

DCPS FY17 TB/State RENEWAL

Organization: Fort Bend County Health & Human Services

DCPS-2017-TB/PC-ST-00015

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DEPARTMENT OF STATE HEALTH SERVICES

Amendment # 01

The Department of State Health Services (DSHS) and Fort Bend County Health & Human Services (Contractor) agree to amend Contract No. 2016-001413-00 (Contract), which was effective on September 1, 2015. This Contract has been not been amended prior to this Amendment.

I. The Parties agree to amend Section II of this Contract to add ONE HUNDRED THIRTY-FOUR THOUSAND THREE HUNDRED NINETY-SEVEN DOLLARS (\$134,397.00) to increase the total amount that the Contract will not exceed to TWO HUNDRED SIXTY-EIGHT THOUSAND SEVEN HUNDRED NINETY-FOUR DOLLARS (\$268,794.00).

II. The Parties agree to amend Section IV this Contract to extend the end of the Contract term to August 31, 2017.

III. The Parties agree that the amended Contract will be denominated Contract No. 2016-001413-01 for administrative purposes.

IV. The Parties agree to amend Section 7-A PROVISION OF SERVICES of this Contract by adding the following:

The Contractor may, at its discretion, elect to provide directly observed therapy (DOT) using a video platform. To the extent Contractor elects to utilize DOT using a video platform, it comply with the requirements outlined in the Requirement and Recommendation Guidance Document for Video DOT located at <http://www.texastb.org>.

V. The Parties agree to delete in its entirety Section 7-C MEDICATIONS AND SUPPLY INVENTORY MANAGEMENT of this Contract and replace it with the following:

Contractor shall order TB medications through DSHS-enabled pharmacy ordering system. Contractor shall ensure that TB medications purchased with DSHS TB Branch funds are used in a prudent manner that contributes to disease control in their service area and shall not be distributed to other entities.

Contractor shall monitor and manage its usage of medications and testing supplies furnished by DSHS in accordance with first-expiring-first-out (FEFO) principles of inventory control to minimize waste for those products with expiration dates and set maximum stock levels at a 1-month supply and based on the number of patients receiving treatment.

Between the first and the seventh working day of every month, the Contractor shall perform a physical count of its inventory of medications and supplies furnished by DSHS and appropriately reconcile the quantities by product and lot number in the Inventory Tracking Electronic and Asset Management System (ITEAMS). Failure to reconcile in ITEAMS may prohibit release of medications. All DSHS-purchased medications shall be stored properly and securely, in accordance with manufacturer's instructions (refer to TB Work Plan, Section V). Products that have not been used in nine (9) months, or will not be used in nine (9) months shall be returned to DSHS Pharmacy or transferred to another TB program where the demand may be greater and recorded in ITEAMS.

Contractor shall obtain a TB expert physician consultation and approval from the TB Branch prior to ordering the following second-line medications:

- injectable Agents: capreomycin, kanamycin, amikacin, streptomycin;
- Fluoroquinolones: levofloxacin (Levoquin), ciprofloxacin, moxifloxacin, ofloxacin;
- Bacteriostatic Agents: ethionamide, para-aminosalicylic acid, cycloserine; and
- Other Agents: clofazamine, linezolid, bedaquiline, clarithromycin, amoxicillin.

Contractor may distribute Purified Protein Derivative (PPD) and syringes for TB skin testing to correctional facilities that meet Texas Health and Safety Code, Chapter 89 requirements. Contractor shall monitor

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distribution of these items in accordance with screening activities submitted on the correctional monthly report. VI. The Parties agree to delete in its entirety Section 7-D USE OF INTERFERON GAMMA RELEASE ASSAY TESTS of this Contract and replace it with the following:

1. Perform tuberculosis screenings using DSHS-supplied interferon gamma release assays (IGRA). DSHS reserves the right to select either T-SPOT®.TB and/or QuantiFERON®-TB Gold in-tube tests for the following populations in accordance with DSHS-approved age requirements:

- a. TB suspects;
- b. TB cases;
- c. Contacts to TB suspects and cases – Consultation with the TB Branch is required for contact investigations in which 50 or more persons are targeted for screening;
- d. Targeted testing except screening in correctional facilities – Monthly screening reports shall be submitted in accordance with reporting schedule; and
- e. Routine screening of employees providing TB services.

2. IGRA testing products/supplies supported by DSHS funds shall not be provided to any organization or establishment without documented approval from the TB Branch.

VII. The Parties agree to amend Section 7-F REPORTING of this Contract by adding the following:

1. Provide a complete and accurate Annual Progress Report covering the period from January to December 2016, in the format provided by DSHS, demonstrating compliance with requirements of the contract during that time period. The report shall include, but is not limited to, a detailed analysis of performance related to the performance measures (see Section II FY16 Performance Measures).

2. The Contractor's Annual Progress Report shall not be combined with another Contractor's or health service region's Annual Progress Report. The report is due March 15, 2017, and shall be sent to the TB Reporting Mailbox at TBContractReporting@dshs.state.tx.us (refer to TB Work Plan, Section IX, O). Any individual-level patient data must be sent via the PHIN. Contractors can mail the Annual Progress Report to their DSHS Health Service Region (HSR) thereby authorizing them to submit the report on their behalf. If the Contractor sends the report to a DSHS HSR, the deadline for submission to the TB Branch remains unchanged.

VIII. The Parties agree to amend Section 7- Performance Measures of this Contract by adding the following:

1. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 82.9% is required. If fewer than 82.9% of newly reported TB cases have a result of an HIV test reported, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

2. Cases, and suspected cases, of TB under treatment by Contractor shall be placed on timely and appropriate Directly Observed Therapy (DOT).

For FY17 reporting, data will cover all cases from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 91.6% is required.

If data indicates a compliance percentage for this Performance Measure of less than 91.6%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

3. Newly-reported suspected cases of TB disease shall be started in timely manner on the recommended initial 4-drug regimen. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 93.4% is required. If fewer than 93.4% of newly-reported TB cases are started on an initial 4-drug regimen in accordance with this requirement, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

4. Newly-reported TB patients that are older than 12-years-old and that have a pleural or respiratory site of disease shall have sputum acid-fast bacilli (AFB)-culture results reported to DSHS according to the timelines for reporting initial and updated results given herein.

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For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 91.5% is required.

If data indicates a compliance percentage for this Performance Measure of less than 91.5%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

5. Newly-reported cases of TB with AFB positive sputum culture results will have documented conversion to sputum culture-negative within 60 days of initiation of treatment. For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015-12/31/2015). A compliance percentage of not less than 95% is required. If data indicates a compliance percentage for this Performance Measure of less than 95%, then DSHS may (at its sole discretion) require additional measures be taken by contractor to improve the percentage, on a timeline set by DSHS.

6. Newly diagnosed TB cases that are eligible* to complete treatment within 12 months shall complete therapy within 365 days or less.*Exclude TB cases 1) diagnosed at death, 2) who die during therapy, 3) who are resistant to Rifampin, 4) who have meningeal disease, and/or 5) who are younger than 15 years with either miliary disease or a positive blood culture for TB. For FY17 reporting, data will cover all cases from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 87% is required. If data indicates a compliance percentage for this Performance Measure of less than 87%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

7. Increase the proportion of culture-confirmed TB cases with a genotyping result reported. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 94.2% is required. If data indicates a compliance percentage for this Performance Measure of less than 94.2%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

8. TB cases with initial cultures positive for Mycobacterium tuberculosis complex shall be tested for drug susceptibility and have those results documented in their medical record. For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 97.8% is required. If data indicates a compliance percentage for this Performance Measure of less than 97.8%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

9. Newly-reported TB patients with a positive AFB sputum-smear result shall have at least three contacts identified as part of the contact investigation that must be pursued for each case. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 92% is required. If data indicates a compliance percentage for this Performance Measure of less than 92%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

10. Newly-identified contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive TB case shall be evaluated for TBI and disease. For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 82.5% is required. If data indicates a compliance percentage for this Performance Measure of less than 82.5%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

11. Contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive case and that are newly diagnosed with TBI shall be started on timely and appropriate treatment. For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 70% is required. If data indicates a compliance percentage for this

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Performance Measure of less than 70%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

12. Contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive case that are newly diagnosed with TBI and that were started on treatment shall complete treatment for TBI as described in Targeted Tuberculin Testing and Treatment of Latent TB Infection (LTBI), Morbidity and Mortality Weekly Report, Vol. 49, No. RR-6, 2000; according to timelines given, therein. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 50% is required. If data indicates a compliance percentage for this Performance Measure of less than 50%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

13. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB, increase the proportion who initiate a medical evaluation within 30 days of arrival. Arrival is defined as the first notice or report; whether that is by fax, phone call, visit to the health department or EDN notification. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 62% is required. If data indicates a compliance percentage for this Performance Measure of less than 62%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

14. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB, increase the proportion who initiate and complete a medical evaluation within 90 days of arrival. For FY17 reporting data will be drawn from calendar year 2016 (1/1/2016-12/31/2016). A compliance percentage of not less than 60% is required. If data indicates a compliance percentage for this Performance Measure of less than 60%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

15. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB and who are diagnosed with TBI during evaluation in the US, increase the proportion who start treatment. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 64% is required. If data indicates a compliance percentage for this Performance Measure of less than 64%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

16. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB and who are diagnosed with TB infection during evaluation in the US and started on treatment, increase the proportion who complete treatment for TB infection. For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 70% is required. If data indicates a compliance percentage for this Performance Measure of less than 70%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS. If Contractor fails to meet any of the performance measures, Contractor shall furnish in the Annual Progress Report, due March 15, 2017, a written narrative explaining the barriers and the plan to address those barriers. This requirement does not excuse any violation of this Contract, nor does it limit DSHS as to any options available under the contract regarding breach

IX The Parties agree to amend Section 16 of this Contract to add the following:

General Provisions, ARTICLE XXI. PROGRAM OPERATIONS, Section 21.05, Contractor's Notification of Change to Certain Contract Provisions to replace it with the following:

Subject to the following restrictions, without prior approval, Contractor may transfer money between budget categories and must provide the System Agency Contract Manager with prior notification of this transfer. No budget category transfer or cumulative transfers may exceed 25% of the total contract value or \$100,00, whichever is less. If the budget transfer(s) exceeds \$100,000, alone or cumulatively, prior written approval from

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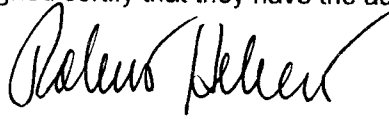
the System Agency is required. If the budget transfer(s) exceeds 25% of the total contract value, alone or cumulatively, a formal contract amendment is required.

X.Except as provided in this Amendment, all other terms and conditions in the Contract will remain and be in full effect.

XI.This Amendment is effective on September 1, 2016.

By signing this Amendment, the undersigned certify that they have the authority to bind their respective party to this Amendment's terms and conditions.

Contractor Signature



Robert E. Hebert, County Judge

By signing this Amendment, the undersigned certify that they have the authority to bind their respective party to this Amendment's terms and conditions.

Signed By: Date: August 9, 2016

DSHS Signature

By signing this Amendment, the undersigned certify that they have the authority to bind their respective party to this Amendment's terms and conditions.

Signed by: Date:

Contractual Category Detail

Organization Name: Fort Bend County Health & Human Services
 Contract Number: 2016-001413-01
 Proposal ID: DCPS-2017-TB/PC-ST-00015
 Program ID: TB/PC-STATE
 Procurement ID: GST-2012-Solicitation-00061
 Procurement Name: FY14 TB State

Contractor	Description	Justification	Cost
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Name: Oak Bend Medical Center Type: TBD	Chest x-rays	Diagnosis/Management of TB patients	Funding Type: Cash Payment Basis: Unit Rate Payment Rate: \$45.00 # of Payments: 100 Total Cost: \$4,500
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Name: West Houston Type: TBD	Reading Chest x-rays	Diagnosis/Management of TB patients	Funding Type: Cash Payment Basis: Unit Rate Payment Rate: \$15.00 # of Payments: 100 Total Cost: \$1,500
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Name: Oak Bend Medical Center Type: TBD	CT scans of chest	Diagnosis/Management of TB patients	Funding Type: Cash Payment Basis: Unit Rate Payment Rate: \$1.00 # of Payments: 406 Total Cost: \$406
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Name: West Houston Type: TBD	Reading CT scans	Diagnosis/Management of TB patients	Funding Type: Cash Payment Basis: Unit Rate Payment Rate: \$100.00 # of Payments: 1 Total Cost: \$100
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Name: To be Names Type: TBD	Language Translation	Convey and receive information from non-English speaking clients	Funding Type: Cash Payment Basis: Hourly Payment Rate: \$80.00 # of Payments: 1 Total Cost: \$80
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Name: Various Type: TBD	DOT Providers	Personal service contracts with trained individuals for assistance with administration of	Funding Type: Cash Payment Basis: Unit Rate
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Contractual Category Detail

TB meds

Payment Rate: \$25.00
of Payments: 300
Total Cost: \$7,500

Cash Total: \$14,086

In Kind Match Total:

Total Amount Requested for Contractual: \$14,086

Supplies Category Detail

Organization Name: Fort Bend County Health & Human Services
 Contract Number: 2016-001413-01
 Proposal ID: DCPS-2017-TB/PC-ST-00015
 Program ID: TB/PC-STATE
 Procurement ID: GST-2012-Solicitation-00061
 Procurement Name: FY14 TB State

Description of Item	Purpose & Justification	Funding Source	Total Cost
Personal Protective Equipment	N-95 masks, Latex gloves for staff, procedure mask for pt	Cash	\$200
Supplies for administration of tests, blood draws and sputum collection	Nebulizer kits, cotton balls, 2x2 gauze, band-aids, towels for counter, tourniquets-for testing and specimen collection	Cash	\$175
Cash Total:			
In Kind Match Total:			\$375
Total Amount Requested for Supplies:			\$375

Travel Category Detail

Organization Name: Fort Bend County Health & Human Services
 Contract Number: 2016-001413-01
 Proposal ID: DCPS-2017-TB/PC-ST-00015

Program ID: TB/PC-STATE
 Procurement ID: GST-2012-Solicitation-00061
 Procurement Name: FY14 TB State

Indicate Policy Used: Organization's Travel Policy
 State of Texas Travel Policy
 Attach travel policy if using organization's travel policy
https://egrants.dshs.texas.gov/_Upload/53964-scan_0001.pdf

Conference / Workshop Travel Costs

Description of Conference / Workshop	Justification *	Destination/Details	Cost
		City and State: *	Funding Source: *
		# of Employees: *	Mileage: *
		# of Days: *	Airfare: *
			Meals: *
			Lodging: *
			Other Costs: *
			Total: \$0
			Funding Source: *
			Mileage: *
			Airfare: *
			Meals: *
			Lodging: *
			Other Costs: *
			Total: \$0
			Funding Source: *
			Mileage: *
			Airfare: *
			Meals: *
			Lodging: *
			Other Costs: *
			Total: \$0
			Funding Source: *

Travel Category Detail

of Employees: *
 # of Days: *
 Mileage: *
 Airfare: *
 Meals: *
 Lodging: *
 Other Costs: *
 Total:

Total Cash for Conference / Workshop:								
Total In Kind Match for Conference / Workshop:								
Total for Conference / Workshop Travel:								\$0

Other / Local Travel Costs

Justification *	Mileage Reimbursement Rate	Number of Miles *	Mileage Cost	Other Costs *	Funding Source *	Total Cost
DOT/Contact Investigation	\$0.540	5663	\$3,058	\$0	Cash	\$3,058
			\$0			\$0
			\$0			\$0
			\$0			\$0

Total Cash for Other / Local Travel:						\$3,058
Total In Kind Match for Other / Local Travel:						
Total for Other / Local Travel:						\$3,058

Conference / Workshop Travel Costs:	\$0
Other / Local Travel Costs:	\$3,058
Total Travel Costs:	\$3,058

Personnel Category Detail

Organization Name: Fort Bend County Health & Human Services
 Contract Number: 2016-001413-01
 Proposal ID: DCPS-2017-TB/PC-ST-00015
 Program ID: TB/PC-STATE
 Procurement ID: GST-2012-Solicitation-00061
 Procurement Name: FY14 TB State

Personnel

Position	Justification	FTEs	Cost
Functional Title: TB Program Manager License / Cert. Type: License License / Cert. Type: RN Job Description:	Manages TB Program	Existing: 1.0000 Proposed: 0.0000 Vacant: 0.0000 Total FTEs 1	Funding Source: Cash Avg Monthly Salary: \$5,078.00 Number of Months: 12 Salary Requested: \$60,936
Functional Title: DOT/Contact Investigator License / Cert. Type: License License / Cert. Type: LVN Job Description:	DOT/Contact investigation	Existing: 0.5000 Proposed: 0.0000 Vacant: 0.0000 Total FTEs 0.5	Funding Source: Cash Avg Monthly Salary: \$3,097.00 Number of Months: 12 Salary Requested: \$18,582
Functional Title: MATCH Case Management RN License / Cert. Type: License License / Cert. Type: RN Job Description:	Case management of TB patients, medication management with TB physician, cohort review	Existing: 0.4700 Proposed: 0.0000 Vacant: 0.0000 Total FTEs 0.47	Funding Source: Cash Avg Monthly Salary: \$4,765.96 Number of Months: 12 Salary Requested: \$26,880
Functional Title: License / Cert. Type: License / Cert. Type: Job Description:		Existing: Proposed: Vacant: Total FTEs 0	Funding Source: Avg Monthly Salary: Number of Months: Salary Requested: \$0
Cash Total:			\$106,398
In Kind Match Total:			
Salary Wage Total:			\$106,398

Personnel Category Detail

Fringe Benefits

List the types of costs that comprise your organizations fringe benefits:

FICA 7.65%, Pension 11.79%, W/C 3.8%, Health Insurance \$11,561 per FTE

Total Fringe Benefit Rate (%): 46.98307%

Fringe Benefit Amounts

Cash:	\$37,360
In Kind Match:	
Fringe Benefits Total:	\$37,360

DCPS FY17 TB/State RENEWAL

Organization: Fort Bend County Health & Human Services

DCPS-2017-TB/PC-ST-00015

Budget Summary

Organization Name: Fort Bend County Health & Human Services

Program ID: TB/PC-STATE

Contract Number: 2016-001413-01

Procurement ID: GST-2012-Solicitation-0061

Proposal ID: DCPS-2017-TB/PC-ST-00015

Procurement Name: FY14 TB State

Budget Categories

Budget Categories	DSHS Funds Requested	Cash Match	In Kind Match	Category Total
Personnel	\$79,518	\$26,880	\$0	\$106,398
Fringe Benefits	\$37,360	\$0	\$0	\$37,360
Travel	\$3,058	\$0	\$0	\$3,058
Equipment	\$0	\$0	\$0	\$0
Supplies	\$375	\$0	\$0	\$375
Contractual	\$14,086	\$0	\$0	\$14,086
Other	\$0	\$0	\$0	\$0
Total Direct Costs	\$134,397	\$26,880	\$0	\$161,277
Indirect Costs	\$0	\$0	\$0	\$0
Totals:	\$134,397	\$26,880	\$0	\$161,277

Subcontracting

Subcontracting Percentage: 10.48%

Match Contributions

Applicable Match Amount: \$26,880

Required Match Percentage: 20.00%

Required Match Amount: \$5,376 Calculated Match Amount: \$26,880

Source of Cash Match Funds

Personnel costs

Source of In Kind Match Funds

Program Income

Projected Earnings: \$0

Source of Earnings

Budget Summary

Non DSHS Funding

Direct Federal Funds:		\$0
Other State Agency Funds:		\$0
Local Funding Sources:		\$0
Other Funds:		\$0
Total Projected Non DSHS Funding:		\$0

Service Area Selection

State

If the entire State of Texas is eligible, select the box below. No further action is required and the rest of the form will be hidden.

Statewide

Health Service Regions/Counties

Select all counties to be served for the contract within the Region(s) below. If serving an entire Region, select the 'ALL' option. You may de-select individual counties if needed.

For more information on the State of Texas Health Service Regions, click [here](#).

Region #1

Region #2

Region #3

Region #4

Region #5

Region #6

Fort Bend

Region #7

Region #8

Organization: Fort Bend County Health & Human Services

Service Area Selection

Region #9

Region #10

Region #11

Contact Information

Procurement ID: GST-2012-Solicitation-00061
 Organization Name: Fort Bend County Health & Human Services

This form provides information about the appropriate contacts in the organization. The top executive for the organization and the Chief Financial Officer contact information must be provided.

Organization Main Address
 4520 Reading Road, Suite A-100
 Rosenberg, TX 77471

Contacts With CMPS User Accounts

Contact *	Contact Type	Contact Info	Address
Robert Hebert Prefix: Title: County Judge	Emergency Contact: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Authorized Signatory: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Primary Program Contact: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Work: (281) 341-8608 Mobile: Fax: (281) 341-8609 Email:	301 Jackson Street Richmond, Texas 77469
Kaye Reynolds Prefix: Ms. Title: Deputy Director	Emergency Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Authorized Signatory: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Primary Program Contact: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	jenetha.jones@fortbendcountytx.gov Work: (281) 238-3519 Mobile: (832) 407-7385 Fax: (281) 238-3355 Email: kaye.reynolds@co.fort-bend.tx.us	4520 Reading Road, Suite A-100 Rosenberg, Texas 77471

Contacts Without CMPS User Accounts

Name	Contact Type	Contact Info	Address *
Prefix: * Mr. First Name: * Ed Last Name: * Sturdivant Title: * Financial Officer	Emergency Contact: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Authorized Signatory: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Primary Program Contact: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Work: * (281) 341-3790 Mobile: * (000) 000-0000 Fax: (281) 341-3374 Email: *	<input checked="" type="checkbox"/> Select if same as organization

Ed.Sturdivant@fortbendcountytx.gov

DCPS FY17 TB/State RENEWAL

Organization: Fort Bend County Health & Human Services

DCPS-2017-TB/PC-ST-00015

Proposal Overview

Procurement ID: GST-2012-Solicitation-00061
Procurement Name: FY14 TB State

Business Entity

Organization Name: Fort Bend County Health & Human Services

Department:

Address: 4520 Reading Road, Suite A-100
Rosenberg, TX 77471

Payee

Vendor ID/Mail Code:
Mail Code: 055

Payee Name: Fort Bend County
Address: 301 Jackson St Ste 533
City: Richmond State: TX Zip Code: 77469-3108

DUNS Number: 081497075

Type of Entity: Governmental
Entity Sub-Type:

Contract Information

Contract Period Start Date:
Contract Period End Date:

Counties to be served:
Fort Bend County

Amount Requested: