

FORT BEND COUNTY FY 2009
COMMISSIONERS COURT AGENDA REQUEST FORM
 Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: 04/22/09	Submitted By: Jean N. Galloway, MD
Court Agenda Date: April 28, 2009	Department: Health & Human Services
	Phone Number: 281-238-3589

SUMMARY OF ITEM: Approve application to the Texas Department of State Health Services for funding for no cost/low cost spay and neuter services. Funding request will not exceed \$18,000, which will require a \$1,600 cost to the County.

RENEWAL AGREEMENT/APPOINTMENT YES NO
REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES NO

List Supporting Documents Attached: RFP #: ZONOSIS-0324.1 2010
 Issued 02/27/2009 Due: 05/01/2009 Class/Item: 961/86

FINANCIAL SUMMARY:

BUDGETED ITEM: YES NO FY 2010 budget request contingent upon approval (Animal Control)

FUNDNG SOURCE: Accounting Unit: Account Number:
 Activity (If Applicable) Account Report Category:

DESCRIPTION OF LAWSON ACCOUNT:

Instructions to submit Agenda Request Form:

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

DISTRIBUTION:
Original Form Submitted with back up to County Judge's Office (✓ when completed)
 If by E-Mail to ospindon@co.fort-bend.tx.us If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input checked="" type="checkbox"/> Auditor (281-341-3774) <input checked="" type="checkbox"/> Budget Officer (281-344-3954) <input checked="" type="checkbox"/> Facilities/Planning (281-633-7022) <input checked="" type="checkbox"/> Purchasing Agent (281-341-8642) <input checked="" type="checkbox"/> Information Technology (281-341-4526) <input checked="" type="checkbox"/> Other:	<input checked="" type="checkbox"/> Comm. Pct. 1 (281-342-0587) <input checked="" type="checkbox"/> Comm. Pct. 2 (281-403-8009) <input checked="" type="checkbox"/> Comm. Pct. 3 (281-242-9060) <input checked="" type="checkbox"/> Comm. Pct. 4 (281-980-9077) <input checked="" type="checkbox"/> County Clerk (281-341-8697) <input checked="" type="checkbox"/> County Atty (281-341-4557)
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RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify):



Department of State Health Services

FORM A: FACE PAGE

Proposal for Financial Assistance

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION	
1) LEGAL BUSINESS NAME: Fort Bend County Clinical Health Services	
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Check if address change <input type="checkbox"/> Fort Bend County 4520 Reading Rd. - Ste. A Rosenberg, TX 77471	
3) PAYEE Name and Mailing Address (if different from above): Check if address change <input type="checkbox"/> Fort Bend County Auditor	
4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) : [REDACTED] <i>*The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>	
5) TYPE OF ENTITY (check all that apply): <input type="checkbox"/> City <input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> Individual <input checked="" type="checkbox"/> County <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> FQHC <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> HUB Certified <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> State Agency <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Hospital <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Minority Organization <input type="checkbox"/> Private <input type="checkbox"/> Faith Based (Nonprofit Org) <input type="checkbox"/> Other (specify): _____	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>	
6) PROPOSED BUDGET PERIOD: Start Date: September 1, 2009 End Date: August 31, 2010	
7) COUNTIES SERVED BY PROJECT: Fort Bend County	
8) AMOUNT OF FUNDING REQUESTED: \$18,000.00	10) PROJECT CONTACT PERSON Name: Kaye Reynolds, MPH Phone: 281-238-3519 Fax: 281-238-3355 E-mail: kaye.reynolds@co.fort-bend.tx.us
9) PROJECTED EXPENDITURES Does respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	11) FINANCIAL OFFICER Name: Ed Sturdivant Phone: 281-341-3760 Fax: 281-341-3374 E-mail: sturdob@co.fort-bend.tx.us
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in APPENDIX A: DSHS Assurances and Certifications . I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.	
12) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: Robert Hebert Title: County Judge Phone: 281-341-8608 Fax: 281-341-6809 E-mail: hebertb@co.fort-bend.tx.us	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE 14) DATE 04/28/09

4-30-09 copy received



Competitive RFP For Animal Friendly Grants

Zoonosis Control Branch

RFP #: **ZOONOSIS-0324.1 2010**

Issued **02/27/2009**

Due **05/01/2009**

Class/Item: 961/86

Client Services Contracting Unit (CSCU)

David L. Lakey, M.D. Commissioner

A. General Purpose and Program Goals – Scope of Work

In an effort to reduce pet overpopulation, funds will be made available for community based programs which sterilize dogs and cats owned by the general public at no or minimal cost.

B. Program Background

Due to pet overpopulation in Texas, over half a million animals are euthanized annually at a cost of over \$20 million dollars. These figures do not include animals that are abandoned and die from starvation, disease, or trauma. Stray animals represent public health threats through a variety of disease such as rabies, toxoplasmosis, plague, and parasitic infections. Failure to sterilize pets is irrefutably a major cause of pet overpopulation. The cost of the sterilization is considered prohibitive to many pet owners. As a response to these problems, the 75th Texas Legislature designated that funds derived from the sale of Animal Friendly license plates be used for sterilization programs.

Due to the success of the fiscal year 2008 and 2009 project period, it is expected that approximately \$225,000 will be available to fund contracts in fiscal year 2010. The specific dollar amount awarded to each successful respondent depends upon the merit and scope of the proposal

Funds are awarded for the purpose specifically defined in this RFP and must not be used for any other purpose.

Funds may be used to:

1. Sterilize dogs and cats owned by the general public at no or minimal costs; and,
2. Pay for expendable veterinary surgical supplies only.

One (1) grant award per project period will be awarded per agency for the sterilization of dogs and/or cats in a **minimum amount of \$5,000 and a maximum amount of \$20,000 per contract period**. Funds must not be used to supplant local, state, or federal funds.

Commissioners Court Agenda request – 4/28/09

Health & Human Services is requesting **permission to apply** for funding under this grant RFP for low cost/no-cost spay and neuter services.

If awarded funding, HHS will contract with SNAP, Inc of Houston to bring their mobile Spay Neuter clinic to various areas of the county during the funding period.

The cost of each trip is \$2,300. The grant will cover \$1,500 of this cost; that is for the staff salaries and the medical supplies necessary for the surgery.

The grant will not pay for \$800 of the cost of each trip, which covers administrative and other costs such as fuel – the mobile unit runs a generator for the entire day to power the unit.

Health and Human Services is soliciting funding from county jurisdictions to fund the \$800 portion of a mobile unit visit in their jurisdiction. The grant will **not be submitted** if commitments are not forthcoming from the various jurisdictions to fund a mobile unit visit into that jurisdiction. We anticipate a maximum of 12 mobile unit visits to the county.

Health and Human Services is requesting the Commissioners Court to **commit \$1,600** for two trips into the areas of the county served by Animal Control. This \$1,600 is included in the Animal Control 2010 budget request.

The request for Court date 4/28/09 is for:

- 1) Permission to apply for these funds
- 2) A commitment of \$1,600 if the grant is funded for services in the Animal Control Jurisdiction
- 3) The County Judge to sign the completed application once commitments from the other jurisdictions are received.