

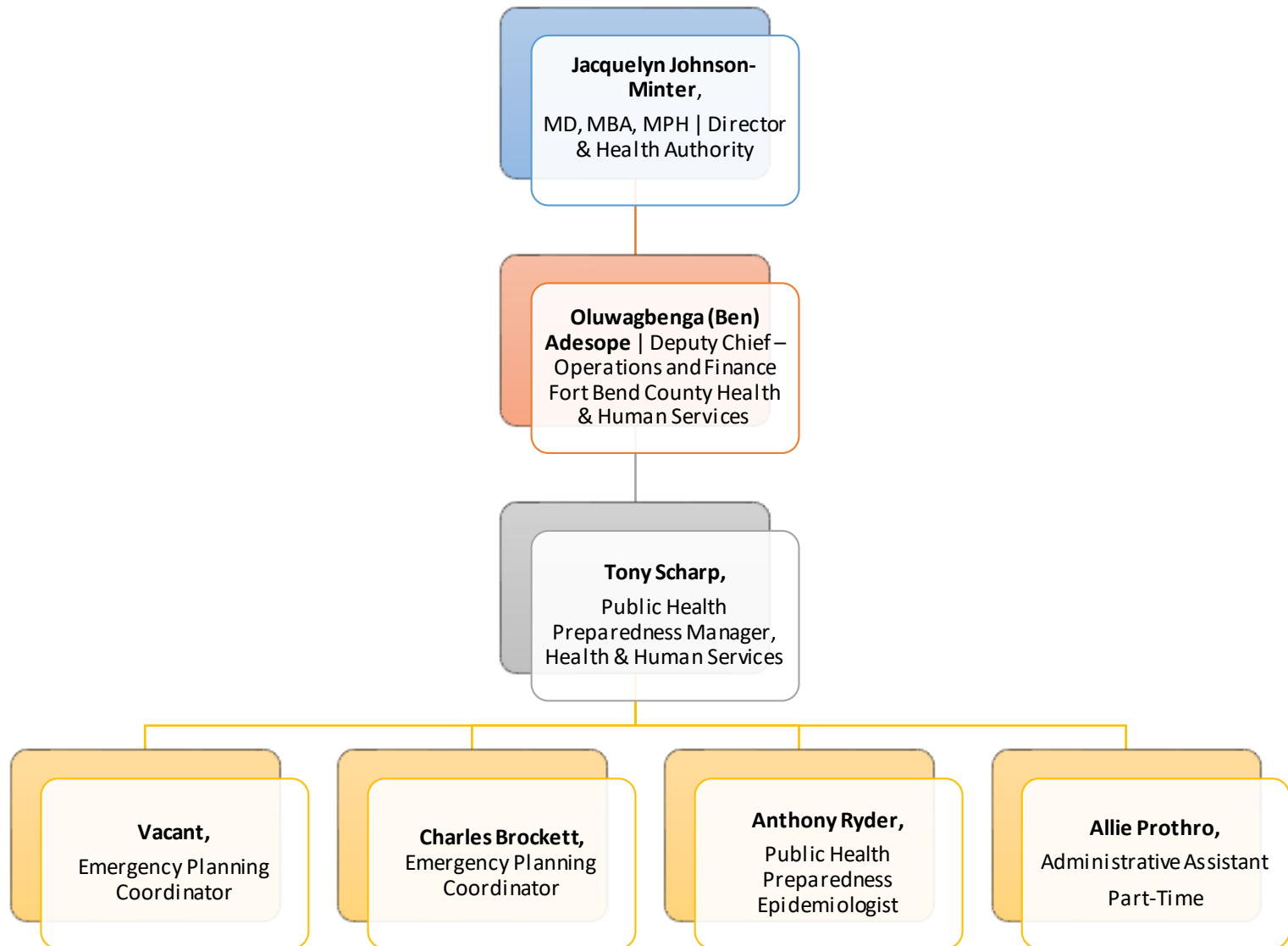
FY23 CONTRACT RENEWAL CHECKLIST

Include checklist with renewal submission. Renewals not including checklist and ALL required documents on checklist will not be processed and will be returned for completion.

CONTRACTOR NAME: Fort Bend County
COMPLETED BY: Tony Scharp

FORM	DESCRIPTION	X
1	Completed Checklist	X
2	Organizational Chart	X
3	Job Descriptions with salary ranges	X
4	Volunteer Job Descriptions, if applicable	N/A
5	Budget Templates	X
6	Quotes and/or Technical Specifications for items listed on the Equipment page, if \$5,000 or above.	N/A
7	Travel Policy that includes maximum limits for meal reimbursement, lodging, and mileage.	X
8	Indirect Rate Letter or Cost Allocation Plan, if applicable.	N/A

**Fort Bend County Public Health Preparedness
Organization Chart
January 2022**





Fort Bend County Job Description

Job Title: Public Health Preparedness Manager Job Code: J13003

Department: Health & Human Services Department Number: 6351

Supervisor: Deputy Director for Public Health Practice, Health & Human Services FLSA Status: E

Supervises: Public Health Preparedness Epidemiologist
Emergency Planning Coordinators
Clerk III Job Grade: 13

SIP/DOT: SIP Policy Group: P/M

Job Summary: Develops a comprehensive public health emergency response plan. Responsible for state grant funding for public health emergency response. Prepare County staff and Volunteers for public health emergency response. Participates in planning of programs, policies or objectives for own work group and department.

Essential Duties and Responsibilities:

- Conducts ongoing assessments of the County's capacity for public health emergency response.
- Develops and implements an effective process for coordination of readiness for man-made or naturally occurring public health emergencies.
- Prepares regular updates for Health & Human Services Executive Leadership.
- Serves as liaison to regional public health preparedness groups.
- Maintains and protects critical data and information systems for continuity of operations.
- Partners with the Fort Bend County Emergency Management Coordination Group, to include, but not limited to meetings, public forums and report generation.
- Stages and coordinates emergency response exercises.
- Enhances key partnerships with medical providers, emergency responders, law enforcement and educational professionals.

Created: _____
Modified: March 2021
Replaced by: _____

Page 1 of 4

Department Review: _____



Fort Bend County Job Description

Job Title: Public Health Preparedness Manager Job Code: J13003

Department: Health & Human Services Department Number: 6351

- Participates in activities and duties related to emergency management during a local state of disaster as directed by appropriate county managers.

NOTE: The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

MINIMUM JOB REQUIREMENTS:

Knowledge: Bachelor's Degree in public health, public administration or related area.

Experience: Five years job related experience.

Skills and Abilities: Ability to coordinate high functioning work teams. Good verbal and written communication and organizational skills; ability to deal effectively with the public and other employees.

Special Requirements:

Essential Behavioral Expectations:

Fort Bend County employees are expected to use professional courtesy, discretion and sound judgment when engaging in any contact with co-workers, customers, vendors, visitors and/or other Fort Bend County employees. Employees are also responsible for but not limited to, the following behavioral expectations: maintaining confidentiality of business knowledge and employee information, maintaining professional relations while engaging in job related tasks, cooperating with others to resolve conflict and achieve goals, maintaining a pleasant attitude while leaving personal business or issues/problems outside of the work place.

Equipment Used: Computer Telephone Fax Machine Laboratory Equipment Medical Equipment Photocopier

Created: _____

Modified: March 2021

Replaced by: _____

Page 2 of 4

Department Review: _____



Fort Bend County Job Description

Job Title: Public Health Preparedness Manager Job Code: J13003

Department: Health & Human Services Department Number: 6351

Automobile

Contacts: Daily contact with co-workers, department employees, the public, regulatory agencies and outside community organizations in writing, in person and/or on the telephone to provide service and/or information; exchange routine information, interpret or explain complicated information and make presentations as applicable; occasional contact with employees in other departments, elected officials and contractors in person or on the telephone to exchange routine information and provide instruction as applicable.

Supervision Required: Works under broadly defined guidelines; uses independent judgment to determine standards to apply or adjust.

Physical Demands: Daily use of hands and/or fingers to grasp, handle, pick-up, pinch, type or feel, reaching with hands or arms, sitting, talking and listening; occasional lifting of objects up to 50 pounds, climbing or balancing, standing and walking; frequent stooping, kneeling, crouching or crawling; close vision and the ability to adjust focus.

Work Environment: Work is performed primarily in a climate-controlled open office area, shared with other employees and open to public and office traffic; Work is also performed out of the office for public visits and home visits. Job requires exposure to fumes or airborne particle, toxic or caustic chemicals, and weather. Worker is subject to physical hazards from traffic and infection from exposure to communicable disease. Noise level is moderate.

Physical demands and work environment characteristics described are representative of those that must be met or are encountered by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

Created: _____
Modified: March 2021
Replaced by: _____

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Department Review: _____



Fort Bend County Job Description

Job Title: Public Health Preparedness
Manager

Job Code: J13003

Department: Health & Human Services

Department Number: 6351

Created: _____
Modified: March 2021
Replaced by: _____

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Department Review: _____



Fort Bend County Job Description

Job Title:	Emergency Planning Coordinator	Job Code:	J11044
Department:	Health and Human Services	Department Number:	6351
Supervisor:	Bioterrorism Coordinator	FLSA Status:	E
Supervises:	N/A	Job Grade:	11
SIP/DOT:	SIP	Policy Group:	PH
Job Summary:	Develops public health emergency plans covering a variety of topics with a greater focus planning process for countywide distribution of medication as needed in a public health emergency. Participates in planning of programs, policies or objectives for own work group and department.		

Essential Duties and Responsibilities:

- Provides for the development of emergency response plans and for the operational and logistical distribution of mass prophylaxis to residents of Fort Bend County in anticipation of exposure to biological, chemical or other agents.
- Develops, plans and coordinates training exercises to mobilize all assets for prophylactic measures following a public health emergency.
- Coordinates Fort Bend County's planning and activities with the appropriate regional, state and national agencies.
- Provides training and education for local response partners regarding the details of the plan for distribution of medications.
- Executes and evaluates the plan through local and/or state sponsored drills.
- Works with the office of Emergency Management and the FBC Medical Reserve Corps to ensure adequate staffing of distribution sites and other needed activities.
- Participates in activities and duties related to emergency management during a local state of disaster as directed by appropriate county managers.

NOTE: The duties listed above are intended only as illustrations of the various types of work that may be performed. The omission of specific statements of duties does not exclude them from the position if the work is similar, related, or a logical assignment to the position.

Created: _____
Modified: July 2020
Replaced by: _____

Page 1 of 3

Department Review: _____



Fort Bend County Job Description

Job Title: Emergency Planning Coordinator Job Code: J11044

Department: Health and Human Services Department Number: 6351

MINIMUM JOB REQUIREMENTS:

Knowledge: Bachelor's Degree in related field such as health care, public health or community emergency planning.

Experience: 3 years job related experience.

Skills and Abilities: Excellent computer, verbal and written communication, project management and organizational skills; interpersonal skills and ability to work effectively with the public, other employees, and elected officials.

Special Requirements: Valid Drivers License.

Essential Behavioral Expectations: Fort Bend County employees are expected to use professional courtesy, discretion and sound judgment when engaging in any contact with co-workers, customers, vendors, visitors and/or other Fort Bend County employees. Employees are also responsible for but not limited to, the following behavioral expectations: maintaining confidentiality of business knowledge and employee information, maintaining professional relations while engaging in job related tasks, cooperating with others to resolve conflict and achieve goals, maintaining a pleasant attitude while leaving personal business or issues/problems outside of the work place.

Equipment Used:

Computer	Telephone
Fax Machine	Photocopier
Medical Equipment	Laboratory Equipment
Automobile	Pallet Jack or Lift

Created: _____
Modified: July 2020
Replaced by: _____

Page 2 of 3

Department Review: _____



Fort Bend County Job Description

Job Title: Emergency Planning Coordinator Job Code: J11044

Department: Health and Human Services Department Number: 6351

Contacts: Daily contact with co-workers, department employees, the public, regulatory agencies, and outside community organizations in writing, in person and/or on the telephone to provide service and/or information; exchange routine information, interpret or explain complicated information and make presentations as applicable; occasional contact with employees in other departments, elected officials and contractors in person or on the telephone to exchange routine information and provide instruction as applicable.

Supervision Required: Works under broadly defined guidelines; uses independent judgment to determine standards to apply or adjust.

Physical Demands: Daily use of hands and/or fingers to grasp, handle, pick-up, pinch, type or feel, reaching with hands and arms, standing, talking and listening; frequent climbing, balancing and walking; occasional stooping, kneeling, crouching, crawling, sitting and lifting, pushing, or pulling of objects up to 50 pounds; close vision, distance vision, ability to distinguish color, peripheral vision, depth perception, and ability to adjust focus.

Work Environment: Work is performed primarily in a climate-controlled open work area shared with other employees and open to public and office traffic. Requires some work in a warehouse setting, and out of the office for public visits and home visits. Job requires exposure to fumes or airborne particles, toxic, or caustic chemicals, and weather. Worker is subject to physical hazards from traffic and infection from exposure to communicable disease. Noise level is moderate.

Physical demands and work environment characteristics described are representative of those that must be met or are encountered by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

The job description does not constitute an employment agreement between the employer and employee and is subject to change by the employer as the needs of the employer and requirements of the job change.

Created: _____
Modified: July 2020
Replaced by: _____

Page 3 of 3

Department Review: _____



FY2022

Contract Type: CPS/CRI

Applicant Information

Legal Name of Applicant Agency:

Fort Bend County

Mailing Address:

Street / PO Box: Health & Human Services - 301 Jackson St.

City: Richmond, TX

Zip: 77469

Payee Name:

Same - 537-18-0117-0001

Payee Mailing Address:

Street / PO Box: Same

City:

Zip:

State of Texas Comptroller Vendor ID # (9

digit + 3 digit mail code):

1 746001969 055

DUNS # (9 digits required for subrecipient contractors):

08-14-97075

Type of Entity (Choose one)

City: ☐

Click on appropriate box

County: ☒

Other Political Subdivision: ☐

Project Period

Start Date: 7/1/2021

End Date: 6/30/2022

Counties Served

County(ies) Served:

Fort Bend

Amount of Funding Allocated:

\$366,365.00

CONTACT PERSON INFORMATION

Legal Business Name:

Fort Bend County

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

Health Director/CEO: Jacquelyn Minter, MD
Phone: 281.238.3512 Ext:
Fax: 281.238.3355
E-mail: jacquelyn.minter@fortbendcountytexas.gov

Mailing Address (street, city, county, state, & zip):

4520 Reading Rd., Ste A-100, Rosenberg, TX 77471

B-13/FSR Rep: Humera Ansari
Phone: 281.238.3978 Ext:
Fax: 281.341.3774
E-mail: humera.ansari@fortbendcountytexas.gov

Mailing Address (street, city, county, state, & zip):

301 Jackson St., Richmond, TX 77469

PHEP (HAZARDS) Program Leader: David Olinger
Phone: 281.238.3515 Ext:
Fax: 281.238.3355
E-mail: david.olinger@fortbendcountytexas.gov

Mailing Address (street, city, county, state, & zip):

4520 Reading Rd., Ste A-500, Rosenberg, TX 77471

SNS (CRI) Coordinator: Trey Salinas
Phone: 281.238.3321 Ext:
Fax: 281.238.3355
E-mail: trey.salinas@fortbendcountytexas.gov

Mailing Address (street, city, county, state, & zip):

4520 Reading Rd., Ste A-500, Rosenberg, TX 77471

Authorized Signatory for DocuSign: KP George, County Judge
Phone: 281.342.3994 Ext:
Fax: 281.341.8609
E-mail: county.judge@fortbendcountytexas.gov

Mailing Address (street, city, county, state, & zip):

301 Jackson St., Richmond, TX 77469

Additional Authorized Signatory for DocuSign only if applicable (FFATA, Certs, etc): Humera Ansari
Phone: 281.238.3978 Ext:
Fax: 281.341.3774
E-mail: humera.ansari@fortbendcountytexas.gov

DocuSign "CC" Person: David Olinger
Phone: 281.238.3515 Ext:
Fax: 281.238.3355
E-mail: david.olinger@fortbendcountytexas.gov

Emergency Contact: David Olinger
Cell Phone: 832.473.2338 Ext:
Fax: 281.238.3355
E-mail: david.olinger@fortbendcountytexas.gov

Mailing Address (street, city, county, state, & zip):

4520 Reading Rd., Ste A-500, Rosenberg, TX 77471

BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Fort Bend County

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds (6)
A. Personnel	\$62,512	\$47,683			\$14,829	
B. Fringe Benefits	\$24,776	\$24,776			\$0	
C. Travel	\$2,575	\$2,575			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$884	\$884			\$0	
F. Contractual	\$72,000	\$72,000			\$0	
G. Other	\$0	\$0			\$0	
H. Total Direct Costs	\$162,747	\$147,918	\$0	\$0	\$14,829	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$162,747	\$147,918	\$0	\$0	\$14,829	\$0
				Match Percentage	10.03%	

If the Contractor is using Indirect Costs as Match, then enter the amount in Line 16, Column H.

PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County

PERSONNEL	Vacant Y/N	Job Summary	FTEs	Certification or License <small>(Enter NA if not required)</small>	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Name + Functional Title							
Trey Salinas/Emergency Planner	No	SNS CRI Planning, coordination and program development	0.80	NA	\$4,967	12	\$47,683
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS							\$0
					SalaryWage Total		\$47,683

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

Pension - 12.33% (\$5879.00); Worker Comp/Unemp - 3.8% (\$1812.00); Social Security/Taxes - 7.65% (\$6603.00); Insurance - \$10,480 (\$13,100/set rate): Total: \$24,774

Total Number of FTEs:	0.80		Fringe Benefit Rate %	51.96%
			Fringe Benefits Total	\$24,776

TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days & Employees		
PHEP Summit 2021	Education, collaboration, training and learning about best practices from other areas of the country - cost estimates are based on Fort Bend County travel policies - \$180 room rate, and meal rate of \$48/day. Room rates subject to organizer and availability	Atlanta, GA or TBD	5/1	Mileage	\$50
				Airfare	\$375
				Meals	\$240
				Lodging	\$900
				Other Costs	\$100
				Total	\$1,665
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
				Mileage	\$0
				Airfare	\$0
				Meals	\$0
				Lodging	\$0
				Other Costs	\$0
				Total	\$0
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$1,665

Revised: 3/25/2014

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel to planning meetings, exercise meetings, exercises, etc. Othe costs such as parking expenses, and toll roads may be included.	1583	\$0.575	\$910		\$910
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel **\$910****Other / Local Travel Costs:** **\$910****Conference / Workshop Travel Costs:** **\$1,665****Total Travel Costs:** **\$2,575****Indicate Policy Used:****Respondent's Travel Policy** **XXXXXXXXXX****State of Texas Travel Policy**

Detail Form

Legal Name of Respondent:

Fort Bend County

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order/quote.

[illegible]

Total Amount Requested for Equipment:

\$0

SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable.** Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.)

Description of Item Provide estimated quantity and cost	Purpose & Justification	Total Cost
Mass Dispensing Supplies traffic cones, signage, clip boards, etc.	To replenish materiel in POD kits used during response to COVID-19 operations.	\$884
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$884

CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: Fort Bend County

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Payments	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL COST
Homeland Preparedness Project	Provide volunteer recruitment, training and retention services (Cost based on an RFP process)	Develop MRC personnel to assist in large scale public health response efforts.	Acceptance of contract plus quarterly	5	\$14,400.00	\$72,000
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: **\$72,000**

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent: Fort Bend County

Description of Item Include quantity and cost/quantity	Purpose & Justification	Total Cost
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$0

Indirect Costs

Legal Name of Respondent:

Fort Bend County

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. **Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)**

RATE:

BASE:

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

RATE:

TYPE:

BASE:

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date.

GO TO PAGE 2 (below)

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

SUPPLEMENTAL and MATCH FORMS INSTRUCTIONS

The budget templates include a SUPPLEMENTAL and a MATCH page (one per budget category) that are intended to supplement cost reimbursement budgets when there are too many items to fit on the primary budget template. The MATCH pages (one per budget category) are intended to record the required match will be utilized to list detail information for the required match.

The amounts on each supplemental template will automatically populate from the templates and will be inserted on the last line of the primary budget template.

The amounts on each match template will automatically populate from the templates and will be inserted in column labeled "Local Funding Sources (5)"

The SUPPLEMENTAL and MATCH budget templates are:

Personnel Supplemental
Travel Supplemental
Equipment & Controlled Assets Supplemental
Supplies Supplemental
Contractual Supplemental
Other Costs Supplemental

Personnel Match
Travel Match
Equipment & Controlled Assets Match
Supplies Match
Contractual Match
Other Costs Match

PERSONNEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Fort Bend County

PERSONNEL							
Name + Functional Title	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
			0.00				
						SalaryWage Total	\$0

PERSONNEL Budget Category Detail Form (Match)

Legal Name of Respondent:

Fort Bend County

PERSONNEL	Vacant Y/N	Job Summary	FTEs	Certification or License (Enter NA if not required)	Estimated Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Name + Functional Title							
David Olinger/PHEP Coordinator	N	Project Management, Planning and Program Coordinator	0.17	NA	\$7,269	12	\$14,829
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
					SalaryWage Total		\$14,829

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

	Fringe Benefit Rate %	
	Fringe Benefits Total	\$0

TRAVEL Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Fort Bend County

Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days & Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$0

Revised: 3/25/2014

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

Total for Other / Local Travel**\$0****Other / Local Travel Costs:** **\$0****Conference / Workshop Travel Costs:** **\$0****Total Travel Costs:****\$0**

TRAVEL Budget Category Detail Form (Match)

Legal Name of Respondent:

Fort Bend County

Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location (City, State)	Number of: Days & Employees	Travel Costs	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$0

Total for Conference / Workshop Travel

\$0

Revised: 3/25/2014

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

Total for Other / Local Travel**\$0**Other / Local Travel Costs: **\$0**Conference / Workshop Travel Costs: **\$0****Total Travel Costs:****\$0**

EQUIPMENT AND CONTROLLED ASSETS Budget Category

Detail Form (Supplemental)

Legal Name of Respondent:

Fort Bend County

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order. See attached example for equipment definition and detailed instructions to complete this form.

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0

Total Amount Requested for Equipment:

\$0

EQUIPMENT AND CONTROLLED ASSETS Budget Category

Detail Form (Match)

Legal Name of Respondent:

Fort Bend County

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order. See attached example for equipment definition and detailed instructions to complete this form.

Description of Item	Purpose & Justification	Number of Units	Cost Per Unit	Total
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0

Total Amount Requested for Equipment:

\$0

SUPPLIES Budget Category Detail Form (Supplemental)

Legal Name of Respondent:

Fort Bend County

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. # of boxes & cost/box) if applicable**. Provide a justification for each supply item. Costs may be categorized by each general type (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost

Total Amount Requested for Supplies:

\$0

SUPPLIES Budget Category Detail Form (Match)

Legal Name of Respondent:

Fort Bend County

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. # of boxes & cost/box) if applicable**. Provide a justification for each supply item. Costs may be categorized by each general type (i.e., office, computer, medical, client incentives, educational, etc.)

Description of Item [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Purpose & Justification	Total Cost

Total Amount Requested for Supplies:

\$0

CONTRACTUAL Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Fort Bend County

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that de

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL: \$0

CONTRACTUAL Budget Category Detail Form (Match)

Legal Name of Respondent: Fort Bend County

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that de

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL: \$0

OTHER COSTS Budget Category Detail Form (Supplemental)

Legal Name of Respondent: Fort Bend County

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)]	Purpose & Justification	Total Cost

Total Amount Requested for Other: \$0

OTHER COSTS Budget Category Detail Form (Match)

Legal Name of Respondent:

Fort Bend County

Description of Item [If applicable, include quantity and cost/quantity (i.e. # of units & cost/unit)]	Purpose & Justification	Total Cost

Total Amount Requested for Other:

\$0

Annex B

Fort Bend County Travel Policy

Approved in Commissioners' Court on November 3, 2009

Effective November 4, 2009

Revised September 7, 2010

Revised June 2, 2015, Effective August 1, 2015

Revised July 28, 2015, Effective August 1, 2015

Revised July 26, 2016, Effective August 1, 2016

Revised December 12, 2017, Effective January 1, 2018

The Commissioners' Court allocates funds annually for the payment of travel expenditures for county employees and officials within the individual departmental budgets. Travel expenditures paid from these budgets must serve a public purpose for Fort Bend County. These expenditures may be paid directly to the vendor or provided as a reimbursement to the employee/official upon completion of their travel. Advance payments to vendors may be accommodated by issuance of a check or use of a County procurement card. Eligible expenditure categories under this policy include: Lodging, meals, transportation, registration fees, and other fees (with justification). Each category is further defined below.

CONTRACT RATES:

Fort Bend County is a 'Cooperative Purchasing Participating Entity' with the State of Texas. This program is also known as TPASS (Texas Procurement and Support Services) State Travel Management Program (STMP). This gives County employees and officials access to the contract rates negotiated by the State for hotels and rental cars. Procurement procedures for these contract services are explained within the categories below.

OUT OF STATE TRAVEL:

Authorization: The traveler must obtain Commissioners' Court approval for out-of-state travel before departure. The duration must include travel days along with the event scheduled days. To prevent delays in processing travel reimbursement, ensure that the travel duration is accurately defined when submitting the agenda request.

Documentation: The traveler must provide an excerpt from the Commissioners' Court minutes (<http://www.fortbendcountytexas.gov/index.aspx?page=55>) with the travel reimbursement form.

LODGING (In and Out of State):

Hotel:

Hotel reimbursements are limited to the Federal Travel Regulations set forth by US General Services Administration (GSA) by location not including taxes. The rates are set annually and vary by month and location. The maximum rates for lodging per day can be found at:

http://www.gsa.gov/portal/content/104877?utm_source=OGP&utm_medium=print-radio&utm_term=perdiem&utm_campaign=shortcuts based on travelers destination.

Fort Bend County is a 'Cooperative Purchasing Participating Entity' with the State of Texas. This gives County employees and officials access to the contract rates negotiated by the State for hotels. Participating hotels can be found at: https://portal.cpa.state.tx.us/hotel/hotel_directory/index.cfm (be sure to check the correct fiscal year). **When making a reservation the traveler must ask for the State of Texas Contract rate (not the government rate) and be prepared to provide the County's**

agency #: C0790. Traveler must verify confirmed rate matches the negotiated contract rates found on the State's website listed above and does not exceed the GSA daily allowance.

If the organizer of a conference/seminar has negotiated discount rates with a hotel(s), the traveler may choose these lodging services without penalty but the traveler must reserve the room at the group rate and provide documentation of the group rate with reimbursement request.

The traveler will be responsible for the excess charge over the GSA per diem rate for the city/county even if using the State rate. The Auditor's Office will deduct from the travelers' reimbursement any excess charges over the GSA per diem rate. Travel websites including but not limited to Expedia and Travelocity should not be used to book lodging.

Travel Days: If the traveler must leave before 7:00AM to arrive at the start of the event and/or return to the County after 6:00PM after the event concludes, an additional night's lodging is allowable before and/or after the event.

Additional fees allowable: Self-parking

Additional fees allowable with justification: Valet parking is allowable if an extreme hardship exists due to physical disability of the traveler or if no self-parking is available.

Fees not allowable: Internet, phone charges, laundry, safe fees

Gratuities: Gratuities are not reimbursable for any lodging services.

Overpayments by County: Any lodging overpayment by the County must be reimbursed by the hotel before processing a reimbursement to the traveler for any of the categories addressed in this policy. Prepaid lodging services should be accurately calculated or underestimated by excluding the taxes to prevent delays in processing travel reimbursements.

Procurement Card: The traveler may use the procurement card to make lodging reservations. Contact Purchasing to arrange or use the procurement card assigned to the department or traveler.

Documentation: **A final settled hotel bill with a zero balance from the front desk is required even if lodging is paid by the procurement card. The hotel bill left under the door is not acceptable.** The hotel bill should be scrutinized before traveler departs to make sure all charges are valid and notify hotel of any invalid charges and resolve issues before departing. Make sure all parking has been added to your bill and all personal incidentals have been paid by traveler. Any invalid charges will be the responsibility of the traveler. A copy of the itemized hotel statement must be submitted with the travel reimbursement claim if the traveler used a County procurement card to purchase lodging services or prepaid by County check. Event agenda/documentation or a letter from the traveler describing the event/meeting is required. If utilizing conference negotiated hotel rates, documentation of rates is required.

Changes/Modifications to Reservation – Any modifications including cancellation of reservation, the traveler must obtain a confirmation number and note the name of the person they spoke with in case the hotel charges the traveler. If the traveler does not obtain a confirmation number then any expenses incurred will be the responsibility of the traveler. Expenses resulting from changes or modifications to travel reservations will be paid by the County if the traveler produces documentation that a family emergency exists.

County Exemption Status – Fort Bend County Employees traveling on County Business are not exempt from State and local hotel taxes, state taxes, etc. with the exception of District Judges and the District Attorney.

MEALS:

Texas: Meals including gratuities will be reimbursed to the traveler at a flat rate of \$36/day. The travelers per diem on the departure day and final day of travel will be at 75% of the per diem which is \$27/day.

Out-of-state: Meals including gratuities will be reimbursed to the traveler at a flat rate of \$48/day. The travelers per diem on the departure day and final day of travel will be at 75% of the per diem which is \$36/day.

Late Night Arrival – If a traveler arrives in Fort Bend County between midnight and 6am the traveler will receive a full day per diem for the previous day.

Day trips: Meals will not be reimbursed for trips that do not require an overnight stay.

Procurement Card: No meal purchases are allowed on any County procurement card.

Documentation: No meal receipts are required for reimbursement. Event agenda/documentation or a letter from the traveler describing the event/meeting is required.

TRANSPORTATION:

Personal Vehicle: Use of personal vehicle will be reimbursed at the current rate/mile set by Commissioners' Court. Mileage should be calculated using the County office location of the traveler and the event location. Mileage may not be calculated using the traveler's home. Mileage should be calculated using an employee's vehicle odometer reading or by a readily available online mapping service for travel out of Fort Bend County. If using the mileage of an online mapping service, state which mapping service was used or provide a printout of your route detailing the mileage. For local travel, odometer readings or mapping service details are not required. Departments should develop a mileage guide for employees for local travel points, if a department does not have a mileage guide, the Auditor's Office will determine if the mileage listed is reasonable.

Allowable expenses: Parking and tolls with documentation.

County Vehicle: Fuel purchases when using a County vehicle should be made with the County Procurement card if available. Original receipts will accompany the Procurement Card statement but a copy must be provided with the travel reimbursement request.

Allowable expenses: Parking and tolls with documentation required.

Airfare: Airfare is reimbursable at the lowest available rate based on 14 day advance purchase of a discounted coach/economy full-service seat based on the required arrival time for the event. The payment confirmation and itinerary must be presented with the travel reimbursement form. The traveler will be responsible for the excess charges of an airline ticket purchase other than a coach/economy seat. When using Southwest Airlines a traveler should choose the "wanna get away" flight category.

Allowable Expenses: Bag fees. Fare changes are allowable if business related or due to family emergency.

Unallowable Expenses/Fees: Trip insurance, Early Bird Check In, Front of the line, Leg Room, Fare changes for personal reasons.

Rental Car: Rental cars are limited to the negotiated TPASS rates listed at: <http://www.window.state.tx.us/procurement/prog/stmp/stmp-rental-car-contract/vendor-comparison/>. The contact information for Avis is listed here: <http://www.window.state.tx.us/procurement/prog/stmp/stmp-rental-car-contract/Avis/>. The contact information for Enterprise is listed here: <http://www.window.state.tx.us/procurement/prog/stmp/stmp-rental-car-contract/Enterprise/>. When making a reservation traveler should provide the County's agency # C0790. The traveler will not be reimbursed for any amount over the negotiated contract rates if a non-contract company is used at a higher rate. The traveler should

select a vehicle size comparable to the number of County travelers. The traveler may use a non-contract vendor at an overall rate lower than the contract rates with no penalty. The original contract/receipt must be presented with the travel reimbursement form or a copy if a County procurement card is used. . The traveler will be responsible for any excess charges not included in the TPASS rates or for choosing a vehicle size not comparable with the number of travelers on the trip. Insurance is included in the negotiated TPASS rates, if a traveler chooses to take out additional insurance the cost is on the traveler.

Enterprise:

- Optional Customer, Coupon or Corporate number is **TXC0790**
- Please enter the first 3 characters of your company's name or PIN number **FOR**
- Enterprise will automatically bill FBC when you reserve your vehicle so you need to have a purchase order before your departure.

Avis:

- Avis Worldwide Discount (AWD) Number or Rate Code **F930790**
- You cannot use the wizard option if you have an account with Avis, the wizard will override the state rate and normally the State rates are less.

Unallowable Fees/Charges: GPS, prepaid fuel, premium radio, child safety seats, additional insurance, one way rentals.

Allowable expenses: Parking and tolls allowed with documentation.

Other Transportation: Other forms of transit (bus, taxi, train) are reimbursable with an original receipt.

Gratuities: Gratuities are permitted if original receipt includes gratuity (20% maximum allowed) for any transportation services.

Procurement Card: The traveler may use a County procurement card to make transportation reservations for air travel and rental car services. Contact Purchasing to arrange or use the procurement card assigned to the department or traveler.

Documentation: Original receipts are required for all transportation reimbursements paid by the traveler. Transportation services obtained with a County procurement card require a copy of the receipt. Additional requirements are noted within each category above. Event agenda/documentation or a letter from the traveler describing the event/meeting is required.

REGISTRATION:

Registration fees: Registration fees are reimbursable for events that serve a Fort Bend County purpose. Registration fees for golf tournaments, tours, guest fees and other recreational events are not reimbursable.

Procurement Card: The traveler may use a County procurement card to register for an event. Contact Purchasing to arrange or use the procurement card assigned to the department or traveler.

Documentation: An original receipt must be obtained upon registration and submitted with the reimbursement request if paid by the traveler. A copy of the receipt must be provided if registration is paid on a County procurement card. Event agenda/documentation or a letter from the traveler describing the event/meeting is required.

GRANTS:

Travel expenditures from Federal and State grants must also conform to the granting agency's funding requirements.

TRAVEL REIMBURSEMENT FORM:

The traveler must use the current travel reimbursement form (<http://econnect/index.aspx?page=55>) for all travel related services addressed in this policy. No other expenditures may be submitted for reimbursement on the travel reimbursement form. After completing all required information, the travel form must be signed/dated by the traveler and the department head/elected official. Travel reimbursement request should be submitted within 30 days from when traveler returns from trip. Mileage reimbursement request should be submitted no less frequently than quarterly. Mileage reimbursement request for the fourth quarter should be submitted no later than October 30th for yearend processing.

EXCLUSIONS:

If the traveler has custody of a person pursuant to statute or court order or if the traveler is required by court or legal entity to appear at a particular time and place the traveler will not be penalized for accommodations that require a 14 day advance purchase ticket if travel is required with less than 14 days' notice.

If the traveler has custody of a person pursuant to statute to court order the traveler will not be held to the 75% per diem on the departure and final day of travel.