## TEXAS DEPARTMENT OF PUBLIC SAFETY TEXAS HOMELAND SECURITY STATE ADMINISTRATIVE AGENCY (THSSAA)



## 2014 ELIGIBILITY CERTIFICATION FORM

| Certification:  |   | PLEASE FILL IN THE APPROPRIATE INFORMATION AND CERTIFY BY SIGNING BELOW THAT THE INFORMATION SUBMITTED ON THIS ELIGIBILITY FORM IS COMPLETE AND ACCURATE TO THE BEST OF YOUR KNOWLEDGE. |   |  |    |  |          |     |                 |                      |          |  |
|---|---|---|---|--|----|--|----------|-----|-----------------|----------------------|----------|--|
| Printed Name of Jurisdiction/ Organization:   |   |   | FO  | FORT BEND COUNTY   |    |  |          |     |                 |                      |          |  |
| DUNS Number:  |   |   | 0   | 081497075  |    |  |          |     |                 |                      |          |  |
| Signature:  |   |   | /   | Jally Jalen Da   |    |  |          |     | Date:           | April 22, 2014       |          |  |
| Printed Name of Authorized ( *See instructions for Definition of                              |   |   |   | I DARERTE HERERT   |    |  |          |     |                 |                      |          |  |
| Title:<br>(Judge, Mayor, ED, City Manager,  |   |   | r, CFO  | CFO) COUNTY JUDGE  |    |  |          |     |                 |                      |          |  |
| I.  | I. NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)       |   |   |  |    |  | (IS)     |     |                 |                      |          |  |
| Please initial to certify to one of the NIMS statements below (initial only one box, A or B): |   |   |   |  |    |  |          |     |                 |                      |          |  |
| A   | To Certify to I.A,                                  |   |   | My jurisdiction/organization has adopted and implemented NIMS <u>and</u> is compliant with all NIMS objectives issued to date (FY2005-FY2009). <a href="http://www.fema.gov/implementation-and-compliance-guidance-fiscal-year">http://www.fema.gov/implementation-and-compliance-guidance-fiscal-year</a> |    |  |          |     |                 |                      |          |  |
| В   | To Certify to I.B,<br>Initial Here:                 |   | My jurisdiction/organization has adopted and implemented NIMS, but is not fully compliant with all NIMS implementation objectives.  Required Attachment: A letter explaining the a) the implementation objectives not yet met; b) the steps taken to achieve 100% NIMS compliance; and c) the date the jurisdiction expects to be in full compliance with all objectives and metrics. |  |    |  |          |     |                 |                      |          |  |
| П.  | II. EMERGENCY MANAGEMENT PLANS (INTERMEDIATE LEVEL) |   |   |  |    |  |          |     |                 |                      |          |  |
| To Cei  | tify to<br>a/Here:                                  | X   | F<br>E  | preparedness standards at the Intermediate Level on file with the Texas Division of Emergency Management (TDEM).   |    |  |          |     | cas Division of |                      |          |  |
| and check <u>one</u> of the three boxes at right  |   |   | r<br>I<br>C. M  | management program that has a plan that meets the state preparedness standards at the Intermediate Level on file with TDEM.  My jurisdiction/organization is not a city or county and is not required by Texas law to have an emergency management plan, e.g., COG or nonprofit organization.              |    |  |          |     |                 | by Texas law to have |          |  |
| DONES OF HAIR   |   |   |   | J C.11101  | Jy |  | <b>P</b> | ,91 |                 | ,                    | <b>J</b> |  |

| m   | OMB CIRCULAR A-133 SINGLE AUDIT   |           |  |  |  |  |  |  |
|---|---|-----------|--|--|--|--|--|--|
| My jurisdiction's/organization's fiscal year (FY) end for 2013 was (check one):   |   |           |  |  |  |  |  |  |
|   | August 31, 2013 (Reporting Package is due 30 days after completion or May 31, 2014, whichever is sooner)  |           |  |  |  |  |  |  |
| X   | September 30, 2013 (Reporting Package is due 30 days after completion or June 30, 2014, whichever is sooner)  |           |  |  |  |  |  |  |
|   | December 31, 2013 (Reporting Package is due 30 days after completion or September 30, 2014, whichever is sooner)  |           |  |  |  |  |  |  |
|   | Other (please specify date here):   |           |  |  |  |  |  |  |
| Please initial to certify to one of the A-133 Audit statements below (initial only one box, A or B).  |   |           |  |  |  |  |  |  |
| A   | To Certify to III.A,<br>Initial Here:   |           | I certify my jurisdiction/organization <u>did not</u> expend over \$500,000 in Federal or State funding during <u>FY 2013</u> so no A-133 audit was necessary or obtained.   |  |  |  |  |  |
| В   | To Certify/   | to III.B, | I certify my jurisdiction/organization <b>expended over \$500,000</b> in Federal or State funding in <u>FY</u> <u>2013</u> and that the required reporting package has been/will be provided 1) to the Texas Departme of Public Safety (TXDPS) and 2) to the Federal Clearinghouse.  |  |  |  |  |  |
| IV.   | V. TEXAS REGIONAL RESPONSE NETWORK (TRRN)   |           |  |  |  |  |  |  |
|   | My jurisdiction/organization is registered with the Texas Regional Response Network (TRRN) and (check one): <a href="https://www.trrn.state.tx.us/TRRN/Tier01/Security/SignIn.aspx">https://www.trrn.state.tx.us/TRRN/Tier01/Security/SignIn.aspx</a> |           |  |  |  |  |  |  |
| A. My jurisdiction has entered all deployable equipment with a cost of \$5,000 or n purchased with Homeland Security Grant funds into the TRRN.   |   |           |  |  |  |  |  |  |
| and check <u>one</u><br>of the two<br>boxes at right  |   |           | B. My jurisdiction <u>does not</u> have any deployable equipment with a cost of \$5,000 or more purchased with Homeland Security Grant funds.  |  |  |  |  |  |
| V.  | DATE COD LEGATION   |           |  |  |  |  |  |  |
| To Certify to V., Init/al Here:  I certify my jurisdiction/organization has entered all required information, including FFATA/employee compensation, into the System for Award Management (SAM) and has an active registration status w "Active Exclusion Records". ( <a href="https://www.sam.gov/portal/public/SAM/">https://www.sam.gov/portal/public/SAM/</a> )   |   |           |  |  |  |  |  |  |
| VI.   |   |           | RIMINAL HISTORY DISPOSITION REPORTING (If Applicable)  |  |  |  |  |  |
| For grant year 2014 federal funds, the criminal history reporting eligibility requirement will be applied to all SHSP sub-recipients. Only entities within a county that has met the 90% completeness rates by August 1, 2014 will be eligible for these THSSAA awards issued on or after September 1, 2014. This section DOES NOT APPLY to NSGP, OPSG, or UASI applicants. Please initial to certify to one of the criminal history disposition reporting statements below (initial only one box, A or B). |   |           |  |  |  |  |  |  |
| A   | To Certify to VI.A, Initial Flere:  |           | My County has documented a 90% average disposition completeness rate for adult arrests and a 90% average disposition completeness rate for juvenile arrests under calendar years 2008-2012 as required by Chapter 60, Texas Code of Criminal Procedure.  |  |  |  |  |  |
| В   | To Certify to VI.B,<br>Initial Here:  |           | My County <u>DOES NOT</u> currently have a documented 90% average disposition completeness rate for adult arrests <u>and</u> a 90% average disposition completeness rate for juvenile arrests under calendar years 2008-2012, but my County intends to attain the required averages <u>by August 1, 2014</u> . I understand that sub-recipients within the County will not be Eligible for 2014 SHSP funds if the required averages are not achieved by the August 1, 2014 deadline. |  |  |  |  |  |

## TEXAS DEPARTMENT OF PUBLIC SAFETY TEXAS HOMELAND SECURITY STATE ADMINISTRATIVE AGENCY (THSSAA)

## ANNUAL INVENTORY CONTROL REQUIREMENT

| Name of Juriso   | diction: FO  | RT BEND COUN | ITY        | Date: April 22, 2014 |  |  |  |  |  |
|--|--|--------------|------------|----------------------|--|--|--|--|--|
| INSTRUCTIONS: Please initial on the left to certify each of the following statements. All four sections must be certified to be fully compliant. Please return completed document by June 30 to THSSAA monitoring at:  Fax-512-206-3137 or email SAAmonitoring@dps.texas.gov |  |              |            |                      |  |  |  |  |  |
| I. Controlled and Capital Assets Acknowledgement   |  |              |            |                      |  |  |  |  |  |
| Initial here to certify.   | My jurisdiction has listed all required homeland security grant funded assets on our local inventory in accordance with THSSAA information Bulletin No. 12-004. <a href="http://www.txdps.state.tx.us/director_staff/saa/documents/saa12-004.pdf">http://www.txdps.state.tx.us/director_staff/saa/documents/saa12-004.pdf</a>  |              |            |                      |  |  |  |  |  |
| II. Tagging of Grant Funded Assets   |  |              |            |                      |  |  |  |  |  |
| Initial here to certify My jurisdiction has tagged all Homeland Security grant funded assets in accordance with THSSAA Information Bulletin No. 12-004 including the name of the jurisdiction and a unique identifying number.   |  |              |            |                      |  |  |  |  |  |
| III. Equipment Inventory Requirements  |  |              |            |                      |  |  |  |  |  |
| Initial here to certify  | My jurisdiction maintains a physical inventory of Homeland Security grant funded assets and captures the following information for all equipment in accordance with THSSAA Information Bulletin 12-004.  A. Description of the asset B. Serial number or other identification number C. Source of the asset D. Who holds the title E. Acquisition date F. Cost of the asset G. Percentage of federal participation in the cost of the asset H. Location I. Use J. Condition of the Asset K. Any ultimate disposition data including the date of disposal and sale price L. Control or Inventory Number (Reference: A-133 Compliance supplemental, 44 CFR 13.32, UGMS)  IV. PHYSICAL INVENTORY RECONCILIATION |              |            |                      |  |  |  |  |  |
| Initial here to My jurisdiction has completed a full physical inventory and reconciliation of assets within the last 2   |  |              |            |                      |  |  |  |  |  |
| certify:   | months in accordance with regulations.   |              |            |                      |  |  |  |  |  |
| 371  | Our last physical inventory was conducted: March 31 - April 2, 2014  |              |            |                      |  |  |  |  |  |
| V. AUTHORIZED SIGNATURE(S)   |  |              |            |                      |  |  |  |  |  |
| Print Name of  | Print Name of Jurisdiction/Organization FORT BEND COUNTY   |              |            |                      |  |  |  |  |  |
| Printed Name of Chief Elected Official, Chief Executive Officer, Or Chief Financial Officer  ROBERT E. HEBERT  |  |              |            |                      |  |  |  |  |  |
| Title (Judge, Mayor, ED, City Manager, CFO) COUNTY JUDGE   |  |              |            |                      |  |  |  |  |  |
| Signature  |  | Kalu         | ir Delieur |                      |  |  |  |  |  |
| Date APRIL 22, 2014  |  |              |            |                      |  |  |  |  |  |