



Department of State Health Services
FORM A: FACE PAGE

CONTRACTOR 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:** N/A
- 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: 9/1/14 End Date: 8/31/15

- 8) **COUNTIES SERVED BY PROJECT:**
Fort Bend County

- 9) **AMOUNT OF FUNDING REQUESTED:** \$10,000.00

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
Phone: 281-238-3548
Fax: 281-342-7371
Email: Nancy.drake@fortbendcountytexas.gov

12) **FINANCIAL OFFICER**

Name: Ed Sturdivant
Phone: 281-341-3760
Fax: 281-341-3374
Email: Ed.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 Hebert
Title: County Judge
Phone: 281-341-8608
Fax: 281-341-6809
Email: Ann.werlein@fortbendcountytexas.gov

14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE**

15) **DATE**

5-27-14

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@fortbendcountytexas.gov	TX 77471
Contact:	Catalina Lozano	Mailing Address (incl. street, city, county, state, & zip):
Title:	Data Specialist	4520 Reading Rd., Ste. A-200
Phone:	281-238-3579 Ext.	Rosenberg
Fax:	281-342-7371	Fort Bend County
Email:	Catalina.lozano@fortbendcountytexas.gov	TX 77471
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@fortbendcountytexas.gov	TX 77471
Contact:		Mailing Address (incl. street, city, county, state, & zip):
Title:		
Phone:	Ext.	
Fax:		
Email:		
Contact:		Mailing Address (incl. street, city, county, state, & zip):
Title:		
Phone:	Ext.	
Fax:		
Email:		