

## **Memo**

TO: Diane Guest, Health & Human Services

FROM: Luisa Bowers, Administrative Assistant

DATE: September 3, 2014

SUBJECT: Commissioners Court Date September 2, 2014  
Agenda

### **Agenda Item 14B**

**Department of State Health Services contract # 2015-045850 in the amount of 10,000.00 for Infectious Disease Control/Respiratory Virus Surveillance Project.**

Returning original contract documents for the agenda items above. Although the documents have been signed by the County Judge, they are not yet signed by the other contracting party.

Please provide a copy of the fully executed signature page to the County Clerk's Office when your office receives signature from the contracting party, so the complete document can be recorded into the Minutes of Commissioners Court.

Thank you.

Copy: Sherry Fisk, Administrative Coordinator, County Clerk's Office

## DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2015-045850 (Contract), is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and FORT BEND COUNTY CLINICAL HEALTH SERVICES (Contractor), a Government Entity, (collectively, the Parties).

1. **Purpose of the Contract.** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations as described in the Program Attachments.
2. **Total Amount of the Contract and Payment Method(s).** The total amount of this Contract is \$10,000.00, and the payment method(s) shall be as specified in the Program Attachments.
3. **Funding Obligation.** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.
4. **Term of the Contract.** This Contract begins on 09/01/2014 and ends on 08/31/2015. DSHS has the option, in its sole discretion, to renew the Contract as provided in each Program Attachment. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
5. **Authority.** DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.
6. **Documents Forming Contract.** The Contract consists of the following:
  - a. Core Contract (this document)
  - b. Program Attachments:  
  
2015-045850-001 Infectious Disease Control Unit/Respiratory Virus Surveillance Project
  - c. General Provisions (Sub-recipient)
  - d. Solicitation Document(s), N/A
  - e. Contractor's response(s) to the Solicitation Document(s), N/A
  - f. Exhibits, N/A

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

7. **Conflicting Terms.** In the event of conflicting terms among the documents forming this Contract, the order of control is first the Core Contract, then the Program Attachment(s), then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

8. **Pavee.** The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name: FORT BEND COUNTY  
Address: FORT BEND COUNTY AUDITOR 301 JACKSON ST STE 533  
RICHMOND, TX 77469-3108  
Vendor Identification Number: 17460019692047

9. **Entire Agreement.** The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

By signing below, the Parties acknowledge that they have read the Contract and agree to its terms, and that the persons whose signatures appear below have the requisite authority to execute this Contract on behalf of the named party.

DEPARTMENT OF STATE HEALTH SERVICES

By:   
Signature of Authorized Official

9/15/14  
Date

Janna Zumbrun, M.S.S.W.


Assistant Commissioner for Disease Control  
and Prevention Services

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

512.776.7111

Janna.Zumbrun@dshs.state.tx.us

FORT BEND COUNTY CLINICAL HEALTH  
SERVICES

By:   
Signature

September 2, 2014  
Date

Robert Hebert, County Judge  
Printed Name and Title

4520 Reading Road, Suite 200  
Address

Rosenberg, Texas 77471  
City, State, Zip

281-238-3548  
Telephone Number

Nancy.Drake@co.fortbendcountytexas.gov  
E-mail Address for Official Correspondence

## Categorical Budget:

PERSONNEL	\$7,308.00
FRINGE BENEFITS	\$1,582.00
TRAVEL	\$1,110.00
EQUIPMENT	\$0.00
SUPPLIES	\$0.00
CONTRACTUAL	\$0.00
OTHER	\$0.00
TOTAL DIRECT CHARGES	\$10,000.00
INDIRECT CHARGES	\$0.00
TOTAL	\$10,000.00
DSHS SHARE	\$10,000.00
CONTRACTOR SHARE	\$0.00
OTHER MATCH	\$0.00


Total reimbursements will not exceed \$10,000.00

Financial status reports are due: 12/31/2014, 03/31/2015, 06/30/2015, 10/15/2015

**Fiscal Federal Funding Accountability and Transparency Act  
(FFATA) CERTIFICATION  
For Fiscal Year (FY15)**

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. **If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.**

<b>Legal Name of Contractor:</b>  Fort Bend County Clinical Health Services	<b>FFATA Contact # 1 Name, Email and Phone Number:</b>  Robert Ed Sturdivant Ed.Sturdivant@fortbendcountytexas.gov 281-342-3760																			
<b>Primary Address of Contractor:</b>  4520 Reading Road, Suite A. Rosenberg, Texas 77471-2582	<b>FFATA Contact #2 Name, Email and Phone Number:</b>  Kaye Reynolds Kaye.Reynolds@fortbendcountytexas.gov 281-238-3519																			
<b>ZIP Code: 9-digits Required <a href="http://www.usps.com">www.usps.com</a></b>  <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>7</td><td>7</td><td>4</td><td>7</td><td>1</td><td>-</td><td>2</td><td>5</td><td>8</td><td>2</td> </tr> </table>	7	7	4	7	1	-	2	5	8	2	<b>DUNS Number: 9-digits Required <a href="http://www.ccr.gov">www.ccr.gov</a></b>  <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>0</td><td>8</td><td>1</td><td>4</td><td>9</td><td>7</td><td>0</td><td>7</td><td>5</td> </tr> </table>	0	8	1	4	9	7	0	7	5
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<b>Printed Name of Authorized Representative</b>  Robert Hebert	<b>Signature of Authorized Representative</b>  
<b>Title of Authorized Representative</b>  County Judge	<b>Date</b>  September 2, 2014

**Fiscal Federal Funding Accountability and Transparency Act  
(FFATA) CERTIFICATION  
For Fiscal Year (FY15)**

**As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.**

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? ☐ Yes ☒ No

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification.

If your answer is "No", answer questions "A" and "B".

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**A. Certification Regarding % of Annual Gross from Federal Awards.**

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? ☐ Yes ☒ No

**B. Certification Regarding Amount of Annual Gross from Federal Awards.**

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year? ☐ Yes ☒ No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".

If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

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**C. Certification Regarding Public Access to Compensation Information.**

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? ☐ Yes ☐ No N/A

**If your answer is "Yes" to this question, where can this information be accessed?**

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**If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.**

**For example:**

*John Blum:500000;Mary Redd:50000;Eric Gant:400000;Todd Platt:300000;  
Sally Tom:300000*

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**Provide compensation information here:**

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CONTRACT NO. 2015-045850  
PROGRAM ATTACHMENT NO.001  
PURCHASE ORDER NO.0000405619

CONTRACTOR: FORT BEND COUNTY CLINICAL HEALTH SERVICES

DSHS PROGRAM: Infectious Disease Control Unit/Respiratory Virus Surveillance Project

TERM: 09/01/2014 THRU 08/31/2015

**SECTION I. STATEMENT OF WORK:**

The Department of State Health Services (DSHS) is conducting the Respiratory Virus Surveillance Project (RVSP) which is an enhancement of current DSHS influenza surveillance activities.

Contractor shall:

A. Select and retain a compliant RVSP healthcare provider within the Contractor's designated Service Area, who meets all the eligibility requirements as defined by DSHS for participation in RVSP. RVSP Healthcare Provider must have the following characteristics and capabilities for inclusion in the surveillance project:

1. Providers must be of at least small to moderate size, such as those with a weekly patient volume of at least 100-150 patients.
2. Providers must be able to report by Tuesday of each week on the Influenza-like Illness (ILI) data collected in the previous week.
3. Providers must be able to report data to the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) or be able to report ILINet-compatible data to the Contractor.
4. Providers must be able to collect appropriate specimens from patients.
5. Providers must be able to submit specimens to the public health laboratory within the recommended timeline as specified in the RVSP laboratory protocol on the first ten (10) patients the provider sees who have ILI each week.

B. Recruit a replacement provider within four (4) weeks of determination by DSHS that the existing provider has become non-compliant.

1. A compliant provider reports aggregate data on total number of patients seen and number of patients seen with ILI to DSHS each week AND submits nasopharyngeal swab specimens to the DSHS laboratory in Austin on the first ten (10) patients the provider sees who have ILI each week. These specimens are not intended to be diagnostic and are submitted as part of a public health surveillance program.
2. A non-compliant provider misses two (2) consecutive weeks of reporting OR fails to collect specimens and data on at least sixty percent (60%) of the ILI patients seen up to a maximum of ten (10) specimens per week OR misses six (6) weeks of reporting during the contract term.