



October 10, 2019

Honorable Judge KP George
County Judge
Fort Bend County
Behavioral Health Services
301 Jackson Street
Richmond, TX 77469-3108

Status and Amount:	<i>Approved for \$2,500</i>
Small Grant Description:	<i>FORESIGHT Resident Engagement - Fall 2019</i>
Grant ID:	<i>4026</i>

Dear Honorable Judge George:



We are pleased to inform you that the Episcopal Health Foundation (EHF) has awarded Fort Bend County a Small Grant in the amount of \$2,500 for the purpose stated above.

As a recipient of this award, please review and accept the following grant requirements:

1. electronically sign in the space provided below indicating your acceptance of the terms and requirements of this grant within 10 working days;
2. complete the Electronic Funds Transfer Authorization form that comes with this letter;
3. submit a brief report on your use of this grant once all funds have been expended or no later than 13 months from the date of this letter; and
4. publicize this grant appropriately, seeking approval from EHF in advance, and providing copies of all press releases, news releases, published materials, or media articles mentioning this grant.

Please don't hesitate to contact me or your program officer should you have questions or need additional information.

Sincerely,

DocuSigned by:

Joe Carcedo
Vice President for Grants 

Accepted by: Fort Bend County

Signature: _____ Title: _____

Name: _____ Date: _____

In Process



ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I/We authorize The Episcopal Health Foundation to initiate electronic funds transfers to/from my/our (select one): Checking Savings account as identified below.

I/we understand if corrections are necessary, it may involve adjustment (credit or debit) to my/our account. I/we acknowledge that the origination of ACH transactions to/from my/our account must comply with the provisions of U.S. law. I/we understand that this authorization will remain in effect until I/we notify the Episcopal Health Foundation that we wish to revoke this authorization. I/we understand that the Episcopal Health Foundation requires at least 10 days prior notice in order to cancel this authorization.

I understand and authorize all of the above as evidenced by my signature below.

ORGANIZATION NAME: _____

(please print)

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

AUTHORIZING SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____

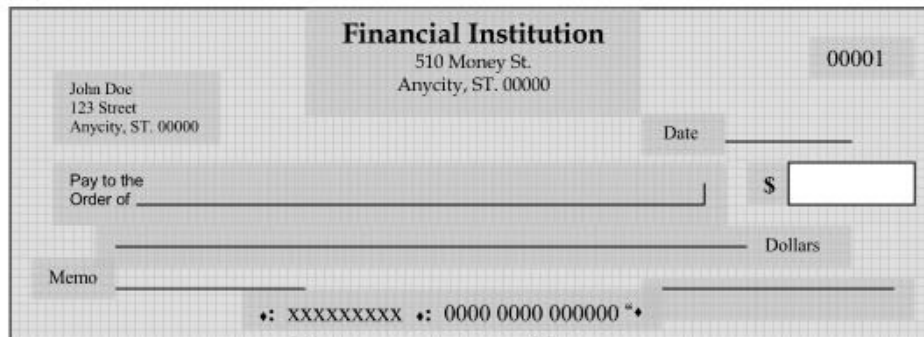
EMAIL ADDRESS (for notification of pending payments): _____

Financial Institution account "identifying information":

Enter financial institution account information into the fields provided below or attach a blank VOID check.

Complete or attach Blank VOID Check here.	Financial institution:		Branch:	
	City:		State:	ZIP CODE:
	Transit/ABA #		Account #	

Example



This is the 9 digit Transit / ABA Bank Routing number.

The Account number is usually to the right of the Routing number. Some Financial Institutions add the check number between the Routing and Account numbers



ACH Electronic Funds Transfer Authorization Form

The Episcopal Health Foundation offers Automated Clearing House (ACH) electronic funds transfer for the convenience of our vendors. This service enables funds to be electronically transferred to/from bank accounts. If you are interested in participating, please follow the instructions below.

1. Complete this electronic form.
2. Verify the account and ABA/routing number with your bank.
3. Click FINISH to submit.

NOTE: If you prefer to manually fill out this form, print a blank form and complete. Be sure to include your signature(s) and date. Please print clearly. Send it to:

Mail:

Episcopal Health Foundation	FAX:
Attn: Grants Administrator	(713) 225-0901
500 Fannin St. Suite 300	
Houston, TX 77002	

OR

Mail:

The Episcopal Diocese of Texas	FAX:
Attn: Accounts Payable	(713) 521-2218
1225 Texas Ave.	
Houston, TX 77002	

Please call Ruben Lanting, EHF Grants Administrator at (832) 807-2577 or the Diocese of Texas Financial Department at 713-520-6444 if you need further information.

Certificate Of Completion

Envelope Id: A0016F5E98BB4B878D26285B2238064D	Status: Sent
Subject: Please DocuSign: Fort Bend Co. Behavioral Health Srvc's Grant Award	
Source Envelope:	
Document Pages: 4	Signatures: 1
Certificate Pages: 5	Initials: 1
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Ruben Lanting
Time Zone: (UTC-06:00) Central America	500 Fannin St
	Suite 300
	Houston, TX 77002
	RLanting@episcopalhealth.org
	IP Address: 74.213.63.42


Record Tracking

Status: Original	Holder: Ruben Lanting	Location: DocuSign
10/10/2019 10:22:31 AM	RLanting@episcopalhealth.org	

Signer Events

Celene Meyer
 CMeyer@episcopalhealth.org
 Security Level: Email, Account Authentication (None)

Signature




Signature Adoption: Pre-selected Style
 Using IP Address: 74.213.63.42

Timestamp

Sent: 10/10/2019 10:28:01 AM
 Viewed: 10/11/2019 10:13:51 AM
 Signed: 10/11/2019 10:14:00 AM

Electronic Record and Signature Disclosure:
 Accepted: 10/11/2019 10:13:51 AM
 ID: b4ec6388-16f0-4f6b-b8b6-259c01306dcb

Jo Carcedo
 JCarcedo@episcopalhealth.org
 Security Level: Email, Account Authentication (None)



DocuSigned by:
 817827C5E8AA49D...

Signature Adoption: Drawn on Device
 Using IP Address: 74.213.63.42

Sent: 10/11/2019 10:14:02 AM
 Viewed: 10/11/2019 10:21:14 AM
 Signed: 10/11/2019 10:21:27 AM

Electronic Record and Signature Disclosure:
 Accepted: 7/14/2017 2:36:24 PM
 ID: b7dba2a8-bd61-4251-81e3-5c7503580945

Judge KP George
 county.judge@fortbendcountytexas.gov
 Security Level: Email, Account Authentication (None)

Sent: 10/11/2019 10:21:29 AM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Connie Almeida
 connie.almeida@fortbendcountytexas.gov
 Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Deandrea Newton deandrea.newton@fortbendcountytexas.gov Project Specialist Fort Bend County Behavioral Health Services Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 10/11/2019 10:21:29 AM
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Michael Gutierrez Michael.Gutierrez@fortbendcountytexas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 10/11/2019 10:50:32 AM Viewed: 10/11/2019 11:16:12 AM
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Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	10/11/2019 10:50:32 AM
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Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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In Process

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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign "Withdraw Consent"™ form on the signing page of a DocuSign envelope instead of signing it. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures

electronically from us.

How to contact Episcopal Health Foundation:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: RLanting@episcopalhealth.org

To advise Episcopal Health Foundation of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at RLanting@episcopalhealth.org and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc. to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in the DocuSign system.

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To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to RLanting@episcopalhealth.org and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

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To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to RLanting@episcopalhealth.org and in the body of such request you must state your e-mail, full name, US Postal Address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows® 2000, Windows® XP, Windows Vista®; Mac OS® X
Browsers:	Final release versions of Internet Explorer® 6.0 or above (Windows only); Mozilla Firefox 2.0 or above (Windows and Mac); Safari®, 3.0 or above (Mac only)
PDF Reader:	Acrobat® or similar software may be required to view and print PDF files
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	Allow per session cookies

** These minimum requirements are subject to change. If these requirements change, you will be asked to re-accept the disclosure. Pre-release (e.g. beta) versions of operating systems and browsers are not supported.

Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the "I agree"™ button below.

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- Until or unless I notify Episcopal Health Foundation as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Episcopal Health Foundation during the course of my relationship with you.