

ARF-17981

REGULAR SESSION AGENDA

HHS-Clinical Health

Meeting Date: 05/26/2015

Department of State Health Services FY2016 Influenza Contract Renewal \$ 10,000.00

Submitted By: Diane Guest, HHS-Clinical Health

Department: HHS-Clinical Health

Type of Item: Consent

Renewal Agreement/ Yes **Reviewed by County**No

Appointment: **Attorney's Office:**

Multiple Originals Y/N?:y

Information

SUMMARY OF ITEM

The Department of State Health Services, IDCU/RVSP Program initiating renewal contract application for Influenza surveillance. Provides part-time position to oversee recruitment and retention of reporting providers as well as encouraging reporting the numbers of influenza cases in Fort Bend County. September 1, 2015 to August 31, 2016.
\$ 10,000.00

SPECIAL HANDLING

Attachments

documents

COUNTY JUDGE
RECEIVED
MAY 20 2015



HEALTH & HUMAN SERVICES
Clinical Health Services Department
Fort Bend County, Texas

281-342-6414 Office

281-342-7371 Fax

MEMORANDUM

To: Donna Ospina
From: Diane Guest, Clinical Health Services
Date: May 22, 2015
Re: Correction to Grant signature page

Please find attached corrected face page for signature. Agenda item # 30A.

Thanks,

Diane Guest
Clinical Health Services
281-238-3558

AGENDA ITEM

*done in the
line
5-22-15
do*

Jean N. Galloway, MD Health & Human Services Director
4520 Reading Road, Suite A, Rosenberg, TX 77471
HHS Email: hhs@co.fort-bend.tx.us ♦ Website: www.co.fort-bend.tx.us

Animal Control
Vernon Abschneider, Director

Clinical Health Services
Nancy Drake, RN; Director

Emergency Medical Service
Daniel Kosler, CP; Director

Environmental Health
Troy Scalco, RS DR; Director

Social Services
Hopie Solomon, LBSW; Director

Veterans Services
Patrick Conrad, Service Coordinator



**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
 Fort Bend County Clinical Health Services, 4520 Reading Road, Ste. A-200, Rosenberg Texas 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):

**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: **09/01/2015** End Date: **08/31/2016**

8) COUNTIES SERVED BY PROJECT:
Fort Bend County

9) AMOUNT OF FUNDING REQUESTED: 10,000

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: Kaye Reynolds
 Phone: 281-238-3519
 Fax: 281-238-3355
 Email: Kaye.Reynolds@fortbendcountytexas.gov

12) FINANCIAL OFFICER

Name: Ed Sturdivant
 Phone: 281-341-3760
 Fax: 281-341-3774
 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: 281-341-8609
 Email: Ann.werlein@fortbendcountytexas.gov

14) SIGNATURE OF AUTHORIZED REPRESENTATIVE



15) DATE
May 26, 2015

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:	Kaye Reynolds	Mailing Address (incl. street, city, county, state, & zip):
Title:	Deputy Director, HHS	4520 Reading Road, Ste. A-100
Phone:	281-238-3419 Ext.	Rosenberg
Fax:	281-238-3355	Fort Bend County
Email:	Kaye.reynolds@fortbendcountytx.gov	TX 77471
Contact:	Catalina Lozano	Mailing Address (incl. street, city, county, state, & zip):
Title:	Foodborne Epidemiologist	4520 Reading Road, Ste. A-200
Phone:	281-238-3579 Ext.	Rosenberg
Fax:	281-344-6104	Fort Bend County
Email:	Catalina.lozano@fortbendcountytx.gov	TX 77471
Contact:	Diane Guest	Mailing Address (incl. street, city, county, state, & zip):
Title:	Administrative Assistant	4520 Reading Road, Ste. A-200
Phone:	281-238-3558 Ext.	Rosenberg
Fax:	281-342-7371	Fort Bend County
Email:	Diane.guest@fortbendcountytx.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:		

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Fort Bend County Clinical Health Services

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$7,308	\$7,308	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$1,698	\$1,698	\$0	\$0	\$0	\$0
C. Travel	\$600	\$600	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$394	\$394	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$0	\$0	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$10,000	\$10,000	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$10,000	\$10,000	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings	\$0	\$0	\$0	\$0	\$0	\$0

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$7,308	\$7,308	Fringe Benefits	\$1,698	\$1,698
	Travel	\$600	\$600	Equipment	\$0	\$0
	Supplies	\$394	\$394	Contractual	\$0	\$0
	Other	\$0	\$0	Indirect Costs	\$0	\$0

TOTAL FOR: Distribution Totals \$10,000 Budget Total \$10,000

*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

	Fringe Benefits Total	\$1,698
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FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent: Fort Bend County Clinical Health Services

Conference / Workshop Travel Costs	Description of Conference/Workshop	Justification	Location City/State	Number of:		Travel Costs
				Days	Employees	
Influenza Workshop	Overview of Influenza Reporting and RSVP Project	Austin, Texas	2/1	Mileage		
				Airfare		
				Meals	\$72	
				Lodging	\$240	
				Other Costs		
				Total	\$312	
				Mileage		
				Airfare		
				Meals		
				Lodging		
				Other Costs		
				Total	\$0	
				Mileage		
				Airfare		
				Meals		
				Lodging		
				Other Costs		
				Total	\$0	
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS						\$0

Total for Conference / Workshop Travel

\$312

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Recruitment of providers - Shipping Specimens - Collecting data from providers	500	\$0.575	\$288		\$288
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					
			\$0		\$0

Total for Other / Local Travel

\$288

Other / Local Travel Costs: \$288

Conference / Workshop Travel Costs: \$312

Total Travel Costs: \$600

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

