

Pursuant to SOQ 07-038

**Public Health Volunteer Coordination Contract  
For  
Fort Bend County Health and Human Services  
2016**



This Contract is executed by and between **FORT BEND COUNTY, TEXAS**, hereinafter referred to as "County," acting by and through its Commissioners' Court and **HOMELAND PREPAREDNESS PROJECT**, hereinafter referred to as "HPP", authorized to conduct business in the State of Texas.

**Term:**

This contract will commence upon execution of all parties to this Contract and shall terminate on December 31, 2016. This Contract is subject to termination by any party, without cause, by providing thirty (30) days written notice. This contract may be renewed annually by mutual agreement of the parties in writing.

This Contract is subject to the terms described herein.

**Background:**

Ft. Bend County Health and Human Services is required by the State of Texas to be prepared to provide preventive medication to the entire population of the county in a 48-hour period in the case of a public health emergency. The Health and Human Services Public Health Preparedness Team (PHPT) has developed a plan to accomplish this task that requires approximately 4000 volunteers.

Volunteers are essential to achieve a successful outcome, however, recruiting of volunteers is very time consuming and labor intensive.

The volunteers have also been used for a variety of other activities including staffing alternative treatment centers, offsite triage, shelters or other types of activity for which they are trained.

The Houston Area Urban Area Security Initiative Community Preparedness Working Group has recognized the need for the enhancement of Medical Reserve Corps programs in our region and has provided funding to that end.

Over the past eight years, HPP has developed a Corp of 2975 Medical Reserve Corps Volunteers. After consultation with the PHPT, we believe with this base of volunteers the focus of our efforts should now turn to improving the capability of these volunteers so that they can perform in leadership roles during a public health emergency. To that end, we will provide more in-depth training to the volunteers while continuing to recruit new members in a more limited fashion.

**Operational Requirements:**

When deployed, the Public Health Volunteers will report to a predetermined site, be issued identification items, and be assigned to various tasks required for the operation of one of the Points Of Dispensing or other tasks. Most of these tasks require no medical background and very limited training. Homeland Preparedness Project will not be responsible for any medical training. Homeland Preparedness Project will promote the use of the ESARVHP program for credentialing purposes and encourage current and future licensed medical volunteers to register in the system. When deployed, all volunteers will be under the direction and control of the PHPT.

2833 Cytherea Circle  
Alvin, TX 77511  
281-844-3653

## Public Health Volunteer Coordination Contract – Continued -

### Strategy:

Homeland Preparedness Project (HPP) will work to increase the capability of our existing MRC volunteers by increasing engagement and recognition.

### Engagement:

- HPP will work to develop cohesive, mission-oriented POD leadership Teams through the efforts of a Volunteer Team Coordinator.
- The Volunteer Team Coordinator (VTC) will:
  - Make direct contact with individuals after they have completed the initial MRC Orientation to help facilitate further engagement with on-going missions.
  - Publish regular updates to all volunteers to further engagement.
  - Publish updates to the HPP website and other social media outlets.
  - Publish press releases and other media items to promote the MRC and its activities.
  - Facilitate training and exercises for mission-focused teams.
  - Track all volunteer training facilitated by or reported to HPP.
  - Maintain contact and application data for all MRC volunteers.
  - Develop and implement a recognition program for MRC volunteers.
  - Recommend additional training needs as identified.
  - Assist in facilitating and/or developing additional training needs.
  - Coordinate with Fort Bend County Volunteer Coordinator and engage CERT volunteers with cross training opportunities.
  - Work with FBCHHS and other stakeholders to coordinate the development of an integrated 5-year strategic plan for the MRC program.

### Deliverables:

HPP will provide the following:

1. Staff will make direct contact with volunteers who have completed orientation to facilitate further participation in MRC activities.
  - 1.1. Minimum performance standard
    - 1.1.1. Personally contact 30 volunteers each reporting period
2. Publish Email updates to all MRC volunteers
  - 2.1. Minimum performance standard
    - 2.1.1. Publish at least one update each month
3. Facilitate training and exercises for mission-focused teams.
  - 3.1. Minimum performance standard
    - 3.1.1. Offer at least seven training opportunities for a mission-focused team during the contract period.
    - 3.1.2. Offer at least three exercises of the mission-focused team during the contract period. Exercises will be coordinated with Fort Bend County Health and Human Services throughout the term of the contract.
4. Update the MRC National website
  - 4.1. Minimum performance standard
    - 4.1.1. At least one update per reporting period.
5. Produce reports describing all activities under this contract
  - 5.1. Minimum performance standard
    - 5.1.1. One report per reporting period
6. Provide and maintain a roster of command staff for each POD location.

### Reporting:

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- Continued -

HPP will provide performance reports according to the following schedule:

Report	Reporting Period Start Date	Reporting Period End Date	Report Due Date
Report 1	Contract acceptance	30 JUN 16	15 JUL 16
Report 2	01 JUL 16	30 SEP 16	15 OCT 16
Report 3	01 OCT 16	31 DEC 16	15 JAN 17

Each report will include the following data:

- Number of volunteers personally contacted during the reporting period
- Date and time of each email update published
- Copies of each email update
- Number of team trainings and/or exercise offered during the reporting period
- Lists of participants in each team training/exercise

All reports will be provided electronically to the PHPT Lead in Word and/or Excel format.

### **Performance**

The deliverables described above represent the minimum performance requirements related to this professional services contract. If Fort Bend County believes HPP has failed to meet these standards during any reporting period, Fort Bend County must notify HPP in writing of the deficiency. HPP will have 15 days from the date the notice is received to rectify the deficiency. If the deficiency is not corrected within 15 days, Fort Bend may reconsider the contract and may terminate the contract by giving appropriate written notice as stated in this contract. Payment for all work done up to the termination date will be due and payable by the date of termination.

### **Resource Requirements:**

HPP will provide staff with administrative support to perform volunteer team coordination services to the Ft. Bend PHPT. This team member will work closely with the PHPT staff to meet the team's objectives.

Due to the nature of volunteerism, HPP cannot guarantee any specific number of volunteers will participate in any activity. We will make all reasonable efforts to meet the PHPT's goals for volunteers. HPP expects that it may take several years to train a complete cadre of volunteers for the specific missions of this project.

HPP will provide all equipment for presentations related to this project.

### **Information and Data:**

At the end of the contract period, HPP will provide the PHPT with a complete copy of all volunteer data related to this program including names, addresses, contact information, and detailed data relating to activity by the volunteers under this program. A copy of the data will be provided in electronic format and will be the property of the PHPT.

### **Fee:**

The cost to Fort Bend County for the proposed services will be \$50,000. The fee will be paid in four (4) payments. The first payment of \$20,000.00 must be received by HPP before HPP provides any services under this contract. Three (3) subsequent payments of \$10,000.00 will be made based on the submission of invoices submitted with activity reports as described in Section – **Reporting** to Fort Bend County Health and Human Services. The period of the program will be from contract acceptance to 31 DEC 16. If either party wishes to change the scope or nature of the services provided under this contract, both parties must agree to the proposed change in writing prior to those changes taking effect.

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- Continued -

<b>Payment Due</b>	<b>Amount</b>
Contract Acceptance	\$20000
15 JUL 16	\$10000
15 OCT 16	\$10000
31 DEC 16	\$10000
<b>Total</b>	<b>\$50000</b>

HPP shall submit invoices to Fort Bend County and Fort Bend County shall pay each statement within thirty (30) days after the County's written approval provided however, that the approval or payment of any invoice shall not be considered to be conclusive evidence of performance by HPP to the point indicated by such invoice or of receipt or acceptance by the County of the services covered by such statement.

Fort Bend County will be responsible for payment in full of all payments outstanding under this contract. All monies paid to HPP are non-refundable.

Prior to the execution of this Contract, HPP has been advised by Fort Bend County, and HPP clearly understands and agrees, such understanding and agreement being of the absolute essence to this contract, that County shall have available the total maximum sum of \$50,000.00, including reimbursable expenses, if any, specifically allocated to fully discharge any and all liabilities which may be incurred by Fort Bend County.

HPP does further understand and agree, said understanding and agreement also being of the absolute essence of this contract, that the total maximum compensation that HPP may become entitled to hereunder and the total maximum sum that Fort Bend County shall become liable to pay to HPP hereunder shall not under any conditions, circumstances or interpretations thereof exceed the sum of \$50,000.00.

## **Notices**

Written notices as required under this contract will be made to the parties at the addresses listed below:

Homeland Preparedness Project  
Attn: Executive Director  
2833 Cytherea Circle  
Alvin, TX 77511

Ft. Bend County Public Health Preparedness Team  
Attn: David W. Olinger  
PHP Coordinator  
Fort Bend County HHS  
4520 Reading Rd., STE A  
Rosenberg, TX 77471

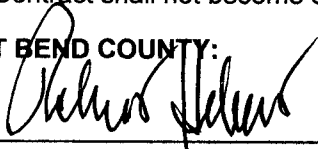
2833 Cytherea Circle  
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- Continued -

**Execution**

This Contract shall not become effective until executed by all parties hereto.

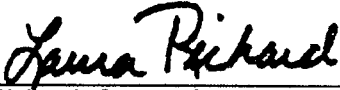
**FORT BEND COUNTY:**



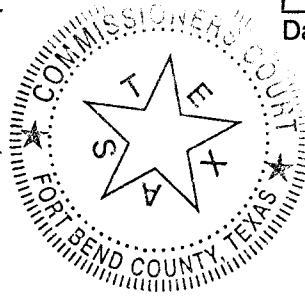
Robert E. Hebert, County Judge

May 24, 2016  
Date

Attest:



Laura Richard, County Clerk



**HOMELAND PREPAREDNESS PROJECT:**

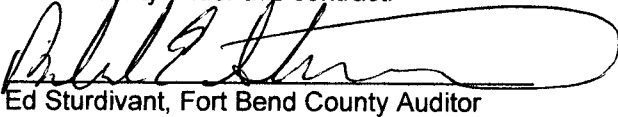


Bill Ray, Executive Director

21 MAR 16  
Date

**AUDITOR'S CERTIFICATE**

I hereby certify that funds are available in the amount of \$50,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.

  
Ed Sturdivant, Fort Bend County Auditor

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Homeland Preparedness Project  
aLVIN, TX United States

**Certificate Number:**  
2016-52520

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**  
Fort Bend County

**Date Filed:**  
05/10/2016

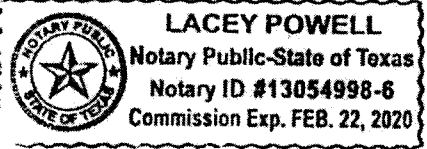
**Date Acknowledged:**

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
2016 Public Health Volunteer C  
Public Health Volunteer Coordination

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Winter, David	Alvin, TX United States	X	
	Dick, Deanna	Alvin, TX United States	X	
	Ray, Bill	Alvin, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

*[Handwritten Signature]*  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the 11<sup>th</sup> day of May, 2016, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
Signature of officer administering oath

Lacey Powell  
Printed name of officer administering oath

Title of officer administering oath

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Homeland Preparedness Project  
 aLVIN, TX United States

**Certificate Number:**  
 2016-52520

**Date Filed:**  
 05/10/2016

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**

Fort Bend County

**Date Acknowledged:**  
 05/24/2016

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**

2016 Public Health Volunteer C  
 Public Health Volunteer Coordination

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	Dick, Deanna	Alvin, TX United States	X	
	Ray, Bill	Alvin, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 AFFIDAVIT** I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

\_\_\_\_\_  
 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath