

**InterLocal Application
For
Immunization Program Funds
Fiscal Year 2014**

www.ImmunizeTexas.com

Issue date: 03/22/2013

Due date: 04/05/2013

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

**Department of State Health Services
FORM A: FACE PAGE**

CONTRACTOR 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 ☐

4520 Reading Rd., Suite A-200, Rosenberg, Texas 77471

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

Check if address change ☐

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: N/A

5) Federal Tax ID no. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) of Social Security Number (9 digit): 746001969

**The contractor acknowledges, understands and agrees that the contractor'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"/> Faith Based (nonprofit Org) | <input type="checkbox"/> Hospital |
| <input checked="" type="checkbox"/> County | <input type="checkbox"/> For Profit Organization** | <input type="checkbox"/> Individual | <input type="checkbox"/> Private |
| <input type="checkbox"/> Other Political Subdivision | <input type="checkbox"/> HUB Certified | <input type="checkbox"/> Federally Qualified Health Centers | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> State Controlled Institution of Higher Learning | |
| <input type="checkbox"/> Indian Tribe | <input type="checkbox"/> Minority Organization | | |

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

7) PROPOSED BUDGET PERIOD: Start Date: September 1, 2013 End Date: August 31, 2014

8) COUNTIES SERVED BY PROJECT: Fort Bend County

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

11) PROJECT CONTACT PERSON

10) PROJECTED EXPENDITURES

Does contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for contractors 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*

Name: Nancy Drake, R.N., Director
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 contractor is in compliance with assurances and certifications contained in APPENDIX A: **DSHS Assurances and Certification**. 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 contractor and I (the person signing below) am authorized to represent the contractor.

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

April 2, 2013