

Instructions:

In the Attachments, please complete all cells highlighted in yellow. Unless otherwise noted, complete each worksheet only once, even if applying for multiple counties.

Attachment

Attachment A	Applicant Information Form
Attachment B	Application Questions and Scoring: Parts 1 - 4
B Counties	Counties Applicant is Applying For
B-Part 1:	Experience
B-Part 2:	Prior Performance
B-Part 3:	Governance
B-Part 4:	Proposed Service Plan (complete a separate worksheet for each county for which applicant is applying)
B. Score	Scoring Summary
Attachment C	Cover Page for Financial Audit Information and Audit Documentation
Attachment D	Cover Page for Fidelity Bond Coverage and documentation
Attachment E	Cover Page for Uniform Previous Participation Form
Attachment F	Certifications Regarding Legal Actions, Debarment & Compliance with Laws
Attachment G	Cover Page for Private Nonprofit Organization's Tax-Exempt Status Documentation
Attachment H	Applicant Certifications

NOTE: The Department will deduct 10 points per day for deficiencies not received within five calendar days of the deficiency notice. Please refer to the RFA, Application Review Process, Section 6 for details.

NOTE: All documents, including attachments, should clearly identify to which application question the document pertains. If the response to an application question has an attachment, ensure that the separate document clearly identifies the question number. If the Department is unable to clearly determine which question the response belongs to, the applicant may not receive the correct number of points.

Contact Details	
Legal Name of Agency:	Fort Bend County
Mailing Address (Include City & ZIP Code) :	301 Jackson Street, Richmond, Texas 77469
Agency Email:	anna.gonzales@fortbendcountytexas.gov
County of Headquarters Office:	Fort Bend County
Agency Phone:	281-238-3506
Agency Fax:	281-342-0557
Authorized Representative Information	
First, Middle and Last Names:	KP George
Prefix:	Mr.
Title:	Chief Executive Officer
Email:	county.judge@fortbendcountytexas.gov
Phone number:	281-341-8608
New to this position since form last submitted to TDHCA?	Yes
Finance Chief Information	
First, Middle and Last Names:	Ed Sturdivant
Prefix:	Mr.
Title:	County Auditor
Email:	ed.sturdivant@fortbendcountytexas.gov
Direct phone number:	281-341-3760
New to this position since form last submitted to TDHCA?	Yes
Information of Person to Contact with Application Questions	
First, Middle and Last Names:	Anna M. Gonzales
Prefix:	Ms.
Title:	Director of Social Services
Email:	anna.gonzales@fortbendcountytexas.gov
Direct phone number:	281-238-3506
Category for which application is submitted? (select one from the drop down menu)	
Application and Organization Details	
Type of organization: (Choose the one which applies)	<input type="checkbox"/> Private Nonprofit Organization <input type="checkbox"/> Public Housing Authority <input type="checkbox"/> Local Mental Health Authority <input checked="" type="checkbox"/> Unit of Local Government <input type="checkbox"/> Regional Council of Governments
List the dates of the organization's current Fiscal Year: (Provide Mo/Yr to Mo/Yr)	10/2018 to 09/2019
Data Universal Numbering System (DUNS) (if available):	81497075
Central Contractor Registration (CCR) CAGE Code (if available):	5HHK4
NOTE: To draw funds, Subrecipient must be registered in the System for Award Management. If you are not registered, go to http://federalcontractorregistry.com/ to renew, update or create a new registration.	

Applicant Name: Fort Bend County

Attachment B: County (ies) Applicant is Applying For

The RFA is for an organization to administer the Comprehensive Energy Assistance Program (CEAP) funded with Low-Income Home Energy Assistance Program (LIHEAP) funds for Brazoria, Fort Bend, Galveston, and Wharton counties. An applicant may apply for one or more counties.

Applicants applying for more than one county are to submit a worksheet with responses to Attachment B, Part, 4, question 4.1 and 4.2 for each county for which they are applying (questions 4.1 and 4.2 are specific for each county being applied for).

Indicate below which county or counties your organization is applying for:

County	Estimated Allocation	Applying For: Yes or No
Brazoria	\$853,438	No
Fort Bend	\$932,474	Yes
Galveston	\$1,155,058	No
Wharton	\$339,283	No

Applicant Name:

Fort Bend County

Instructions to Application Questions Parts 1 through 4:

When responding to the questions in Attachment B - Part 1 - 4:

1. **Attachments:** Applicant must complete all areas highlighted in **yellow** and upload attachments according to the instructions found on the Wufoo submission page.
2. **Responses:** If the response is provided in a separate document, please ensure that the response is uploaded as the appropriate entry in the Wufoo submission. If the Department is unable to clearly determine which question the response pertains to, the applicant may not receive points for their response.
3. **Years of Experience:** When responding to years of experience, if the experience is 6 months or greater, round your response up to one year. If it is less than six months, do not. For example: 1 year 5 months would be 1 year and 1 year 6 months would be 2 years.
4. All applicants must complete all parts of the application questions.

Attachment B: Part 1 - Experience

Section	Question	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)
1.1	Is the applicant a Private Nonprofit Organization or a Public Organization?	0 points to be awarded.	0	25	0	0
	Type of Entity	Response: Yes or No				
	a. Private Non-Profit	No				
	b. Public Organization	Yes = 25 points Explain: Governmental Entity				
1.2	Is the applicant currently administering either of the following Texas Department of Housing and Community Affairs grants?	No, 0 points	25	0		
	Type of Grant	Response: Yes or No				
	a. Low-Income Home Energy Assistance Grant (LIHEAP CEAP or Weatherization)	Yes				
	b. Community Services Block Grant (CSBG)	No				
		Response: Yes or No				
1.3	The Applicant has a service center in operation, or is willing to provide one or more service centers, that is geographically located in the county for which the applicant is applying and is already providing a range of services designed to alleviate poverty? EXPLAIN in next column.	Yes = 25 points Explain: Fort Bend County Social Services Department has two service centers. One is located at 4520 Reading Rd. Suit 900, Rosenberg and a second location at 3017 Texas Parkway, Missouri City. Both locations provide rent/mortgage assistance, utility assistance, unmet needs, food vouchers, medication assistance, transitional supportive housing, and case management services.	25	25		

1.4	In the table below (1.4), list all current state or federally funded grant programs greater than \$50,000 administered directly by the applicant and the number of years administering the grant (indicate each grant source only once), including TDHCA funds. Add additional pages as necessary and identify question number on any additional pages.	State or federally funded programs administered: Award up to a maximum of 60 points for years administering fund source. Award points as follows: • 6+ years administering fund source: award 10 points per fund source • 2-5 years administering fund source: award 5 points per fund source • Less than 2 years: award 0 points	60	25		
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Table 1.4 list all current state or federally funded grant programs greater than \$50,000 administered:

Grant Name	Funding Entity and Purpose of Award	# of Years Administered	State Funds (Y/N)	Federal Funds (Y/N)
Funds for Veteran's Assistance- General Assistance Grant	Texas Veterans Commission-provide rental, utility, day care and transportation assistance to veterans and their dependents.	4	Yes	No
Emergency Food and Shelter Program (EFSP)	U. S. Dept. of Homeland Security-FEMA - provide rental/mortgage, utility, food	20	No	Yes
Fort Bend Recovers	United Way of Houston-provide basic needs to flood survivors	3	No	No
Victims of Crime Act Formula Grant Program	Governor's Criminal Justice Division-provide case management services to victims of crime	4	No	Yes

110 75 0 0

Applicant Name:		Fort Bend County				
Attachment B: Part 2 - Prior Performance						
Section	Question	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)
2.1	<p>In the table below, list all TDHCA funded programs administered in the past 3 years.</p> <p>Only the most recent monitoring report for each program will be considered for point deductions.</p> <p>Provide copies of the most recent monitoring reports for each of the TDHCA programs listed. If the grant has not been monitored, provide information explaining such.</p> <p>Provide follow-up response from TDHCA of resolution of monitoring findings. Also explain if follow-up response from TDHCA of resolution of monitoring findings has not been released.</p> <p>For ease of review, please number the pages of the documents, even if the numbering is handwritten.</p>	<p>Number of monitoring findings, deficiencies and disallowed costs identified in monitoring reviews of state funded programs.</p> <p>For each monitoring report, determine: (1) Monitoring report had findings: Deduct -10 points per finding. (4) Monitoring report had disallowed costs in excess of \$1,000: Deduct -50 points per grant program in addition to (1) point deductions above.</p> <p>Note: If monitoring report is not attached and/or explanatory information as to why a monitoring report is not provided: Deduct -20 points per TDHCA funded program.</p>	TBD	0		

Table 2.1 Instruction: All applicants are to complete the Table 2.1. However, TDHCA subrecipients who have submitted monitoring reports with the 2019 Uniform Previous Participation Review, do not need to resubmit monitoring reports that have previously been submitted, but please submit a list (name of agency, date of report) of the monitoring reports that have been submitted to the department during the PPR review. If there are any recent monitoring reports that were not submitted, please provide copies of the recent monitoring reports. The time period to provide monitoring reports is for the past 36 months. Scan all monitoring reports into one document and include a cover page labeled as "Documents in response to Question #2.1" and number each page consecutively. The numbering can be hand written at the bottom of each page.

Funding Source	Name of Monitoring Report	Page #	# of Findings	Copy of Report attached (Y/N)	Amount of Disallowed Costs
			# of Deficiencies	Date of Last Monitoring (MM/DD/YY)	
	N/A	N/A			N/A

2.3	Provide the following information related to your organization's expenditures of CEAP funds for the 2017 and 2018 TDHCA CEAP contract(s) at the end of the original Contract Term (i.e., Dec 31). If no funding was received, leave blank.	Applicant's history of CEAP expenditures: • For each Percentage Point expended, one point will be received. i.e., Expended 94% of 2017 contract by December 31, 2017 and expended 87% of 2018 contract by December 31, 2018 = 94+87= 181 points received.	200	0		
Year	Contract Period	CEAP Award Amount	Cumulative (Total) Expenditures as of 12th month (December) of contract (excluding projected expenditures)	% of Funds Expended as of December (12th month of contract)		
2017	January 1-December 31	N/A	N/A	N/A		
2018	January 1-December 31	N/A	N/a	N/A		
Section	Question and Response	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use)	Reviewer 2 (TDHCA use)
2.4	In the past year, has the Department deobligated CEAP funds from the applicant?	Applicant's history of CEAP deobligation: • Yes, if deobligated less than 10% of the award amount: Deduct -10 points • Yes, if deobligated 10%-19% of the award amount: Deduct -20 points • Yes, if deobligated 20%-29% of the award amount: Deduct -30 points • Yes, if deobligated 30% or more of the award amount: Deduct -40 points • No, 0 points	TBD	0		
Year	Award Amount	Amount Deobligated				
2018	N/A					
Section	Question and Response	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use)	Reviewer 2 (TDHCA use)
2.5	Audit: Submit the most recently completed Single Audit or third-party audit. The Single Audit submitted should be the one due as per State and Federal requirements. Also include management letters and responses to management letters as applicable. If the audit indicates that the findings/deficiencies, questioned costs, disallowed costs, or deficiencies/concerns are those raised in the monitoring reports	Three Scoring Areas: 1. Audit Findings for most recent audit period • Audit with no findings/deficiencies: -0 points • Audit with some findings/deficiencies (not significant): -15 points per finding • Audit with significant findings/deficiencies (Note that significant findings/deficiencies can deem an application ineligible): -50 points 2. Disallowed Costs for current audit period • No disallowed costs: 0 points	TBD			

	<p>already addressed in Section 2.1, the application will not lose points in both areas for those items. Section 2.1 will be scored first, and any additional point deductions will be applied here.</p> <p>An organization not subject to either the Federal or the State Single Audit requirements must submit one copy of a third-party audit of financial statements prepared by a Certified Public Accountant, including any notes to the audit.</p>	<ul style="list-style-type: none"> • Questioned costs: -20 points • Disallowed costs (significance based on other than minor administrative error): -50 points if disallowed costs are 5% or more of the related grant award. If below 5% of the related grant award, deduct -30 points. <p>3. Deficiencies or Concerns for current audit period</p> <ul style="list-style-type: none"> • No deficiencies or concerns: 0 points • Deficiencies or Concerns: -20 points <p>4. Single Audit has not been completed and is over due: -50</p> <p>5. If applicant does not meet threshold for completing a Single Audit and has not had a third-party audit of financial statements prepared by a Certified Public Accountant, deduct -50 points.</p>				
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Attachment B: Part 3 - Governance
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Section	Question	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)
3.1	<p>Governance:</p> <p>In the table below, provide information on the frequency of regularly scheduled Board meetings held from January 1, 2018 thru December 31, 2018. (Enter information below. Add more rows if needed.)</p> <p>Note: Provide the minutes for each of the Board meetings held during that period. Minutes must indicate if a quorum was present.</p>	<p>Frequency of regularly scheduled Board meetings:</p> <p>Monthly: 30 points</p> <p>More than 5 times in the 12 month period): 20 points</p> <p>4 to 5 times in the 12 month period: 10 points</p> <p>Less than 4 times in the 12 month period: 0 points</p> <p><i>Note:</i> If meeting minutes are not provided or if a <i>quorum</i> was not present, the meeting will not be counted for points.</p>	20	20		
	Date of Meeting (MM/DD/YYYY)	Minutes attached? (Y/N)	Was a quorum present? (Y/N)			
	1/2/2018	Y	Y			
	1/9/2018	Y	Y			
	1/23/2018	Y	Y			
	2/6/2018	Y	Y			
	2/13/2018	Y	Y			
	2/27/2018	Y	Y			
	3/6/2018	Y	Y			
	3/13/2018	Y	Y			
	3/27/2018	Y	Y			
	4/3/2018	Y	Y			
	4/10/2018	Y	Y			
	4/24/2018	Y	Y			
	5/1/2018	Y	Y			
	5/8/2018	Y	Y			
	5/22/2018	Y	Y			
	6/5/2018	Y	Y			
	6/12/2018	Y	Y			

Section	Question	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1	Reviewer 2
					(TDHCA use only)	(TDHCA use only)
	6/26/2018	Y			Y	Y
	7/3/2018	Y			Y	Y
	7/10/2018	Y			Y	Y
	7/24/2018	Y			Y	Y
	8/7/2018	Y			Y	Y
	8/14/2018	Y			Y	Y
	8/28/2018	Y			Y	Y
	9/4/2018	Y			Y	Y
	9/11/2018	Y			Y	Y
	9/25/2018	Y			Y	Y
	10/2/2018	Y			Y	Y
	10/9/2018	Y			Y	Y
	10/23/2018	Y			Y	Y
	11/6/2018	Y			Y	Y
	11/13/2018	Y			Y	Y
	11/27/2018	Y			Y	Y
	12/4/2018	Y			Y	Y
	12/11/2018	Y			Y	Y
	12/18/2018	Y			Y	Y

3.2	<p>Governance:</p> <p>In the table below, indicate the types of financial reports presented and discussed at Board meetings held January 1, 2018 thru December 31, 2018. Provide a copy of the financial reports provided during the time period.</p>	<p>Type and frequency of Financial Reports provided to the Board. <i>Minutes need to reflect financial reporting and financial reports and must be provided with application to receive points:</i></p> <ul style="list-style-type: none"> • Financial reports provided at each board meeting during the 12-month period: Award = 20 points • Financial reports not provided at each meeting, but were provided at least 4 times during the 12 month period: Award = 10 points • Financial reports were provided less than 4 times in the twelve month period, but at least twice = 5 points • Financial reports were provided less than two times in the 12 month period = 0 points <p>Points will be awarded for only one of the time periods.</p>	20	20		
			Board Minutes Reflect the Report (Yes or No)	Financial Report Provided as Attachment (Yes or No)	Indicate the Attachment Name and Page # where document is located	
	Statement of Financial Position	Monthly	Yes	Yes		
	Organization-wide report on Revenues and Expenditures that compares budget to actual, categorized by program	Monthly	Yes	Yes		
Section	Question	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)

3.3	Governance: In the table below, indicate the types of performance reports presented and discussed at Board meetings held January 1, 2018 thru December 31, 2018. Provide a copy of the performance reports provided during the time period.	Type and frequency of Performance Reports provided to the Board. Minutes need to reflect performance reporting and performance reports must be provided with application to receive points: <ul style="list-style-type: none"> • Performance reports provided at each board meeting during the 12-month period: Award = 20 points • Performance reports not provided at each meeting, but were provided at least 4 times during the 12 month period: Award = 10 points • Performance reports were provided less than 4 times in the 12 month period, but at least twice: Award = 5 points • Performance reports were provided less than two times in the 12 month period: Award = 0 points Points will be awarded for only one of the time periods.	20	20		
			Board Minutes Reflect the Report (Yes or No)	Performance Report Provided as Attachment (Yes or No)	Indicate the Attachment Name and Page # where document is located	
	Type of Performance Report	Frequency Report is Provided to Board				
	Performance data by grant program/funding source CAFR Report	Annual	Yes	Yes		
Status report on meeting performance targets by grant program	Annual	Yes	Yes			

60	60	0	0
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Applicant Name:		Fort Bend County				
County for which applicant is applying:		Fort Bend				
Attachment B: Part 4 - Proposed Service Plan						
Section	Question	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)
4.1	<p>NOTE: Applicants applying for more than one county must submit a response to question 4.1 for each county they have applied for.</p> <p>In a separate document, provide a response to question 4.1 for each county that applicant is applying for. The response is limited to a five page limit for each county for which the applicant is applying for. In no more than five pages (11 point font, 8 1/2" x 11" page size, 1" margins, single or 1.5 spacing or double spaced) provide a typewritten explanation of how your organization will implement the CEAP program in the county(ies) for which you have applied. Include the following (1-5 below) in your response:</p> <p>1) A timeline (# days after award notification) for when staff will be hired, offices open for business, community outreach conducted, applications accepted, and pledges made with vendors.</p> <p>2) A description of the system set up to review and process the applications in a timely manner.</p> <p>3) Process that will be used to prioritize vulnerable households.</p> <p>4) Process that will be used to ensure that the 24 or 48 hour Crisis timelines (as per CEAP TAC rule §6.310) will be met.</p>	<p>Points for questions 1-4 within 4.1:</p> <p>Award a maximum of 25 points for each of the questions 1-4 within 4.1. Responses will be compared to other applicant's responses when determining whether response is below average, average, above average or excellent.</p> <p>25 points being an excellent and very sound plan, very thorough, detailed response providing all information requested.</p> <p>20 points for an above average sound plan, good responses and provided all requested information.</p> <p>15 points for an average and fairly sound plan, average quality responses which provided most of the requested information.</p> <p>-10 point deduction for a below average plan which was not well developed and responses which were not very detailed and did not provide all of the requested information.</p>	100	100		

4.2	<p>NOTE: Applicants applying for more than one county must submit a response to question 4.2 for each county they have applied for.</p> <p>Complete the table below for each county that applicant is applying for.</p> <p>How many full time service sites (open M-F full time 40 hours per week) will be open and how many part-time service sites (open half days or open less than 40 hours weekly) will be open in each county for which applicant is applying.</p> <p>If full or part-time service sites will not be operated, but instead applications will be accepted by applicant staff at outreach sites on a regularly planned weekly schedule, provide information on the planned schedule (# days a week and in what city(ies)).</p> <p>If applicant does not plan to have service sites or outreach sites, provide a detailed plan on a separate page how the county (ies) will be served with CEAP funds.</p>	<p>Points for question 4.2 Service Sites:</p> <p>Award 50 points for each full-time (M-F 40 hours a week with at least 1 applicant staff person) service site.</p> <p>Award 30 points for each part-time (30 hours or more a week with at least 1 part-time applicant staff person) service site.</p> <p>Award 20 points for each part-time (20 hours or more a week with at least 1 part-time applicant staff person) service site.</p> <p>Award 15 points for each part-time (less than 20 hours a week with at least 1 part-time applicant staff person) service site.</p> <p>Award 10 points for each outreach site which will be visited at least once per week and CEAP applications taken.</p> <p>Award 5 points for each outreach site which will be visited at least 1 day out of the month and CEAP applications taken.</p>	100	100		
		<p># of Service Centers in County, Location (city), and the number of staff and full/part time status of staff in the service center/outreach site.</p> <p>Identify whether it is currently in operation or proposed. (i.e., 1-Chicago-2FT/1PT-proposed)</p>				
			Days of Operation per Week	Hours of Operation per Week		
		Full Time Service Center	1- Rosenberg 2 FT proposed (3 Existing FT)	Monday-Friday	40	
		Full Time Service Center	1- Missouri City 2 FT proposed (2 Existing FT)	Monday-Friday	40	
		Part Time Service Center	1-United Way Fort Bend Stafford (2 Proposed/Existing)	Tuesday/Thursday	16	
		Part Time Service Center				
		Outreach Site	1- Rosenberg 2 FT proposed (3 Existing FT)	Ongoing		
	Outreach Site	1-Missouri City 2 FT proposed (2 Existing FT)	Ongoing			
Section	Question	Scoring Mechanism	Maximum Points	Self-Score	Reviewer 1 (TDHCA use only)	Reviewer 2 (TDHCA use only)

<p>4.3</p>	<p>NOTE: Applicants applying for more than one county, must submit a response to question 4.3 for each county they have applied for.</p> <p>Provide the following information in the yellow-highlighted area below: Describe how you plan to conduct outreach to reach low income persons in the county(ies) and to target elderly, disabled, and households with children 5 years of age and younger, as well as those with high energy consumption and high energy burden. Also, describe how your organization will coordinate CEAP with other social service providers in the service area and to seek additional funding from utility providers, local governments, and the private sector. Provide information on parties with whom your organization plans to coordinate the CEAP program with and to seek additional funding for utility assistance in the related county(ies).</p>	<p>In assigning points, reviewer will consider the depth to which items are described:</p> <p>Applicant provided information that demonstrates:</p> <p>a. Clear and detailed outreach plan to reach low income and vulnerable households, as well as those with high energy consumption and high energy burden: 10 point maximum</p> <p>b. Clear coordination efforts with other social service providers in the county: 10 point maximum</p> <p>c. Clear description of proposed efforts to obtain additional funding: 5 point maximum</p> <p>d. Award 0 points for a. thru c. if the plan was not clear nor sufficiently detailed: 0 points</p>	<p>25</p>	<p>25</p>	
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4.3 Response

Fort Bend County Social Services (FBCSS) currently partners with the Fort Bend County Collaborative Information System (FBCCIS) which consists of 12 multi-sector organizations and all utilize a data sharing platform to identify Fort Bend County's most vulnerable populations. The organizations include providers of basic needs (Second Mile Mission, East Fort Bend Human Needs, Katy Christian Ministries, Richmond/Rosenberg Helping Hands, Fort Bend Meals on Wheels), a local federally qualified health center (AccessHealth), a local housing authority (Rosenberg Housing Authority), a local paramedic program (Fort Bend County Emergency Medical Services), behavioral health providers (Fort Bend County Behavioral Health Services, Fort Bend Clubhouse) and educational service provider (Fort Bend Hope). FBCSS will utilize the FBCCIS already existing data to identify the elderly, the disabled and households with children 5 years and younger and those with high energy consumption or high energy burden, currently FBCSS manages the FBCCIS and communicates daily with partners to assist county residents via electronic referrals, via email and through monthly meetings. In addition FBCSS partners with the Fort Bend United Way Service Center, churches, schools, subsidized apartment complexes for the elderly and low income families. FBCSS will also partner with Fort Bend County Indigent Health Department to identify county residents who are at 20% of the federal poverty level. FBCSS receives funding from Reliant Energy, TXU Energy, Fort Bend County, and the Emergency Food and Shelter Program to assist the County's most vulnerable population with utility assistance.

225	225	0	0
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Applicant Name:		Fort Bend County		
Attachment B - SCORING SUMMARY				
Checklist of Application Questions Requesting Attachments				
Question		Attachment Item Requested		
	2.1	Most recent monitoring reports. Refer to question 2.1 for details.		
	2.4	Most recent single audit or audit.		
	4.1	Service Plan. Refer to question 4.1 for details.		
Attachment B Score for Application Question Sections				
Scoring Section	Maximum Points	Self-Score Points Received	Reviewer 1	Reviewer 2
Part 1: Experience	120	75	0	0
Part 2: Prior Performance	200	0	0	0
Part 3: Governance	60	60	0	0
Part 4: Proposed Service Plan (Brazoria)	225	0	0	0
Part 4: Proposed Service Plan (Fort Bend)	225	0	0	0
Part 4: Proposed Service Plan (Galveston)	225	0	0	0
Part 4: Proposed Service Plan (Wharton)	225	0	0	0
Final Score for Brazoria County		135	0	0
Final Score for Ft. Bend County		135	0	0
Final Score for Galveston County		135	0	0
Final Score for Wharton County		135	0	0

TBD Points To Be Determined upon review of documents.

** The Self-Score column on Attachment B Parts 1-4 are to be completed by the Applicant; however, the Department does not base its scoring of the application on the Applicant's self-score. **

TDHCA reserves the right to request further information related to the application for clarification purposes during the scoring review period.

All applications for a particular county will compete against each other. The score for Parts 1-3 will be added to the score for Part 4 for the particular county the applicant has applied for to calculate the Final Score.

Applicant Name: Fort Bend County

Attachment C Cover Page for Financial Audit Information

General Instructions:

Use this page as a cover page. Indicate whether Option 1, 2 or 3 applies, by placing an X in the yellow area. Also complete the other cells highlighted in yellow. Applicant must attach the Audit Certification Form found at <http://www.tdhca.state.tx.us/pmcomp/forms.htm> and any one of the following three documents:

For organizations that expended \$750,000 or more in Federal awards or State awards or that have outstanding loans greater than \$750,000 in their last fiscal year, the most recently completed Single Audit Report must be submitted in its entirety.

Yes

Option 1): Organization subject to Federal Single Audit Act

Submit a certification detailing that the Single Audit that is due for the latest fiscal year is available at the Federal Audit Clearinghouse.

OR

Option 2): For Organization subject only to State Single Audit Act

Submit one complete copy of your organization's most recent Single Audit report including all notes to the audit. If applicable, the management letter must be included with the Audit documents.

OR

Option 3): If not subject to the Federal Single Audit or the State Single Audit, submit a Third-party Audit completed by a CPA

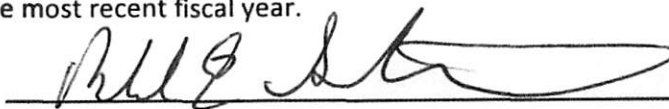
Submit one complete copy of your organization's most recent audit prepared by a third-party, including any notes to the audit. The audit should include a Statement of Financial Position, Statement of Activities, and Statement of Cash Flows

For a local government that has its departments audited separately, highlight the specific and general portions relating to the Program or Grant for which you are applying and any other TDHCA funded programs.

The Department will not accept an application from an Applicant that cannot provide the required Audit.

I am authorized to act on behalf of the agency listed above to certify to the amount of funds subject to the Federal or State Audit Act for the most recent fiscal year.

Authorized Signature:



Title:

County Auditor

Dated:

8/21/2019

Single Audit Requirement:	
Is your agency subject to the Single Audit requirement?	Yes
Is your agency current on submitting its Single Audit to the Federal Audit Clearinghouse?	Yes

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction.

Previous Participation Form - Programs Covered Under 10 TAC §1.302

This form is used for Department Program Awards Not Covered by 10 TAC §1.301

Identify the Applicant or Affiliate legal name and contact information for the person designated to address questions from TDHCA staff regarding this form and/or the previous participation review.

Applicant or Affiliate Legal Name:	Fort Bend County
Designated Contact Name:	Anna Gonzales
Designated Contact Email:	anna.gonzales@fortbendcountytexas.gov

- A. By placing my initials in this box, I certify that in the most recent fiscal year neither the Applicant nor Affiliate expended \$750,000 in state or federal funds (from any source) or had \$750,000 in outstanding state or federal loans (from any source).
- B. By placing my initials in this box, I certify that for all current federal contracts with TDHCA, and for any federal contracts I have had with TDHCA that ended in the last five years, I have disclosed to the Department any criminal, civil, or administrative proceedings as described by 2 CFR Part 200, Appendix XII, Section 2 or that such disclosure is attached.

1. List members of the board of directors, council, or other governing body as applicable (if necessary attach a separate page).

By placing my initials in this box, I certify that there is no board of directors, council, or other governing body.

ID #	First Name	Last Name	Home Address (City and State only)	Role
1a	KP	George	Richmond, Texas	County Judge
1b	Vincent	Morales	Rosenberg, Texas	County Commissioner , Pct. 1
1c	Grady	Prestage	Missouri City, Texas	County Commissioner , Pct. 2
1d	Andy	Myers	Fulshear, Texas	County Commissioner , Pct. 3
1e	Ken	DeMerchant	Richmond, Texas	County Commissioner , Pct.4
1f				
1g				
1h				
1i				
1j				
1k				
1l				
1m				

2. List key personnel (Executive Director, CFO, Program Director, etc.), if necessary attach a separate page. Alternatively, if applying for a Community Affairs Program, applicant may attach a separate page certifying compliance with 10 TAC §6.6.

ID #	First Name	Last Name	Home Address (City and State only)	Role
2a	KP	George	Richmond, Texas	County Judge
2b	Ed	Sturdivant	Missouri City, Texas	County Auditor
2c	Anna	Gonzales	Rosenberg, TX	Director of Social Services
2d				
2e				

3. Provide a copy of the most recent three years federal or state agency (other than TDHCA) monitoring reports that resulted in a finding or disallowed costs (only if applying for a federal award).

By placing my initials in this box, I certify that NO monitoring reports in the most recent three years resulted in a finding or disallowed costs.

4. List all TDHCA multifamily developments (including: HTC, HTC Exchange, BOND, HOME, SHTF, NHTF, TCAP, TCAP-RF, and NSP) that the Applicant or Affiliate has owned or controlled at any time (if necessary attach a separate page).

By placing my initials in this box, I certify that the Applicant or Affiliate has NO prior TDHCA multifamily experience.

TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control end (mm/yy)

5. Identify all Community Affairs and Single Family Department programs that the Applicant or Affiliate has participated in within the last three (3) years by placing an "X" next to the program name.

By placing my initials in this box, I certify that the Applicant or Affiliate has NO TDHCA Program experience (within the last 3 yrs).

Community Affairs:	CEAP		CSBG		DOE		LIHEAP		WAP
HOME & Homeless:	HOME	X	ESG	X	HHSP				
HTF/OCI:	AYBR		Bootstrap		CFDC		Self-Help		
NSP:			Other:						

I certify that I understand that fines and imprisonment up to five years are penalties for knowingly and willfully making a materially false, fictitious, or fraudulent statement or entry in any matter within the jurisdiction of the federal government (18 U.S.C. Sec. 1001).

Signature: _____

Date: _____

Applicant Name:

Fort Bend County

Attachment F Certification Regarding Legal Actions, Debarment & Compliance with Laws

I am authorized to act on behalf of the applicant listed above to certify:

- 1) That I have included a copy of the most recent three years federal or state agency monitoring reports that resulted in a finding or disallowed costs for my organization.
- 2) That the organization is not debarred from doing business with the federal government, the State of Texas, or any other governmental entity, and that no current board member or employee is debarred from doing business with the federal government, the State of Texas, or any other governmental entity.
- 3) That the organization is not in arrears for taxes, owes no monies associated with compliance with environmental laws, owes other monies that are past due or contested, or has outstanding liens, levies, lawsuits, or investigations pending.

The certification **must be** signed by the organization's Executive Director. If any of the certifications cannot be attested, then attach a document explaining why.

Authorized Signature:

Title: Fort Bend County Judge

Date:

8/27/2019

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Applicant
Name:**

Fort Bend County

Attachment G Cover Page for private non-profit tax-exempt status documents

General Instructions:

Use this page as a cover page and attach documentation of private nonprofit tax-exempt 501(c) status.

Tax-Exempt Status:

- All Private Nonprofit Organizations must document their status as a 501(c) tax-exempt entity. The Department prefers that the ruling be on IRS letterhead, legible and signed by the IRS District Director.
- Expired advance rulings from the IRS are not acceptable. Other documentation which may be utilized to document 501(c) status may be a letter from the State of Texas Comptroller of Public Accounts or a certified legal document showing status.
- If the organization is a subsidiary of a parent organization, the local nonprofit affiliate must provide a copy of the page listing the organization as part of the larger organization in the documents filed with the IRS.

**Applicant
Name:**

Fort Bend County

Attachment H Applicant Certifications

I am authorized to act on behalf of the agency listed above, that is applying for LIHEAP funds, to certify that:

- Legal Authority –** The applicant organization possesses legal authority to apply for and receive funds and carry out activities authorized by the Low Income Home Energy Assistance Program.
- Confidentiality –** If this application is funded, the Subrecipient will develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided services under any project assisted under the LIHEAP program.
- No Violation of Federal Law –** The applicant certifies that this application does not include proposed financial participation by a person who, during the five-year period preceding the date of the application, has been convicted of violating a federal law or assessed a penalty in a federal civil or administrative enforcement action in connection with a contract awarded by the federal government as a result of Hurricane Rita, Hurricane Katrina, or any other disaster occurring after September 24, 2005. Applicant acknowledges that any award by the Texas Department of Housing and Community Affairs pursuant to this application may be terminated and payment withheld if this certification is inaccurate.
- Drug-Free Workplace –** If this application is funded, each project receiving LIHEAP funding will, in good faith, ensure compliance with the Drug-Free Workplace Act of 1988.
- Compliance with All Applicable Laws –** All LIHEAP-funded activities will be carried out in accordance with all applicable laws and regulations of the U.S. Department of Health and Human Services and the Texas Department of Housing and Community Affairs.

**Certification
Regarding
Lobbying –**

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the State, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the State shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

2. The State shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose according to the Government-wide Guidance for New Restrictions on Lobbying (Fed. Reg. December 20, 1989; 52306).

**Certification
requiring Pro
Children Act of
1994**

Public Law 103227, Part C Environmental Tobacco Smoke, also known as the Pro Children Act of 1994, requires that smoking not be permitted in any portion of any indoor routinely owned or leased or contracted for by an entity and used routinely or regularly for provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 per day and/or the imposition of an administrative compliance order on the responsible entity by signing the Applicant certifies that it will comply with the requirements of the Act.

The Applicant further agrees that it will require the language of this certification be included in any subawards which contain provisions for the children's services and that all subgrantees shall certify accordingly.

**Authorized
Signature:**

Title:

Fort Bend County Judge

Dated:

8/27/2019

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Fort Bend County
Attachment B Part 4 Question 4.1**

How your organization will implement the CEAP program in the County (ies) for which you have applied. Include the following (1-5 below) in your response:

- 1) A timeline (# days after award notification) for when staff will be hired, offices open for business, community outreach conducted, applications accepted, and pledges made with vendors.**

Fort Bend County Social Services will begin implementing the CEAP program in Fort Bend County as follows:

Activity	Target Date
Notice of Award	November 1, 2019
Contract is reviewed by County Attorney/place contract on Commissioner's Court agenda for approval	November 12, 2019
Implement CEAP services utilizing existing County employees	Complete, approximate start date November, 2019
Post 4 Eligibility Worker Positions, Clerk, Part-time Accounts Payable Auditor	November, 2019
Purchase Laptops, Scanners, General Office Supplies, etc.	November, 2019
Rosenberg Office and Missouri City Office will be open to provide services immediately following Commissioner's Court approval. Office hours: Monday-Friday 8:00-5:00.	Complete, approximate start date November, 2019
Review Sign and approve Occupancy Agreement with United Way of Greater Houston.	December, 2019
Community outreach will consist of press release, contacting FBCCIS partners, social media outlets, churches, hospitals, nonprofit organizations will be informed via email, community meetings and face to face contacts.	November, December—Ongoing
Schedule client interviews for the purpose of assessing client eligibility and acceptance of application	November, December—Ongoing
FBCSS currently has working agreements in place with various utility vendors.	Complete approximate start date November, 2019

- 2) A description of the system set up to review and process the applications in a timely manner.**

At FBCSS clients are seen by appointment and walk-ins are welcome Monday through Friday between the hours of 8:00am-5:00pm. When necessary, hours are extended to meet the needs of clients. Services are provided at two locations: the West End location (Rosenberg Annex) at 4520 Reading Road, Suite A-900, Rosenberg, TX. 77471, and the East End location (Missouri City Office) at 307 Texas Parkway, Suite 235, Missouri City, TX 77459. Required documents:

**Fort Bend County
Attachment B Part 4 Question 4.1**

proof of household income, proof of residency of Fort Bend County, provide photo identification, provide original utility bill that demonstrates high residential energy use or high energy burden, all supporting documentation must be in client's name or the individual applying for assistance must show the presence of a "vulnerable" individual in household, such as a child age five and younger, person with disability, or an elderly (individual). Eligibility requirements: client must be a resident of Fort Bend County, show proof they are elderly (age 65 and over), disabled, show proof they have children who are age five and younger, demonstrate the household income is at or below 150% of the federal poverty guidelines, provide required documentation and all supporting documentation must be in client's name. All clients are interviewed, and assessed to determine eligibility. Once it has been determined that the client is eligible for services his/her data and documents are entered into FBCSS data collection system, Caseworthy. The eligibility worker generates an electronic service request and a utility pledge form is emailed, faxed, portal pledged or a verbal pledge is made to the vendor (when making a verbal pledge the utility pledge form is documented with the date and time of pledge and the person who accepted the pledge). When submitting a pledge to TXU, all workers must use the TXU portal. (A username and password is provided to FBCSS employees within 2 weeks of employment.) Training on the TXU portal is provided to eligibility workers by their supervisor. Once the pledge is complete, a Metered Utility Verification form is completed and uploaded into the Caseworthy System and becomes a part of the client's file. The Metered Utility Verification Form, the original bill and a copy of the bill is then submitted for Tier I review. Tier I review ensures all proper documents have been uploaded and ensures that the client does qualify for services, once approved by the supervisor the file goes to Tier II review. In Tier II, the reviewer looks for any errors and that all grant guidelines have been followed and ensures preparation of the file for submission and payment to the County Auditor's Office.

3) Process that will be used to prioritize vulnerable households.

Upon notice of award FBCSS will work with the FBCCIS partnering agencies and county departments to prioritize vulnerable households. This will be done via email and a face to face meeting in late November 2019. In addition, the director of FBCSS will meet with the Director of Fort Bend County Indigent Health Program to discuss client referrals and inform clients of the CEAP funding. It should be noted that clients who utilize the County Indigent health program must be at less than 21% of the federal poverty level. FBCSS will also make it a priority to meet with the Rosenberg Housing Authority to identify the target population of the CEAP. FBCSS will also examine its existing data base to identify the target population and identify clients who would benefit from the program. All partners in the FBCCIS will also be encouraged to identify clients and assist with making referrals. With the four additional eligibility workers and the county's existing five eligibility workers it is anticipated that 54 clients will be seen a day for a total of 270 clients seen a week.

4) Process that will be used to ensure that the 24 to 48 hour Crisis timelines (as per CEAP TAC rules 6.310) will be met.

FBCSS 24 to 48 hour crisis timelines will be implemented using the following process:

Fort Bend County
Attachment B Part 4 Question 4.1

In those situations where a client/applicant reports a life threatening crisis, FBCSS will contact the utility vendor and make a pledge to ensure the client/applicant does not face disruption or disconnection of services. If a payment needs to be made immediately the FBCSS will request the use of the County's procurement card from the County's Purchasing Department via email. Once approved the eligibility worker will be informed and payment to the vendor will be made by phone. The eligibility worker will make a note in the client/applicant file documenting time and date the payment was made and/or if a cooling or heating unit was purchased to resolve the client/applicant's crisis. In addition, the client/applicant utility notice will be uploaded into the system as evidence that documentation of a crisis was received. A life threatening crisis is defined when at least one person in the applicant household would be adversely affected without the utility assistance of FBCSS because there is shut-off notice or a delivered fuel source is below a ten (10) day supply (by client report) to the degree that, in the opinion of a reasonable person, the effect could cause loss of life. Examples of life-sustaining equipment include, but are not limited to kidney dialysis machines, oxygen concentrators, cardiac monitors, and in some cases heating and air conditioning, when ambient temperature control is prescribed by a medical professional. FBCSS will not request documentation about the medical condition of the client/applicant but the client/applicant must state that such a device is required in the dwelling unit to sustain life.

FBCSS will assist a client/applicant in all crisis related conditions and will provide households with repair of existing heating and cooling units. For vulnerable populations households, regardless of weather conditions, service and repair or purchase of portable air conditioning/evaporative coolers and heating units (portable electrical heaters will only be allowed as a last resort) when the household has an inoperable unit or there is a nonexistent heating or cooling system. Heating and cooling units will be purchased with the County procurement card within a 24 to 48 hour timeline.