

FY 2015 Local Public Health Services

FORM A - FACE PAGE

RESPONDENT INFORMATION

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

2) **MAILING Address Information** (include mailing address, street, city, county, state and zip code):

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

3) **PAYEE Mailing Address** (if different from above):

Fort Bend County Auditor
301 Jackson Street
Richmond, TX 77469

4) **Federal Tax ID No.** (9 digit), **State of Texas Comptroller Vendor ID No.** (14 digit) or if an individual, **Social Security Number** (9 digit) : 746001969

*The vendor acknowledges, understands and agrees that the vendor'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.

5) **TYPE OF ENTITY** (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> City | <input type="checkbox"/> Nonprofit Organization* | <input type="checkbox"/> Individual |
| <input checked="" type="checkbox"/> Regions/Countries/LHD | <input type="checkbox"/> For Profit Organization* | <input type="checkbox"/> FQHC |
| <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 Organization | <input type="checkbox"/> Other (specify): _____ |

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

6) **COUNTIES OR REGION SERVED BY PROJECT:**

See attached County/Region list. Fort Bend County

7) **PROJECT CONTACT PERSON**

CHECK FUNDING APPLYING FOR:

Name: Nancy Drake R.N.

Phone: 281-238-3548

Fax: 281-342-7371

E-mail:

Nancy.drake@fortbendcountytexas.gov

X- LPHS \$28,091.00

The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications attached in **FORM E**, and will provide services in accordance with **25 Texas Administrative Code, §§37.51-37.65**. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.

8) **AUTHORIZED REPRESENTATIVE**

Name: Robert Hebert

Title: County Judge

Phone: 281-341-8608

Fax: 281-341-8609

E-mail: Ann.werlein@fortbendcountytexas.gov

9) _____

Authorized Signature

10) _____

5-27-14
Date