

FORM A FACE PAGE

CONTRACTOR INFORMATION

1) LEGAL BUSINESS NAME: Fort Bend County

2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): Check if address change
 4520 Reading Road, Suite 200 , Rosenberg, Fort Bend, Texas 77471

3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change
 Fort Bend County Auditor – 301 Jackson Street, Suite 701 – Richmond Texas 77469

4) DUNS Number (9-digit) required if receiving federal funds: 081497075

5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit): 746001969

**The Contractor acknowledges, understands and agrees that the Contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.*

6) TYPE OF ENTITY (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> City | <input type="checkbox"/> Nonprofit Organization* | <input type="checkbox"/> Individual |
| <input checked="" type="checkbox"/> County | <input type="checkbox"/> For Profit Organization* | <input type="checkbox"/> Federally Qualified Health Centers |
| <input type="checkbox"/> Other Political Subdivision | <input type="checkbox"/> HUB Certified | <input type="checkbox"/> State Controlled Institution of Higher Learning |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Indian Tribe | <input type="checkbox"/> Minority Organization | <input type="checkbox"/> Private |
| | <input type="checkbox"/> Faith Based (Nonprofit Org) | <input type="checkbox"/> Other (specify): _____ |

**If incorporated, provide 10-digit charter number assigned by Secretary of State:*

7) PROPOSED BUDGET PERIOD: Start Date: 01/01/2019 End Date: 12/31/2019

8) COUNTIES SERVED BY PROJECT:
 Fort Bend County

9) AMOUNT OF FUNDING REQUESTED: \$288,722

10) PROJECTED EXPENDITURES
 Does Contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for Contractor's current fiscal year (excluding amount requested in line 9 above)? **
 Yes No

***Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.*

11) PROJECT CONTACT PERSON

Name: Kaye Reynolds, DrPH
 Phone: 281-238-3519
 Fax: 281-342-7371
 Email: Kaye.reynolds@fortbendcountytx.gov

12) FINANCIAL OFFICER

Name: Ed Sturdivant
 Phone: 281-341-3760
 Fax: 281-342-7371
 Email: Ed.Sturdivant@fortbendcountytx.gov

13) AUTHORIZED REPRESENTATIVE Check if change

Name: KP George
 Title: County Judge
 Phone: 281-341-8608
 Fax: 281-341-6809
 Email: County.Judge@fortbendcountytx.gov

FORM A-1 CONTACT PERSON INFORMATION

Legal Business Name of Contractor:

Fort Bend County

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

<p>Contact: <u>Kaye Reynolds, DrPH</u></p> <p>Title: <u>Deputy Director, FBHHS</u></p> <p>Phone: <u>281-238-3519</u> Ext. _____</p> <p>Fax: <u>281-342-7371</u></p> <p>Email: <u>Kaye.Reynolds@fortbendcountytx.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p><u>4520 Reading Road, Suite A-200</u></p> <p><u>Rosenberg</u></p> <p><u>Fort Bend County</u></p> <p><u>TX 77471</u></p>
Designated Emergency Contact (required)	
<p>Contact: <u>M. desVignes-Kendrick, MD, MPH, FAAP</u></p> <p>Title: <u>Director & Health Authority</u></p> <p>Phone: <u>281-238-3589</u> Ext. _____</p> <p>Fax: <u>281-238-3355</u></p> <p>Email: <u>md.kendrick@fortbendcountytexas.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p><u>4520 Reading Road, Suite A-200</u></p> <p><u>Rosenberg</u></p> <p><u>Fort Bend County</u></p> <p><u>TX 77471</u></p>
Executive Director / CEO (required)	
<p>Contact: <u>Jorge Sanchez</u></p> <p>Title: <u>Risk Reduction Supervisor</u></p> <p>Phone: <u>281-403-8036</u> Ext. _____</p> <p>Fax: <u>281-403-8045</u></p> <p>Email: <u>jorge.sanchez@fortbendcountytexas.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p><u>307 Texas Parkway, Suite 148</u></p> <p><u>Missouri City</u></p> <p><u>Fort Bend County</u></p> <p><u>TX 77489</u></p>
Project Manager / Coordinator (required)	
<p>Contact: <u>Ngombe Bitendelo, RN,BSN, MPH</u></p> <p>Title: <u>Director, Clinical Health Services</u></p> <p>Phone: <u>281-238-3548</u> Ext. _____</p> <p>Fax: <u>281-342-7371</u></p> <p>Email: <u>Ngombe.Bitendelo@fortbendcountytexas.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p><u>4520 Reading Road, Suite A-200</u></p> <p><u>Rosenberg</u></p> <p><u>Fort Bend County</u></p> <p><u>TX 77471</u></p>
Secondary Contact Person (required – must not be same as Project Manager / Coordinator)	
<i>This person will be contacted as the backup to the Project Manager / Coordinator for programmatic questions.</i>	
<p>Contact: _____</p> <p>Title: _____</p> <p>Phone: _____ Ext. _____</p> <p>Fax: _____</p> <p>Email: _____</p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Contractor Name: Fort Bend County

**FORM C: PERFORMANCE MEASURES
Targeted Testing and Linkage to Medical Care**

Performance Measures for All Contractors	
OBJECTIVE A	At least 75% of clients testing for HIV will receive results.
OBJECTIVE B	At least 95% of clients testing positive for HIV will receive results counseling.
OBJECTIVE C	At least 87% of clients who are HIV positive (all positives) and received results will be confirmed to HIV-related medical care.
OBJECTIVE D	Contractor will attain a 1.2% new positivity rate annually.
Projected Numbers to be Served by the End of the Contract Term	
OBJECTIVE E	
Number of tests to be performed:	850
OBJECTIVE F	
Number of newly diagnosed HIV positive persons (the state standard is attaining a 1.2% positivity rate):	10
OBJECTIVE G	
Of the total number of tests outlined in E, the contractor will provide at least the following numbers of tests to the selected priority populations.*	
Number of tests for MSM (men who have sex with men)	500
Number of tests for High Risk Heterosexuals	300
Number of tests for Others	50

* A minimum of one priority population must be selected; Contractors may add lines as needed.

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**FORM D: PERFORMANCE MEASURES
Condom Distribution**

Numbers to be Served by the End of the Contract Term	
OBJECTIVE A	
Number of distribution sites (including: number of sites where contractor supplies free condoms):	10
OBJECTIVE B	
Number of community collaborators assisting with access or distribution efforts (i.e. retail, civic, faith-based, local advocacy groups):	10
OBJECTIVE C	
Number of condoms distributed:	60,000