

INTERLOCAL COOPERATION CONTRACT

THE STATE OF TEXAS
COUNTY OF HAYS *FORT BEND*

This Interlocal Cooperation Contract (this "Contract") is entered into by and between the Contracting Parties shown below pursuant to authority granted in and in compliance with the *Interlocal Cooperation Act, Chapter 791, Texas Government Code.*

I. Contracting Parties

The Receiving Party: **Texas State University ("Texas State")** an institution of higher education and agency of the State of Texas.

*Texas School Safety Center
Florence C. Raymond
415 N. Guadalupe, PMB 164
San Marcos, Texas 78666
877-304-2727*

The Performing Party: **Fort Bend County Constable Pct 3** a local government of the State of Texas

*Judge Robert Hebert
401 Jackson Street
Richmond, TX 77469*

II. Statement of Services to be Performed

Performing Party will perform the following service(s):

Conduct **57** Controlled Buy/Stings and Follow-ups of tobacco permitted retail outlets using minors as decoys, to determine compliance with applicable laws in accordance with Health and Safety Code §161.082 – Sale of cigarettes or tobacco products to persons younger than 18 years of age prohibited: Proof of age required. Work shall be performed following the details outlined in attached Scope of Work – Exhibit A, Performance Measures, and Exhibit B.

III. Basis for Calculating Reimbursable Costs

Performing Party shall be paid \$75.00 for each correct and completed Controlled Buy/Sting and Follow-up reported on the Cigarette and Tobacco Controlled Buy/Sting Report form (**for a maximum of 57 Controlled Buy/Stings and Follow-ups x \$75.00 each for a total of \$4,275.00**). Payment will be based on the receipt and approval of an invoice for services. All costs incurred for the purpose of conducting a complete Control Buy/Sting and Follow-up are the responsibility of the contractor. In order to receive full payment for the Controlled buy/Stings and Follow-ups billed for each performance reporting period, a completed Cigarette and Tobacco Controlled Buy/Sting Report must be attached for each along with additional information outlined in **Exhibit C, Payment For Services.**

IV. Contract Amount

The total amount of this Contract shall not exceed FOUR THOUSAND TWO HUNDRED SEVENTY FIVE DOLLARS AND NO/100 CENTS (\$4,275.00). This is the maximum amount collectable under the Contract as written.

V. Payment of Services

Receiving Party will remit payments to Performing Party for services satisfactorily performed under this Contract in accordance with the *Texas Prompt Payment Act, Chapter 2251, Texas Government Code*.

Payments made under this Contract will (1) fairly compensate Performing Party for the services performed under this Contract, and (2) be made from current revenues available to Receiving Party in the form of a contract from the Department of State Health Services to fund local law enforcement agencies to enforce Health and Safety Code §161.082 – Sale of cigarettes or tobacco products to persons younger than 18 years of age prohibited: Proof of age required.

VI. Warranties

Receiving Party warrants that (1) the services are necessary and authorized for activities that are properly within its statutory functions and programs; (2) it has the authority to contract for the services under authority granted in Texas Government Code 403.105 – Permanent Fund for Health and Tobacco Education and Enforcement; (3) it has all necessary power and has received all necessary approvals to execute and deliver this Contract; and (4) the representative signing this Contract on its behalf is authorized by its governing body to sign this Contract.

Performing Party warrants that (1) it has authority to perform the services under authority granted in Chapter 161.088, Texas Health and Safety Code and Chapter 791, Texas Government Code; (2) it has all necessary power and has received all necessary approvals to execute and deliver this Contract; and (3) the representative signing this Contract on its behalf is authorized by its governing body to sign this Contract.

VII. Term of the Contract

This Agreement is effective **September 1, 2014** and shall terminate on **August 31, 2015**.

VIII. Termination

In the event of a material failure by a Performing Party to perform its duties and obligations in accordance with the terms of this Contract, the other party may terminate this Contract upon **30 days'** advance written notice of termination setting forth the nature of the material failure; provided that, the material failure is through no fault of the terminating party. The termination will not be effective if the material failure is fully cured prior to the end of the **30-day** period.

Executed effective as of the Effective Date by the following duly authorized representatives of the Contracting Parties:

Performing Party
Fort Bend County Constable Pct 3

Receiving Party
Texas State University

By [Signature]
Name HARON W. FIKSINSKI
Title CHIEF DEPUTY

By _____
Name: W. Scott Erwin
Title Director of Sponsored Programs

Date: 20 AUGUST 2014

Date: _____

By [Signature]
Name Robert E. Hebert
Title Fort Bend County Judge
Date 8-26-14

By [Signature]
Name Dianne Wilson
Title Fort Bend County clerk
Date 8-26-14



By _____
Name _____
Title _____
Date _____

EXHIBIT A
SCOPE OF WORK

The Contractor shall diligently render the following performance:

Contract funds shall be used to support the enforcement activities and additional programs requirements outlined in 1-4 of Exhibit A, Scope of Work. Contractor shall meet the assigned Performance Measures assigned in Exhibit B.

1. Enforcement Activities

Contractor shall:

- a. Conduct Controlled Buy/Stings and Follow-ups of tobacco permitted retail outlets using minors as decoys, to determine compliance with applicable laws in accordance with Health and Safety Code §161.082 – Sale of cigarettes or tobacco products to persons younger than 18 years of age prohibited: Proof of age required. Refer to Exhibit B Schedule – Performance Measures, for the number of Controlled Buy/Stings to be conducted.
- b. Record the results of the Controlled Buy/Stings conducted using the Texas Department of State Health Services (DSHS) Cigarette and Tobacco Controlled Buy/Sting Report form provided by the Texas School Safety Center at Texas State University.
- c. Use non-smoking male and female minors ages 14 – 16 in accordance with Health and Safety Code, Chapter 161.088 – Enforcement; Announced Inspections.
- d. Use the State Comptroller of Public Accounts most recent Tobacco Permitted Retail Outlet List for the Controlled Buy/Stings to obtain Retail Outlet name, address, and tobacco permit numbers.
- e. Conduct Follow-up Controlled Buys/Stings of retail outlets found to be in violation of selling tobacco to minors. Reasons for follow-up may include: 1) repeated violations, 2) knowledge of historical perspective of previous sales to minors, and /or 3) complaints received where a follow-up is needed. Follow-up Controlled Buys/Stings shall be conducted within two to ten (2-10) days of original Controlled Buy/Sting.
- f. Conduct Follow-up Inspections on complaints regarding retailer and/or other violations received on the state's 1-800 tobacco hotline.

2. Training Activities

Contractor shall:

- a. Assign agency representatives to participate in the appropriate web-based training session conducted by Texas School Safety Center. Representatives shall include the person(s) assigned to the implementation of the contract activities, and/or the line supervisor overseeing the day-to-day activities of this contract, and the person(s) conducting the enforcement activities outlined in Exhibit A, Scope of Work. Training sessions will be conducted as follows:
 1. New Funded Agencies for FY2015 shall participate in a required 6-hour Tobacco Enforcement Program Training prior to implementation of the contract activities.
 2. Agencies that participated in the FY2014 Tobacco Enforcement Program shall participate in a required 3-hour Tobacco Enforcement Program Update Training to achieve training compliance requirements.
- b. Participate in any and all ongoing technical assistance and training activities offered by the Texas School Safety Center at Texas State University.

3. Reporting Requirements

Contractor shall:

- a. Submit a monthly activity summary report for the Controlled Buy/Stings and Follow-ups conducted, using the Monthly Summary and Invoice form provided by the Texas School Safety Center at Texas State University.
- b. Provide a short summary of challenges and obstacles encountered in the course of conducting Controlled Buys/Stings and Follow-ups for performance reporting period, using the Monthly Summary and Invoice form provided by the Texas School Safety Center at Texas State University.
- c. Submit the Monthly Summary and Invoice form to include the number of Controlled Buy/Stings conducted along with the number of Citations issued within the performance reporting period. Controlled Buy/Stings conducted as part of a Follow-up shall also be included in the total of Controlled Buys/Stings conducted.
- d. Submit billing information for services provided in the invoice section of the Monthly Summary and Invoice form. Payment amount for services is outlined in Exhibit C, Payment for Services. The Monthly Summary and Invoice form shall be signed by the designated authorized official.
- e. The Monthly Summary and Invoice form shall be submitted to the Texas School Safety Center on the 1st of the month for activities of the previous month, with the exception of the August Performance Reporting Period (July 26, 2015 to August 28,

2015) which is due August 31, 2015. The report may be mailed or faxed to the Texas School Safety Center, 415 N. Guadalupe, PMB 164, San Marcos, Texas 78666. Fax # 512-245-1133.

- f. Texas School Safety Center will provide violation information to the Comptroller of Public Accounts as required by law, (Health & Safety Code, Section 161.090 Reports of Violation) by the 10th working day of the month for activity of the previous month.

4. Additional Program Requirements

Contractor shall:

- a. Assign a minimum of one (1) agency representative to the implementation of the activities of this contract, and provide the name(s) of any key personnel changes that impact the requirements of this contract.
- b. Coordinate enforcement activities with other law enforcement agencies in the area. Coordination of services shall include but not limited to resources such as officers and minor decoys to maintain integrity of the undercover operation in testing compliance with tobacco sales to minors.
- c. Contractor shall maintain specific, detailed supporting documentation of all programmatic records used in the course of conducting the Controlled Buy/Stings for a minimum of 4 years.

EXHIBIT B PERFORMANCE MEASURES

The following performance measures will be used to measure compliance with the services rendered as described in Exhibit A, Scope of Work.

Contractor shall:

1. Conduct the number of activities for this contract period as follows:
 - a. Number of Controlled Buys/Stings and Follow-ups using minors as decoys: **57**
 - b. Program service area includes zip codes –77406, 77407, 77423, 77441, 77450, 77478, and 77494.
 - c. A performance measure will not be assigned for Follow-up of Controlled Buys/Stings as a result of local perspective of previous sales to minors and/or complaints received. However, contractor is required to conduct Follow-up of retail outlets not in compliance and report the activity monthly.
2. Contractor shall follow the Contractor's Program Work Plan monthly goal pre-established upon inception of the contract. The Contractor's Program Work Plan outlines monthly goals to follow from **September 2014 to August 2015**.
 - a. Deviation from the pre-established Contractor's Program Work Plan requires prior approval from TxSSC staff.

**EXHIBIT C
PAYMENT FOR SERVICES**

Payment will be based on the receipt and approval of an invoice for services.

Contractor shall:

1. Be paid monthly upon submission of Parts 1-5 of the Monthly Summary and Invoice form and attachments as confirmation of services rendered.
2. Record the number of Controlled Buy/Stings conducted and attach complete Cigarette and Tobacco Controlled Buy/Sting Report forms for each Controlled Buy/Sting conducted for the Performance Reporting Period. The total activity reported shall correspond to the pre-established monthly goal listed in the Contractor's Program Work Plan.
3. Be paid \$75.00 for each correct and completed Controlled Buy/Sting reported on the Cigarette and Tobacco Controlled Buy/Sting Report form. All costs incurred for the purpose of conducting a complete Control Buy/Sting are the responsibility of the contractor. In order to receive full payment for the Controlled buy/Stings including follow-ups billed for each performance reporting period, a completed Cigarette and Tobacco Controlled Buy/Sting Report must be attached for each.
4. Submit invoices and attachments to:

Tobacco Enforcement Program
Tobacco Prevention & Community Services Division
Texas School Safety Center
Texas State University
415 N. Guadalupe, PMB 164
San Marcos, Texas 78666
Phone: 877.304.2727
Fax: 512-245-1133
Email: Chad L. Nolte - cn1082@txstate.edu, or
Alexia Cox - ac45@txstate.edu

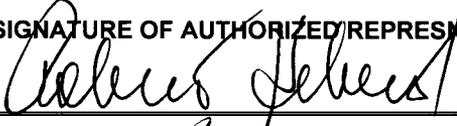
The Monthly Summary and Invoice form shall be reviewed by the 15th of the month and submitted for payment if information included in the report and attachments are correct. Payment shall be subject to laws of the State of Texas including Prompt Payment.

Notwithstanding the foregoing, the cumulative amount of Service Fees remitted by University to Contractor shall not exceed **\$4,275.00** without the prior written approval of the University.

TEXAS  STATE
TEXAS SCHOOL SAFETY CENTER
 A member of The Texas State University System

The Contractor Information Form requests basic information about the contractor and project, including the signature of the authorized representative. This form is required to set up a contract for services.

- Submit this form with the signed contract
- Use this form to update changes in contact information

CONTRACTOR INFORMATION	
1) AGENCY NAME: Fort Bend County Constable Pct 3	
1A) AGENCY ORI #: <u>TX 0790910</u>	
2) ADDRESS: (include mailing address, street, city, county, state and zip code): <u>32333 GRAND CORNER DRIVE, SUITE 103</u> <u>KATY, TEXAS 77494-5749</u>	
3) PAYEE Mailing Address (if different from above): <u>(SAME)</u>	
4) Federal Tax ID No. (9 digit): <u>746001969</u>	
4A) Texas State Vendor #: (for TxSSC use only)	
5) TYPE OF ENTITY (check appropriate box): <input type="checkbox"/> City <input checked="" type="checkbox"/> County	
6) PROPOSED CONTRACT PERIOD: Start Date: September 1, 2014 End Date: August 31, 2015	
7) AREA SERVED: Fort Bend County (Refer to Statement of Work for zip codes)	
8) AMOUNT OF CONTRACT: \$ 4,275.00	
9) PROJECT CONTACT PERSON Name: <u>CHIEF DEPUTY AARON W. TYKSINSKI</u> Phone: <u>281. 238. 1430</u> Fax: <u>281. 238. 1431</u> E-mail: <u>AARON.TYKSINSKI @ FORTBENDCOUNTYTX.GOV</u>	10) FINANCIAL OFFICER Name: <u>ROBERT STURDIVANT</u> Phone: <u>281. 341. 3760</u> Fax: <u>281. 341. 3774</u> E-mail: <u>ROBERT.STURDIVANT @ FORTBENDCOUNTYTX.GOV</u>
11) AUTHORIZED REPRESENTATIVE Name: <u>ROBERT HERBERT</u> Phone: <u>281. 341. 8608</u> Fax: <u>281. 341. 8609</u> E-mail: <u>JENETHA.JONES @ FORTBENDCOUNTYTX.GOV</u>	12) SIGNATURE OF AUTHORIZED REPRESENTATIVE  <hr/> 13) DATE <u>19 AUGUST 2014</u>



A member of the Texas State University System

Submit to: FI Master Data Center FORM #FS-01
JCK 524
Fax: (512) 245-8990
Phone: (512) 245-9284 / (512) 245-8817

Vendor Maintenance Form / Substitute W-9

SAP Vendor Number (optional)

Instructions: Vendor must complete the form, print, sign Section C or D and E, and fax to the number above. Vendor named herein agrees to indemnify and hold Texas State harmless for delays in payment due to disasters or other emergencies.

Current Texas State employees, including student workers, please fill out form FS-02 instead.

SECTION A – VENDOR GENERAL INFORMATION (Required):

Type of Purchase Materials Services Both

Type of Vendor Individual/Sole Proprietor C Corporation S Corporation Partnership Trust/Estate

Limited liability company. Enter the tax classification (C=Corporation, S=S Corporation, P=Partnership)

Other (see IRS W-9 instructions)

Federal Agency State of Texas Agency, number

Medical/Legal Exempt payee

Foreign Vendors Only: Non-Resident Alien Home Country ITIN

Please attach the appropriate IRS Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities)

SECTION B – VENDOR DETAILS (Required):

Vendor Name (legal name)

Business Name (if different)

Mailing Address: (For Purchase Orders or correspondence)

City State Country Zip

Remit to Address: (If different)

City State Country Zip

Vendor Phone: Vendor Fax: Toll Free Phone:

SECTION C – PAYMENT ACCOUNT INFORMATION (for U.S. banks only):

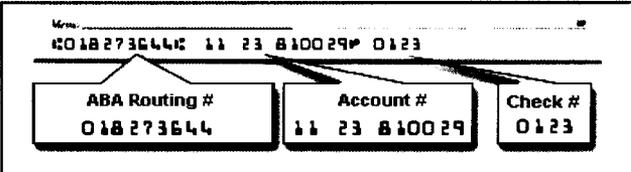
Bank Name

Account Type Checking Savings

ACH Routing Number

Bank Account Number

Email to receive payment notifications



Will these payments be forwarded to a financial institution outside the United States (required)? Yes No

I authorize Texas State University-San Marcos to deposit my payments to my financial institution electronically.

I understand that Texas State University-San Marcos will reverse any payments made to my account in error.

I further understand that Texas State University-San Marcos will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)

X

Authorized Signature Printed name Date

SECTION D – ELECTRONIC PAYMENT EXEMPTION:

I claim exemption and request payment by state warrant (check) because:

X _____

Authorized Signature	Printed name	Date

SECTION E – SUBSTITUTE W-9 (Required by U.S. Persons only):

Under penalties of perjury I certify that (1) the number shown on this form is my correct taxpayer identification number or I am waiting for a number to be issued to me and (2) I am not subject to backup withholding due to failure to report interest and dividend income and (3) I am a U.S. person.

Taxpayer Identification Number _____ Federal Employer Identification Number: or
Social Security Number:

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

X _____

Authorized Signature	Printed name	Date

SECTION F - TEXAS STATE DEPARTMENT CONTACT INFORMATION:

Contact Name Phone (512)
Department Name Email @txstate.edu
Action: New Vendor Setup Change Delete If change or delete, SAP Vendor Number