day. Room rates subject to organizer and availability. Estimate based on 1 night stay and 2 days meal rate	Austin, TX	8	2	Mileage	\$700
					Airfare	
					Meals	\$450
					Lodging	\$1,400
					Other Costs	
					Total	\$2,550
2018 James Steele Conference - Diseases In Nature Transmissible to Man	Epi Education, collaboration, and training to identify new and best practices cost estimates are based on Fort Bend County travel policies - \$146.00 room rate, and meal rate of \$36/day. Room rates subject to organizer and availability.	TBA	3	1	Mileage	\$300
					Airfare	\$0
					Meals	\$126
					Lodging	\$350
					Other Costs	\$0
					Total	\$776
TDEM Conference	Education, collaboration, training and learning about best practices from other areas of the country - cost estimates are based on Fort Bend County travel policies - \$175.00 room rate, and meal rate of \$36/day. Room rates subject to organizer and availability.	San Antonio, TX	4	5	Mileage	\$650
					Airfare	\$0
					Meals	\$720
					Lodging	\$3,500
					Other Costs	\$0
					Total	\$4,870
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						\$2,850

Total for Conference / Workshop Travel

\$17,571

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$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

SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County

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. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.)

Description of Item <small>Provide estimated quantity and cost</small>	Purpose & Justification	Total Cost
Ubi Duo	Access and Functional Needs kits to assist with facilitatating communication	\$10,000
DAFN Supplies to include:		\$3,000
Office Supplies plus toner		\$5,000
employee Orientation Video		\$10,000
Exercise Contractor		\$25,000
Veochi		\$13,054
Marketing and Advertising for App & Enable		\$16,000
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$82,054

CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: Fort Bend County

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Payments	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL COST
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: \$0

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County

Description of Item <small>Include quantity and cost/quantity</small>	Purpose & Justification	Total Cost
AT & T Wireless-12 air cards @ \$50.00/mo x12mos	Provides on-line access services for mobile communications for PHEP staff and response team staff	\$7,200
Sprint Cell Phone service-air/data x 6 units x 12 mos @ \$75.00/mos	Voice and email 24/7 contact for PHEP staff and response team staff	\$5,400
Delta Development - Annual maintenance and support fee for online registration system	To maintain, update and support system needs for web based functional and medical needs client registry	\$5,500
Direct TV @ \$120/mo x 12mos	Live news feed to maintain situational awareness of the community	\$1,440
Thermo Scientific recalibration services	To recalibrate sensitive radiological equipment ensuring readiness and ability to generate accurate readings.	\$1,834
Government Social Media Conference 1 @\$775	Education, collaboration, and training to identify new and best practices	\$775
PHEP Summit Registration Fee - 5 @ 600.00	Education, collaboration, and training to identify new and best practices	\$3,000
Diseases In Nature Transmissible to Man conference registration fee - 1 @ \$350.00	Education, collaboration, and training to identify new and best practices	\$350
TDEM Conference Registration - 4 @ \$200.00	Education, collaboration, and training to identify new and best practices	\$800
SETRAC Symposium Registration 3 @ \$230.00	Education, collaboration, and training to identify new and best practices	\$690
Food and refreshments	To support exercise operations and prevent the need to break for lunch and disrupt the continuity of the exercise.	\$1,000
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$27,989

Indirect Costs

Legal Name of Respondent:

Fort Bend County

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)

RATE:
BASE:

--

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate. Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

RATE:
TYPE:
BASE:

--

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date.

GO TO PAGE 2 (below)

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

SUPPLEMENTAL and MATCH FORMS INSTRUCTIONS

The budget templates include a SUPPLEMENTAL and a MATCH page (one per budget category) that are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template. The MATCH pages (one per budget category) are intended to record the required match will be utilized to list detail information for the required match.

The amounts on each supplemental template will automatically populate from the templates and will be inserted on the last line of the primary budget template.

The amounts on each match template will automatically populate from the templates and will be inserted in column labeled "Local Funding Sources (5)"

The SUPPLEMENTAL and MATCH budget templates are:

Personnel Supplemental
Travel Supplemental
Equipment & Controlled Assets Supplemental
Supplies Supplemental
Contractual Supplemental
Other Costs Supplemental

Personnel Match
Travel Match
Equipment & Controlled Assets Match
Supplies Match
Contractual Match
Other Costs Match

TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Fort Bend County

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days & Employees	Travel Costs	
SETRAC Symposium	Education, collaboration, training and learning about best practices from other areas of the country - cost estimates are based on Fort Bend County travel policies - \$175.00 room rate, and meal rate of \$36/day. Room rates subject to organizer and availability.	Galveston, TX	3/4	Mileage	\$450
				Airfare	
				Meals	\$280
				Lodging	\$1,000
				Other Costs	
				Total	\$1,730
Government Social Media Conference	Education, collaboration, training and learning about best practices from other areas of the country - cost estimates are based on Fort Bend County travel policies - \$200.00 room rate, and meal rate of \$47/day. Room rates subject to organizer and availability.	Nashville, TN	3/1	Mileage	\$50
				Airfare	\$300
				Meals	\$120
				Lodging	\$600
				Other Costs	\$50
				Total	\$1,120
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$2,850

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

Total for Other / Local Travel \$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$2,850

Total Travel Costs: \$2,850

TRAVEL Budget Category Detail Form (Match)

Legal Name of Respondent:

Fort Bend County

Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days & Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$0

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

Total for Other / Local Travel \$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$0

Total Travel Costs: \$0

CONTRACTUAL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Fort Bend County

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that de

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL: \$0

CONTRACTUAL Budget Category Detail Form (Match)

Legal Name of Respondent: Fort Bend County

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that de

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL: \$0

