

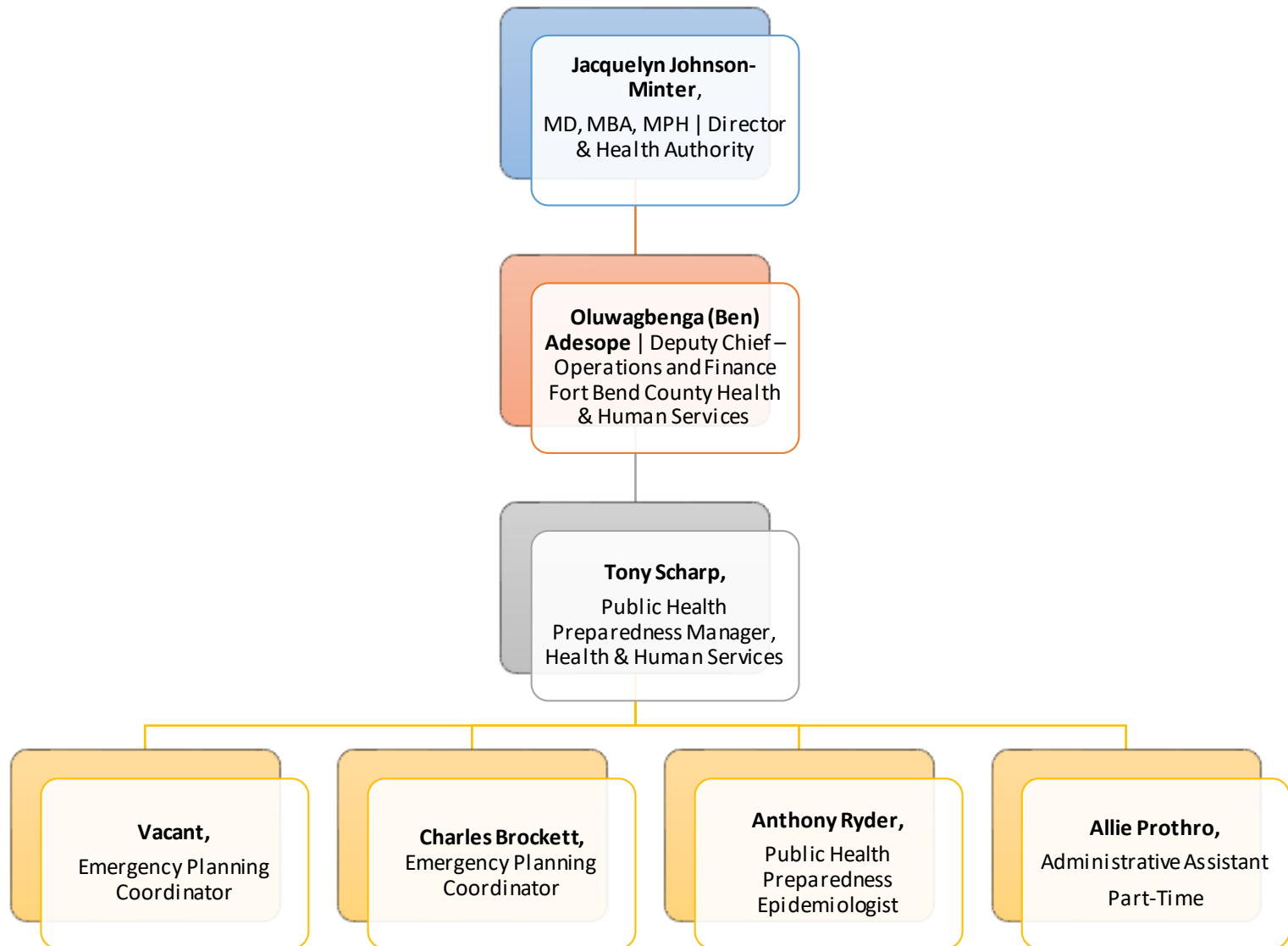
## FY23 CONTRACT RENEWAL CHECKLIST

**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.**

<b>CONTRACTOR NAME:</b> Fort Bend County
<b>COMPLETED BY:</b> 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
9	Work Plan	X

**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      Job Grade: 13  
Epidemiologist  
Emergency Planning  
Coordinators  
Clerk III

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: \_\_\_\_\_

Page 3 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

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: \_\_\_\_\_



## Fort Bend County Job Description

Job Title:	Epidemiologist	Job Code:	J11064
Department:	Health & Human Services	Department Number:	6351A
Supervisor:	Epidemiology Program Manager	FLSA Status:	E
Supervises:	N/A	Job Grade:	11
SIP/DOT:	SIP	Policy Group:	PH

**Job Summary:** Monitors the health of the community and investigates health events. Provides technical guidance to develop and implement disease surveillance systems for prevention, treatment, and follow-up procedures in response to disease outbreaks, bioterrorism events or other events of public health importance. Participates in planning of programs, policies or objectives for own work group and department.

### Essential Duties and Responsibilities:

- Participates in developing epidemiologic investigations. Uses established scientific and technical methods and practices to identify and evaluate a wide range of health conditions within an assigned program area, to recognize public health problems pertinent to the population, and to determine feasibility of and approach to epidemiologic investigations.
- Identifies surveillance data needs, implements new or revises existing surveillance systems, reports key findings from the surveillance system, and supports evaluation of surveillance systems.
- Provides scientific advice and technical assistance to various public, private, and nonprofit health and health-related state and local agencies and organizations.
- Conducts literature reviews and assists in preparing reports from analyses of surveillance data, literature reviews, and other information using behavioral science, demographic and epidemiologic analytic techniques, and evaluation.
- May provide administrative leadership and technical guidance to lower-level professional, technical, and administrative support staff, as assigned.
- Maintains an accurate database of key response partners in the county, which would provide rapid communication of health information, alerts and guidance.
- Uses efficient electronic tracking system (e.g. the National Electronic Disease Surveillance System, Epi Info, Texas Health Trace, EzEpi) for maintaining and analyzing County communicable disease reports.

Created: \_\_\_\_\_  
Modified: September 2021  
Replaced by: \_\_\_\_\_

Page 1 of 4

Department Review: \_\_\_\_\_



## Fort Bend County Job Description

Job Title: Epidemiologist Job Code: J11064

Department: Health & Human Services Department Number: 6351A

- Develops processes to promote quality and efficiency in reporting.
- Assists with planning coordinating efforts to gain National Pharmaceutical Stockpile or other rapid response resources in Fort Bend County.
- Participates in rotation of 24/7 call for communicable disease reports.
- 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 or other non-epidemiology professional degree or certification.

Experience: 2 years experience performing epidemiology work

Skills and Abilities: Knowledge of data processing software, statistical software, computing systems, data analysis programs and computer programming methods preferred. Experience with R Program, SAS, SPSS, Excel preferred. Ability to use statistical software. Strong verbal and written communication and organizational skills, ability to deal effectively with the public and other employees. Experience collecting and analyzing statistical data, applications of principles and methods of epidemiology and biostatistics. Spanish language ability is highly preferred.

Created: \_\_\_\_\_  
Modified: September 2021  
Replaced by: \_\_\_\_\_

Page 2 of 4

Department Review: \_\_\_\_\_



## Fort Bend County Job Description

Job Title: Epidemiologist                      Job Code: J11064  
Department: Health & Human Services                      Department Number: 6351A

Special  
Requirements:

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.

Essential  
Behavioral  
Expectations:

Equipment Used:

Computer	Telephone
Laboratory Equipment	Medical Equipment
Fax Machine	Photocopier
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 and arms, standing, talking and listening; frequent climbing, balancing and walking; occasional stooping, kneeling, crouching, crawling, sitting and lifting of objects up to 50 pounds; close vision, distance vision, ability to distinguish color, peripheral vision, depth perception, and ability to adjust focus.

Created: \_\_\_\_\_  
Modified: September 2021  
Replaced by: \_\_\_\_\_

Page 3 of 4

Department Review: \_\_\_\_\_



# Fort Bend County Job Description

Job Title:	Epidemiologist	Job Code:	J11064
Department:	Health & Human Services	Department Number:	6351A

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 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.

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## Fort Bend County Job Description

Job Title:	Clerk III	Job Code:	J07008
Department:	Health and Human Services	Department Number:	6351
Supervisor:	Bioterrorism Coordinator	FLSA Status:	NE
Supervises:	N/A	Job Grade:	7
SIP/DOT:	N/A	Policy Group:	A/C

**Job Summary:** Provides administrative and programmatic support to Public Health Emergency Preparedness Program and Clinical Health Services with Health and Human Services, maintains program files, schedules meetings, scribes, tracks budget and financial accounting and maintains multiple databases. Participates in planning of programs, policies and objectives of department.

### Essential Duties and Responsibilities:

- Communicates with County partners, such as home health agencies, nursing homes, hospitals and physicians to collect and verify complete data for PIER database.
- Works with individuals and agencies to collect information on functional and medical needs population to collect sensitive medical information and enters data into database. Conducts weekly download of State data regarding the functional needs population and reconciles the data with local information.
- Prepares and sends bulk correspondence to community partners as necessary.
- Creates, organizes and maintains active program files.
- Requisitions all purchases, processes accounts payable, maintains inventory and orders supplies/services for department; Tracks and maintains expenditures and budget balances
- Performs daily run of electronic lab reports received via secure data network from the state health services; and assists with epidemiological investigations. Contacts medical providers to complete disease reporting information.
- Enters data into the National Electronic Disease Surveillance System (NEDSS) to adhere to state law and Texas Health and Safety Code that requires notifiable diseases be reported to the local health department. Communicates with state agencies regarding database concerns, updates procedural changes and attend trainings on NEDS.

Created: April 2009  
Modified: October 2013  
Replaced by: \_\_\_\_\_

Page 1 of 4

Department Review: \_\_\_\_\_



## Fort Bend County Job Description

Job Title: Clerk III Job Code: J07008

Department: Health and 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: High School Diploma/GED. 2 years college or technical training preferred.

Experience: Three years of clerical/data entry experience. Education may be substituted for years of experience.

Skills and Abilities: Knowledge of computer applications. Excellent typing skills (minimum 40 WPM). Skilled in data entry to maintain multiple data sets. Ability to communicate effectively orally and in writing. Ability to interpret policies and to implement procedures.

### 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: Telephone Personal Computer  
Mainframe Computer Fax Machine

Created: April 2009

Modified: October 2013

Replaced by: \_\_\_\_\_

Page 2 of 4

Department Review: \_\_\_\_\_



## Fort Bend County Job Description

Job Title: Clerk III Job Code: J07008

Department: Health and Human Services Department Number: 6351

Calculator  
Video Equipment  
Automobile

Photocopier  
Overhead Projector

Contacts:

Daily contact with co-workers, department heads and employees, employees in other departments and elected officials in person or on the telephone to negotiate, persuade, provide service and/or information, exchange routine and non-routine information, interpret or explain complicated information, make presentations and provide instructions; occasional contact with regulatory agencies and outside community organizations in writing, in person or on the telephone to provide or exchange service and/or information, interpret or explain complicated information, provide instructions, exchange non-routine information and policy decisions; occasional contact with regulatory agencies in writing to exchange routine and non-routine information and make presentations.

Supervision  
Required:

Works under broadly defined guidelines; uses independent judgment in making routine decisions; needs assistance only for unusual, non-routine situations.

Physical  
Demands:

Daily use of hands or fingers to grasp, handle, pickup, pinch, type, and or feel; frequent standing, walking, sitting and talking; occasional lifting of objects up to 25 pounds, stooping, kneeling and/or crouching, and reaching with hands or arms; close vision, depth perception, and ability to adjust focus.

Work  
Environment:

Work is performed primarily in a climate-controlled private office and is open to the public and office traffic. Noise level is moderate. Walking to and from other supervised departments requires two to five block walks in the immediate area of central office.

Created: April 2009  
Modified: October 2013  
Replaced by: \_\_\_\_\_

Page 3 of 4

Department Review: \_\_\_\_\_





# Fort Bend County Job Description

Job Title:	Clerk III	Job Code:	J07008
Department:	Health and Human Services	Department Number:	6351

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.



**FY2023**

**Contract Type: CPS/Hazards**

**Applicant Information**

**Legal Name of Applicant Agency:**

Fort Bend County

**Mailing Address:**

Street / PO Box: 301 Jackson Street

City: Richmond

Zip: 77469

**Payee Name:**

Fort Bend County Auditor

**Payee Mailing Address:**

Street / PO Box: 301 Jackson Street, Suite 701

City: Richmond

Zip: 77469

**State of Texas Comptroller Vendor ID #** (9

digit + 3 digit mail code):

74-6001969

**DUNS #** (9 digits required for subrecipient contractors):

8149707

**Type of Entity (Choose one)**

City: ☐

Click on appropriate box

County: ☒

Other Political Subdivision: ☐

**Project Period**

Start Date: 7/1/2022

End Date: 6/30/2023

**Counties Served**

County(ies) Served:

Fort Bend County

**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 Johnson-Minter, MD, MBA, MPH  
Phone: 281-238-3233 Ext:   
Fax: 281-238-3355  
E-mail: Jacquelyn.Minter@fortbendcountytexas.gov

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

Fort Bend County Health & Human Services  
4520 Reading Road, Suite A-100  
Rosenberg, TX 77471

B-13/FSR Rep: Humera Ansari  
Phone: 281-344-3978 Ext:   
Fax:   
E-mail: Humera.Ansari@fortbendcountytexas.gov

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

Fort Bend County Auditor  
301 Jackson Street, Suite 701  
Richmond, TX 77471

PHEP (HAZARDS) Program Leader: Tony Scharp  
Phone: 281-238-3515 Ext:   
Fax: 281-238-3355  
E-mail: Tony.Scharp@fortbendcountytexas.gov

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

Fort Bend County Health & Human Services  
4520 Reading Road, Suite A-100  
Rosenberg, TX 77471

SNS (CRI) Coordinator:   
Phone: Ext:   
Fax:   
E-mail:

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

Authorized Signatory for DocuSign: KP George, County Judge  
Phone: 281-341-8608 Ext:   
Fax:   
E-mail: county.judge@fortbendcountytexas.gov

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

Fort Bend County Judge  
301 Jackson Street  
Richmond, TX 77471

Additional Authorized Signatory for DocuSign **only if applicable** (FFATA, Certs, etc)  
Phone: Ext:   
Fax:   
E-mail:

DocuSign "CC" Person  
Phone: Ext:   
Fax:   
E-mail:

Emergency Contact  
Cell Phone: Ext:   
Fax:   
E-mail:

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

## 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	\$225,376	\$188,748			\$36,628	
B. Fringe Benefits	\$90,468	\$90,468			\$0	
C. Travel	\$13,276	\$13,276			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$41,400	\$41,400			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$32,473	\$32,473			\$0	
H. Total Direct Costs	\$402,993	\$366,365	\$0	\$0	\$36,628	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$402,993	\$366,365	\$0	\$0	\$36,628	\$0
				Match Percentage	10.00%	

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

<b>PERSONNEL</b>	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							
Anthony Ryder/Epidemiologist	N	Disease Tracking, statistical analysis, planning, and program development	1.00	N/A	\$7,375	12	\$88,500
Charles Brockett/Emergency Planning Coordinator	N	Education, training and exercise coordination, planning	1.00	N/A	\$5,715	12	\$68,580
Emergency Planning Coordinator	Y	Program development and planning	0.20	N/A	\$5,715	12	\$13,716
Adminstrative Assistant	Y	Program clerical support, filing and data entry, purchasing	0.50	N/A	\$2,992	12	\$17,952
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
<b>TOTAL FROM PERSONNEL SUPPLEMENTAL SHEETS</b>							\$0
					<b>SalaryWage Total</b>		<b>\$188,748</b>

<b>FRINGE BENEFITS</b>	Itemize the elements of fringe benefits in the space below:			
FICA 7.65% x Salary Pension 13.45% x Salary Worker's Comp/Unemp 3.8% x Salary Health Insurance \$16,100 per FTE per year				
<b>Total Number of FTEs:</b>	<b>2.70</b>		<b>Fringe Benefit Rate %</b>	<b>47.93%</b>
			<b>Fringe Benefits Total</b>	<b>\$90,468</b>

## 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 Annual Summit	Education, collaboration, training and learning about best practices from other areas of the country - cost estimates are based on Fort Bend County travel policies - \$180.00 room rate, and meal rate of \$48/day. Room rates subject to organizer and availability.	Atlanta, GA or TBA	5/3	Mileage	\$200
				Airfare	\$1,050
				Meals	\$720
				Lodging	\$2,700
				Other Costs	
				Total	\$4,670
PHEP Quarterly Meetings - Austin	Attend mandatory contractor meetings in Austin as requested by DSHS and as listed in the annual socp of work. Cost estimates are based on Fort Bend County travel policies - State contract rate - \$163.00, and meal rate of \$36/day. Room rates subject to organizer and availability. Estimate based on 1 night stay and 2 days meal rate	Austin, TX	6/2	Mileage	\$600
				Airfare	
				Meals	\$432
				Lodging	\$978
				Other Costs	
				Total	\$2,010
2021 James Steele Conference - Diseases In Nature Transmissible to Man	Epi Education, collaboration, and training to identify new and best practices cost estimates are based on Fort Bend County travel policies - \$170.00 room rate, and meal rate of \$36/day. Room rates subject to organizer and availability.	TBA	3/1	Mileage	\$250
				Airfare	\$0
				Meals	\$216
				Lodging	\$510
				Other Costs	\$0
				Total	\$976
TDEM Conference	Education, collaboration, training and learning about best practices from other areas of the country - cost estimates are based on Fort Bend County travel policies - \$175.00 room rate, and meal rate of \$36/day. Room rates subject to organizer and availability.	San Antonio, TX	4/4	Mileage	\$500
				Airfare	\$0
				Meals	\$576
				Lodging	\$2,800
				Other Costs	\$0
				Total	\$3,876
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

**Total for Conference / Workshop Travel**

**\$11,532**

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.	2981	\$0.585	\$1,744		\$1,744
			\$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** **\$1,744****Other / Local Travel Costs:** **\$1,744****Conference / Workshop Travel Costs:** **\$11,532****Total Travel Costs:** **\$13,276**

Indicate Policy Used:

Respondent's Travel Policy State of Texas Travel Policy

## Detail Form

**Fort Bend County**

[illegible]

**\$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
General Office supplies @ 600/yr x 5 staff such as: copy paper, folders, binders, dividers, note pads, paper clips, paper binders, staples, tape, calenders, dry erase markers, flip pads, etc.	Conduct daily business operations. No item will exceed \$499 per item.	\$3,000
Printer supplies to support local printers and HP-T830 large scale printer, paper rolls; ink cartridges; and toner cartridges. 3 HP M750 toner cartridge sets @ \$1200ea; 3 printer rolls @\$200ea; 3 sets of ink cartridges for HP-T830 @ \$400ea	Supplies to support daily printing, large numbers of flyers, pamphlets, brochures, and large scale mapping capability.	\$5,400
Exercise supplies	Supplies to support exercise operation activities	\$1,000
NIOSH certified NFPA 1999 - Blue Nitrile gloves; 800 boxes @ \$20.00/box	Replenish PPE supplies used during COVID-19 response operations.	\$16,000
N95 masks - 400 boxes @ \$40.00/box	Replenish PPE supplies used during COVID-19 response operations.	\$16,000
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

**Total Amount Requested for Supplies:**

**\$41,400**

## 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
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL: \$0

## 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
AT & T Wireless-12 air cards @ \$50.00/mo x12mos	Provides on-line access services for mobile communications for PHEP staff and response team staff	\$7,200
Sprint Cell Phone service-air/data x 6 units x 12 mos @ \$75.00/mos	Voice and email 24/7 contact for PHEP staff and response team staff	\$5,400
Acclaim Systems - Annual maintenance and support fee for online registration system	To maintain, update and support system needs for web based functional and medical needs client registry	\$5,750
Direct TV @ \$120/mo x 12mos	Live news feed to maintain situational awareness of the community	\$1,440
Thermo Scientific recalibration services	To recalibrate sensitive radiological equipment ensuring readiness and ability to generate accurate readings.	\$1,834
Government Social Media Conference (PHEP Staff) 1 @ \$775	Education, collaboration, and training to identify new and best practices	\$775
PHEP Summit Registration Fee (PHEP staff) - 4 @ 600.00	Education, collaboration, and training to identify new and best practices	\$2,400
Diseases In Nature Transmissible to Man conference registration fee (PHEP Staff) - 1 @ \$350.00	Education, collaboration, and training to identify new and best practices	\$350
TDEM Conference Registration (PHEP Staff) - 4 @ \$200.00	Education, collaboration, and training to identify new and best practices	\$800
SETRAC Symposium Registration (PHEP Staff) 4 @ \$250.00	Education, collaboration, and training to identify new and best practices	\$1,000
1 additional person travel and registration to attend the TDEM Conference: Social Services Director/Operations Section Registration fee: \$200; Hotel: \$700; per diem: \$144; Travel: \$200	Education, collaboration, training and learning about best practices from other areas of the country - cost estimates are based on Fort Bend County travel policies - \$175.00 room rate, and meal rate of \$36/day. Room rates subject to organizer and availability.	\$1,244
2 additional persons to attend the PHEP Summit: EMS Deputy Chief/Planning Section; Epidemiologist/Operations Section Registration: \$1200; Hotel: 1800; per diem: \$480; Air Travel: \$700; Misc: \$100	Education, collaboration, training and learning about best practices from other areas of the country - cost estimates are based on Fort Bend County travel policies - \$180.00 room rate, and meal rate of \$48/day. Room rates subject to organizer and availability.	\$4,280

Revised: 3/25/2014

TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

**\$32,473**

## 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	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							
							\$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							
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
Tony Scharp/PHEPR Division Manager	N	Project Management, Planning and Program Coordinator	0.46	N/A	\$6,650	12	\$36,628
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
					SalaryWage Total		\$36,628

<b>FRINGE BENEFITS</b>	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	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$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	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$0
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	\$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**

# 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](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](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.

**Public Health Emergency Preparedness  
Work Plan and Vulnerable Populations Plan Template  
Budget Period (BP) 4- FY23  
Term: 7/1/2022 – 6/30/2023**

**Due: January 25, 2022**

**Jurisdiction: Fort Bend County**

**Report Completed by: Tony Scharp**

**Email: [tony.scharp@fortbendcountytexas.gov](mailto:tony.scharp@fortbendcountytexas.gov)**

**Phone: 281-238-3515**

**Instructions:** This template should be used to outline the work plan for Budget Period (BP) 4 – FY23 and provide a general summary of planned activities. Jurisdiction should:

- Select three (3) or more capabilities to work on in BP4– FY23.
- Develop the work plan by identifying jurisdictional needs within a capability, assessing current resources, and developing a plan to address identified gaps. Work Plan tasks and activities may be linked to the ongoing COVID-19 response.
- **Carrying capabilities forward from previous budget periods:** Capabilities for BP4– FY23 may be the same as prior year selections. If the jurisdiction intends to carry work forward from BP3 – FY22 to BP4 – FY23, please mark this on page 3.
- **Changing capabilities:** Capabilities can be changed during the budget period. If there is a change to capabilities, please email a notification to the **PHEP email inbox** ([PHEP@dshs.texas.gov](mailto:PHEP@dshs.texas.gov)).
- **Medical Countermeasures:** If Capabilities 8 and/or 9 (medical countermeasures) are selected, jurisdictions must select at least one (1) additional capability.
- Complete the **Vulnerable Populations Planning Module**.

Please email the completed jurisdictional work plan to the **PHEP email inbox** ([PHEP@dshs.texas.gov](mailto:PHEP@dshs.texas.gov)) by                     .

## **Public Health Emergency Preparedness**

### **Work Plan Template**

#### **Work Plan Executive Summary:**

**Please provide a very brief overview of the jurisdiction's goals for BP4 – FY23.**

Fort Bend County Health & Human Services will continue to focus on the following three (3) capabilities in BP1: Cap 3 – Emergency Operations Coordination to update existing plans and write new procedures; Cap 4 - Emergency Public Information and Warning to develop a hidden (dark) web pages with SNS specific procedural public information; Cap 5 - Mass Fatality Management to update existing plan with new procedures due to changes in the County structure and lessons learned from COVID-19 response operations. We will also address Cap 15 - Volunteer Management, with assisting with the rebuilding of and training the volunteer base and their parent organizations.

## **Capabilities**

**FY22:** Please mark the capabilities that were addressed during BP3– FY22 in the column labeled *FY22*.

**FY23:** Please mark three (3) capabilities that will be addressed during BP4 – FY23 in the column labeled *FY23*.

**COVID-19 Carryover:** Please mark if capabilities that will be carried over to FY23 due to COVID-19 response activities in the column labeled *COVID-19 Carryover*.

<b>CAPABILITY</b>	<b>FY22</b>	<b>FY23</b>	<b>COVID-19 Carryover</b>
Community Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community Recovery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Operations Coordination	X	X	<input type="checkbox"/>
Emergency Public Information and Warning	X	X	<input type="checkbox"/>
Fatality Management	X	X	<input type="checkbox"/>
Information Sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mass Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Countermeasures Dispensing and Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Materiel Management and Distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Surge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nonpharmaceutical Intervention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Laboratory Testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Surveillance and Epidemiological Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responder Safety and Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteer Management	<input type="checkbox"/>	X	<input type="checkbox"/>

## Capability

- ☐ Capability 1: Community Preparedness
- ☐ Capability 2: Community Recovery
- ☒ Capability 3: Emergency Operations Coordination
- ☐ Capability 4: Emergency Public Information and Warning
- ☐ Capability 5: Fatality Management
- ☐ Capability 6: Information Sharing
- ☐ Capability 7: Mass Care
- ☐ Capability 8: Medical Countermeasure Dispensing and Administration
- ☐ Capability 9: Medical Materiel Management and Distribution
- ☐ Capability 10: Medical Surge
- ☐ Capability 11: Nonpharmaceutical Interventions
- ☐ Capability 12: Public Health Laboratory Testing
- ☐ Capability 13: Public Health Surveillance and Epidemiological Investigation
- ☐ Capability 14: Responder Safety and Health
- ☐ Capability 15: Volunteer Management

Assessment of current relevant resources:

*The Health & Human Services Coordination Center (HHSCC) Technical Guidance Manual (TGM) is outdated and requires updating.*

Identified needs/gaps:

*Based on a review of the October 2018 PHEPR Capabilities guide, new procedures are required to be in place to support personnel and response operations.*

Objective(s):

*By June 30, 2021, develop new or update existing procedures for each capability to reflect the requirements outlined in the Oct. 2018 PHEPR Capabilities guide.*

Outcome(s):

*A more complete and updated HHSCC TGM to assist personnel in response operations.*

Output(s):

*Improved processes to guide personnel during response operations.*

## Supporting Activities

Activity Description	Lead Assigned Personnel	Contributing Partners (if any)	Consultant (if any)	Estimated Date of Completion
<i>Conduct a review of the CPGs and identify procedures lacking within the HHSCC TGM.</i>	Tony Scharp	<i>HHS Departments, Homeland Security and Emergency Management</i>		<i>11/15/2022</i>
<i>Schedule meetings with required partners for each specific procedure</i>	Tony Scharp	<i>Same</i>		<i>12/15/2022</i>
<i>Host planning meetings.</i>	Tony Scharp	<i>Same</i>		<i>2/15/2023</i>
<i>Write new or update existing procedures</i>	Tony Scharp	<i>Same</i>		<i>6/15/2023</i>

<i>Incorporate new documents into the HHSCC TGM</i>	Tony Scharp			6/30/2023
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### Capability

- ☐ Capability 1: Community Preparedness
- ☐ Capability 2: Community Recovery
- ☐ Capability 3: Emergency Operations Coordination
- X Capability 4: Emergency Public Information and Warning
- ☐ Capability 5: Fatality Management
- ☐ Capability 6: Information Sharing
- ☐ Capability 7: Mass Care
- ☐ Capability 8: Medical Countermeasure Dispensing and Administration
- ☐ Capability 9: Medical Materiel Management and Distribution
- ☐ Capability 10: Medical Surge
- ☐ Capability 11: Nonpharmaceutical Interventions
- ☐ Capability 12: Public Health Laboratory Testing
- ☐ Capability 13: Public Health Surveillance and Epidemiological Investigation
- ☐ Capability 14: Responder Safety and Health
- ☐ Capability 15: Volunteer Management

Assessment of current relevant resources:	<i>SNS POD exercises have shown us that there is a large quantity of printed informational material needed for clients going through a POD, presenting a logistical issue in some PODs (copier not working, needing paper, needing documents in multiple languages than those presented).</i>
Identified needs/gaps:	<i>FBCHHS does not have all the informational material available in digital format and available for public.</i>
Objective(s):	<i>Develop an unpublished SNS MCM page ("a dark site") on the FBC HHS Preparedness website by June 30, 2021.</i>
Outcome(s):	<i>County residents will have the opportunity to access all printed information distributed at PODs online. This will give county residents the ability to access the information on their mobile devices and in their native language, using Google translate, as they wait in line for their medications.</i>
Output(s):	<i><u><a href="http://www.fbchealth.org/pods">www.fbchealth.org/pods</a></u>. This page will serve as a digital information hub for Fort Bend County residents if PODs are activated.</i>

### Supporting Activities

Activity Description	Lead Assigned Personnel	Contributing Partners (if any)	Consultant (if any)	Estimated Date of Completion
<i>Coordinate with SNS Coordinator to outline important information that needs to be on the POD page.</i>	Charles Brockett	HHS Communications Team		12/2022



<i>Write the content of the SNS POD page.</i>	Charles Brockett	<i>Same</i>		<i>1/2023</i>
<i>Develop infographics to be added to the page.</i>	Charles Brockett	<i>Same</i>		<i>3/2023</i>
<i>Identify outside informational resources that would be added to the page, ie. Videos on pill crushing for kids, ASL videos, etc.</i>	Charles Brockett	<i>Same</i>		<i>3/2023</i>
<i>Launch new webpages, seek public feedback from MRC volunteers and make needed adjustments</i>	Charles Brockett	<i>Same</i>		<i>6/2023</i>

## Capability

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- ☐ Capability 14: Responder Safety and Health
- ☐ Capability 15: Volunteer Management

<b>Assessment of current relevant resources:</b>	<i>The Mass Fatality Management plan is outdated and no longer congruent with the structure and processes of Fort Bend County</i>
<b>Identified needs/gaps:</b>	<i>As a result of growing population, combined with State law requirements, Fort Bend County has created a new Medical Examiner's Office to investigate suspicious deaths and provide crime laboratory services. The new office is creating a need to shift away from the current Justice of the Peace system.</i>
<b>Objective(s):</b>	<i>By June 30, 2020, review and update the Fatality Management plan to reflect the new County structure, processes, and procedures to respond</i>

	<i>to a mass fatality incident.</i>
Outcome(s):	<i>An updated Fatality Management plan reflecting the new structure of Fort Bend County government</i>
Output(s):	<i>Improved response plan.</i>

### Supporting Activities

Activity Description	Lead Assigned Personnel	Contributing Partners (if any)	Consultant (if any)	Estimated Date of Completion
<i>Create awareness of the issue with the new Medical Examiner</i>	Tony Scharp	<i>Medical Examiner's Office</i>		<i>11/2022</i>
<i>Set up a meeting to discuss the current FM plan and needed changes and new content.</i>	Tony Scharp	<i>Same</i>		<i>11/2022</i>
<i>Develop the new plan content</i>	Tony Scharp	<i>Same</i>		<i>1/2023</i>
<i>Incorporate needed changes into the MF plan and socialize the document for comment.</i>	Tony Scharp	<i>Same</i>		<i>4/2023</i>
<i>Finalize any additional changes.</i>	Tony Scharp	<i>Same</i>		<i>6/2023</i>

### Capability

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- ☐ Capability 12: Public Health Laboratory Testing
- ☐ Capability 13: Public Health Surveillance and Epidemiological Investigation
- ☐ Capability 14: Responder Safety and Health
- ☒ Capability 15: Volunteer Management

Assessment of current relevant resources:	<i>After 23 months of Covid response, the partnership with Fort Bend County volunteer organizations need to be reestablished and strengthened.</i>
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Identified needs/gaps:	<i>Many volunteers 'burned out' and quit their volunteer organization during the response period.</i>
Objective(s):	<i>By January 1<sup>st</sup>, 2023, review and update contracts and training schedules with the County's volunteer organizations</i>
Outcome(s):	<i>Increased manpower rosters and depth that are trained for public health response.</i>
Output(s):	<i>Improved volunteerism and assistance.</i>

### **Supporting Activities**

Activity Description	Lead Assigned Personnel	Contributing Partners (if any)	Consultant (if any)	Estimated Date of Completion
<i>Meet with local volunteer organizations (ex. Medical Reserve Corps.)</i>	Tony Scharp	<i>Volunteer organizations</i>		<i>11/2022</i>
<i>Develop plans for recruitment and trainings</i>	Tony Scharp	<i>Same</i>		<i>1/2023</i>
<i>Begin to hold exercises with volunteers</i>	Tony Scharp	<i>Same</i>		<i>4/2023</i>