



[My Home](#) [My Proposals](#) [My Procurements](#) [My Renewals](#)

[My Administration](#) | [My Organization\(s\)](#) | [My Profile](#) | [Logout](#)

SAVE

CHECK GLOBAL ERRORS

[Back](#)

Document Information: [RLHS-2014-Fort Ben-00043](#)

Parent Information: [RLHS-2013-Fort Ben-00012](#)

[Details](#)

You are here: > [Renewal Menu](#) > [Forms Menu](#)

17B
28,091

SIGNATURE PAGE

Contract Number 2014-000034-00
 Program ID - Program Name RLSS/LPHS - RLSS/Local Public Health System-PnP
 Contract Amount \$28,091
 Contract Term 9/1/2013 - 8/31/2014

Contractor Signature

☒ I certify that I am authorized to sign this document, and any attachments or addendums thereto, and I have read and agree to all parts of the contract.

Signed By:

Date Signed: August 27, 2013

DSHS Signature

☐ I certify that I am authorized to sign this document, and any attachments or addendums thereto, and I have read and agree to all parts of the contract.

Signed By:

Date Signed:

Navigation Links

| Status | Page Name | Note | Created By | Last Modified By |
|--------|---|------|------------|------------------|
| | Certification Regarding Lobbying | | | |
| | Certification Regarding Professional Services Contractors Not Hiring Former or Retired State Agency Employees | | | |
| | Child Support Certification | | | |
| | Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification | | | |
| | Signature Page | | | |
| | General Provisions | | | |
| | Contract Print | | | |
| | Exhibit A | | | |

Medina, Elma-Contractor
7/16/2013 5:00:27 PM

0

[Top of the Page](#)

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My Home My Proposals My Procurements My Renewals

My Administration | My Organization(s) | My Profile | Logout

SAVE **CHECK GLOBAL ERRORS**

[Back](#)

Document Information: [RLHS-2014-Fort Ben-00043](#)

Parent Information: [RLHS-2013-Fort Ben-00012](#)

[Details](#)

You are here: > [Renewal Menu](#) > [Forms Menu](#)

CERTIFICATION REGARDING LOBBYING

Organization Name: Fort Bend County Health & Human Services
Contract Number: 2014-000034-00

For contracts greater than \$100,000, this attachment is applicable and must be signed as part of the contract agreement.

CERTIFICATION REGARDING LOBBYING CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit, an officer or employee of congress, or an employee of a member of congress in connection with this Standard Form-11, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

☒ Applicable ☐ Non-Applicable

Signature of Authorized Individual

Date: *Aug. 27, 2013*

Navigation Links

Status Page Name

Note Created By

Last Modified By

- [Certification Regarding Lobbying](#)
- [Certification Regarding Professional Services Contractors Not Hiring Former or Retired State Agency Employees](#)
- [Child Support Certification](#)



[My Home](#) [My Proposals](#) [My Procurements](#) [My Renewals](#)

[My Administration](#) | [My Organization\(s\)](#) | [My Profile](#) | [Logout](#)

[SAVE](#) [CHECK GLOBAL ERRORS](#)

[Back](#)

Document Information: [RLHS-2014-Fort Ben-00043](#)

Parent Information: [RLHS-2013-Fort Ben-00012](#)

[Details](#)

You are here: > [Renewal Menu](#) > [Forms Menu](#)

CERTIFICATION REGARDING PROFESSIONAL SERVICES CONTRACTORS NOT HIRING FORMER OR RETIRED STATE AGENCY EMPLOYEES

Organization Name: Fort Bend County Health & Human Services
Contract Number: 2014-000034-00

Government Code Sec. 2252.901. CONTRACTS WITH FORMER OR RETIRED AGENCY EMPLOYEES. A state agency may not enter into an employment contract, a professional services contract under Chapter 2254, or a consulting services contract under Chapter 2254 with a former or retired employee of the agency before the first anniversary of the last date on which the individual was employed by the agency, if appropriated money will be used to make payments under the contract. This section does not prohibit an agency from entering into a professional services contract with a corporation, firm, or other business entity that employs a former or retired employee of the agency within one year of the employee's leaving the agency, provided that the former or retired employee does not perform services on projects for the corporation, firm, or other business entity that the employee worked on while employed by the agency.

The undersigned certifies, to the best of his or her knowledge and belief that:

1. The corporation, firm, or business entity does employ a former or retired employee of a State of Texas agency who left employment with the agency within the past year but this former or retired employee does not perform services on projects for the corporation, firm, or business entity that the employee worked on while employed by the agency.
2. The corporation, firm, or business entity does not employ and has no plans to employ a former or retired employee of a State of Texas agency within one year of the employee's leaving the agency to perform services on projects for the corporation, firm, or business entity that the employee worked on while employed by the agency.
3. The individual, or sole proprietorship, or partnership is not a former employee of a State of Texas agency and within one year of leaving the agency.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into.

Signature of Authorized Individual

Date:

Aug. 27, 2013

Navigation Links

| Status | Page Name | Note | Created By | Last Modified By |
|--------|---|------|------------|------------------|
| | Certification Regarding Lobbying | | | |
| | Certification Regarding Professional Services Contractors Not Hiring Former or Retired State Agency Employees | | | |
| | Child Support Certification | | | |
| | Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification | | | |
| | Signature Page | | | |
| | General Provisions | | | |


[My Home](#) [My Proposals](#) [My Procurements](#) [My Renewals](#)
[My Administration](#) | [My Organization\(s\)](#) | [My Profile](#) | [Logout](#)
[SAVE](#) [CHECK GLOBAL ERRORS](#)
[Back](#)
Document Information: [RLHS-2014-Fort Ben-00043](#)Parent Information: [RLHS-2013-Fort Ben-00012](#) [Details](#)You are here: > [Renewal Menu](#) > [Forms Menu](#)**CHILD SUPPORT CERTIFICATION**

Organization Name: Fort Bend County Health & Human Services
 Contract Number: 2014-000034-00

The Texas Family Code §231.006, places certain restriction on child support obligors. Contracts with governmental entities or nonprofit corporations are not subject to §231.006.

The contractor identified above is not a governmental entity or a nonprofit corporation.

The contractor certifies the following is a complete list of the names and social security numbers of either the individual or sole proprietor who is the contractor or each partner, shareholder, or owner with an ownership interest of at least 25% of the contractor/business entity:

| Name: | Social Security Number: |
|----------------------|-------------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Under the Texas Family Code, §231.006, the contractor certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment withheld if this certification is in-accurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25%.

☐ Applicable ☒ Non-Applicable

Signature of Authorized Individual

Date:

Aug. 27, 2013

Navigation Links

| Status | Page Name | Note | Created By | Last Modified By |
|--------|---|------|------------|------------------|
| | Certification Regarding Lobbying | | | |
| | Certification Regarding Professional Services Contractors Not Hiring Former or Retired State Agency Employees | | | |
| | Child Support Certification | | | |
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| | Signature Page | | | |
| | General Provisions | | | |
| | Contract Print | | | |
| | Exhibit A | | | |

Medina, Elma-Contractor



My Home My Proposals My Procurements My Renewals

My Administration | My Organization(s) | My Profile | Logout

SAVE CHECK GLOBAL ERRORS



Back

Document Information: [RLHS-2014-Fort Ben-00043](#)

Parent Information: [RLHS-2013-Fort Ben-00012](#)

[Details](#)

You are here: > [Renewal Menu](#) > [Forms Menu](#)

FISCAL FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at anytime Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.

Organization Name Fort Bend County Health & Human Services

Address 4520 Reading Road, Suite A-100

City Rosenberg State Texas Zip Code (9 digit) 77471

Payee Name Fort Bend County

Address Fort Bend County Auditor
301 Jackson St Ste 533

City Richmond State TX Zip Code (9 digit) 77469-3108

Vendor identification No. 17460019692 047 MailCode 047

Payee DUNS No. * 081497075

1. Did your organization have a gross income, from all sources, of more than \$300,000 in your previous tax year? *

☒ Yes ☐ No

Identify contact persons for FFATA Correspondence. *

FFATA Contact Person #1

Name*

Robert E. Sturdivant

Email*

ed.sturdivant@fortbendcountytexas.gov

Telephone*

281-341-3769

FFATA Contact Person #2

Name*

Kaye Reynolds

Email*

kaye.reynolds@fortbendcountytexas.gov

Telephone*

281-238-3519

☒ As the authorized representative of the Organization, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.

E-Signature

Date

Aug. 27, 2013

DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT 2014-000034-00



This Contract is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and Fort Bend County Health & Human Services (Contractor), a Governmental, (collectively, the Parties) entity.

1. **Purpose of the Contract:** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations.
2. **Total Amount:** The total amount of this Contract is \$28,091.00.
3. **Funding Obligation:** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.
4. **Term of the Contract:** This Contract begins on 09/01/2013 and ends on 08/31/2014. DSHS has the option, in its sole discretion, to renew the Contract. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
5. **Authority:** DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.
6. **Program Name:** RLSS/LPHS RLSS/Local Public Health System-PnP

7. Statement of Work:

CONTRACTOR shall improve or strengthen local public health infrastructure within the State of Texas by:

- Developing objective(s) to address a public health issue;
- Utilizing resources provided through this contract Attachment to conduct activities and services that provide or support the delivery of essential public health services;
- Assessing, monitoring, and evaluating the essential public health activities and services provided through this Program Attachment; and
- Developing strategies to improve the delivery of essential public health service(s) to identified service area.

These tasks shall be performed in accordance with Department of State Health Services (DSHS) Division for Regional and Local Health Services Interlocal Application. The assessment and/or evaluation activities must include measurable standards. Acceptable standards include the National Public Health Performance Standards approved by the Centers for Disease Control and Prevention, Performance Standards developed by the Texas Association of Local Health Officials, Healthy People 2010, and any federal, state or local law or regulation governing the delivery of essential public health services. Other evaluation methods utilizing standards not listed in this Program Attachment must be pre-approved by DSHS.

CONTRACTOR shall perform the activities required under this Program Attachment in the Service Area designated in the most recent version of Section 8. "Service Area" of this contract.

CONTRACTOR shall comply with all applicable federal and state laws, rules, regulations and standards including, but not limited to, the following:

- Chapter 23-11 of the Healthy People 2010;
- Section 121.002, Texas Health & Safety Code, definition of ten essential public health services;
- Government Code, Section 403.1055, "Permanent Fund for Children and Public Health".

CONTRACTOR shall not use funds from the Permanent Fund for Children and Public Health for lobbying expenses under the Government Code, Section 403.1067.

CONTRACTOR shall comply with all applicable regulations, standards, and guidelines in effect on the beginning date of this Program Attachment.

DSHS shall inform CONTRACTOR in writing of any changes to applicable federal and state laws, rules, regulations, standards and guidelines. CONTRACTOR shall comply with the amended law, rule, regulation, standard or guideline except that CONTRACTOR shall inform DSHS Program in writing if it shall not continue performance under this contract Attachment within thirty (30) days of receipt of an amended standard(s) or guideline(s). DSHS may terminate the Program Attachment immediately or within a reasonable period of time as determined by DSHS.

DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. DSHS will monitor Contractor's expenditures on a quarterly basis. If expenditures are below that projected in Contractor's total Contract amount, Contractor's budget may be subject to a decrease for the remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

CONTRACTOR shall complete the PERFORMANCE MEASURES as stated in the CONTRACTOR'S FY14 Local Public Health Service (LPHS) Service Delivery Plan, and as agreed upon by DSHS, hereby attached as Exhibit.

BILLING INSTRUCTIONS:

Contractor shall request payment electronically through the Contract Management and Procurement System (CMPS) with acceptable supporting documentation for reimbursement of the required services/deliverables. Billing will be performed according to CMPS instructions found at the following link <http://www.dshs.state.tx.us/cmeps/>. For assistance with CMPS, please email CMPS@dshs.state.tx.us or call 1-855-312-8474.

8. Service Area

Fort Bend County

This section intentionally left blank.



10. Procurement method:

Non-Competitive

Interagency/Interlocal

GST-2012-Solicitation-00025

RLHS GOLIVE LPHS PROPOSAL

11. Renewals:

Number of Renewals Remaining: 0 Date Renewals Expire: 08/31/2014

12. Payment Method:

Cost Reimbursement

13. Source of Funds:

STATE, STATE

14. DUNS Number:

081497075

15. Programmatic Reporting Requirements:

| Report Name | Frequency | Period Begin | Period End | Due Date |
|----------------------------------|------------------|---------------------|-------------------|-----------------|
| Project Service Delivery Plan | Quarterly | 09/01/2013 | 11/30/2013 | 12/30/2013 |
| Project Service Delivery Plan | Quarterly | 12/01/2013 | 02/28/2014 | 03/31/2014 |
| Project Service Delivery Plan | Quarterly | 03/01/2014 | 05/31/2014 | 06/30/2014 |
| Project Service Delivery Plan | Quarterly | 07/01/2014 | 08/31/2014 | 10/31/2014 |

16. Special Provisions

General Provisions, Section 1.03 Reporting Article, are revised to include the following paragraph:

Failure to submit a required report of additional requested information by the due date specified in the Program Attachment (s) or upon request constitutes breach of contract, may result in delay payment, and may adversely affect evaluation of Contractor's future contracting opportunities with the department.

Programmatic Reporting Submission Requirements:

Reports and Report signature page should be sent electronically to:

LocalPHTeam@dshs.state.tx.us, or the signature page can sent by facsimile to 512-776-7391. A copy of the report should be sent to the respective DSHS Health Service Region, Attention: Deputy Regional Director.

See Programmatic Reporting Requirements section for required reports.

General Provisions, ARTICLE II SERVICES, Section 2.02 Disaster Services, is revised to include the following:

In the event of a local, state, or federal emergency the Contractor has the authority to utilize approximately 5% of staff's time supporting this Program Attachment for response efforts. DSHS shall reimburse Contractor up to 5% of this Program Attachment funded by Center for Disease Control and Prevention (CDC) for personnel costs responding to an emergency event. Contractor shall maintain records to document the time spent on response efforts for auditing purposes. Allowable activities also include participation of drills and exercises in the pre-event time period. Contractor shall notify the Assigned Contract Manager in writing when this provision is implemented.

General Provisions, Section 12.01 Responsibilities and Restrictions Concerning Governing Board, Officers and Employees, is not applicable to this program Attachment.

General Provisions, Section 12.20 Equipment (Including Controlled Assets) Purchases, is revised to include the following:

For the purpose of this Program Attachment, equipment is not approved as part of the base budget for LPHS. The funds are for direct services. Although, at mid-year of the contract term, if funds are identified as not being used, the funds may be used to purchase equipment in the 3rd quarter of the contract or program attachment term. Contractor must submit proposal to redirect funds with justification as to how the equipment helps achieve the goals, objectives, and deliverables outlined in Exhibit A (Project Service Delivery Plan). The proposal must be submitted to the contract manager assigned to the program attachment.

General Provisions, General Terms Article VIII, Amendment Section 13.15, is amended to include the following:

Contractor must submit all amendment and revision requests electronically through the Contract Management and Procurement System (CMPS) at least 90 days prior to the end of the term of this Program Attachment.

17. Documents Forming Contract. The Contract consists of the following:

- a. Contract (this document) 2014-000034-00
- b. General Provisions Subrecipient General Provisions
- c. Attachments Budgets
- d. Declarations Certification Regarding Lobbying,
Certification Regarding Professional
Services Contractors Not Hiring Former
or Retired State Agency Employees,
Child Support Certification, Fiscal
Federal Funding Accountability and
Transparency Act (FFATA) Certification
- e. Exhibits Exhibit A

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

18. Conflicting Terms. In the event of conflicting terms among the documents forming this Contract, the order of control is first the Contract, then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

19. Payee. The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name: Fort Bend County
Vendor Identification Number: 17460019692 047

20. Entire Agreement. The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

I certify that I am authorized to sign this document and I have read and agree to all parts of the contract, including any attachments and addendums.

Department of State Health Services

By:
Signature of Authorized Official

Date

Name and Title
1100 West 49th Street
Address
Austin, TX 787-4204
City, State, Zip

Telephone Number

Fort Bend County Health & Human Services

By: 
Signature of Authorized Official

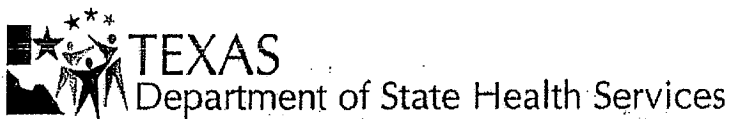
Date August 27, 2013

Name and Title Robert E. Hebert, County Judge
Address 301 Jackson Street
City, State, Zip Richmond, TX 77486

Telephone Number 281-341-8608

E-mail Address

E-mail Address



[My Home](#) [My Proposals](#) [My Procurements](#) [My Renewals](#)

[My Administration](#) | [My Organization\(s\)](#) | [My Profile](#) | [Logout](#)

[ADD NOTE](#) [CHECK GLOBAL ERRORS](#)

[Back](#)

Document Information: [RLHS-2014-Fort Ben-00043](#)

Parent Information: [RLHS-2013-Fort Ben-00012](#)

[Details](#)

You are here: > [Renewal Menu](#) > [Forms Menu](#) > Contract Execution Forms

EXHIBIT A

Organization Name: Fort Bend County Health & Human Services

Contract Number: 2014-000034-00

Contract Term: 9/1/2013 - 8/31/2014

Program ID: RLSS/LPHS

Program Name: RLSS/Local Public Health System-PnP

EXHIBIT A

FY2014 Request for Local Public Health Services Funds
Project Service Delivery Plan

Texas Department of State Health Services

Local Health Department: Fort Bend County Clinical Health Services
Contract Term: September 1, 2013 through August 31, 2014

Indicate in this plan how requested Local Public Health Services (LPHS) contract funds will be used to address a public health issue through essential public health services. The plan should include a brief description of the public health issue(s) or public health program to be addressed by LPHS funded staff, and measurable objective(s) and activities for addressing the issue. List only public health issues/programs, objectives and activities conducted and supported by LPHS funded staff. List at least one objective and subsequent required information for each public health issue or public health program that will be addressed with these contract funds. The plan must also describe a clear method for evaluating the services that will be provided, including identification of a specific evaluation standard, as well as recommendations or plans for improving essential public health services delivery based on the results of the evaluation. Complete the table below for each public health issue or public health program addressed by LPHS funded staff. (Make additional copies of the table as needed)

Public Health Issue: Briefly describe the public health issue to be addressed. Number issues if more than one issue.

Public health issue: Briefly describe the public health issue to be addressed. Number issues if more than one issue will be addressed.

Fort Bend County has a growing population, topping half a million. This growth continues to bring an ever increasing number of medical facilities and practitioners. Encouraging timely, complete and accurate reporting of reportable conditions, in order to monitor the health of the community and identify health problems that could be addressed, is an increasing burden to the staff of Clinical Health Services.

Essential Public Health Service(s): List the EPHS(s) that will be provided or supported with LPHS Contract funds

(A) Monitor the notifiable conditions present in the community in order to identify community health problems and provide information needed to determine potential public health interventions. EPHS # 1

OBJECTIVE(s): List at least one measurable objective to be achieved with resources funded through this contract. Number all objectives to match issue being addressed. Ex: 1.1, 1.2, 2.1, 2.2, etc.)

Enter complete information on notifiable conditions into the Texas Department of State Health Services NEDSS system.









PERFORMANCE MEASURE List the performance measure that will be used to determine if the objective has been met. List a performance measure for each objective listed above.

A report of all communicable diseases reported to the Texas Department of State Health Services during the grant period will be made. This report will include measures taken to ensure completeness and accuracy of reporting.


ACTIVITIES List the activities conducted to meet the proposed objective. Use numbering system to designate match between issues/programs and objectives.

1. Enter all reported cases into the NEDSS system for reporting to the Texas Department of State Health Services.

Navigation Links

| Status | Page Name | Note | Created By | Last Modified By |
|---|---|------|-------------------------|----------------------|
|  | Certification Regarding Lobbying | | | |
|  | Certification Regarding Professional Services Contractors Not Hiring Former or Retired State Agency Employees | | | |
|  | Child Support Certification | | | |
|  | Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification | | | |
|  | Signature Page | | | |
|  | General Provisions | | | |
|  | Contract Print | | | |
|  | Exhibit A | | Medina, Elma-Contractor | 7/16/2013 5:00:27 PM |

14682

 [Top of the Page](#)

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