

ACCOUNT MANAGER / DESIGNEE COMPLETE ALL INFORMATION BELOW:

SAP VENDOR #: 518821

Purchase Order # 4500088135

Administrative assistant or contact name Email	Department	Telephone
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Account Manager Name Email	Department	Telephone
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Cost Center / Internal Order /WBS #	Fund
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Performing Party: Send completed form to requesting department at Texas State

Account Manager: Send completed form to Purchasing, JCK 527



DUE DATE: Revised

**FY2015 Texas Tobacco Enforcement Program
Contractor's Program Work Plan
September 1, 2014 to August 31, 2015**

Contractor: (Agency Name) Fort Bend County Constable Pct 3

Program Contact Person: ARRON W. TAYLOR

Activity: Controlled Buys/Stings and Follow-ups

Performance Goal: 274

Contractor's Program Work Plan will allow Texas School Safety Center (TxSSC) to accurately measure your progress, identify any potential problem areas, provide technical assistance, and report ongoing enforcement efforts to the Department of State Health Services to ensure compliance with contractual obligations.

Period 1	Period 2	Period 3	Period 4	Period 5	Period 6	Period 7	Period 8	Period 9	Period 10	Period 11	Period 12	Total
Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort	Actual # % Effort
		19	23		46		38	53	50	45	#	274
%	%	%	%	%	%	%	%	%	%	%	%	100 %

Instructions: Please complete this Work Plan indicating the actual number and percentage of effort of the Controlled Buy/Stings that will be completed each month.

Period 1	Sept 1	Sept 25
Period 2	Sept 26	Oct 25
Period 3	Oct 26	Nov 25
Period 4	Nov 26	Dec 25
Period 5	Dec 26	Jan 25
Period 6	Jan 26	Feb 25

Period 7	Feb 26	March 25
Period 8	March 26	April 25
Period 9	April 26	May 25
Period 10	May 26	June 25
Period 11	June 26	July 25
Period 12	July 26	Aug 28

Date Submitted: _____ Signature: Robert E. Hebert

ROBERT E. HERBERT, County Judge
Forms may be faxed to 512-245-1133, Attn: Tobacco Enforcement Program or
emailed to Chad L. Nolte at CN1082@txstate.edu or Alexia Cox at AC45@txstate.edu

FOR TXSSC USE ONLY

Received & Approved by TxSSC: _____

Date: _____