

Department of State Health Services FORM A: FACE PAGE

	CONTRACTOR	HALOL	RIVIATION		
1) LEGAL BUSINESS NAME: Fort	Bend County Clinica	ıl Heal	th 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, T	774	71		
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change					
Fort Bend County Audito			3, Richmond, TX 7	7469	
4) DUNS Number (9-digit) required if	receiving federal funds:N/A	\			
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or 746001969 Social Security Number (9-digit):					
*The respondent acknowledges, understands an contract, may result in the social security number	d agrees that the respondent's ch being made public via state open	oice to use records req	e a social security number as the uests.	e vendor identification number for the	
6) TYPE OF ENTITY (check all that apply)		<u></u>			
☐ City ☐ County	Nonprofit Organization* Individual For Profit Organization*				
Other Political Subdivision	For Profit Organization* Federally Qualified Health Centers State Controlled Institution of Higher Learning				
State Agency	The second field and the				
Indian Tribe	Minority Organization	anization	Private		
I maian mae	Faith Based (Nonprofit	Ora)	Other (specify):		
*If incorporated, provide 10-digit charter number assigned by Secretary of State:					
7) PROPOSED BUDGET PERIOD:	Start Date:		End Date	9:	
	61414.4				
	9/1/14		8/31/15		
8) COUNTIES SERVED BY PROJECT:	9/1/14		8/31/15		
Fort Bend County					
Fort Bend County 9) AMOUNT OF FUNDING REQUESTED:		↓ ′	OJECT CONTACT PERSO	N .	
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FORM C: CONTACT PERSON INFORMATION

Legal Business Name of Contractor

Fort Bend County Clinical Health Services

This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit. Please provide at least one (1) Emergency Contact as noted below.

Emergency Contact:	Nancy Drake R.N.	Mailing Address (incl. street, city, county, state, & zip):		
Title:	Director	4520 Reading Rd., Ste. A-200		
Phone:	281-238-3548 Ext.	Rosenberg		
Fax:	281-342-7371	Fort Bend County		
Email:	Nancy.drake@fortbendcountytx.gov	TX 77471		
Contact:	Catalina Lozano	Mailing Address (incl. street, city, county, state, & zip):		
Title:	Data Specialist			
Phone:	281-238-3579 Ext.	4520 Reading Rd., Ste. A-200 Rosenberg		
Fax:	281-342-7371	Fort Bend County		
Email:	Catalina.lozano@fortbendcountytx.gov	TX 77471		
Linan.	Catalina.iozano@iortoendcodntyx.gov	18 //4/1		
Contact:	Kaye Reynolds	Mailing Address (incl. street, city, county, state, & zip):		
Title:	Deputy Director, HHS	4520 Reading Rd., Ste. A-100		
Phone:	281-238-3519 Ext.	Rosenberg		
Fax:	281-238-3355	Fort Bend County		
Email:	Kaye.reynolds@fortbendcountytx.gov	TX 77471		
Contact:		Mailing Address (incl. street, city, county, state, & zip):		
Title:		maning Address (moi. street, only, county, state, & zip).		
Phone:	Ext.			
Fax:	LAL			
Email:				
Linan.				
Contact:		Mailing Address (incl. street, city, county, state, & zip):		
Title:				
Phone:	Ext.			
Fax:	***			
Email:				