



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

1100 W. 49<sup>th</sup> Street • Austin, Texas 78756  
1-888-963-7111 • <http://www.dshs.state.tx.us>  
TDD: 512-776-7111

May 7, 2014

Fort Bend County Clinical Health Services  
Attn: Ms. Drake

RE: Contract Inter-local Application Process for Fiscal Year 2015:

Dear Ms. Drake,

The Texas Department of State Health Services, Tuberculosis (TB) Services Branch, is initiating the contract application process for fiscal year (FY) 2015. This letter is a reminder that the TB Services Branch requires each TB Program to submit a description of your organization, resources and capacity; and a detailed budget justification. This must be completed before any contract can be issued to your agency. This year's contracts will contain sixteen (16) performance measures that will be the same for all local health departments. Please review carefully the section of the application pertaining to performance measures.

**The TB/FED Inter-Local Application (ILA) is being distributed at this time, along with the FY2015 budget allocation of \$110,207. The TB/State ILA is also being distributed at this time, along with the FY2015 budget allocation of 149,330. Contractor shall provide a match of no less than 20% of the DSHS share of the total budget for each of these contracts. The due date for submission of the ILA's and Budgets to DSHS is May 16, 2014. Please submit via email to Kathy Sharp at the email address noted below. The contract expenditures will be closely scrutinized and expenses not considered absolutely essential for delivery of direct client services may be eliminated or reduced.**

In the event that the Texas Department of State Health Services (DSHS) is informed of state and/or federal increases or decreases to funding amounts, or other unforeseen internal budgetary shortfalls, DSHS may find it necessary to amend funding allocations to its contractors.

If you have any questions or need additional information, please contact Kathy Sharp, Contract Manager, Disease Control and Prevention Services, Contract Management Unit at (512) 776-2640 or by e-mail at [kathy.sharp@dshs.state.tx.us](mailto:kathy.sharp@dshs.state.tx.us)

Sincerely,

Kathy Sharp, Contract Manager  
Division for Disease Control and Prevention Services  
Contract Management Unit

Attachment

cc: Sandra A. Morris, M.P.H., Manager, Tuberculosis and Refugee Health Services Branch  
Peggy Wittie, PhD, MAG, Manager, Tuberculosis and Hansen's Disease Group  
Cynthia Lewis, Program Specialist, Tuberculosis and Refugee Health Services Branch  
Brian Smith, DO, M.P.H., Regional Medical Director, Health Service Region 6/5



# **Inter-Local Application for Tuberculosis Prevention and Control for FY 2015 Federal Funds**

*<http://www.dshs.state.tx.us/idcu/disease/tb>*

TB Services Branch  
1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756-3199

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David L. Lakey, M.D. Commissioner

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**Department of State Health Services  
Form A Face Page – Tuberculosis (TB) Funding**

**RESPONDENT INFORMATION**

1) LEGAL BUSINESS NAME: Fort Bend County Clinical Health Services

2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): Check if address change ☐

4520 Reading Rd., Ste A-200, Rosenberg, TX 77471

3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change ☐

Fort Bend County Auditor, 301 Jackson St., Ste. 533, Richmond, TX 77469

4) DUNS Number (9-digit) required if receiving federal funds: 081497075

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

*\*The respondent acknowledges, understands and agrees that the respondent'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"/> Individual                                      |
| <input checked="" type="checkbox"/> County           | <input type="checkbox"/> For Profit Organization*     | <input type="checkbox"/> Federally Qualified Health Centers              |
| <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 (Nonprofit Org)  | <input type="checkbox"/> Other (specify): _____                          |

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

7) PROPOSED BUDGET PERIOD: Start Date: 09/01/2014 End Date: 08/31/2015

8) COUNTIES SERVED BY PROJECT:

Fort Bend County

9) AMOUNT OF FUNDING REQUESTED: \$149,330

10) PROJECTED EXPENDITURES

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

11) PROJECT CONTACT PERSON

Name: Nancy Drake, R.N.  
Phone: 281-238-3548  
Fax: 281-342-7371  
Email: Nancy.drake@fortbendcountytexas.gov

12) FINANCIAL OFFICER

Name: Robert Sturdivant  
Phone: 281-344-3760  
Fax: 281-341-3774  
Email: Robert.sturdivant@fortbendcountytexas.gov

The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **APPENDIX B: DSHS Assurances and Certifications**. 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 respondent and I (the person signing below) am authorized to represent the respondent.

13) AUTHORIZED REPRESENTATIVE

Check if change ☐

Name: Robert E. Hebert  
Title: County Judge

14) SIGNATURE OF AUTHORIZED REPRESENTATIVE

15) DATE

*Robert E. Hebert*  
May 13, 2014