

FORT BEND COUNTY GRANT INFORMATION AND ASSESSMENT FORM

1. County departments requesting funding must upload the Grant Information and Assessment Form and supporting documents to eCivis in order to be approved.
2. Additionally, the completed form will need to be uploaded to AgendaQuick once eCivis review is completed with all supporting documents.
3. When adding the Grant Information and Assessment Form to AgendaQuick – departments will mark it as confidential.

DEPARTMENT APPLYING FOR GRANT	APPLICATION DEADLINE
HHS – Office of Communications, Education & Engagement	December 1, 2025
GRANT/PROGRAM TITLE	GRANTING AGENCY
BCBSTX Sponsorship	Blue Cross Blue Shield Texas
PROPOSED PERIOD OF PERFORMANCE IF AWARDED	TOTAL PROJECT COSTS BEING REQUESTED
N/A	\$5,000
UNIQUE ENTITY IDENTIFIER (UEI FROM SAM.GOV)	
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DEPARTMENT HEAD/SUPERVISOR	GRANT COORDINATOR/PROJECT LEAD
Dr. Gale-Lowe	Karri Halcomb

PROJECT CONSIDERATIONS

Is there a county cost share/match required? If yes, how much?	No county cost share/match required
Has the department/office/agency received this grant or a similar grant previously?	FBCHHS has not received the BCBSTX Sponsorship Opportunity previously
Does the department/office/agency have the capacity to meet financial administration and program management requirements?	Yes. FBCHHS has staff experienced in managing program funds, reporting requirements, and community-based event operations.
Does the grant project require partner agency participation? (MOU development)	No
Is this grant for the construction or expansion of a County facility? If so, have you confirmed with Facilities the project is allowable?	No
Is this grant for the purchase of IT equipment/software? If so, have you confirmed with IT the purchase is allowable?	No
Is project monitoring required? Who is conducting the monitoring?	Project monitoring will be conducted by HHS.
Are there any special requirements or conditions? (i.e., legal requirements, prohibitions, agreements, etc.)	No special conditions are anticipated after reading the funding opportunity

PROJECT COSTS

Costs Included in the Project	Costs	“Bold” the Documentation Included in the Application to Substantiate Costs (if applicable)
Employee Labor	\$ -----	<i>Timesheets, payroll records, employee policies, written justification, work descriptions, pay checks</i>
Contracted Services/Labor	\$ -----	<i>Quotes, bidding procedures, invoices, contracts</i>
Land, facilities, or equipment individually valued over \$5,000	\$ -----	<i>Permits, quotes, invoices, narrative description</i>

Materials/Supplies	\$ 5,000.00	<i>Invoices, proof of payment, receipts, narrative description</i>
Technology/Training	\$ -----	<i>Invoices, proof of payment, receipts, narrative description</i>
Other	\$ -----	<i>Budget Plan, administrative costs, indirect costs, rate determination</i>
TOTAL PROJECT COST	\$ 5,000.00	

COST DETAILS

If there are labor costs, how many employees are being funded?	N/A
Are the employees permanent County employees or temporary grant hires?	N/A
For newly established positions, what will happen after the completion of the grant program? (i.e., temporary position absolved, permanently hired and funded by the County Budget)	N/A
List any future costs related to the grant project, including administration, contractual costs, operating costs, monitoring, and County budget costs.	N/A
Will the program generate income? If so, how much?	N/A

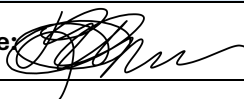
PROGRAMMATIC INFORMATION

Briefly describe the goals and objectives with the use of the grant funds.	The BCBSTX Sponsorship Opportunity will directly support FBCHHS' Annual Community Baby Shower, an initiative dedicated to improving maternal and child health outcomes in Fort Bend County. Funds would be used to: Provide health education, screening, and resources to expecting and new mothers.
Describe how the grant project goals align with the strategic priorities of the County.	<ul style="list-style-type: none"> • Promoting equitable access to healthcare resources for underserved populations. • Reducing maternal and infant health disparities, consistent with Fort Bend County's Community Health Improvement Plan (CHIP). • Fostering community collaboration and public health education, which supports the County's commitment to healthy communities and proactive health interventions.
Was the project designed with any of the following factors: Community outreach, evidenced-based interventions, data analysis, or needs assessment? Please explain and provide proof if necessary.	<ul style="list-style-type: none"> • Community Outreach: Direct engagement with expecting and new mothers through the Annual Community Baby Shower event. • Evidence-Based Interventions: Promotion of early and consistent prenatal care, nutritional support, and maternal health education. • Data Analysis & Needs Assessment: Program design is guided by CHIP data showing higher rates of late or no prenatal care (30%) and disparities affecting Non-Hispanic Black and Hispanic women, as well as elevated low birth weight rates among Non-Hispanic Black and Asian infants.
What specific key performance indicators will be implemented to measure the progress and objectives of the program?	Maternal Health Outcomes in Fort Bend County Number of Screenings/Immunizations
Are there noncompliance risks or concerns while operating this program?	No significant risks are anticipated. All program activities comply with public health standards, County policies, and any sponsor requirements.
Will this project or engagement continue after all project funds have been expended? Please explain.	Yes. The Annual Community Baby Shower is a recurring initiative managed by FBCHHS, and future events will continue to be conducted with other funding sources, in-kind support, and community partnerships. Sponsorship funds enhance, but do not solely sustain, program delivery

SUBMITTING DEPARTMENT SIGNATURE

Preparer Name and Title:	Department/Agency Name:	Date:
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Department Head/ Elected Official Signature:



FORT BEND COUNTY PRE-PROJECT INFORMATION AND RISK ASSESSMENT (PIRA) COMPLETION INSTRUCTIONS

1. The department, agency, or entity receiving grant funds from Fort Bend County **must complete the entirety of the PIRA**. The recipient should fill out the first section of the PIRA to the best of their ability and reach out to the County with any questions. No answers should be left blank; any questions that are not applicable should be labeled N/A.
2. For the **Project Consideration** section, the recipient should consider any information that would assist the County in ensuring eligibility and compliance. Verification is necessary if a contractor or consultant is completing the application or project administration on behalf of County.
3. For the **Project Cost** section, the fund recipient should check the box next to each expense type included in the project application and identify the cost for each category. Any costs that are estimates should include justification or a written narrative to describe the budget plan. Additional documentation will be necessary to substantiate actual costs. The recipient may not be required to provide all supporting documentation prior to receiving funds but should adhere to the awarding agency's application requirements. Any supporting documentation that is included in the application should be "**bolded**" on the PIRA list for tracking purposes.
4. The **Cost Detail** section is intended to identify any specific expense requirements or cost consideration as outlined by the awarding agency. The recipient should have an understanding of the requirements prior to applying for or receiving the funding award.
5. The **Programmatic Information** requires the fund recipient to consider program design, administration, and goals necessary to effectively manage the grant award. If the department, agency, or entity, is a subrecipient, this section is essential to outline program requirements and compliance with the awarding agency. If the grant funds will only be used to fund employee labor, the recipient should consider what objectives can be accomplished with the additional staff.
6. The final requirement for the PIRA is the **Preparer Signature**, which should be the grant Project Lead, Department Head, or external consultant responsible for completing the application. By signing the PIRA, the Preparer confirms that the PIRA is complete and accurate to the best of their knowledge. County departments must upload the PIRA and supporting documentation to eCivis.
7. For departments applying for grant funds, the PIRA will be evaluated by the **Interdepartmental Grant Review Team**, consisting of the County Grant Manager, Auditor's Office, Budgeting Office, and Attorney's Office.
The evaluation process will take place via eCivis; a signature is necessary from each department to approve the application and prepare for Commissioner's Court. For external entities, agencies, or departments receiving County subawards, the County may have presented the project to the Commissioner's Court prior to sharing the award opportunity. Therefore, the project can be approved with one signature by the Attorney's Office.