



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

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www.dshs.state.tx.us

March 11, 2013

Kay Reynolds-Interim Director
Fort Bend CO Health Dept (HHS)
4520 Reading Road, Ste A
Rosenberg, TX 77471

Dear Kay Reynolds-Interim Director:

This letter is to notify you of your award for the **FY14 Regional and Local Services System/Local Public Health Services (RLSS/LPHS) contract** in the amount of \$28091.61. This amount reflects the same level funding as in the beginning of FY13.

The renewal forms, instructions, sample forms and funding information are enclosed. For your convenience, the renewal forms are also posted on DSHS the Regional and Local Health Services website at <http://www.dshs.state.tx.us/rls/localservices>. For assistance in completing the renewal packet, please contact Elma Medina at 512-776-2181.

Please submit the FY14 LPHS Renewal Documents via email to LocalPHTeam@dshs.state.tx.us by Friday, April 5, 2013, 5:00 p.m. (scan and email, the signature page to localphteam@dshs.state.tx.us or fax the signature page to our new fax number at (512) 776-7391).

The renewal documents include:

- *Form A Face Page*
- *Contact Information*
- *Categorical Budget Forms*
- *Project Service Delivery Plan reflecting the Public Health Issue(s) needing to be addressed; Essential Public Health Service(s) to be provided; Measurable Objective(s); and, Performance measure(s), activities, evaluation/improvement plan, and deliverables. Note: A Service Delivery Plan must be completed for each public health issue or public health program addressed by LPHS funded staff.*

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RLSS/LPHS contracts are based on expected state appropriations and federal funding levels and are contingent on continued availability of funding. With the PHHSBG not funded in the President's federal fiscal year 2014 (FFY14) budget, we have yet to receive any information from the Centers for Disease Control and Prevention about the level of PHHSBG funding to expect in FFY 2014. Therefore, DSHS Regional and Local Health Services will process FY14 contracts under the assumption that the PHHSBG will potentially be zero-funded in FFY14. Adjustments to contracts may be necessary depending on the final budget appropriation of the PHHS block grant.

Please note that the General Provisions for FY2014 are being revised. The FY13 General Provisions are available on the DSHS Client Services Contracting Unit website at: <http://www.dshs.state.tx.us/grants/gen-prov.shtm>

Sincerely,

Elma Medina,
Contract Manager,
Regional & Local Health Services & Compliance Branch
Attachments



FY 2014 Local Public Health Services

FORM A - FACE PAGE

RESPONDENT INFORMATION																			
1) LEGAL NAME: Fort Bend County Clinical Health Services																			
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): 4520 Reading Road, Suite A-200 Rosenberg, Texas 77471																			
3) PAYEE Mailing Address (if different from above): 301 Jackson Street – Suite 533 Richmond, Texas 77469																			
4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or if 74-6001969 an individual, Social Security Number (9 digit) : *The vendor acknowledges, understands and agrees that the vendor'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.																			
5) TYPE OF ENTITY (check all that apply): <table border="0"><tr><td><input type="checkbox"/> City</td><td><input type="checkbox"/> Nonprofit Organization*</td><td><input type="checkbox"/> Individual</td></tr><tr><td><input checked="" type="checkbox"/> Regions/Counties/LHD</td><td><input type="checkbox"/> For Profit Organization*</td><td><input type="checkbox"/> FQHC</td></tr><tr><td><input type="checkbox"/> Other Political Subdivision</td><td><input type="checkbox"/> HUB Certified</td><td><input type="checkbox"/> State Controlled Institution of Higher Learning</td></tr><tr><td><input type="checkbox"/> State Agency</td><td><input type="checkbox"/> Community-Based Organization</td><td><input type="checkbox"/> Hospital</td></tr><tr><td><input type="checkbox"/> Indian Tribe</td><td><input type="checkbox"/> Minority Organization</td><td><input type="checkbox"/> Private</td></tr><tr><td></td><td><input type="checkbox"/> Faith-based Organization</td><td><input type="checkbox"/> Other (specify): _____</td></tr></table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> Regions/Counties/LHD	<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 Organization	<input type="checkbox"/> Other (specify): _____
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	<input type="checkbox"/> Faith-based Organization	<input type="checkbox"/> Other (specify): _____																	
*If incorporated, provide 10-digit charter number assigned by Secretary of State:																			
6) COUNTIES OR REGION SERVED BY PROJECT: See attached County/Region list. Fort Bend County																			
7) PROJECT CONTACT PERSON	CHECK FUNDING APPLYING FOR:																		
Name: Nancy Drake, R.N. Phone: 281-238-3548 Fax: 281-342-7371 E-mail: drakenan@co.fort-bend.tx.us	<input type="checkbox"/> LPHS \$ 28,091.61																		
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications attached in FORM E , and will provide services in accordance with 25 Texas Administrative Code, §§37.51-37.65 . This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.																			
8) AUTHORIZED REPRESENTATIVE Name: Robert Hebert Title: County Judge Phone: 281-341-8608 Fax: 281-341-6809 E-mail: hebertb@co.fort-bend.tx.us	9) SIGNATURE OF AUTHORIZED REPRESENTATIVE 10) DATE April 2, 2013																		

***Form A – FACE PAGE must be scanned & emailed with signature to localphteam@dshs.state.tx.us
OR fax to (512) 776-7391**