

# Department of State Health Services

## FORM A: FACE PAGE

### Proposal for Financial Assistance [RFP Number]

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

### RESPONDENT INFORMATION

1) LEGAL BUSINESS NAME: Fort Bend County

2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): Check if address change ☐  
301 Jackson Street, Richmond, TX 77469-3108

3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change ☐  
Fort Bend County Auditor, 301 Jackson Street, Suite 701, Richmond, TX 77469-3108

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

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

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

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

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

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

7) PROPOSED BUDGET PERIOD: Start Date: April 1, 2021 End Date: May 31, 2024

8) COUNTIES SERVED BY PROJECT:  
Fort Bend County

9) AMOUNT OF FUNDING REQUESTED: \$2,612,223

10) PROJECTED EXPENDITURES

Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's current fiscal year (excluding amount requested in line 9 above)? \*\*

Yes ☒ No ☐

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

11) PROJECT CONTACT PERSON

Name: Kaye Reynolds, DrPH  
Phone: 281-238-3519  
Fax: 281-238-3355  
Email: Kaye.Reynolds@fortbendcountytexas.gov

12) FINANCIAL OFFICER

Name: Ed Sturdivant  
Phone: 281-341-3760  
Fax: 281-341-3774  
Email: Ed.Sturdivant@fortbendcountytexas.gov

The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **APPENDIX B: DSHS Assurances and Certifications**. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.

13) AUTHORIZED REPRESENTATIVE

Check if change ☐

Name: The Honorable Judge K.P. George  
Title: County Judge  
Phone: 281-341-8608  
Fax: 832-471-1858  
Email: County.judge@fortbendcountytexas.gov

14) SIGNATURE OF AUTHORIZED REPRESENTATIVE

15) DATE

3/23/2021