

ARF-3200

REGULAR SESSION AGENDA

HHS-Clinical Health

Date: 03/22/2011

35

Renewal InterLocal Application for Immunization Program Funding

Submitted By: Diane Guest, HHS-Clinical HealthDepartment: HHS-Clinical HealthType of Item: ConsentRenewal Agreement/ Yes

AGENDA ITEM

Appointment:Reviewed by County NoAttorney's Office:Multiple Originals NY/N?:

InformationSUMMARY OF ITEM

Sign Department of State Health Services Application face page. Renewal Application for FY2012 Immunization Program
\$ 258,364.00

SPECIAL HANDLING

AttachmentsLink: C:Link: C:/Documents

3-23-11 copy received

COUNTY JUDGE
RECEIVED
MAR 10 2011

Department of State Health Services

FORM A: FACE PAGE

Proposal for Financial Assistance [RFP Number]

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 ☐

Fort Bend County
4520 Reading Rd. – Ste. A., Rosenberg, Texas 77471

3) PAYEE Name and Mailing Address (if different from above):

Check if address change ☐

Fort Bend County Auditors
301 Jackson St. – Ste. 533, Richmond, Texas 77469

4) DUNS Number (9-digit) required if receiving American Recovery and Reinvestment Act of 2009 (ARRA) funds:

5) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit):

**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.*

6) 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"/> Federally Qualified Health Centers |
| <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): _____ |

**If incorporated, provide 10-digit charter number assigned by Secretary of State:*

7) PROPOSED BUDGET PERIOD:

Start Date: September 1, 2011

End Date: August 31, 2012

8) COUNTIES SERVED BY PROJECT:

Fort Bend County

9) AMOUNT OF FUNDING REQUESTED: \$ 258,364.00

10) PROJECTED EXPENDITURES

Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's current fiscal year (excluding amount requested in line 9 above)? **

Yes ☒ No ☐

***Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable..*

11) PROJECT CONTACT PERSON

Name: Nancy Drake, R.N.
Phone: 281-238-3548
Fax: 281-342-7371
Email: drakenan@co.fort-bend.tx.us

12) FINANCIAL OFFICER

Name: Ed Sturdivant
Phone: 281-341-3760
Fax: 281-341-3374
Email: sturdrob@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.

13) AUTHORIZED REPRESENTATIVE

Check if change ☐

Name: Robert Hebert
Title: County Judge
Phone: 281-341-8608
Fax: 281-341-6809
Email: hebertb@co.fort-bend.tx.us

14) SIGNATURE OF AUTHORIZED REPRESENTATIVE

15) DATE

March 22, 2011

Stock Number: E11-13558

**Renewal InterLocal Application
for
Immunization Program Funds
Fiscal Year 2012**

www.ImmunizeTexas.com

**Issue date: March 7, 2011
Due date: April 8, 2011**

**Immunization Branch
P.O. Box 149347
Austin, Texas 78714-9347**