

Fort Bend County



ID: R-2024-2018005882
VCSO: Yes

Start Date: 2025-07-01
End Date: 2026-08-31

**Veterans Mental Health Program
Clinical Counseling**

Submission Deadline: 2024-11-12

Budgeted Amount: \$145,269.65

TVC ID:

Grant Officer:

Award Type:

Request Status

Full Application

Review

Negotiation

Active

Closed

⚠ Total Budget needs to be rounded to the nearest \$5000.

Status

Full Application

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Additional Organization Information

Principal Participants

Phone numbers must be formatted as XXX-XXX-XXXX

Executive Director *

Executive Director email: County.Judge@fbctx.gov

Executive Director phone: 281-341-8608

Chief Financial Officer *

Chief Financial Officer email: ed.sturdivant@fortbendcountytx.gov

Chief Financial Officer Phone: 281-341-3769

Chief Operations Officer:

Chief Operating Officer email: ketan.inamdar@fortbendcountytx.gov

Chief Operating Officer phone: 281-344-6138

Project Manager / Coordinator *

Project Manager email: gwendolyn.sims@fortbendcountytx.gov

Project Manager phone: 346-481-6681

Project Accountant *

Project Accountant email: mai.nguyen2@fortbendcountytx.gov

Project Accountant phone: 281-344-3978

Media / Communications Coordinator ***Media Coordinator email:** kaila.williams2@fortbendcountytx.gov**Media Coordinator phone:** 281-238-3582**PRR Reporter 1:****PRR Reporter 2:****▼ Full Application****▼ Summary of Services****1. Proposed Project Service Area(s)*** Fort Bend**2. Who will the organization provide direct services to under the proposed project? Check boxes below.*****Veterans:** Yes**Dependents:** Yes**Surviving Spouses:** Yes**Total Number of unduplicated clients to be served.*** 80**3. Provide a detailed description of the service(s) your Organization intends to offer to clients through this grant***

Fort Bend County Mental Health Program (FBC MH) aims to improve the mental health and well-being of veterans/ dependents/ surviving spouses through direct therapy services, education, and community outreach, serving all ages, backgrounds, & service branches. Our goals are to reduce mental health burden, enhance access to resources, and foster awareness of veterans' mental health needs while addressing diverse mental health challenges through clinical therapy, education, and outreach initiatives.

4. What types of eligible beneficiaries from the United States military components will your organization serve with TVC grant funding? (select all that apply)* Active Duty , National Guard, Reserves , Veteran**5. Choose the veteran discharge status(es) (Characterization of Service) that your organization will serve with TVC grant funding? (select all that apply)*** Honorable, General Under Honorable Conditions, Other Than Honorable Conditions, Uncharacterized, Dishonorable, Bad Conduct, Dismissed**6. Can beneficiaries request services over the phone?*** Yes

If yes, provide phone number for beneficiaries' to contact for application and/or client intake?*

281-403-8066

Must be formatted as XXX-XXX-XXXX

7. Can beneficiaries request services or make an appointment online?*

No

8. Can beneficiaries apply for services via walk-in? *

Yes

9. Are services provided by appointment only?*

Yes

10. How will beneficiaries be evaluated to determine priority of service?*

Demonstrated Need

11. Once eligibility is determined, how many days will it take for requested services to be provided?*

7

▼ Financial Information

12. Does your organization have the ability to sustain this project without FVA funding?*

No

13. Does your organization use software to record accounting transactions and manage financial book keeping?*

Yes

What is the name, type, and version of the software?*

Lawson V.10

Note: Enter values for Total Assets, Total liabilities and Net Assets

Total Assets* \$4,112,135,243.00

Total Liabilities* \$1,489,945,702.00

Net Assets at the end of the Year* \$2,422,757,089.00

Budget Tables

Salary & Fringe Group

Name	Job Title	Annual Salary	% Time to TVC Grant	Total Grant Funded Salary
	Licensed Mental Health Therapist	\$89,799.00	100%	\$89,799.00
Total Fringe: \$41,120.65		Total Grant Funded Fringe: \$41,120.65		
Social Security: \$6,869.62 Medicare: \$6,869.62 FICA: \$6,869.62	Health: \$19,075.00 Dental: Vision:	Life: Disability: Worker's Comp: \$897.99	Unemployment: \$2,514.37 Retirement: \$11,763.67	Parking: Phone:
Total Salary + Fringe: \$130,919.65		Fringe % of Salary: 45.79%		
Total Salary				\$130,919.65

Travel Group

Category	Unit Cost	# Units	# Staff	Amount Requested
Local Mileage & Fees	\$3,350.00	1	1	\$3,350.00
Training	\$3,000.00	1	1	\$3,000.00
Total				\$6,350.00

Supplies Group

Category	Unit Cost	Quantity	Amount Requested
Office Supplies	\$500.00	1	\$500.00
Computer Device	\$1,700.00	1	\$1,700.00
Phone Devices	\$100.00	1	\$100.00
Total			\$2,300.00

Other Direct Cost Group

Category	Unit Cost	Quantity	Amount Requested
Marketing and Outreach (Media)	\$5,000.00	1	\$5,000.00
Phone Service	\$700.00	1	\$700.00
Total			\$5,700.00

Total Budget: \$145,269.65

▼ Documents

APPLICATION PACKAGE DOCUMENTS

- 
Annual-Comprehensive-Financial-Report-FY2023.pdf




IRS Determination Letter
Added by Karri Halcomb at 2:03 PM on November 4, 2024
- 
Governing Body Members of Fort Bend County October 2024.pdf




Governing Body Members
Added by Karri Halcomb at 12:41 PM on November 4, 2024
- 
Professional Liability_Malpractice Ins.pdf




Liability Insurance
Added by Karri Halcomb at 12:41 PM on November 4, 2024