

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

Cities Readiness Initiative

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

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:

\$142,618.00

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: 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) 238-3563
E-mail: courtny.gremmel@fortbendcountytx.gov

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

Authorized Signatory 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	\$61,404	\$47,110			\$14,294	
B. Fringe Benefits	\$19,386	\$19,386			\$0	
C. Travel	\$2,218	\$2,218			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$1,304	\$1,304			\$0	
F. Contractual	\$72,000	\$72,000			\$0	
G. Other	\$600	\$600			\$0	
H. Total Direct Costs	\$156,912	\$142,618	\$0	\$0	\$14,294	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$156,912	\$142,618	\$0	\$0	\$14,294	\$0
				Match Percentage	10.02%	

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 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 - \$150.00 room rate, and meal rate of \$36/day. Room rates subject to organizer and availability	Atlanta, GA or TBD	5/1	Mileage	\$50
				Airfare	\$300
				Meals	\$175
				Lodging	\$700
				Other Costs	\$80
				Total	\$1,305
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$1,305

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel to planning meetings, exercise meetings, exercises, etc. Othe costs such as parking expenses, and toll roads may be included.	1675	\$0.545	\$913		\$913
			\$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 \$913

Other / Local Travel Costs: \$913

Conference / Workshop Travel Costs: \$1,305

Total Travel Costs: \$2,218

Indicate Policy Used:

Respondent's Travel Policy XXXXXXXXXX

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
Color printer toner - 1 set of cartridges for HP 5550 @ \$1200.00/set	Print flyers, educational materials, reports, and other documents	
Mass Dispensing Supplies such as: Alcohol Prep pads; syringes and needles; transpore tape, Adaptic pads; hand gel, and clorox	To replenish expired stock of supplies in preparation for mass vaccinations	\$1,304
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$1,304

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
Homeland Preparedness Project	Provide volunteer recruitment, training and retention services (Cost based on an RFP process)	Develop MRC personnel to assist in large scale public health response efforts.	Acceptance of contract plus quarterly	5	\$14,400.00	\$72,000
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: **\$72,000**

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
PHEP Summit Registration Fee - 1 @ 600.00	Education, collaboration, and training to identify new and best practices	\$600
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$600

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:

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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:

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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)

Page 2, FORM I - 7 Indirect Costs

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

PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent:

Fort Bend County

PERSONNEL	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
David Olinger/PHEP Coordinator	N	Project Management, Planning, and Program Coordinator	0.17	NA	\$7,007	12	\$14,294
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
SalaryWage Total							\$14,294

FRINGE BENEFITS	Itemize the elements of fringe benefits in the space below:
	Fringe Benefit Rate %
	Fringe Benefits Total
	\$0

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	
				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

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

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

