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## Organization Information

\* indicates required field

Official Name Name associated with specific tax ID in the IRS Business Master File.

\* Fiscal Sponsor Are you applying on behalf of a fiscal sponsor?

No ▼

\* Legal Name Fort Bend County

AKA Name

\* Address 301 Jackson Street

\* City Richmond

\* State Texas ▼

\* Zip/Postal Code 77469

County Fort Bend

\* Is your Mailing Address Different from your Legal Address? All checks will be sent to the address listed on the w9 unless a mailing address is included here.

Yes ▼

Mailing Address 4520 Reading Road, Ste. A-100

Mailing City Rosenberg

Mailing State Texas ▼

Mailing Zip/Postal Code 77471

\* Main Telephone

Main Fax

Website Address

\* Mission of Organization

Fort Bend County strives to be the most family friendly community in Texas by providing a high quality, enriching and safe environment. Each department and elective office provides fast, friendly service to its customers and continually strives to be number one in efficiency and effectiveness. The Commissioners Court fulfills its leadership role by providing necessary resources to the offices and departments to accomplish their duties and goals by establishing budgets, policies and procedures to make the most efficient use of the resources and by actively pursuing quality businesses to locate in Fort Bend County.

The mission of Fort Bend County Health & Human Services (FBCCHS) is to promote and protect the health and well-being of the residents of Fort Bend County through disease prevention and intervention, public health emergency preparedness and response, community engagement, and helping to assure the equitable provision of basic human needs.

(1037 character(s) remaining)

Year Founded

\* Organization Type Please select the value in this list that best describes your organization.

▼

\* Does your organization have written policies that discriminate against individuals based on race, color, sex, sexual orientation, gender identity, religious creed, national origin, physical or mental disability, or protected veteran status or any other characteristic protected by law?

▼

Social Media Please provide social media information for your organization (Facebook, Twitter handle, etc...)

Facebook: facebook.com/fortbendhealth/  
Instagram: @fortbendhealth  
X (Twitter): @FortBendHealth

(3904 character(s) remaining)

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## Contact Information

\* indicates required field

Please select at least one contact from the list below to associate with this application by clicking the "Check the box to associate this individual with this application." checkbox.



Match: Check the box to associate this individual with this application.

Name: [KP GEORGE](#)

Telephone #: 281-341-8608

E-mail Address:

County.Judge@fortbendcountytexas.gov

Contact Type: Executive Director



Match: Check the box to associate this individual with this application.

Name: [KARRI HALCOMB](#)

Telephone #: 281-238-3526

E-mail Address:

karri.halcomb@fortbendcountytexas.gov

Contact Type: Grant Writer



Match: Check the box to associate this individual with this application.

Name: [KETAN INAMDAR](#)

Telephone #: 281-344-6138

E-mail Address:

ketan.inamdar@fortbendcountytexas.gov

Contact Type: Primary Contact



Match: Check the box to associate this individual with this application.

Name: [KAILA WILLIAMS, MPH, CPH](#)

Telephone #: 281-238-3233

E-mail Address:

kaila.williams2@fortbendcountytexas.gov

Contact Type: Secondary Contact

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## Request Information

\* indicates required field

\* Location In which state will your program take place?

\* Event Title Please do not use quotation marks in the project title.

\* Requested Amount Please enter the amount you are requesting for this project.

\* Event Start Date

\* Event Start Time

\* Event End Date

\* Event End Time

\* Event Location

\* Event Address

\* Event City

\* Event State

\* Event Attire

\* Expected Participation

\* Sponsorship/Event Type

BCBS Department If you did not receive specific instructions on how to answer this question, please skip and move to the next question OR select "None of the Above."

None of the Above ▼

\* Other Major Sponsors Please identify other major sponsors and their sponsorship level,(i.e. ABC Employee Fund -- \$10,000 , XYZ Foundation -- \$20,000).

ADD TO LIST

N/A

REMOVE FROM LIST

\* Sponsorship Levels and Recognition Opportunities Specify sponsorship levels and recognition opportunities included in these levels.

As the event sponsor, Press Release and Social Media Recognition and Next Door Agency Post Recognition from the County.

(3881 character(s) remaining)

\* Honoree(s) If you are honoring an individual, organization or company - please identify the honoree(s), their company and their their title.

ADD TO LIST

N/A

REMOVE FROM LIST

\* Do you need a Logo? Yes ▼

Deadline for Logo 03/31/2026

Logo Use Please identify how the logo will be used and what format is needed.

To promote BCBSTX as a sponsor on event flyer and social media posts. FBCHHS is requesting the logo be in the png file format.

(3871 character(s) remaining)

\* Do you need a Program Ad?

\* Do you need a BCBS Banner?

Deadline for Banner

\* Employees on Board Are any of our employees involved in your board and/or event committee? If so, who?

ADD TO LIST

No

REMOVE FROM LIST

\* Are you requesting a speaker/presenter? **Please note:** answering yes to this question does not guarantee you will be contacted.

Would you like someone to contact you regarding Blue Corps Employee volunteers if this request is approved? **Please note:** Answering yes to this question does not guarantee you will be contacted.

Yes

\* Are you Requesting an Exhibit/Vendor Table?

\* Is a gala table included if we fund the sponsorship at the requested level?

\* Focus Area (?) Which strategic focus area does this request support?

- Economic Opportunity and Stability ▲
- Locally Defined Health Solutions
- Neighborhood and Built Environment
- Nutrition
- Optimal Health Outcomes ▼

Referred By If your organization was referred to this application by an employee or other associate of BCBS please list that person's name.

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## People/Area Served

\* indicates required field

**Please enter the number(s) below as a result of the grant funding. The information below does not need to be exact.**

\* TX Geographical Area (?)  
Served

Enter the percentages for the Geographical Area(s) Served below.

**Please do not go over 100%. The total will display below.**

Click on the (+) to display the Geographical Area(s) - 100.00

<input type="text"/>	Abilene
<input type="text"/>	Amarillo
<input type="text"/>	Austin
<input type="text"/>	Beaumont
<input type="text"/>	Brownsville
<input type="text"/>	Bryan
<input type="text"/>	Corpus Cristi
<input type="text"/>	Dallas
<input type="text"/>	Del Rio
<input type="text"/>	Eagle Pass
<input type="text"/>	El Paso
<input type="text"/>	Fort Worth
<input type="text"/>	Harlingen
<input type="text" value="100.00"/>	Houston

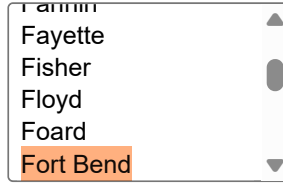
<input type="checkbox"/>	Laredo
<input type="checkbox"/>	Longview
<input type="checkbox"/>	Lubbock
<input type="checkbox"/>	Marshall
<input type="checkbox"/>	McAllen
<input type="checkbox"/>	Midland
<input type="checkbox"/>	Odessa
<input type="checkbox"/>	Palestine
<input type="checkbox"/>	Port Arthur
<input type="checkbox"/>	Richardson
<input type="checkbox"/>	San Angelo
<input type="checkbox"/>	San Antonio
<input type="checkbox"/>	Sherman
<input type="checkbox"/>	Statewide
<input type="checkbox"/>	Sweetwater
<input type="checkbox"/>	Temple
<input type="checkbox"/>	Tyler
<input type="checkbox"/>	Victoria
<input type="checkbox"/>	Waco
<input type="checkbox"/>	Weslaco
<input type="checkbox"/>	Wichita Falls
<input type="checkbox"/>	In State Other Locations
<input type="checkbox"/>	Multi-State
<input type="checkbox"/>	National
100.00 Total	

Total\* TX Geographical Area Served (?): 100.00

Other TX Geographical Area

If "Other" was selected above, please advise the other area in the text box below. If you did not select "Other," you may leave the field blank.

\* Texas Counties Served Please indicate which counties in Texas will be served by this proposal. To select multiple items from the list, please hold down the CTRL button on your keyboard and click on the list values that you would like to highlight.



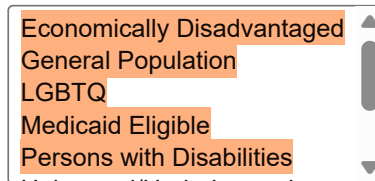
A dropdown menu showing a list of Texas counties: Fayette, Fisher, Floyd, Foard, and Fort Bend. The 'Fort Bend' option is highlighted in orange.

\* Texas Region In which region will your program take place?



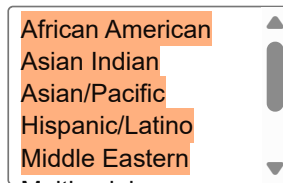
A dropdown menu with 'Southeast' selected and a downward arrow icon on the right.

\* Population Served (?)  
(Multi Select)



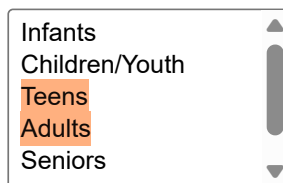
A multi-select dropdown menu with the following options selected and highlighted in orange: Economically Disadvantaged, General Population, LGBTQ, Medicaid Eligible, and Persons with Disabilities.

\* Racial/Ethnic Groups (?)  
Served (Multi Select)



A multi-select dropdown menu with the following options selected and highlighted in orange: African American, Asian Indian, Asian/Pacific, Hispanic/Latino, and Middle Eastern.

\* Age Group (Multi (?)  
Select)



A multi-select dropdown menu with the following options selected and highlighted in orange: Teens and Adults.

\* Program Area (multi (?)  
select)



A multi-select dropdown menu with the following options selected and highlighted in orange: Education- Primary and Secondary, Education- Scholarships, Education- STEM/STEAM, Education- Tutoring, Education- Vocational/Trade, and Health and Wellness - Disease Management.

Other Program Area If "Other" was selected above, please advise the other area in the text box below. If you did not select "Other," you may leave the field blank.



An empty rectangular text input box.

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## Attachments

\* indicates required field

\* W-9 Form (?) Note: If incorrect W-9 form is submitted, payment may be delayed if your application is approved.




Drag files anywhere in this area, or [browse files](#)


**Accepted files:** .csv .doc .docx .eml .eps .heic .ics .jpeg .jpg .mp3 .msg .numbers .pdf .png .ppt .pptx .tif .tiff .txt .xls .xlsx .zip

**Max size:** 10.0 MB

Files (1)

<b>Fort-Bend-County-w9-2025.pdf</b> (96.1 K), uploaded by Karri Halcomb on 10/27/2025.	 
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Sponsorship Levels Please attach a description of all sponsorship levels.



Drag files anywhere in this area, or [browse files](#)


**Accepted files:** .csv .doc .docx .eml .eps .heic .ics .jpeg .jpg .mp3 .msg .numbers .pdf .png .ppt .pptx .tif .tiff .txt .xls .xlsx .zip

**Max size:** 5.0 MB

Files (0)

No files uploaded

Event Information (?) A summary, flyer or invitation about the event.





Drag files anywhere in this area, or [browse files](#)


**Accepted files:** .csv .doc .docx .eml .eps .heic .ics .jpeg .jpg .mp3 .msg .numbers .pdf .png .ppt .pptx .tif .tiff .txt .xls .xlsx .zip

**Max size:** 10.0 MB

Files (1)

**Fort Bend County\_Community Baby Shower\_Sa... .pdf**    
(6641.1 K), uploaded by Karri Halcomb on 10/22/2025.

Key Staff and Board Members If you have not applied for a sponsorship within the last three years, please consider including Key Staff and Board Members.






Drag files anywhere in this area, or [browse files](#)


**Accepted files:** .csv .doc .docx .eml .eps .heic .ics .jpeg .jpg .mp3 .msg .numbers .pdf .png .ppt .pptx .tif .tiff .txt .xls .xlsx .zip

**Max size:** 10.0 MB

Files (1)

 **FBCHHS Org Chart\_updated 3.31.25 (3).pdf**    
(1165.6 K), uploaded by Karri Halcomb on 10/30/2025.  
FBCHHS Org Chart\_updated 3.31.25 (3).pdf was uploaded successfully!

Additional Attachments



Drag files anywhere in this area, or [browse files](#)

**Accepted files:** .csv .doc .docx .eml .eps .heic .ics .jpeg .jpg .mp3 .msg .numbers .pdf .png .ppt .pptx .tif .tiff .txt .xls .xlsx .zip

**Max size:** 10.0 MB