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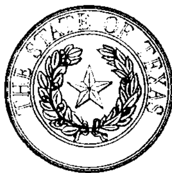


TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • http://www.dshs.state.tx.us
TDD: 512-458-7708

May 16, 2012

Fort Bend County Clinical Health Services
Attn: Ms. Drake
4520 Reading Road, Ste. A
Rosenberg, Texas 77471

RE: Contract Inter-local Application Process for Fiscal Year 2013:

Dear Ms. Drake,

The Texas Department of State Health Services, Tuberculosis Services Branch is initiating the contract application process for fiscal year (FY) 2013. This letter is a reminder that the Tuberculosis Services Branch requires each TB Program to submit a description of your organization, resources and capacity; a work plan; and a detailed budget justification. This must be completed before any contract can be issued to your agency. This year's contract will contain twelve (12) performance measures that will be the same for all local health departments. Please review carefully the section of the application pertaining to performance measures.

The Inter-Local Application (ILA) is being distributed at this time, along with the FY2013 budget allocation of **$ 140,128**. The due date for the ILA and Budget are due back to me via email on **June 1, 2012.** The contract expenditures will be closely scrutinized and expenses not considered absolutely essential for delivery of direct client services may be eliminated or reduced.

In the event that the Texas Department of State Health Services (DSHS) is informed of state and/or federal increases or decreases to funding amounts, or other unforeseen internal budgetary shortfalls, DSHS may find it necessary to amend funding allocations to its contractors.

If you have any questions or need additional information, please contact Kathy Sharp, Contract Manager, Prevention and Preparedness, Contract Management Unit at (512) 776-2640 or by e-mail at kathy.sharp@dshs.state.tx.us

Sincerely,

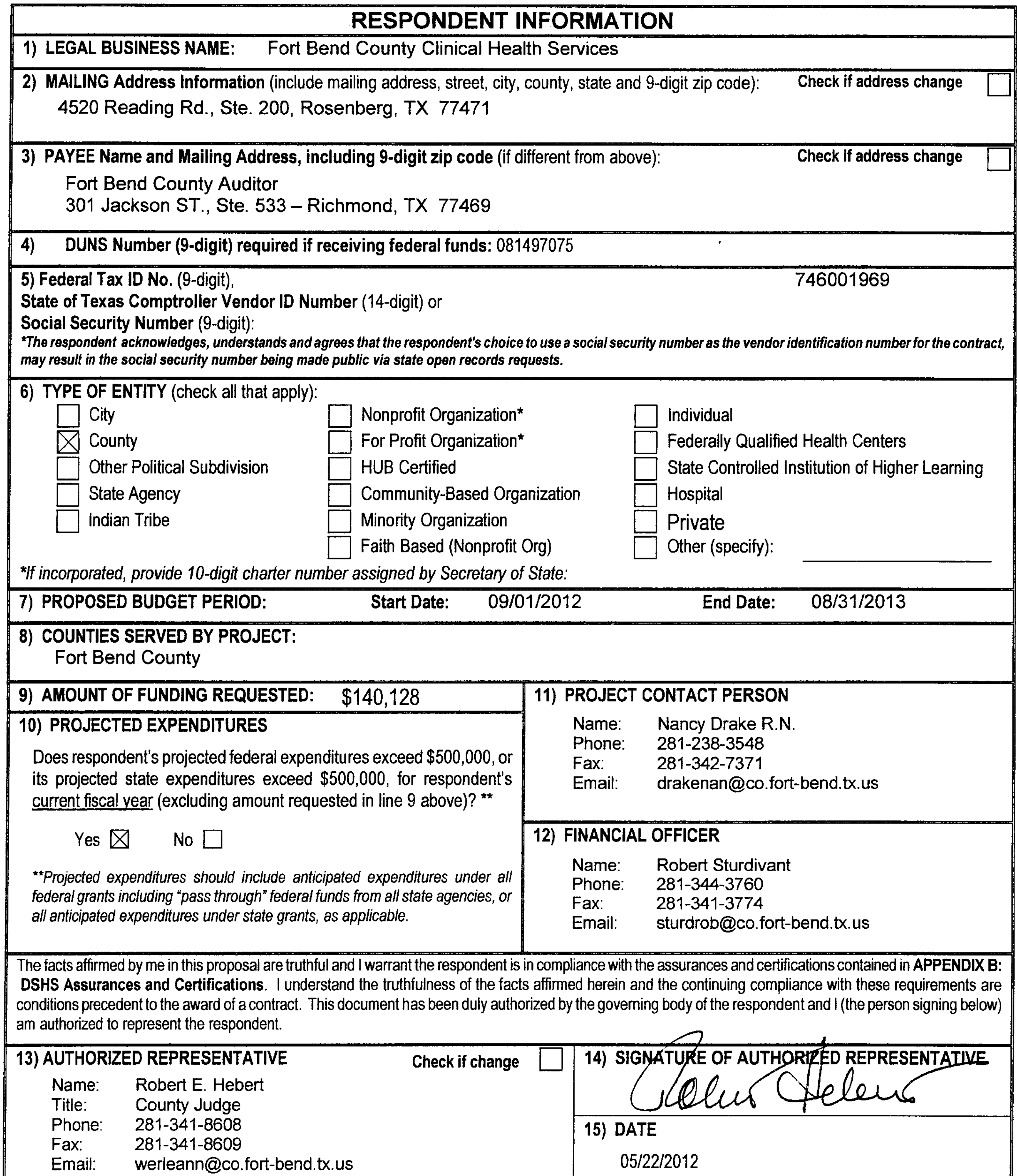
Kathy Sharp, Contract Manager
Prevention and Preparedness
Contract Management Unit

Attachment

cc: Sandra A. Morris, M.P.H., Manager, Communicable Disease Control Group
Cynthia Lewis, Program Specialist, TB Services Branch
James K. Morgan, M.D., M.P.H., Regional Director, Health Service Region 7

5-24-12 copy received

Department of State Health Services
Form A Face Page



RESPONDENT INFORMATION

1) LEGAL BUSINESS NAME: Fort Bend County Clinical Health Services

2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): **Check if address change** ☐

4520 Reading Rd., Ste. 200, Rosenberg, TX 77471

3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): **Check if address change** ☐

Fort Bend County Auditor
301 Jackson ST., Ste. 533 – Richmond, TX 77469

4) DUNS Number (9-digit) required if receiving federal funds: 081497075

5) Federal Tax ID No. (9-digit), 746001969
State of Texas Comptroller Vendor ID Number (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):

☐ City	☐ Nonprofit Organization*	☐ Individual
☒ County	☐ For Profit Organization*	☐ Federally Qualified Health Centers
☐ Other Political Subdivision	☐ HUB Certified	☐ State Controlled Institution of Higher Learning
☐ State Agency	☐ Community-Based Organization	☐ Hospital
☐ Indian Tribe	☐ Minority Organization	☐ Private
	☐ Faith Based (Nonprofit Org)	☐ Other (specify): ______

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

7) PROPOSED BUDGET PERIOD: **Start Date:** 09/01/2012 **End Date:** 08/31/2013

8) COUNTIES SERVED BY PROJECT:
Fort Bend County

9) AMOUNT OF FUNDING REQUESTED: $140,128

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: Robert Sturdivant
Phone: 281-344-3760
Fax: 281-341-3774
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 B: 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 E. Hebert
Title: County Judge
Phone: 281-341-8608
Fax: 281-341-8609
Email: werleann@co.fort-bend.tx.us

14) SIGNATURE OF AUTHORIZED REPRESENTATIVE

15) DATE

05/22/2012

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

1100 W. 49th Street • Austin, Texas 78756
1-888-963-7111 • http://www.dshs.state.tx.us
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May 16, 2012

Fort Bend County Clinical Health Services
4520 Reading Road, Ste. A
Rosenberg, TX 77471

RE: Contract Inter-local Application Process for Fiscal Year 2013:

Dear Mr. Drake:

The Texas Department of State Health Services, Tuberculosis (TB) Services Branch, is initiating the contract application process for fiscal year (FY) 2013. This letter is a reminder that the TB Services Branch requires each TB Program to submit a description of your organization, resources and capacity; a work plan; and a detailed budget justification. This must be completed before any contract can be issued to your agency. This year's contract will contain twelve (12) performance measures that will be the same for all local health departments. Please review carefully the section of the application pertaining to performance measures.

The Inter-Local Application (ILA) is being distributed at this time, along with the FY2013 budget allocation of **$102,645.** The due date for the ILA and Budget are due back to me via email on **June 1, 2012.** The contract expenditures will be closely scrutinized and expenses not considered absolutely essential for delivery of direct client services may be eliminated or reduced.

In the event that the Texas Department of State Health Services (DSHS) is informed of state and/or federal increases or decreases to funding amounts, or other unforeseen internal budgetary shortfalls, DSHS may find it necessary to amend funding allocations to its contractors.

If you have any questions or need additional information, please contact Kathy Sharp, Contract Manager, Prevention and Preparedness, Contract Management Unit at (512) 776-2640 or by e-mail at kathy.sharp@dshs.state.tx.us

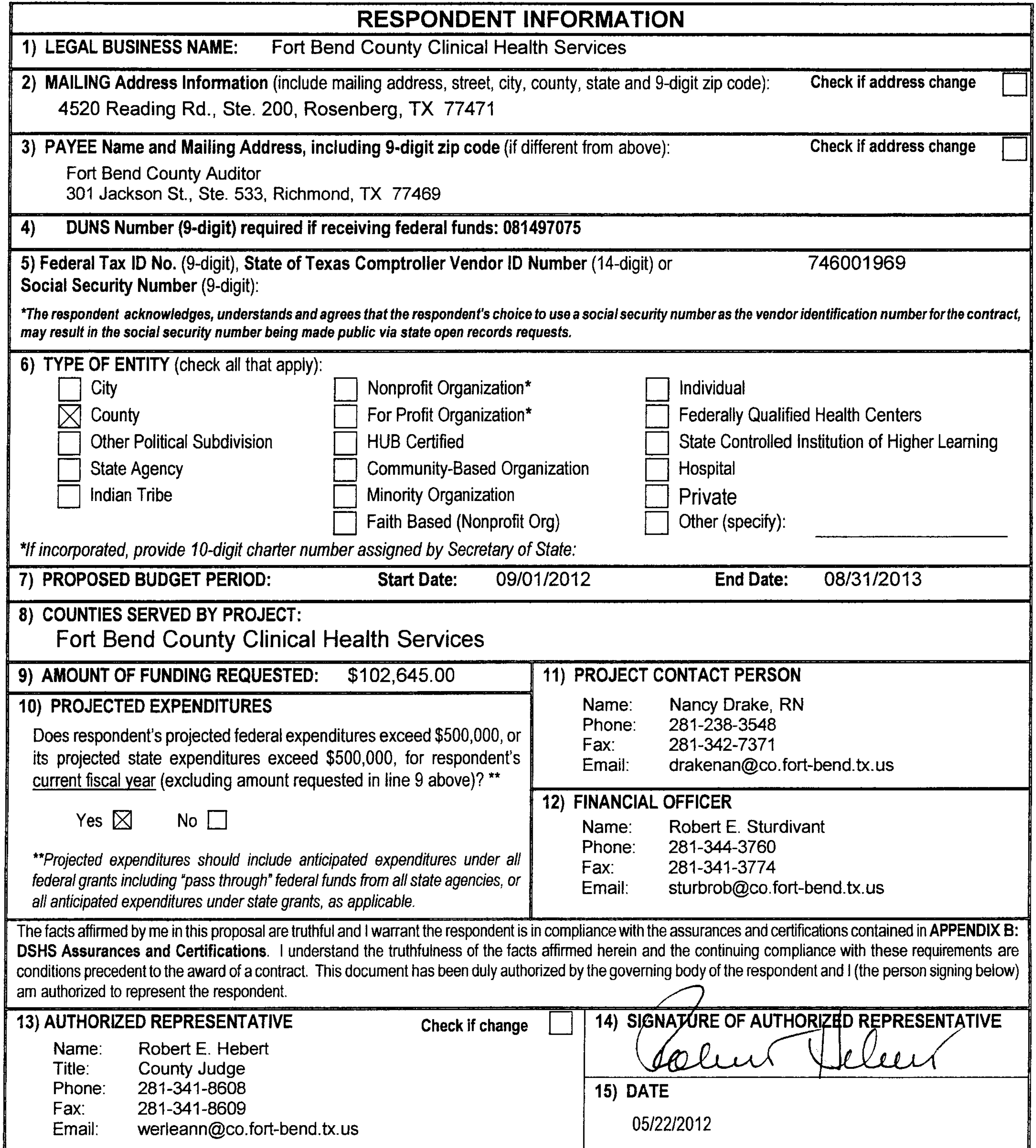
Sincerely,

Kathy Sharp, Contract Manager
Prevention and Preparedness
Contract Management Unit

Attachment

cc: Sandra A. Morris, M.P.H., Manager, Communicable Disease Control Group
Cynthia Lewis, Program Specialist, TB Services Branch
James K. Morgan, M.D., M.P.H., Regional Director, Health Service Region 7

Form A Face Page



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6) TYPE OF ENTITY (check all that apply):

- ☐ City
- ☒ County
- ☐ Other Political Subdivision
- ☐ State Agency
- ☐ Indian Tribe
- ☐ Nonprofit Organization*
- ☐ For Profit Organization*
- ☐ HUB Certified
- ☐ Community-Based Organization
- ☐ Minority Organization
- ☐ Faith Based (Nonprofit Org)
- ☐ Individual
- ☐ Federally Qualified Health Centers
- ☐ State Controlled Institution of Higher Learning
- ☐ Hospital
- ☐ Private
- ☐ Other (specify): ____________

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

7) PROPOSED BUDGET PERIOD: **Start Date:** 09/01/2012 **End Date:** 08/31/2013

8) COUNTIES SERVED BY PROJECT:
Fort Bend County Clinical Health Services

9) AMOUNT OF FUNDING REQUESTED: $102,645.00

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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, RN
Phone: 281-238-3548
Fax: 281-342-7371
Email: drakenan@co.fort-bend.tx.us

12) FINANCIAL OFFICER

Name: Robert E. Sturdivant
Phone: 281-344-3760
Fax: 281-341-3774
Email: sturbrob@co.fort-bend.tx.us

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05/22/2012