

A member of the Texas State University System

AGENDA ITEM 400

FY2014 Tobacco Enforcement Program Contract Period: September 1, 2013 to August 31, 2014

Agend	y Name	Fort Bend County Sheriff's Office	
		TRANSMITTAL FORM CHECKLIST	
	Transmitta	al Form Checklist	
	Signed Inte	erlocal Cooperation Contract with Exhi	ibits A, B, and C
	Completed	Contractor Information Form	
	Completed	l Vendor Maintenance Form/W9 (If Ap	plicable)
	Completed	l Contractor's Program Work Plan	
	Training Ro	egistration Form(s) for Appropriate Sta	off .
	n Instructions Fransmittal Form	Checklist on top of the contract documents listed above a	and submit to:
	Tob Atte 415	Texas School Safety Center acco Prevention and Community Services Division ention: Tobacco Enforcement Program N. Guadalupe, PMB 164 Marcos, Texas 78666	COUNTY JUDGE RECEIVED AUG 07 2013

415 N. Guadalupe, PMB 164 | San Marcos, Texas 78666 *Phone 512.245.8082* | *Fax 512.245.1465* | www.txssc.txstate.edu

Due date for submission is:

August 30, 2013.



A Member of The Texas State University System

August 2, 2013

Honorable Judge Robert Hebert Fort Bend County Sheriff's Office 301 Jackson St Suite 719 Richmond, TX 77469

Dear Judge Hebert,

Enclosed are the contract documents for the FY2013 Tobacco Enforcement Program for the contract period of **September 1, 2013 to August 31, 2014.** The contract packet includes the following documents:

- Transmittal Form Checklist
- Interlocal Cooperation Contract with Exhibits A, B, and C
- Contractor Information Form
- Vendor Maintenance Form/W9
- Contractor's Program Work Plan
- Training Registration Form

Complete and return the forms referenced above by August 30, 2013. Place the <u>Transmittal Form Checklist</u> on top of the contract documents prior to returning. A self-addressed envelope is enclosed for your convenience. A copy of the signed documents will be returned back to your agency. A draft copy of the <u>Monthly Summary and Invoice Form</u> and <u>the DSHS Controlled Buy/Sting Form</u> mentioned in the contract documents are also attached for your information. You do not need to return these forms. Additional program documents will be mailed after the signed contract documents are returned.

A web-based <u>Tobacco Enforcement Program Update Training</u> has been scheduled for <u>Wednesday, September 25</u>, <u>2013 from 8:30am to 11:30am</u>. The program update training will provide information needed for successful management of the contract to include enforcement procedures and reporting requirements for compliance. Use the enclosed <u>Training Registration Form</u> to register the appropriate staff assigned to work on this program. Participation is required to satisfy contract compliance training requirements.

For inquiries regarding the contract documents enclosed, contact Chad L. Nolte or Alexia Cox, Contract Specialists for the Tobacco Enforcement Program at 877.304.2727.

We look forward to working with you!

Respectfully,

Florence C. Raymond Program Manager

Enclosures

INTERLOCAL COOPERATION CONTRACT

THE STATE OF TEXAS COUNTY OF HAYS

This Interlocal Cooperation Contract (this "Contract") is entered into by and between the Contracting Parties shown below pursuant to authority granted in and in compliance with the Interlocal Cooperation Act, Chapter 791, Texas Government Code.

I. Contracting Parties

The Receiving Party: Texas State University ("Texas State") an institution of higher

education and agency of the State of Texas.

Texas School Safety Center Florence C. Raymond 415 N. Guadalupe, PMB 164 San Marcos. Texas 78666

877-304-2727

The Performing Party: Fort Bend County Sheriff's Office a local government of the State of Texas

Judge Robert Hebert 301 Jackson St Suite 719 Richmond, TX 77469

II. Statement of Services to be Performed

Performing Party will perform the following service(s):

Conduct <u>548</u> Controlled Buy/Stings and Follow-ups of tobacco permitted retail outlets using minors as decoys, to determine compliance with applicable laws in accordance with <u>Health and Safety Code §161.082</u> – <u>Sale of cigarettes or tobacco products to persons younger than 18 years of age prohibited: Proof of age required.</u> Work shall be performed following the details outlined in attached Scope of Work – Exhibit A, Performance Measures, and Exhibit B.

III. Basis for Calculating Reimbursable Costs

Performing Party shall be paid \$75.00 for each correct and completed Controlled Buy/Sting and Follow-up reported on the <u>Cigarette and Tobacco Controlled Buy/Sting Report</u> form (for a maximum of 548 Controlled Buy/Stings and Follow-ups x \$75.00 each for a total of \$41,100.00). Payment will be based on the receipt and approval of an invoice for services. All costs incurred for the purpose of conducting a complete Control Buy/Sting and Follow-up are the responsibility of the contractor. In order to receive full payment for the Controlled buy/Stings and Follow-ups billed for each performance reporting period, a completed Cigarette and Tobacco Controlled Buy/Sting Report must be attached for each along with additional information outlined in **Exhibit C, Payment For Services.**

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IV. Contract Amount

The total amount of this Contract shall not exceed <u>FORTY-ONE THOUSAND ONE HUNDRED DOLLARS AND NO/100 CENTS (\$41,100.00)</u>. This is the maximum amount collectable under the Contract as written.

V. Payment of Services

Receiving Party will remit payments to Performing Party for services satisfactorily performed under this Contract in accordance with the *Texas Prompt Payment Act, Chapter 2251, Texas Government Code*.

Payments made under this Contract will (1) fairly compensate Performing Party for the services performed under this Contract, and (2) be made from current revenues available to Receiving Party in the form of a contract from the Department of State Health Services to fund local law enforcement agencies to enforce Health and Safety Code §161.082 – Sale of cigarettes or tobacco products to persons younger than 18 years of age prohibited: Proof of age required.

VI. Warranties

Receiving Party warrants that (1) the services are necessary and authorized for activities that are properly within its statutory functions and programs; (2) it has the authority to contract for the services under authority granted in <u>Texas Government Code 403.105 – Permanent Fund for Health and Tobacco Education and Enforcement</u>; (3) it has all necessary power and has received all necessary approvals to execute and deliver this Contract; and (4) the representative signing this Contract on its behalf is authorized by its governing body to sign this Contract.

Performing Party warrants that (1) it has authority to perform the services under authority granted in <u>Chapter 161.088</u>, <u>Texas Health and Safety Code and Chapter 791</u>, <u>Texas Government Code</u>; (2) it has all necessary power and has received all necessary approvals to execute and deliver this Contract; and (3) the representative signing this Contract on its behalf is authorized by its governing body to sign this Contract.

VII. Term of the Contract

This Agreement is effective September 1, 2013 and shall terminate on August 31, 2014.

VIII. Termination

In the event of a material failure by a Performing Party to perform its duties and obligations in accordance with the terms of this Contract, the other party may terminate this Contract upon 30 days' advance written notice of termination setting forth the nature of the material failure; provided that, the material failure is through no fault of the terminating party. The termination will not be effective if the material failure is fully cured prior to the end of the 30-day period.

September 2013 Page 2 of 8

Executed effective as of the Effective Date by the following duly authorized representatives of the Contracting Parties:

Performing Party Fort Bend County	Receiving Party Texas State University
By When Illen	Ву
Name Robert E. He bert	Name: W. Scott Erwin
Title Fort Bend County Judge	Title Director of Sponsored Programs
Date: 8-27-2013	Date:
By Scanne Wilson	
Name Dianne Wilson	
Title Fort Bend county Cl	erk stringsloners colling
Date 8-27-13	
Ву	
Name	NO COUNTY
Title	· · · · · · · · · · · · · · · · · · ·
Date	
Ву	
Name	
Title	
Date	

EXHIBIT A SCOPE OF WORK

The Contractor shall diligently render the following performance:

Contract funds shall be used to support the enforcement activities and additional programs requirements outlined in <u>1-4 of Exhibit A, Scope of Work</u>. Contractor shall meet the assigned Performance Measures assigned in Exhibit B.

1. Enforcement Activities

Contractor shall:

- a. Conduct Controlled Buy/Stings and Follow-ups of tobacco permitted retail outlets using minors as decoys, to determine compliance with applicable laws in accordance with Health and Safety Code §161.082 Sale of cigarettes or tobacco products to persons younger than 18 years of age prohibited: Proof of age required. Refer to Exhibit B Schedule Performance Measures, for the number of Controlled Buy/Stings to be conducted.
- b. Record the results of the Controlled Buy/Stings conducted using the <u>Texas Department</u> of State Health Services (DSHS) Cigarette and Tobacco Controlled Buy/Sting Report form provided by the Texas School Safety Center at Texas State University.
- c. Use non-smoking male and female minors ages 14 16 in accordance with <u>Health and Safety Code</u>, Chapter 161.088 Enforcement; Announced Inspections.
- d. Use the State Comptroller of Public Accounts most recent <u>Tobacco Permitted Retail</u>

 <u>Outlet List</u> for the Controlled Buy/Stings to obtain Retail Outlet name, address, and tobacco permit numbers.
- e. Conduct Follow-up Controlled Buys/Stings of retail outlets found to be in violation of state laws. Reasons for follow-up may include: 1) repeated violations, 2) knowledge of historical perspective of previous sales to minors, and /or 3) complaints received where a follow-up is needed. Follow-up Controlled Buys/Stings shall be conducted within two to ten (2-10) days of original Controlled Buy/Sting.
- f. Conduct Follow-up Inspections on complaints regarding retailer and/or other violations received on the state's 1-800 tobacco hotline.

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2. Training Activities

Contractor shall:

- a. Assign agency representatives to participate in the appropriate web-based training session conducted by Texas School Safety Center. Representatives shall include the person(s) assigned to the implementation of the contract activities, and/or the line supervisor overseeing the day-to-day activities of this contract, and the person(s) conducting the enforcement activities outlined in Exhibit A, Scope of Work. Training sessions will be conducted as follows:
 - New Funded Agencies for FY2014 shall participate in a required 6-hour
 <u>Tobacco Enforcement Program Training</u> prior to implementation of the contract
 activities.
 - 2. Agencies that participated in the FY2013 Tobacco Enforcement Program shall participate in a required <u>3-hour Tobacco Enforcement Program Update Training</u> to achieve training compliance requirements.
- b. Participate in any and all ongoing technical assistance and training activities offered by the Texas School Safety Center at Texas State University.

3. Reporting Requirements

Contractor shall:

- Submit a monthly activity summary report for the Controlled Buy/Stings and Followups conducted, using the <u>Monthly Summary and Invoice</u> form provided by the Texas School Safety Center at Texas State University.
- b. Provide a short summary of challenges and obstacles encountered in the course of conducting Controlled Buys/Stings and Follow-ups for performance reporting period, using the Monthly Summary and Invoice form provided by the Texas School Safety Center at Texas State University.
- c. Submit the <u>Monthly Summary and Invoice</u> form to include the number of Controlled Buy/Stings conducted along with the number of Citations issued within the performance reporting period. Controlled Buy/Stings conducted as part of a Followup shall also be included in the total of Controlled Buys/Stings conducted.
- d. Submit billing information for services provided in the invoice section of the <u>Monthly Summary and Invoice</u> form. Payment amount for services is outlined in <u>Exhibit C</u>, <u>Payment for Services</u>. The <u>Monthly Summary and Invoice</u> form shall be signed by the designated authorized official.
- e. The <u>Monthly Summary and Invoice</u> form shall be submitted to the Texas School Safety Center on the 4th of the month for activities of the previous month. The report

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- may be mailed or faxed to the Texas School Safety Center, 415 N. Guadalupe, PMB 164, San Marcos, Texas 78666. Fax # 512-245-1133.
- f. Texas School Safety Center will provide violation information to the Comptroller of Public Accounts as required by law, (Health & Safety Code, Section 161.090 Reports of Violation) by the 10th working day of the month for activity of the previous month.

4. Additional Program Requirements

Contractor shall:

- a. Assign a minimum of one (1) agency representative to the implementation of the activities of this contract, and provide the name(s) of any key personnel changes that impact the requirements of this contract.
- b. Coordinate enforcement activities with other law enforcement agencies in the area. Coordination of services shall include but not limited to resources such as officers and minor decoys to maintain integrity of the undercover operation in testing compliance with tobacco sales to minors.
- c. Contractor shall maintain specific, detailed supporting documentation of all programmatic records used in the course of conducting the Controlled Buy/Stings for a minimum of 4 years.

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EXHIBIT B PERFORMANCE MEASURES

The following performance measures will be used to measure compliance with the services rendered as described in Exhibit A, Scope of Work.

Contractor shall:

- 1. Conduct the number of activities for this contract period as follows:
 - a. Number of Controlled Buys/Stings and Follow-ups using minors as decoys: 548
 - b. Program service area includes zip codes -77053, 77082, 77083, 77099, 77406, 77417, 77435, 77444, 77450, 77461, 77464, 77469, 77471, 77476, 77477, 77478, 77479, 77489, 77498, 77407, 77545 and 77583.
 - c. A performance measure will not be assigned for Follow-up of Controlled Buys/Stings as a result of local perspective of previous sales to minors and/or complaints received. However, contractor is required to conduct Follow-up of retail outlets not in compliance and report the activity monthly.
- 2. Contractor shall follow the <u>Contractor's Program Work Plan</u> monthly goal pre-established upon inception of the contract. The <u>Contractor's Program Work Plan</u> outlines monthly goals to follow from **September 2013 to August 2014.**
 - a. Deviation from the pre-established <u>Contractor's Program Work Plan</u> requires prior approval from TxSSC staff.

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EXHIBIT C PAYMENT FOR SERVICES

Payment will be based on the receipt and approval of an invoice for services.

Contractor shall:

- 1. Be paid monthly upon submission of Parts 1-5 of the <u>Monthly Summary and Invoice</u> form and attachments as confirmation of services rendered.
- 2. Record the number of Controlled Buy/Stings conducted and attach complete <u>Cigarette and Tobacco Controlled Buy/Sting Report</u> forms for each Controlled Buy/Sting conducted for the Performance Reporting Period. The total activity reported shall correspond to the preestablished monthly goal listed in the Contractor's Program Work Plan.
- 3. Be paid \$75.00 for each correct and completed Controlled Buy/Sting reported on the <u>Cigarette and Tobacco Controlled Buy/Sting Report</u> form. All costs incurred for the purpose of conducting a complete Control Buy/Sting are the responsibility of the contractor. In order to receive full payment for the Controlled buy/Stings including follow-ups billed for each performance reporting period, a completed Cigarette and Tobacco Controlled Buy/Sting Report must be attached for each.
- 4. Submit invoices and attachments to:

Tobacco Enforcement Program
Tobacco Prevention & Community Services Division
Texas School Safety Center
Texas State University
415 N. Guadalupe, PMB 164
San Marcos, Texas 78666
Phone: 877.304.2727
Fax: 512 245 1133

Fax: 512-245-1133
Email: Chad L. Nolte - cn1082@txstate.edu, or Alexia Cox - ac45@txstate.edu

The Monthly Summary and Invoice form shall be reviewed by the 15th of the month and submitted for payment if information included in the report and attachments are correct. Payment shall be subject to laws of the State of Texas including Prompt Payment.

Notwithstanding the foregoing, the cumulative amount of Service Fees remitted by University to Contractor shall not exceed **\$41,100.00** without the prior written approval of the University.

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Submit to: Fl Master Data Center

FORM #FS-01

JCK 524 (512) 245-8990

Phone: (512) 245-9284 / (512) 245-8817

Vendor Maintenance Form / Substitute W-9

	 		
SAP Vendor Number			
(optional)			

Instructions: Vendor must complete the form, print, sign Section C or D and E, and fax to the number above. Vendor named herein agrees to indemnify and hold Texas State harmless for delays in payment due to disasters or other emergencies.

Fax:

Current Texas State employees, including student workers, please fill out form FS-02 instead.

Type of Purchase Ma	ON (Required): aterials O Services O Both
Type of Vendor Individual/Sole Proprietor C Cor	prporation S Corporation Partnership Trust/Estate
Limited liability company. Enter the tax classification	(C=Corporation, S=S Corporation, P=Partnership)
Other (see IRS W-9 instructions)	
Federal Agency State of Texas Agence	cy, number
Medical/Legal Exempt payee	
Foreign Vendors Only: Non-Resident Alien	Home Country ITIN
Please attach the appropriate IRS Form W-8 (see Publi	lication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities)
SECTION B – VENDOR DETAILS (Required): Vendor Name (legal name)	
Business Name (if different)	
Mailing Address: (For Purchase Orders or correspondence	ce)
City State	Country Zip
Remit to Address: (If different)	
City State	Country Zip
Vendor Phone: Vendor Fax:	Toll Free Phone:
SECTION C PAYMENT ACCOUNT INFORMATION	ON (for U.S. banks only):
Bank Name	E210-285-29775, 11 53 8700-545-0153
Account Type Checking Sav	avings
ACH Routing Number	ABA Routing # Account # Check # 018273644 11 23 810029 0123
Bank Account Number	Action and resistance
Email	to receive payment notifications
Will these payments be forwarded to a financial institution	n outside the United States (<i>required</i>)? Yes No
I authorize Texas State University-San Marcos to deposit my pay	yments to my financial institution electronically.
I understand that Texas State University-San Marcos will reverse	e any payments made to my account in error.
I further understand that Texas State University-San Marcos will curther information on these rules, please contact your financial in	comply at all times with the National Automated Clearing House Association's rules. (For institution.)
x	
Authorized Circuit co	Printed name

Rev 08/12 1/2

SECTION D -	ELECTRONIC PAY	MENT EXEMPTI	ON:			
I claim exemption	on and request paymer	nt by state warrant (check) becau	se:		
X						
	Authorized Signature			Printed name		Date
SECTION E -	SUBSTITUTE W-9	(Required by U.S	6. Persons o	only):		
					ntification number or I am wa dend income and (3) I am a U	
Taxpayer Identii	fication Number	Federal Empl	loyer Identific	ation Number:		or
			Social Sec	urity Number:		
The Internal Reve withholding.	enue Service does not req	uire your consent to a	any provision of	this document other	er than the certifications requ	lred to avoid backup
X	•			 		,
	Authorized Signature			Printed name		Date
SECTION F -	TEXAS STATE DEP	ARTMENT CON	TACT INFO	RMATION:		
Contact Name	Chad L. Nolte			Phone (512	2) 245-9665	
Department Nar	me TxSSC			Email	CN1082	@txstate.edu
Action:	New Vendor Setup	O Change	O Delete	If change or dele	ete, SAP Vendor Number	



A member of the Texas State University System

Submit to: Fi Master Data Center

FORM #FS-01

JCK 524

SAP Vendor Number (optional)

Fax (512) 245-8990 Phone: (512) 245-9284 / (512) 245-8817

Vendor Maintenance Form / Substitute W-9

Instructions: Vendor must complete the form, print, sign Section C or D and E, and fax to the number above. Vend named herein agrees to indemnify and hold Texas State harmless for delays in payment due to disasters or oth emergencies. Current Texas State employees, including student workers, please fill out form FS-02 instead.
SECTION A VENDOR GENERAL INFORMATION (Required):
Type of Purchase
Type of Vendor Individual/Sole Proprietor I C Corporation I S Corporation Partnership I Trust/Estate
Umited liability company. Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership)
(X) Other (see IRS W-9 instructions) County - Local Government
Federal Agency State of Texas Agency, number
☐ Medical/Legal ☐ Exempt payee
Foreign Vendors Only: Non-Resident Ahen Home Country ITIN
Please attach the appropriate IRS Form W-B (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities)
SECTION B - VENDOR DETAILS (Required):
Vendor Name (legal name) Fort Bend County Sheriff
Business Name (il different)
Mailing Address (Fo: Purchase Orders or correspondence) 301 Jackson St
Gity Richmond State Texas Country USA Zip 77469
Penin to Address (if orderent)
City State Country Zip
Vendor Phone 281-341-3760 Vendor Fax 281-341-3774 Toll Free Phone
SECTION C - PAYMENT ACCOUNT INFORMATION (for U.S. banks only):
Bank Name Prosperity Bank
Account Type Checking Savings
ACH Routing Number 113122655 As Routing # Account # Check # 01671644 11 23 840029 0123
Bank Account Number 1102207488
En all laura.turner@prosperitybanktx.com to receive payment notification
Will these payments be forwarded to a financial institution outside the United States (required)? Yes No
eauthorize Texas State University. Ban Marcos and the Texas Comptrolor of Public Accounts to deposit my payments, turny financial institution electronical
Lunderstand that Texas State Graversity-San Marcos and/or the Texas Comptroller of Pupils Accounts will reverse any payments made to my account error.
i further understand that Texas State University-Say Marcos and the Texas Comptroller of Public Accounts will comply at all times with the Nation Automated Cleaning House assistation's rules (Eacherther information on these rules, please contact your financial institution.)
y of townself (LD)
X Jeff Council, Treasurer 8/9/13 Astronomical Sugnature Date Printing rights Date Date

SECTION D - ELE	CTRONIC PAY	MENT EXEMPTION:			
I claim exemption and	i request payment	by state warrant (check)	because:		
X		***************************************			
	Water Styleton		Contract reasons	***************************************	Out-
SECTION E - SUB	STITUTE W-0 (F	Required by U.S. Pers	ions only):		
			n is my correct taxpayer ident to report interest and divide		
Taxpayer Identification	n Number	Federal Employer id	lentification Number:		or
		Soci	al Security Number:		and the second s
The Internal Revenue Se withholding.	ervice does not requi	re your consent to any prov	issen of this document other	than the certifications require	ed to evoid backup
X					
	Chapel Sgular				Characteristics
SECTION F - TEXA	S STATE DEPA	RTMENT CONTACT	INFORMATION:		
Comtact Name	Chad L. Nolte		Phone (612)	245-9865	
Department Name	TxSSC		Email	CN1082	Distante edu
Action: New	Vendor Setup	○ Change ○ 0	elete If change or delete	, SAP Vendor Number	

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A member of The Texas State University System

The Contractor Information Form requests basic information about the contractor and project, including the signature of the authorized representative. This form is required to set up a contract for services.

- Submit this form with the signed contract
- Use this form to update changes in contact information

CONTRACTOR	NEORMATION :
1) AGENCY NAME: Fort Bend County Sheriff's Of	fice
1A) AGENCY ORI #: <u>0790000</u>	
2) ADDRESS: (include mailing address, street, city, cold 1410 WILLHMS WAY BLVD RICHMOND, TA 77469	ounty, state and zip code):
3) PAYEE Mailing Address (if different from above):	
SAME AS ABOVE	
4) Federal Tax ID No. (9 digit): 74-600196	,9
4A) Texas State Vendor #: (for TxSSC use only)	
5) TYPE OF ENTITY (check appropriate box):	City X County
6) PROPOSED CONTRACT PERIOD:	
Start Date: September 1, 2013 End Date:	August 31, 2014
7) AREA SERVED: Fort Bend County (Refer to Sta	tement of Work for zip codes)
8) AMOUNT OF CONTRACT: \$41,100.00	
9) PROJECT CONTACT PERSON Name: KATHY RADER, SGT. Phone: 281-238-1534 / 281-652-7561 Fax: 281-238-1532 E-mail: Kathy, Rader@ Co. Fort-bend. tx. US	10) FINANCIAL OFFICER Name: ROBERT ED STURDI VANT Phone: 281-341-3760 Fax: 281-341-3774 E-mail: Ed. Sturdi van Food fort-bend taus
11) AUTHORIZED REPRESENTATIVE Name: CHAD NORVELL, MAJOR Phone: 281-341-4705 Fax: 281-341-4701 E-mail: Chad. Norvell @Co.fort-bend. tx. us	12) SIGNATURE OF AUTHORIZED REPRESNITATIVE 13) DATE 8/9//3

(Rev. December 2011) Department of the Treasury

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

miteri id	rievalue delvice						L					
	Name (as shown on your income tax return)											
	FORT BEND COUNTY											
8	Business name/disregarded entity name, if different from above											
g												
8	Check appropriate box for federal tax classification:					-						
6	☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐	Trust/esta	ate					i	İ			
9 E												
Print or type Specific Instructions on page	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partne	ership) 🏲 _							Ø	Exemp	t pay	00
Prin ic Ins	✓ Other (see instructions) ► POLITICAL SUBDIVISION OF THE ST.									,		
Ğ	Address (number, street, and apt. or suite no.)	Reques	ter's	name	and a	ddr	ess	(optio	nai)			
å	301 JACKSON	J										
9	City, state, and ZIP code											
ű	RICHMOND, TX 77469											
	List account number(s) here (optional)											
Par	Taxpayer Identification Number (TIN)				•				-	***************************************		
Enter	your TIN in the appropriate box. The TIN provided must match the name given on the "Name	e" line	So	cial s	ecurit	y nu	ımbe	er				
to avo	old backup withholding. For individuals, this is your social security number (SSN), However, f	ora	一	П	\neg	T	T	丁	Т	1	Π	
reside	ent alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For others, it is your employer identification number (EIN). If you do not have a number, see <i>How to g</i>	er				-			-	İ		
	rs, it is your employer identification number (EIN). If you do not have a number, see <i>How to g</i> i In page 3.	et a	L			L			L		اا	
	If the account is in more than one name, see the chart on page 4 for guidelines on whose		Em	ploye	er ider	tific	catio	n nui	nber	 -		
numb	er to enter.		F	Ħ	Г	T	T	T	T	- 1	T	
			7	4	- 6	6 1	0	0	1 9	9 6	9	
Par	t II Certification		<u>. </u>		L		1,				نـــــــا	
	penalties of perjury, I certify that:								******	·····		
	e number shown on this form is my correct taxpayer identification number (or I am waiting to	r a numh	ar t	n he	iee por	d to	ma) and	4			
Se	m not subject to backup withholding because: (a) I am exempt from backup withholding, or (rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest longer subject to backup withholding, and											
	m a U.S. citizen or other U.S. person (defined below).											
Certif	fication instructions. You must cross out item 2 above if you have been notified by the IRS	that you	are o	curre	ntly s	Jbj€	ect t	o ba	ckur	with	noldi	ng
	use you have failed to report all interest and dividends on your tax return. For real estate trans											
	st paid, acquisition or abandonment of secured property, cancellation of debt, contributions ally, payments other than interest and dividends, you are not required to sign the certification											l
	ctions on page 4.	i, but yo	u mt	ist pi	ovide	yo	ur c	onec	() 11	v. See	He	
Sign												
Here		ate >	5	/1/	201	2						
Ger	neral Instructions Note. If a requester											
Section	on references are to the Internal Revenue Code unless otherwise your TIN, you must to this Form W-9.	use the	requ	este	r's for	m if	ritis	3 SUD	stan	tially	simila	ar
	to that out we a											

noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- · A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- · An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



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Contractor's Program Work Plan will allow Texas School Safety Center (TxSSC) to accurately measure your progress, identify any potential problem areas, provide technical assistance, and report ongoing enforcement efforts to the Department of State Health Services to ensure compliance with contractual obligations.

Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Perfod 8	Period 9	Period 10	Period 11	Period 12	Total
Actual # % Effort	Actual # % Effort	Actual #	Actual #	Actual #	Actual # %Effort	Actual #	Actual # *= % Effort*	Actual #	Actual #	Actual #	Actual #	Actual #
40 #	46	# 9/	4C#	i/6#	49 /7	* 7/7	# 9/7	# 9/7	46#	40%	42 #	* 8745
8.4 %	8.4 %	8.4 %	8.4%	8.4%	84%	84%	8.4%	8.4%	8.4%	8.4%	7.6 %	*

Instructions: Please complete this Work Plan indicating the actual number and percentage of effort of the Controlled Buy/Stings that will be completed each month.

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March 25	April 25	May 25	June 25	July 25	Aug 25
Feb 26	. March.26	April 26	May 26	June 26.	July 26
Period 7	Period 8	Period 9	Period 10	Period 11	Period 12

emailed to Chad L. Noite at CN1082@txstate.edu or Alexia Cox at AC45@txstate.edu Forms may be faxed to 512-245-1133, Attn: Tobacco Enforcement Program or

Katry Radur

Signature:

Date Submitted: 8/9/3

.e	
FOR TXSSC USE ONLY Received & Approved by TxSSC: Date	

Texas School Safety Center 415 N. Guadalupe St. PMB 164 San Marcos, TX 78666 Phone: 877.304.2727 Fax: 512.245.1133 Email: Chad L. Nolte, CN1082@txstate.edu Alexia Cox, AC45@txstate.edu

Time: 8:30am - 11:30am

Alexia Cox, AC45@txstate.edu

Training Registration For trainings 3 hours or more

Login Info will be emailed a week before training date.

	PARTICIPANT INFORMATION				
Date:	0181/0191/12101/131				
Full Name:	KATHY E RADER Suffix				
Title / Position:	$S_{1}E_{1}R_{1}G_{1}E_{1}A_{1}N_{1}T_{1}$				
Agency / District:	F_0R_T BEND COUNTY SHERIFF ESC Region:				
School Name:					
Work Mailing Address:	1410 W1LL1AM5 WAY BLVD Street Name R1 CHMOND				
Work Phone:	1811-615121-715161 Work Fax: (21811-1318)-1151312				
Email:	Kaithy, Rader @co. tort - Dend . tx, u				
PARTICIPANT CLASSIFICATION Please mark your correct classification:					
Classification	Classification Type: Description Type: Description Type: Description Type: Description Type: Description Type: Description Type:				
☐ Commun					

No TCLEOSE Hours will be given for this training.

Texas School Safety Center Tobacco Enforcement Program Monthly Summary and Invoice Form Instructions

Use the attached Monthly Summary and Invoice form to report and bill for the on-site Controlled Buys/Stings including Followups using minors conducted during the performance reporting period. Performance Reporting Periods are as follows:

Invoice#	Performance R		
Invoice #	Beginning	Ending	Reporting Due
09/2013	September 1, 2013	September 25, 2013	October 04, 2013
10/2013	September 26, 2013	October 25, 2013	November 04, 2013
11/2013	October 26, 2013	November 25, 2013	December 04, 2013
12/2013	November 26, 2013	December 25, 2013	January 04, 2014
01/2014	December 26, 2013	January 25, 2014	February 04, 2014
02/2014	January 26, 2014	February 25, 2014	March 04, 2014
03/2014	February 26, 2014	March 25, 2014	April 04, 2014
04/2014	March 26, 2014	April 25, 2014	May 04, 2014
05/2014	April 26, 2014	May 2532014	June 04, 2014
06/2014	May 26, 2014	June 25, 2014	July 04, 2014
07/2014	June 26, 2014	July 25, 2014	August 04, 2014
08/2014	July 26, 2014	August 25, 2014	August 30, 2014

Part 1 - Agency Name and Performance Reporting Period

- Agency Name Record the name of the agency herein named scontractor, cample: This County Sheriff's Department.
- Performance Reporting Period Record the Performance Reporting Period togethe report being submitted using the dates listed above.

Part 2 - Monthly Summary of Controlled Buy/Stings Conducted

- Number of Controlled Buy/Sting(s) Using Minor Decoys. Record the total number of On-Site Controlled Buy/Stings conducted using minors for this performance reporting period. On-Site Controlled Buys/Stings conducted as part of a follow-up should also be
- Number of Citations Issued Recording total number of citations issued for etailers during the Controlled Buy/Sting(s) operation using minors.

Part 3 - Challenges and Obstacles

Provide a short summary of challenges and obstacles encountered in the course of conducting Controlled Buys/Stings in your jurisdiction. You may use additional sheets of paper if necessary

- Date Record the date the invoice is being submitted.
- Invoice Number Record the month and year being reported. Refer to list above for Invoice number.
- Purchase Order Number Recording purchase order number from your copy of the purchase order.
- Number of Controlled Buy/Sting(s) billed Recognithe total number of Controlled Buy/Sting(s) conducted this performance reporting period
- Rate The pre-established rate for each Controlled Buy/Sting conducted and reported is \$75.00.

 Total Amount Billed Record the total amount billed determined by multiplying the total number of Controlled Buy/Stings by the \$75.00 rate for each Controlled Buy/Sting in order to receive full payment for the Controlled Buy/Stings including follow-ups billed this performance reporting period accompleted Cigarette and Tobacco Controlled Buy/Sting Report must be attached for each.

Part 5 - Verification

- Signature of Authorized Official signature verified that program services were conducted in accordance with guidelines set forth in the Health and Safety Code, Chapter 161.088, training materials, and the contract documents. The Authorized Official is the person identified by the head of your agency.
- Type or Print the Name and Title of the Authorized Official.
- Phone, Fax and Email Address Record the phone, fax, and email address of the Authorized Official.

Address questions regarding the Monthly Summary and Invoice form and instructions to Chad L. Nolte or Alexia Cox at.877.304.2727.

Mail or fax the Monthly Summary and Invoice form to:

Texas School Safety Center Texas State University 415 North Guadalupe - #164 San Marcos, Texas 78666-5719 Attention - Tobacco Enforcement Program Fax # 512.245.1133

Texas School Safety Center FY2014Tobacco Enforcement Program Monthly Summary and Invoice

Pan에는 Agency:Name:and:P	erformance Reporting	Period	
Agency Name _			
Performance Reporting Period _		three	
Parts2c Monthly/Summary of G	ontrolled:Buy/Stings	Conducted:	
Number of Controlled Buys/	Stings using minor desc	ys	
N	lumber of Citations Issu	ied	
Rait 3.– Challenges and Obsta	icles Encountered.		Contract of the second
Ram4 ≃Monthly/Invoice		Z	
	ej Meradoer	Purchase Order Nur	nber
Number of Controlled Buys/St			
Total Amount Billed (at the rate of In order to receive full payment for the completed Cigarette and Rebacco Co	Controlled Buy/Stings inc	cluding follow-ups billed this must be attached for each	s performance reporting period, a
Pantōj≝Werification			
I verify to the best of my knowledge to reported, and that the Controlled Buy/ Safety Code, Chapter 161.088, training	Stings were conducted in	accordance with the guidel	onducted in the month being ines set forth in the Health and
Signature of Authorized Official			
Typed or Printed Name and Title			
Phone	Fax	Email	
Mail or Fax report to:	Texas School Sa 415 North Guada		

415 North Guadalupe - #164
San Marcos, Texas 78666-5719
Attention: Tobacco Enforcement Program
Fax: 512.245.1133