

Texas Emergency Rental Assistance Program (TERAP) Application for Entitlement Communities

CFDA# 14.228

Texas Department of Housing and Community Affairs

A Community Development Block Grant CARES Act (CDBG-CV) Program Rev. 11/23/2020

Overview

The Texas Emergency Rental Assistance Program (TERAP) provides rental assistance to income-eligible households impacted by COVID-19 to help them stay housed during the pandemic. Administered by the Texas Department of Housing and Community Affairs (TDHCA), with Community Development Block Grant CARE Act funds (CDBG-CV), the program can pay up to six months of an eligible household's rent, including rental arrears, with at least one of those months covering a month of future rent. Also, the program can provide specific rental assistance to tenants who have been sued for eviction, providing the landlord and tenant an alternative to eviction.

TDHCA is making \$40 million available to entitlement communities in the state of Texas who have existing COVID-19 rental assistance programs to participate in the Texas Emergency Rental Assistance Program (TERAP). Applicants must be able to quickly help Texas tenants who are behind on their rent due to the COVID-19 pandemic.

Grantees will be required to either adopt TDHCA's CDBG-CV Rental Assistance Program Guidelines found at <https://www.tdhca.state.tx.us/CDBG-CARES.htm> or document how their own program guidelines meet all CDBG-CV program requirements.

DEADLINE

Please complete this application by 5:00 p.m. Monday December 28th, 2020. If you have questions about the application, please contact Raul Salazar at 512-475-2975 or raul.salazar@tdhca.state.tx.us.

APPLICATION SECTIONS

- A. Applicant Information
- B. Staff Contact Information
- C. Proposed COVID-19 Rental Assistance Program with State CDBG-CV Funds
- D. Attachments
- E. Certification of Application

A. Applicant Information

1. **Applicant City or County Name:** * Fort Bend County, Texas
2. **Mailing Address *** 301 Jackson Street, Suite 602
3. **City *** Richmond, Texas
4. **Zip Code** 77469
5. **Physical Address ***
Both Mailing and Physical addresses are required even if both are the same.
301 Jackson Street, Suite 602
6. **City *** Richmond, Texas
7. **Zip Code** 77469
8. **DUNS Number** 0000081497075
9. **Federal ID Number** 74-6001969

B. Staff Contact Information

Please provide information for the following:

- B1. Application Contact,
- B2. Signature Authority/Executor,
- B3. Program Contact, and
- B4. Secondary Program Contact

Please note one person can have multiple roles.

B1 Application Contact

1. **Name:** Marilyn Kindell
2. **Title:** FBC Community Development Director
3. **Department/Division:** Community Development Department
4. **Email:** Marilynn.Kindell@fortbendcountytexas.gov
5. **Phone Number:** 281-341-4410
6. **Type of Housing Contract System Access ***

The TDHCA Housing Contract System is required to administer a CDBG-CV contract, allowing administrators to submit expenditure draws, enter reporting data, and view contractual, programmatic and financial information.

Each program administrator must assign a system access role to relevant staff to either do data entry, enter expenditure draw requests, enter both data and expenditure draw requests, or approve the data and expenditure draw requests. A staff person entering data and/or expenditure draw request CANNOT approve the data entry and/or expenditure draw requests.

Enter the type of housing contract system access that should be granted to this employee. Select only one option if this particular contact will not have access to the system, select the option "No Access Required"

4. APPROVE Data Entry and Expenditure Draw Request

B2 -Signature Authority/Executor

- 1. **Name:** KP George
- 2. **Title:** Fort Bend County Judge
- 3. **Department/Division:** County Judge
- 4. **Email:** County.judge@fortbendcountytexas.gov
- 5. **Phone Number:** 281-341-8608

The TDHCA Housing Contract System is required to administer a CDBG-CV contract, allowing administrators to submit expenditure draws, enter reporting data, and view contractual, programmatic and financial information.

Each program administrator must assign a system access role to relevant staff to either do data entry, enter expenditure draw requests, enter both data and expenditure draw requests, or approve the data and expenditure draw requests. A staff person entering data and/or expenditure draw request CANNOT approve the data entry and/or expenditure draw requests.

Enter the type of housing contract system access that should be granted to this employee. Select only one option if this particular contact will not have access to the system, select the option "No Access Required

- 5. No Access Required

B3 - Primary Program Contact

If only two contacts, please enter "n/a" in each field

1. **Name:** Marilyn Kindell
2. **Title:** FBC Community Development Director
3. **Department/Division:** Community Development Department
4. **Email:** Marilynn.Kindell@fortbendcountytexas.gov
5. **Phone Number:** 281-341-4410
6. **Type of Housing Contract System Access ***

The TDHCA Housing Contract System is required to administer a CDBG-CV contract, allowing administrators to submit expenditure draws, enter reporting data, and view contractual, programmatic and financial information.

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Enter the type of housing contract system access that should be granted to this employee. Select only one option if this particular contact will not have access to the system, select the option "No Access Required"

4. APPROVE Data Entry and Expenditure Draw Request

B4 - Secondary Program Contact

If only three contacts, please enter "n/a" in each field

1. **Name:** Carol Borrego
2. **Title:** FBC Community Development Assistant Director
3. **Department/Division:** Community Development Department
4. **Email:** Carol.Borrego@fortbendcountytexas.gov
5. **Phone Number:** 281-341-4410
6. **Type of Housing Contract System Access ***

The TDHCA Housing Contract System is required to administer a CDBG-CV contract, allowing administrators to submit expenditure draws, enter reporting data, and view contractual, programmatic and financial information.

Each program administrator must assign a system access role to relevant staff to either do data entry, enter expenditure draw requests, enter both data and expenditure draw requests, or approve the data and expenditure draw requests. A staff person entering data and/or expenditure draw request CANNOT approve the data entry and/or expenditure draw requests.

Enter the type of housing contract system access that should be granted to this employee. Select only one option if this particular contact will not have access to the system, select the option "No Access Required"

4. APPROVE Data Entry and Expenditure Draw Request

C. Proposed COVID-19 Rental Assistance Program with STATE CDBG-CV funds

Limit Response to less than 100 words.

1. Amount Requested for One-Year Contract:

Fort Bend County is requesting \$785,117.82.

2. Alternate Amount Requested for 18-Month Contract:

Fort Bend County is requesting a 12-month contract.

3. Additional 3% Request for Administration:

No

4.a. If yes, please provide a brief explanation for the additional request:

Not Applicable

5. Award Service Area:

Fort Bend County CDBG funds will be used to provide rental and utility assistance within the unincorporated areas of Fort Bend County, and within the incorporated limits of the following cities: Arcola, Beasley, Fairchilds, Fulshear, Kendleton, Meadows Place, Needville, Orchard, Pleak, Richmond, Rosenberg, Simonton, Stafford, Sugar Land and Thompsons. CDBG will not be used to provide services for residents within the cities of Houston, Katy, Missouri City, Pearland, or Weston Lakes.

6. Congressional District:

Fort Bend County is located in U.S. Representative Districts 9 and 22. State Representative District are 26, 27, 28 and 85. State Senate Districts are 13, 17 and 18.

7. Working with Subawardees:

Fort Bend County will not award funds to a subawardee.

7.a. Not Applicable

8. Administration:

The FBC Community Development Department (FBCCDD) will administer TERAP.

9. Indirect Cost Rate:

An indirect cost rate will not be utilized

10. Service Delivery:

Fort Bend County has developed an online portal for the application intake process. The portal is being used for the CR program funded by the U.S. Treasury Dept. and the CDBG-CV Rental/Utility Assistance program funded directly by HUD.

The portal will be opened giving applicants an end date for the application period. Applications received through the portal will be processed. A hotline will be available for applicants who do not have access to a computer.

10.a. Intake Process

Fort Bend County has developed an online portal for the application intake process. The portal is being used for the CR program funded by the U.S. Treasury Dept. and the CDBG-CV Rental/Utility Assistance program funded directly by HUD.

10.b. Application Review and Processing:

Generally, applications will be processed by Case Managers online. If the applicant does not have access to electronic systems, applicants will be allowed to bring or mail documents to the Community Development Department located at 301 Jackson St., Suite 602, Richmond, TX 77469.

10.c. Determination of Eligibility:

Only households that have an annual income below 80 percent of MFI qualify for CDBG-CV eligibility. Applicant must provide documentation of household income, unemployment and/or a zero income affidavit; loss of income information due to COVID-19; documentation showing their need for assistance; a vacate notice, valid ID; SS card; and a current lease agreement.

Case managers will review applicant's income to determine eligibility and at re-assessments; collect all documents needed to prove imminent risk or at risk of homelessness status; document all applicant information in the HMIS system, will check for duplication of benefits, unit eligibility and proof of tenancy.

10.d. Ineligible/Incomplete Applications:

Applicants must provide their case manager with all documents requested. If an application is determined to be incomplete, the case manager will contact the applicant and allow 2 days for submission of all needed documentation.

10.e. Processing payments (direct client payments are not allowed)

All invoices submitted for payment processing will be submitted by the FBC Community Development Department to the Auditor's Office for review, approval and payment processing. Upon receipt of the invoice, the Auditor's Office will review the documents thoroughly for accuracy. If errors are detected, the Community Development Department staff will correct the errors and return the invoice to the Auditor's Office for processing. Checks will be mailed to the landlord, property management company or utility vendor. Checks will never be mailed to the applicant.

10.f. Completion of Assistance and Final Reporting

All official records on the rental assistance program and individual applicants shall be maintained for at least five-years beyond the closing of the grant between the TDHCA and HUD. Applicant records will be maintained electronically. Fort Bend County will ensure records are complete, that all requirements are adhered to and that the County has performed all oversight and monitoring processes. The County will create project and grant closeout checklists that will be maintained with the program files.

11. Oversight and Compliance:

Fort Bend County will establish a monitoring/oversight program to ensure that buyout assistance is being provided to eligible owners Fort Bend County's oversight and compliance process is viewed as a tool for avoiding problems and improving performance. It emphasizes positive feedback about what has been done well, in addition to pointing out areas for improvement. Built into the process are opportunities for dialogue to develop a better appreciation of their perspectives and to identify and resolve points of miscommunication or misunderstanding.

12. Outreach and Affirmative Marketing:

The opening of the application portal will be announced by the County Judge and placed on various County media. Fort Bend County shall ensure that no person shall on the ground of race, color, national origin, religion, sex, sexual orientation, age, familial status, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under or be denied access to the Rental Assistance Program. Fort Bend County will retain documentation of all marketing measures used, including copies of all advertisements and announcements.

13. Priorities or Preferences:

Not Applicable

14. Program Variations:

FBC does not have a requirement for Texas Eviction Diversion Program.

FBC does not have a requirement for return of refunds.

FBC notifies landlords that the County does not pay late fees/penalties -- does not require the landlord to forgive.

FBC has maximum monthly rent of \$2,500 and \$500 maximum monthly utilities. FBC does not use FMR limits.

D. Attachments

Please attach the following forms/documents:

1. Direct Deposit Authorization form
2. Application for Texas Identification Number form
3. Information Security and Privacy Agreement
Please submit to Jeff Pender at Jeff.pender@tdhca.state.tx.us
4. Indirect Cost Rate
If using an indirect cost rate, upload the document containing the indirect cost rate applicable to the city/county department or division that will administer activities under the grant. Do not include indirect cost rates for subawardees.
5. Previous Participation Review (PPR) Form
If you have not yet submitted your PPR form, submit with this application.

E. Certification of Application

Certification of Application

By clicking the check box, I certify that I am authorized to submit the TERAP application and all information provided is true and accurate.

THANK YOU

Thank you for all your work submitting this application.

D. Attachments

Please attach the following forms/documents:

1. Direct Deposit Authorization form
2. Application for Texas Identification Number form
3. Information Security and Privacy Agreement
Please submit to Jeff Pender at jeff.pender@tdhca.state.tx.us
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5. Previous Participation Review (PPR) Form
If you have not yet submitted your PPR form, submit with this application.

For Comptroller's Use Only		

Direct Deposit Authorization

This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

Transaction Types

SECTION 1	1. Select transaction types:	
	<input type="checkbox"/> New setup (Sections 2, 3, 5 and 6)	<input type="checkbox"/> Change account type (Sections 2, 3, 4, 5 and 6)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Cancellation (Sections 2 and 6 - Sections 7 and 8 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Change custodial agency _____

Payee Identification

SECTION 2	2. Payee type		3. Identification number		4. Mail code (if not known, leave blank.)	
	<input type="checkbox"/> State employee	<input type="checkbox"/> Social Security number (SSN)*	<input type="checkbox"/> Texas Identification Number (TIN)	<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)		
	<input checked="" type="checkbox"/> Vendor or other recipient	<input type="checkbox"/> Employer Identification Number (EIN)				
6. Payee name				6. Phone (Area code and number)		
				() ext.		
7. Mailing address (Street, city, state and ZIP code)						

New Account Information (Setups and Changes) (Completion by financial institution is recommended)

SECTION 3	8. Financial institution name		9. City		10. State	
	11. Routing number (9 digits)		12. Customer account number (maximum 17 characters)		13. Account type	
					<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
	14. Financial representative name (optional)			15. Title (optional)		
16. Financial representative signature (optional)			17. Phone (Area code and number) (optional)		18. Date (optional)	
			() ext.			

Existing Account Information (Changes Only)

SEC 4	19. Routing number (9 digits)		20. Customer account number (maximum 17 characters)		21. Account type	
					<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

International Payments Verification (required)

SEC 5	22. Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input type="checkbox"/> NO					
	If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).					

Authorization for Setup, Changes or Cancellation (required)

SECTION 6	I authorize the Texas Comptroller of Public Accounts to electronically deposit my payments from the state of Texas to my financial institution. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)					
	23. Authorized signature		24. Printed name		25. Date	
	sign here ▶					

Cancellation by Agency (for state agency use)

SEC 7	26. Reason				27. Date	

State Agency Contact (for state agency use)

SECTION 8	28. Authorized signature		29. Date	
	sign here ▶			
	30. Phone (Area code and number)		31. Agency number	
	() ext.		332	
32. Agency name				
Texas Department of Housing and Community Affairs				
33. Comments				

34. Please return to the paying agency at the following address:

Texas Department of Housing and Community Affairs
 Accounts Payable/Direct Deposit Program
 221 East 11th Street
 Austin, TX 78701-2410
 Phone: 512-475-3800

Instructions for Direct Deposit Authorization

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To request information for review or to request error correction, use the contact information on this form.

Section 1: Transaction Type(s)

1. Select the appropriate **transaction type(s)** and complete the corresponding sections.

Note: Requests to change custodial agency number are processed based on Payment Services research and guidelines.

Section 2: Payee Identification (Required)

2. **Payee type:** Indicate whether the payee is a **state employee** or a **vendor/recipient**.

Note: Agencies must complete box 34 with the appropriate agency's return address for the selected payee type.

3. **Identification number:** Indicate the type of identification number and provide the associated 9- or 11-digit number.
4. **Mail code:** Enter the 3-digit mail code.
5. **Payee name:** Enter the payee's name.
6. **Phone:** Enter the payee's area code, phone number (and extension, if applicable).
7. **Mailing address:** Enter the payee's mailing address, city, state and ZIP code.

Section 3: New Account Information (Setups and changes) (Completion by financial institution is recommended)

8. **Financial institution name:** Enter the name of the payee's financial institution.
9. **City:** Enter the city of the payee's financial institution.
10. **State:** Enter the 2-character abbreviation for state of the payee's financial institution.
11. **Routing number:** Enter the 9-digit routing number of the payee's financial institution.
12. **Customer account number:** Enter the payee's account number (maximum 17 characters).
13. **Type of account:** Indicate whether the payee's account type is a checking account or a savings account.
14. **Financial representative name:** (optional) Enter the name of the financial representative.
15. **Title:** (optional) Enter the title of the financial institution representative.
16. **Financial representative signature:** (optional) Original signature of the financial representative.
17. **Phone:** (optional) Enter the area code, phone number (and extension, if applicable) of the financial representative.
18. **Date:** (optional) Enter the date the financial representative signed the form.

Section 4: Existing Account Information (Changes only)

19. **Routing number:** Enter the 9-digit **routing number** currently on file with the Comptroller's office.
20. **Customer account number:** Enter the payee's **account number** currently on file with the Comptroller's office.
21. **Account type:** Select the payee's **account type** currently on file with the Comptroller's office.

Section 5: International Payments Verification (Required)

22. **Payment Destination:** Select **YES** or **NO** to indicate if state payments will be forwarded to a financial institution outside the U.S.
Note: If **YES**, the payee must also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

Section 6: Authorization for Setup, Changes or Cancellation (Required)

23. **Authorized signature:** Original signature of the payee is required.
24. **Printed name:** Enter or print the name of the payee or vendor/recipient signing the form.
25. **Date:** Enter or print the date the form was signed.

Section 7: Cancellation by Agency (for state agency use)

26. **Reason:** Enter the reason for cancellation of the payee's direct deposit information.
27. **Date:** Enter the date the cancellation was determined.

Section 8: State Agency Contact (for state agency use)

28. **Authorized signature:** Original signature of the agency's authorized representative is required.
29. **Date:** Enter the date the agency's representative signed the form.
30. **Phone:** Enter the area code, phone number and extension (if applicable) of the agency's representative.
31. **Agency number:** Enter the 3-digit agency number.
32. **Agency name:** Enter the agency's name.
33. **Comments:** (optional) Enter comments, if needed.
34. **Return to Paying State Agency:** This area autopopulates with the name and address of the paying state agency to which this form will be returned.

Questions?

State Employees:	Contact your agency's Human Resource department or payroll staff.
Vendors/Recipients:	Contact the paying agency's accounts payable staff.
State Agencies:	Contact Fiscal Management, Payment Services at 512-936-8138.

For Comptroller's use only

Application for Texas Identification Number

• See instructions on back

1. Is this a new account? YES Mail Code 000 Complete Sections 1 - 5 NO Enter Mail Code _____ Agency number _____ Complete Sections 1, 2 & 5

Section 1

2. Texas Identification Number (TIN) - Indicate the type of number you are providing to be used for your TIN

Employer Identification Number (EIN) (9 digits) Enter the number indicated 7 4 6 0 0 1 9 6 9

Social Security number (SSN) (9 digits)

Individual Taxpayer Identification Number (ITIN) (9 digits)

Comptroller's assigned number (FOR STATE AGENCY USE ONLY) (11 digits)

Current Texas Identification Number (FOR STATE AGENCY USE ONLY) (11 digits)

3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax? YES NO If "YES," enter Texas Taxpayer Number _____

Section 2

Payee Information (Please type or print)

4. Name of payee (Individual or business to be paid)
FORT BEND COUNTY

5. Mailing address where you want to receive payments
301 JACKSON STREET

6. (Optional)
SUITE 513

7. (Optional)

8. (Optional)

9. City **RICHMOND** State **T X** ZIP Code _____

10. Payee telephone number (Area code and number) **(2 8 1) 3 4 2 - 3 4 1 1** SIC code _____ Security type code **(0, 1, 2)** Zone code _____

Section 3

11. Ownership Codes - Check only one code by the appropriate ownership type that applies to you or your business.

I - Individual Recipient (not owning a business)

L - Texas Limited Partnership: If checked, enter the Texas File Number _____

S - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN)
Owner's name _____
SSN / ITIN (9 digits) _____

T - Texas Corporation: If checked, enter the Texas File Number _____

A - Professional Association: If checked, enter the Texas File Number _____

P - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN).
Name _____
SSN / ITIN / EIN (9 digits) _____
Name _____
SSN / ITIN / EIN (9 digits) _____

C - Professional Corporation: If checked, enter the Texas File Number _____

O - Out-of-State Corporation

G - Governmental Entity

U - State agency / University

F - Financial Institution

R - Foreign (out of U.S.A.)

N - Other: If checked, explain. _____

Section 4

12. Payment Assignment? YES NO Note: A copy of the assignment agreement between payees must be attached.

Assignee name _____

Assignee TIN _____ Assignment date _____

Section 5

13. Comments _____

14. **sign here** Authorized signature (Applicant or authorized agent) _____ Date **12/02/2020**

15. Agency name **FORT BEND COUNTY** Prepared by **ED STURDIVANT** Phone (Area code and number) **281-341-3760**

S U S A N

C O M B S

Application for Texas Identification Number

TEXAS COMPTROLLER *of* PUBLIC ACCOUNTS



Fiscal Management
Austin, TX 78774-0100

Who Must Submit This Application -

This application must be submitted by every person (sole owner, individual recipient, partnership, corporation or other organization) who intends to bill agencies of the state government for goods, services provided, refunds, public assistance, etc. The Texas Identification Number (TIN) will be required on all maintenance submitted by state agencies. The use of this number on all billings will reduce the time required to process billings to the State of Texas.

Note: To expedite processing of this application, please return the completed application to the state agency with which you are conducting business. It is not necessary for the payee to sign or complete this form. The state agency representative may complete the form for the payee.

For Assistance -

For assistance in completing this application, please call the Texas Comptroller's office at 1-800-531-5441, ext. 6-8138 or 512-936-8138.

Notice to State Agencies -

When this form is used to set up additional mail codes, Sections 1, 2 and 5 must be completed. State agencies may refer to the Texas Identification Number System (TINS) Guide at <https://fmxcpa.state.tx.us/fmxcpa/pubs/tins/tinsguide> for additional information.

General Instructions -

- Do not use dashes when entering Social Security, Employer Identification, Individual Taxpayer Identification or Comptroller's assigned numbers.
- Disclosure of your Social Security number is required. This disclosure requirement has been adopted under the Federal Privacy Act of 1974 (5 U.S.C.A. sec. 552a(note)(West 1977), the Tax Reform Act of 1976 (42 U.S.C.A. sec. 405(c)(2)(C) (West 1992), TEX. GOV'T. CODE ANN. sec. 403.055 (Vernon 2005) and TEX. GOV'T. CODE ANN. sec. 403.056 (Vernon 2005). Your Social Security number will be used to help the Texas Comptroller of Public Accounts administer the state's tax laws and for other purposes. See Op Tex. Att'y Gen. No. H-1255 (1978).

Specific Instructions -

Section 1 - Texas Identification Number

- EIN: For all ownership codes other than Individual Recipient listed in Section 3, enter a 9-digit Employer Identification Number (EIN) issued by the Internal Revenue Service.
- SSN: For Individual Recipient or Sole Owner without an EIN, enter your 9-digit Social Security number (SSN) issued by the Social Security Administration.
- ITIN: For Individual Recipient or Sole Owner without an EIN, enter your 9-digit Individual Taxpayer Identification Number (ITIN) issued by the IRS.
- Comptroller Assigned Number – 11 digits: FOR STATE AGENCY USE ONLY. A Comptroller Assigned Number is an ID number that is given to a state agency that needs to pay either a foreign entity or a foreign individual who does not have an EIN, SSN or ITIN.
- Current Texas Identification Number – 11 digits: FOR STATE AGENCY USE ONLY.
- Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax? If "YES," enter Texas Taxpayer Number.

Section 2 - Payee Information

- Items 4 through 8 - Enter the complete name and mailing address where you want payments to be received. Names of individuals must be entered first name first. Each line cannot exceed 50 characters including spaces. If the name is more than 50 characters, continue the name in Item 5 and begin the address in Item 6.
- Item 9 - Enter the city, state and ZIP Code.
- Item 10 - Enter payee telephone number.
- SIC code, Security type code and Zone code: FOR STATE AGENCY USE ONLY.

Section 3 - Ownership Codes

- Item 11 - Check the box next to the appropriate ownership code and enter additional information as requested. Please check only one box in this section. The Secretary of State's office may be contacted at (512) 463-5555 for information regarding Texas file numbers.

Section 4 - Payment Assignment

- Item 12 - Use when one payee is assigning payment to another payee. When setting up an assignment payment, fill out this section completely and include a copy of the assignment agreement between the assignee and the assignor.

Section 5 - Comments and Identification

- Item 13 - Enter any additional information that may be helpful in processing this application. Items 14 and 15 are for identification purposes. Always complete the identification section, including comments and authorized signature.

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or phone numbers listed on this form.

TDHCA Information Security and Privacy Agreement

This agreement (“ISP Agreement”) is entered into by the Texas Department of Housing and Community Affairs, an official agency of the State of Texas (“Department”), and Fort Bend County, a body corporate and politic under the laws of the State of Texas (“Contractor”). The purpose of the agreement is to ensure the security and privacy of Protected Information belonging to persons who do business with the Department. Department Contractors are required to comply with all security and privacy measures herein. The scope and complexity of each Contractor’s specific security and privacy measures will vary depending on the size of the organization and risks presented by Contractor’s operations. This agreement is effective on the date it is fully executed by the parties.

A. Definitions

The following words and terms, when used in this Agreement, have the following meanings unless the context clearly indicates otherwise.

“Computing Device” means any personal computer, laptop, server, smart phone, or any other data processing device that is used to connect to the Department’s network.

“Contractor” means a third party, including, but not limited to, outside auditors and legal counsel, funding agencies, Vendors or Subrecipients, including any of their Representatives that may gain access to Protected Information on account of a contract with the Department.

“Criminal History Records Information” – means, for the purposes of TEX. GOV’T. CODE §411, information collected about a person by a Criminal Justice Agency that consists of identifiable descriptions and notations of arrests, detentions, indictments, informations, and other formal criminal charges and their dispositions. The term doesn’t include (i) identification information, including fingerprint records, to the extent that the identification information does not indicate involvement of the person in the criminal justice system; or (ii) driving record information under Subchapter C, Chapter 521 Transportation Code.

“Department” means the Texas Department of Housing and Community Affairs.

“Financial Statements of a Tax Credit Applicant” means, for purposes of TEX. GOV’T. CODE §2306.6717(d)(Public Information and Hearings), a formal statement of the financial activities of a Low Income Housing Tax Credit Applicant, submitted to the Department as part of a Low Income Housing Tax Credit Application, including but not limited to, the balance sheet, income statement, cash flow statement or changes in equity.

“Information Resources” means the procedures, equipment, and software that are employed, designed, built, operated, and maintained to collect, record, process, store, retrieve, display, and transmit information, and associated personnel including consultants and contractors.

“ISP Agreement” means this agreement.

“Non-Public Personal Information” means, for purposes of the Graham-Leach-Bliley Act (15 USC §§6801-6809 and 6821-6827), and implementing regulations, personally identifiable financial information provided by an individual in connection with applying for or receiving a financial product or service, unless the information is otherwise publically available.

“Personal Identifying Information” means, for purposes of TEX. BUS. & COM. CODE Chapter 521 (Unauthorized Use of Identifying Information), and any implementing regulations, information that alone or in conjunction with other information identifies an individual, including an individual’s name, Social Security number, date of birth, or government-issued identification number, mother’s maiden name, unique biometric data including fingerprint, voice print, retina or iris image, unique electronic identification number, address, or routing code, and telecommunication access devices as defined by TEX. PENAL CODE §32.51.

“Personal or Business Financial Information” means, for purposes of TEX. GOV’T. CODE §2306.039 (Open Meetings and Open Records), any personal or business financial information including, but not limited to, Social Security numbers, tax payer identification numbers, or bank account numbers submitted to the Department to receive a loan, grant, or other housing assistance by a housing sponsor, individual or family.

“Protected Information” means Criminal History Records Information, Financial Statements of a Tax Credit Applicant, Non-Public Personal Information, Personal Identifying Information, Personal or Business Financial Information, Protected Health Information, Sensitive Personal Information, or Victims of Violence Information, and WAP Applications and Participation Information.

“Protected Health Information” has the meaning ascribed to it in 45 CFR §160.103. Generally, it includes any information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual.

“Representative” means any officer, employee, contractor, subcontractor, member, director, advisor, partner, or agent of a Contractor, or any person serving in such a role, however titled or designated.

“Sensitive Personal Information” means, for purposes of TEX. BUS. & COM. CODE Chapter 521 (Unauthorized Use of Identifying Information), an individual’s first name or first initial and last name in combination with any one or more of the following items if the name and items are not encrypted: (1) social Security number, (2) driver’s license or government-issued identification number, (3) account or credit/debit card number in combination with any required security code, access code, or password that would permit access, or (4) information that identifies or reveals an individual and the physical or mental health or condition of the individual, the provision of health care to the individual, or payment for the provision of health care to the individual. The term does not include publicly available information that is lawfully made publicly available.

“Subrecipient” An organization with whom the Department contracts, and entrusts to administer federal or state program funds, including but not limited to, units of local government, non-profit and for-profit corporations, administrators, community action agencies, collaborative

applications, sub-grantees, NSP developers, land banks, participating mortgage lenders and non-profit owner-builder housing providers.

“Vendor” means a person or organization that supplies goods or services, properly procured under relevant laws, to the Department.

“Victims of Violence Information” means any information submitted to a covered housing provider, including the Department and its Contractors pursuant to 24 CFR §5.2007, including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking. Also included pursuant to Tex. Gov’t Code §552.138 is information regarding the location or physical layout, an employee, volunteer, former or current client, or the provision of services to a former or current client, a private donor, or a member of a board of directors or board of trustees of a family violence shelter center, victims of trafficking shelter center, or sexual assault program.

“WAP Applications and Participation Information” means, for purposes of Weatherization Program Notice 10-08, U.S. Department of Energy, issued February 1, 2010, regarding the Department of Energy Weatherization Assistance Program (“WAP”), any specifically identifying information related to an individual’s eligibility application for WAP or the individual’s participation in WAP, such as name, address, or income information.

B. Security Measures for Devices that Connect to Department Network

Any third-party Computing Device that is used to connect to the Department’s internal network either physically or through a Virtual Private Network (“VPN”) must meet the following requirements:

1. Contractor shall not access Department’s networks with its own equipment unless (a) the equipment meets Department’s security standards described herein, and (b) the Department has approved the access in writing.
2. Department-licensed software shall not be installed on a non-Department Computing Device unless explicitly permitted by the licensor, and authorized in writing by the Information Systems Director for the Department.
3. Contractor shall not access any area of Department premises except those specific areas for which Contractor has been given written permission by the Department.
4. Contractor shall ensure that any Computing Device that is connected to the Department network is compliant with all Department hardware, software, and security standards. This includes anti-virus software running the latest virus definition patterns and any critical security patches required to protect the device from outside vulnerabilities.
5. Contractor shall ensure that any of its Computing Devices remotely connected to the Department’s network through VPN are not connected to any other external networks through VPN at the same time. Reconfiguration of any Contractor Computing Device that connects to the Department network for the purpose of split-tunneling or dual homing (multiple network cards) is not permitted.

6. Access to the Department's network shall only be granted for a period of time agreed upon in writing by both parties, however the period may be terminated earlier at the sole discretion of the Department, which discretion shall not be unreasonably exercised, upon not less than twenty-four (24) hours notice.
7. The Department shall not be responsible or liable for non-Department assets.

C. Security Measures for Maintenance of Department Protected Information External to the Department Network

Contractor and any Representative who maintains Department Protected Information in systems external to the Department network shall comply with the information technology (IT) security requirements defined below:

1. Contractor shall maintain an inventory of all IT assets, including all IT hardware, software, and data. The IT asset inventory shall be used in risk assessment activities and IT security policy development.
2. Contractor shall implement and maintain an IT risk management program in which risks are identified, documented, assessed, prioritized, controlled, and monitored.
3. Contractor shall ensure Protected Information is recoverable in accordance with its IT security policy.
4. Contractor shall adhere to monitoring techniques and procedures for detecting, reporting, and investigating security incidents.
5. Contractor shall provide IT security training to its employees upon hire and at a Contractor-defined frequency, thereafter. The training shall include appropriate elements from the IT security policy, shall stress the importance of protecting Protected Information, shall include notice of consequences for noncompliance with policy, accidental loss of Protected Information, or misuse of Protected Information, shall cover procedures for the proper disposal of Protected Information, and shall cover responding to security incidents and breaches. Contractor shall document all training and make the records available to the Department upon request.
6. Contractor shall conduct criminal background checks on its employees with access to Department Protected Information. Contractor shall make this information available to the Department upon request.
7. If Contractor performs software development on systems in which Department Protected Information is maintained, Contractor shall separate development and production environments and ensure that only staff with a need to update production data have this type of access. People who perform software development duties shall not have access to modify production data.

8. If Contractor performs software development on systems in which Department Protected Information is maintained, Contractor shall follow a software change control process, through which appropriate management approval shall be documented prior to the migration of software changes from development to production environments.
9. Contractor shall maintain and follow an IT security policy that shall be provided to the Department for approval before work begins. The IT security policy shall address the following topics and subtopics, where applicable, based on the size and complexity of the organization:
 - a. Account Management and Systems Access
 - b. Application Security
 - i. Configuration management for PCs, laptops, and servers
 - ii. Network Security and intrusion prevention
 - iii. Patch management for PCs, laptops, and servers
 - iv. Protection of routers, switches, and other network devices
 - v. Security of wireless networks and devices
 - vi. Virus and malware protection
 - c. Authorized equipment and software
 - d. Backup, recovery, testing, and continuity of operations
 - e. Data classification
 - f. Development or acquisition of Information Resources
 - g. Encryption
 - h. Handling and responding to security incidents
 - i. Physical security
 - j. Portable Computing Devices and Media
 - i. Portable Computing Devices, including laptops, handheld computers, personal digital assistants, and cell phones
 - ii. Portable media, including any removable discs, USB flash storage devices, hard drives, CDs, and DVDs
 - k. Release and disposal of Information Resources
 - l. Secure disposal of Protected Information
 - m. Secure physical file transfer
 - n. Secure electronic file transfer
 - o. Security awareness and training for employees
 - p. Testing and monitoring of the controls defined in the IT Security Policy
10. The following are specific requirements that shall be included in Contractor's IT security policy and shall be in effect for as long as Contractor retains any Department Protected Information.
 - a. Contractor facilities shall be restricted to appropriate personnel using access restraints such as access cards or keys. Servers, network equipment, and backup media shall be maintained in locked, unlabeled facilities with access restricted to designated employees.
 - b. For file security or file transfer requiring encryption, Contractor shall use 256-bit FIPS 140-2 approved security functions. For guidance, refer to Annex A: Approved Security Functions for FIPS PUB 140-2, *Security Requirements for Cryptographic Modules*, at <https://csrc.nist.gov/publications/fips>.

- c. Portable Computing Devices or media containing Protected Information of individuals participating in Department programs or Department employees shall comply with the following requirements:
 - i. Portable computing devices shall be password protected.
 - ii. Contractor shall not physically transport portable computing devices or media containing Protected Information of individuals participating in Department programs or Department employees outside of its facilities or from one facility to another without encrypting all Protected Information following the encryption requirement defined above. For definitions and guidance, refer to NIST Special Publication 800-111, *Guide to Storage Encryption Technologies for End User Devices*, at <http://csrc.nist.gov/publications/nistpubs/index.html>.
- d. Contractor shall not email Protected Information unless the information is encrypted following the encryption requirement defined above.
- e. Contractor shall not use unencrypted Internet protocols, such as Hyper Text Transfer Protocol (“HTTP”) or File Transfer Protocol (“FTP”), to transfer Protected Information over the Internet. Contractor shall use Secure File Transfer Protocol (“SFTP”) with 256-bit encryption or better or HTTPS with Transport Layer Security (“TLS”) [version 1.2 or later] with 256-bit encryption or better.
- f. Contractor’s password policy shall require the following elements: minimum length, combination of alpha and numeric or special characters, and password duration and rotation.
- g. Contractor shall ensure that only software that has been evaluated and pre-approved by Contractor is installed on any of its Computing Devices or network devices.
- h. If Contractor maintains servers that host applications or services accessible over the Internet, Contractor shall logically segment network resources and services, so that those intended for internal use only are separated into private IP networks and those intended to be accessible from the Internet are separated into public IP networks. Contractor shall at a minimum use firewall and access control list technologies so that only necessary Internet ports and services are open to appropriate network resources.
- i. Contractor shall consult the Department regarding the transfer, sale, or disposal of all Computing Devices, network devices, and electronic media containing Department Protected Information and provide for sanitization of said information using industry best practices like those defined in NIST Special Publication 800-88, *Guidelines for Media Sanitization*, at <http://csrc.nist.gov/publications/nistpubs/index.html>. This paragraph 11(i), shall survive the expiration or termination of any or all agreements that Contractor has with the Department, including this Agreement, as long as Contractor has possession or control of any Protected Information.

- 11. The Department may provide assistance to Contractor upon request by sending an email request to tsupport@tdhca.state.tx.us .

D. General Requirements

- 1. In the event of an actual or suspected breach involving Department Protected Information stored by the Contractor, Contractor shall promptly notify the Department no later than twenty-four hours after discovery of the incident. The Contractor will coordinate and

cooperate fully with the Department in making all breach notifications and taking all actions required by law to effect the required notifications.

2. If Contractor receives a request pursuant to the Texas Public Information Act for Protected Information maintained by Contractor, Contractor shall notify the Department within three (3) days of the receipt of the request by forwarding the request to open.records@tdhca.state.tx.us
3. The Department does not share Non-Public Personal Information for any purposes except for the purposes described in 25 CFR §1016.14 (processing and servicing transactions) and §1016.15 (other exceptions). All other uses of Non-Public Personal Information by Contractor are prohibited, including, but not limited to, using Non-Public Personal Information for marketing purposes.
4. Upon reasonable notice, and during regular business hours, Contractor shall make available for copying or inspection by the Department, the Office of the Attorney General, or the State Auditor's Office (and the U.S. Secretary of Health and Human Services if Protected Health Information is involved), records kept by Contractor related to the execution of its obligations under this ISP Agreement.
5. This ISP Agreement is the parties' entire agreement on this subject and supersedes all prior or contemporaneous agreements. Any modifications to this ISP Agreement shall not be effective unless in writing and signed by both parties; provided, Department may amend this ISP Agreement, in its sole discretion in order to conform it to federal or state law.
6. Contractor shall ensure that only Representatives with a need to know will have access to any Protected Information and ensure that those Representatives read this ISP Agreement and comply with the requirements listed herein.
7. This ISP Agreement is not assignable or transferable by either party without prior written consent. Failure to enforce any provisions of this agreement will not constitute a waiver.
8. This ISP Agreement is governed by the laws of the State of Texas.
9. This ISP Agreement is effective on the date both parties have signed below, and shall remain in effect so long as Contractor has access to Protected Information.

TO SHOW THEIR AGREEMENT, the parties have caused this ISP Agreement to be executed by their undersigned, duly authorized representatives on the dates below.

Contractor

**Texas Department of Housing and
Community Affairs**

By: _____

By: _____

Printed Name: KP George

Printed Name: _____

Title: Fort Bend County Judge

Title: _____

Date: 12 / 15 / 2020

Date: _____ / _____ / _____

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, Texas
Designated Contact Name:	Marilynn Kindell
Designated Contact Email:	Marilynn.Kindell@fortbendcountytx.gov

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 Precinct 1
1c	Grady	Prestage	Missouri City, Texas	County Commissioner Precinct 2
1d	Andy	Meyers	Katy, Texas	County Commissioner Precinct 3
1e	Ken	DeMerchant	Sugar Land, Texas	County Commissioner Precinct 4
1f				
1g				
1h				
1i				
1j				
1k				
1l				
1m				
1n				
1o				

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	Marilynn	Kindell	Houston, Texas	Community Development Dept. Director
2b	Carol	Borrego	Houston, Texas	Community Development Dept. Assistant Director
2c	Evelyn	Martinez	Rosenberg, Texas	Community Development Dept. Project Coordinator
2d	Robert (Ed)	Sturdivant	Missouri City, Texas	County Auditor
2e	Jaime	Kovar		County Purchasing Agent
2f	Roy	Cordes	Sugar Land, Texas	County Attorney
2g	Frances	Desmond	Houston, Texas	Project Manager-Grants Office of County Judge

3. 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)	MK

4. 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	CSBG Discretionary	DOE	LIHEAP WAP	MK
HOME & Homeless:	HOME	ESG CARES	ESG	HHSP		
HTF/OCI:	AYBR	Bootstrap	CFDC	Self-Help		
NSP:		Other:				

E. Certification of Application

Certification of Application

By clicking the check box, I certify that I am authorized to submit the TERAP application and all information provided is true and accurate.

THANK YOU

Thank you for all your work submitting this application.