



Phase 33
Emergency Food and Shelter Program (EFSP)
Application for Funding

COVER PAGE/CHECKLIST

Legal Name of Applicant Agency: Fort Bend County Social Services

Program Name: Social Services

Agency Mailing Address: 301 Jackson Street , Richmond, Texas Zip 77469

Agency Physical Address: 4520 Reading Rd. Suite A-900 Zip 77471

Congressional district where agency is physically located (2-digit Number) 09 & 22

Congressional district where your agency's EFSP services are provided (2-digit Number) 09 & 22

DUNS Number (Unique 9-digit number obtained from Grants Gov or Dun & Bradstreet) 08-1497075

Telephone # 281-342-3500 Fax # 281-342-0557 Email: anna.gonzales@fortbendcountytexas.gov

Individual to contact to with application questions or to schedule site visits, if necessary:

Name Anna M. Gonzales, MSW

Telephone # 281-238-3506 Fax # 281-342-0557 Email: anna.gonzales@fortbendcountytexas.gov

Total Amount of Funding requested: \$ 216,030.00

CHECKLIST FOR PROPOSAL SUBMITTAL

- X Cover Page and Checklist (this form)
- X Application for Funding
- N/A Copy of the Agency's Current Roster of Volunteer Board
- X Copy of the Agency's Most Current Audit (Must be on **Accrual** Basis)
- N/A Fiscal Agent/Fiscal Conduit Agency Agreement (if applicable)
- N/A Fiscal Agent Agreement (if applicable)
- N/A Copy of Fiscal Agent Audit (if applicable) (Must be on **Accrual** Basis)
- X Certification Regarding Lobbying Form

Please do not submit any information that was not specifically requested. Additional information will not be forwarded to the local Board.

Please do not staple or bind your application.

The DEADLINE for proposals to be received at Coalition for the Homeless is 5:00pm, Friday August 19, 2016. Coalition for the Homeless is located at 2000 Crawford Street, Houston, TX 77002.

Late or incomplete applications will not be accepted or considered for funding.



Phase 33
Emergency Food and Shelter Program (EFSP)
Application for Funding

08-09-16 Fort Bend County Social Services
Date: _____ Name of Agency _____

Jurisdiction in which services are to be provided (check only *one*).

Harris County _____ Fort Bend County X Waller County _____

(Complete separate application for additional jurisdictions)

Principal/President/Executive Officer: Robert E. Hebert

Telephone No.: 281-341-8608 Fax No: 281-341-8609

Email address: ann.werlein@fortbendcountytexas.gov

Program Contact: Anna M. Gonzales, MSW

Mailing Address: Social Services 301 Jackson Street

City/State/Zip Code plus 4: Richmond, Tx 77469-

Telephone No.: 281-238-3506 Fax No: 281-342-0557

Email address: anna.gonzales@fortbendcountytexas.gov

Board Chair's Name: N/A Telephone #: _____

Federal Taxpayer Identification Number: 1-74-6001-969-2

Annual Audit Conducted? Yes X No _____

Agency Fiscal Year: 10-1-16 to 09-30-17

Date of Last Audit: 03-31-2016
(Copy of agency's audit or fiscal agent audit must be included) (Audit must be on **accrual basis**)

If Yes, Name and Address of Auditor:

Sanderson, Knox & Co. L.L.P. 130 Industrial Blvd., Suite 130, Sugar Land, Texas 77478

If No, Name and Address of Fiscal Agent:

Signature of Executive Officer

08-9-2016
Date

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Statement of Need and Impact

AGENCY NAME: Fort Bend County

I. a. Please provide a statement of need for EFSP funds.

According to a needs assessment (A report on the Demographic Changes and Changing Needs of Fort Bend County by The George Foundation) conducted in Fort Bend County in the summer of 2011, using focus groups, interviews and randomized telephone surveys, respondents identified food and housing as the most critical needs in Fort Bend County in the area of human services. Furthermore, participants listed affordable housing, homeless shelters, food assistance and basic needs as not being met by current services in the region. In fiscal year 2015 (October 2014 through September 2015) Fort Bend County Social Services (FBCSS) served 349 clients with rent/mortgage assistance, 1161 with utility assistance and 333 with food assistance. In addition to these services FBCSS implemented the Benefits Bank program whereby clients were assisted in completing the SNAP, TANF, CHIP, Medicaid and Medicare applications. A total of 245 clients were assisted with this service. Of the clients served in the same fiscal year, 79% reported living at or below 100% of the poverty level (\$24,300.00 annually for a family of 4). According to the needs assessment and US Census data, the number of people living in poverty in Fort Bend County continues to increase. The U.S. Census Bureau indicates a 3% increase in the population living below the poverty level from 2000 to 2010. Currently 8% of Fort Bend County's population lives in poverty (46,344: 2010 U.S. Census Bureau). Meal Gap data in 2013 reported that 20.6% (approximately 36,530) of Fort Bend County's children are food insecure, ie, they do not receive three nutritious meals a day.

b. Please provide an explanation of how EFSP funds will be used to supplement and extend existing food and shelter services.

EFSP funds will enable Fort Bend County Social Services to supplement existing services to include food, shelter, and utility assistance and expand the reach of services to individuals and families throughout Fort Bend County. Funds allocated in the EFSP Phase 33 will be used to enhance services to Fort Bend County Residents by 63% in rent and mortgage assistance, 118% in utility assistance and 240% in food assistance. Without EFSP funding, more residents in Fort Bend County will go without basic human needs which could prove to be devastating, especially during extreme weather conditions in the winter and summer months.

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- II. Please attach a brief (no longer than two pages) history of your agency, including date of incorporation, length of time agency has been in operation, description of programs offered, and length of time agency has offered emergency assistance.

Fort Bend County Social Services has been in existence for 65 years. Initially it was created by County Commissioners Court to fulfill the mandate of Article 2351 of Vernon's Annotated Civil Statutes, which directs County government to provide support for paupers. In the 1950's the department, which was called the County Welfare Office, was established to improve coordination of efforts throughout the County. Over the years the name of the department has changed to what we now know as Fort Bend County Social Services. Currently the department provides utility, rent/mortgage, emergency shelter, food, medication, pauper and indigent burial services, transitional supportive housing case management, unmet emergency needs and Benefits Bank (assist with completing SNAP, TANF, CHIP, Medicaid and Medicare applications) to the residents of Fort Bend County. In addition, the department plans and implements the "Annual Back to School Bash" formerly known as Walk With Pride for school age children whose household incomes are at or below 180% of the poverty level. It should be noted that a subsection (10%) of the target population served in the Back to School Bash reported incomes of \$17,000.00 or below annually. (The federal poverty guidelines define a family living in poverty at 150% for a family of 4 is \$36,450.00). The purpose of Fort Bend County Social Services is to provide short term assistance to residents in need.

- III. Federal provisions require that agencies funded under the Emergency Food and Shelter program involve homeless individuals and families in the operation of their program, to the extent practicable. The purpose of this provision is to ensure that the intended beneficiaries of service have a voice in how these services are delivered. **Therefore, please describe the involvement of homeless or formerly homeless individuals and families in the operation of your program. If this involvement is not practicable for your agency, please explain.**

Currently Fort Bend County Social Services works in partnership with the Harris/Fort Bend Coalition for the Homeless. More recently, FBCSS spear-headed the Fort Bend County Homeless Coalition. The purpose of the coalition is to bring together organizations in the county that provide services to the homeless, identify gaps in services and identify strategies to best meet the needs of clients with limited funding. Service providers include Fort Bend Family Promise, Salvation Army, Second Mile Mission, St. Laurence Catholic Church, Sugar Grove Church of Christ, Project Lift, Access Health, United Way of Greater Houston (Fort Bend), Fort Bend EMS, Fort Bend County Sheriff's Office and Fort Bend County Behavioral Health. In the last year Fort Bend County Social Services served 197 clients presenting themselves as homeless or needing emergency shelter. As a result, Fort Bend County Social Services began the process of surveying clients who present themselves as homeless and/or formerly homeless to guide the development of program operations. Survey questions included: please provide us with factors and/or indicators that have led you to become homeless; what services or gaps in services have not been available to you; how can Fort Bend County Social Services help you today and how could Fort Bend County Social Services or other program services have prevented you or others from becoming homeless. The outcome of this survey is as follows:

- Question #1- Please provide us with factors and/or indicators that have led you to become

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homeless (examples: loss of job, medical expenses, mental health issues, loss of home, etc.):
 33% of the clients reported "OTHER". "OTHER" responses are in parenthesis (Criminal background, disabled, divorced, family abandonment, flooding, home fire, home flood, home loss, home repairs, in transition, incarcerated, loss of documents, medical expenses, relocated and substance abuse)
 21% of the clients reported unemployed 4 %
 of the clients reported financial 12% of the
 clients reported eviction
 10% of the clients reported mental health 10% of
 the clients reported domestic violence

Question #2- What services or gap in services have not been available to you?

- 11% of the clients reported "OTHER". "OTHER" responses are in parenthesis (No aftercare while in jail, no drug rehab programs, no veteran services, no domestic violence assistance, no moving services and no family support)
- 33% of the clients reported shelters
- 17% of the clients reported resources
- 13% of the clients reported employment
- 22% of the clients reported affordable housing
- 7% responded less than 2% (Child care, food, gasoline, mental health treatment and medications)

Question #3- How can Fort Bend County Social Services help you today?

- 86% of the clients reported a shelter/hotel stay
- 9% of the clients reported rental assistance
- 4% of the clients reported housing
- 1% of the clients did not answer
- 1% of the clients reported "OTHER". "OTHER" responses are in parenthesis (Help to pay bills, have helped as much as possible)

• **Question #4-** How could Fort Bend County Social Services or other program services have prevented you or others from becoming homeless?

- 3% of the clients reported "OTHER". "OTHER" responses are in parenthesis (Legal service assistance, a plan to end homelessness, mental health services, housing for people with evictions and more veteran shelters)
- 22% of the clients reported couldn't have done anything
- 18% of the clients reported service awareness
- 17% of the clients reported provide shelter
- 13% of the clients reported unsure
- 11% of the clients reported affordable housing
- 8% of the clients reported employment assistance
- 7% of the clients did not answer
- 100% of the clients reported English as their primary language
- 47% of the clients reported as African American, 49% as Caucasian, 1% as Other, 1% as Multi Racial and 2% as American Indian
- 21% of the clients reported being unemployed while 79% reported having employment.

IV. Please provide the following information on your agency:

\$1,151,046.00

a. Total agency budget: \$ _____ b. Number of paid staff: **14** _____

V. For the period of November 1, 2016 through April 30, 2017 please indicate the number of service units by category your LRO expects to provide with Non-EFSP funds, the cost per service unit, the amount of Non-EFSP funds to be spent, the number of EFSP service units by category to be provided, the estimated cost per EFSP service units, and the amount you are requesting in EFSP funds. (Service units: one night of shelter per person; one month's rent, mortgage or utility bill; one meal per person, either served, or estimated to be included in food voucher or groceries supplied.)

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Program	Non-EFSP Service Units	Cost per Non-EFSP Service Unit	Total Non-EFSP Funds	EFSP Service Units	Cost per EFSP Service Unit	EFSP Funds Request
Food Served Meals (no. of meals per person)	N/A # <u>104</u>	N/A \$ <u>97.00</u>	N/A \$ <u>9,901.80</u>	N/A # <u>250</u>	N/A \$ <u>97.00</u>	Other Food \$ <u>N/A</u> \$ <u>24250.0</u>
Mass Shelter (on site) Nights	N/A # <u> </u>	N/A \$ <u> </u>	N/A \$ <u> </u>	N/A # <u> </u>	N/A \$ <u> </u>	\$ <u>N/A</u>
Rent/Mortgage Bills Paid	223 # <u> </u>	350.00 \$ <u> </u>	78,050.00 \$ <u> </u>	140 # <u> </u>	747.00 \$ <u> </u>	\$ <u>104580</u>
Utility Assistance Bills Paid	339 # <u> </u>	150.00 \$ <u> </u>	50850.00 \$ <u> </u>	400 # <u> </u>	218.00 \$ <u> </u>	\$ <u>87200.0</u>
Total EFSP Funds Requested						\$ <u>216030.</u>

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VI. Please describe the steps a client goes through when applying for EFSP assistance, including days and hours of services, required documentation, eligibility requirements and any limitations on assistance (include financial assistance limits if any that is, once per month, \$50 per family, etc.)

Food:

Clients are seen by appointment and walk-ins are welcome Monday through Friday between the hours of 8:00-5:00pm. When necessary, hours are extended to meet the need of the clients. Services are provided at two locations, the West End Location at 4520 Reading Road, Suite A 900, Rosenberg, Texas 77471 and the East End Location at 307 Texas Parkway, Suite 235, Missouri City, TX 77459. Required documents: proof of household income, Fort Bend County proof of residency photo identification, and proof of need of demonstrating that all income has been exhausted. Eligibility requirements: clients are deemed eligible for food assistance if they provide required documentation, are residents of Fort Bend County and provide proof of need and or can demonstrate all income sources have been exhausted. The dollar amount of assistance is based upon "2012 Meal Gap Data Report" and is calculated at \$97.00 per household. Clients are allowed assistance one time per fiscal year.

Mass Shelter:

non-applicable

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Rent/Mortgage:

Clients are seen by appointment and walk-ins are welcome Monday through Friday between the hours of 8:00-5:00pm. When necessary hours are extended to meet the needs of clients. Services are provided at two locations the West End Location at 4520 Reading Road, Suite A-900, Rosenberg, TX. 77471 and the East End location at 307 Texas Parkway, Suite 235, Missouri City, TX 77459. Required documents: proof of household income, Fort Bend County proof of residency, photo identification, proof of need by demonstrating that all income has been exhausted, provide current rental lease agreement, mortgage letter, or written statement from landlord stating one month's rent and due date. All aforementioned items must be in the client's name.

Eligibility requirements: clients requesting rent/mortgage assistance must not be paying or planning to pay more than 75% of income on rent/mortgage, must be a resident of Fort Bend County, must demonstrate all household income has been exhausted and must provide all required documentation. Limitations: the following fees or taxes are not paid to include: property taxes or any other taxes related to the property, homeowners or renter's insurance, neighborhood association fees, sewage fees, legal fees, late fees, and condominium maintenance fees.

Utility Assistance:

Clients are seen by appointment and walk-ins are welcome Monday through Friday between the hours of 8:00-5:00pm. When necessary hours are extended to meet the needs of clients. Services are provided at two locations the West End Location at 4520 Reading Road, Suite A-900, Rosenberg, TX. 77471 and the East End location at 307 Texas Parkway, Suite 235, Missouri City, TX 77459. Required documents: proof of household income, proof of residency of Fort Bend County, provide photo identification, proof of need by demonstrating that all income has been exhausted, provide original utility bill, all supporting documentation must be in client's name.

Eligibility requirements: client must be a resident of Fort Bend County, demonstrate they have exhausted household income, provide required documentation and all supporting documentation must be in client's name. Limitations: Clients are allowed assistance one time per fiscal year.

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FOR MASS SHELTERS AND SERVED MEALS ONLY:

INDICATE THE LAST DATE THE AGENCY RECEIVED THE PERMITS AND/OR INSPECTIONS LISTED BELOW (if more than one facility, attach information for each facility):

Occupancy Permit	<u>non-applicable</u>	
Elevator Permit	<u>non-applicable</u>	
Boiler Permit	<u>non-applicable</u>	non-applicable
Fire Code Inspection	<u>non-applicable</u>	
Health Dept. Permit	<u>non-applicable</u>	
Other		

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FISCAL AGENT/FISCAL CONDUIT

For National Board purposes, a fiscal agent is an agency that maintains all EFSP financial records for another agency. A fiscal conduit is an EFSP-funded agency that maintains all EFSP financial records on behalf of one or more agencies under a single grant. The fiscal agent/fiscal conduit is the organization responsible for the receipt, disbursement of funds to vendors, and documentation of funds received. The fiscal agent/fiscal conduit must meet all of the requirements of a local recipient organization (LRO).

Any agency benefiting from funds received by a fiscal agent/fiscal conduit must meet all of the criteria to be an LRO except the accounting system and annual audit requirements. For tracking purposes all agencies funded through fiscal agents or fiscal conduits must secure a Federal Employer's Identification Number.

Organizations serving as fiscal conduits must provide a supplemental listing to the Local Board and on the final report showing all agencies benefiting from the funding and breakdowns of spending and units of service. All agencies included on the supplemental listing must have a Federal Employer Identification Number or be in the process of securing one.

Fiscal agent/fiscal conduits may cut checks to vendors only. They may not cut checks to the agencies on whose behalf they are acting or to agencies/sites under their "umbrella". The exception to this is when an agency is using the per diem allowance for mass shelter or the per diem allowance for served meals.

Fiscal agents will be required to submit individual interim and final reports for each agency. Fiscal conduits will file a single interim report on their award along with a breakdown of agencies and spending with the final report.

Any LRO with an outstanding compliance exception may not be funded under a fiscal agent/fiscal conduit. If a fiscal agent has an unresolved compliance exception, other funds awarded to the fiscal agent (either as a grant for its own program or as fiscal agent for another agency) will be held in escrow until all compliance exceptions are resolved.

Fiscal conduits will be audited as a single award, and will be handled as any other LRO.

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FISCAL AGENT AGREEMENT
(To be completed by Fiscal Agent)

This signed Fiscal Agent Agreement must be included with final application if applicant is not a tax exempt organization, and/or does not have current audited financial statements.

The fiscal agent must:

1. Comply with Rules and Responsibilities Manual, particularly the Eligible and Ineligible Costs section;
2. Be tax exempt;
3. Have an accounting system capable of maintaining a separate fund account for EFSP;
4. Submit periodic financial reports to the EFSP Local Board on behalf of the applicant;
5. Ensure that any EFSP funds unspent or improperly spent within the EFSP funding period are returned to the Local Board;
6. Remain in operation until all program and financial reporting requirements have been satisfied.

The Emergency Food and Shelter funds should be included in the fiscal agent's regular annual audit, a copy of which will be submitted to the EFSP Local Board.

APPLICANT AGENCY	FISCAL AGENT ORGANIZATION
Name <u> N/A </u>	Name <u> N/A </u>
Contact Person <u> N/A </u>	Contact <u> N/A </u> Person <u> </u>
Phone Number <u> N/A </u>	Phone <u> N/A </u> Number <u> </u>
Title <u> N/A </u>	Title <u> N/A </u>
Address <u> N/A </u>	Address <u> N/A </u>
City /Zip <u> N/A </u>	City /Zip <u> N/A </u>

This certifies that N/A (agency) agrees to serve as the fiscal agent for N/A (applicant agency), and receive and disburse funds from the Emergency Food and Shelter Program on behalf of the applicant.

<u> N/A </u> Applicant Contact Person (Print)	<u> N/A </u> Authorized Signer for Fiscal Agent, Title (Print)
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By: <u> N/A </u> Signature/Date	By: <u> N/A </u> Signature/Date
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FISCAL AGENT/FISCAL CONDUIT AGENCY AGREEMENT

This signed Fiscal Agent/Fiscal Conduit Agreement must be included with final application if applicant does not have current audited financial statements.

I certify that my public or private agency:

- 1. Is not debarred or suspended from receiving Federal funds,
2. Has the capability to provide emergency food and/or shelter services;
3. Will use funds to supplement and extend existing resources and not to substitute or reimburse ongoing programs and services;
4. Is nonprofit or an agency of government;
5. Will not use EFSP funds as a cost match for other Federal funds or programs,
6. Practice nondiscrimination (if an agency with a religious affiliation, will not refuse services to an applicant based on religion or require attendance at religious services as a condition of assistance, nor will such groups engage in any religious proselytizing in any program receiving Emergency Food and Shelter Program funds);
7. Has or will secure a Federal Employer Identification (FEIN)
8. If private, not-for-profit, has a voluntary board;
9. Will comply with the Roles and Responsibilities Manual, particularly the Eligible and Ineligible Costs section;
10. Will provide all required information to the Fiscal Agent/Fiscal Conduit;
11. Will incur expenses for eligible program costs and will provide complete documentation on expenditures (to the Fiscal Agent/Fiscal Conduit, no later than two week following my jurisdiction's selected end-of-program;
12. Will spend all funds and close-out the program by the end-of-program and return any unused funds;
13. Will comply with the Single Audit Act, Circular A-133
14. That this organization has no known Emergency Food and Shelter compliance exceptions in this or other jurisdiction.

Name: N/A Print N/A Signature

Title: N/A Contact Person N/A

Phone Number N/A FEIN #: N/A

Agency: N/A

Address N/A

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EMERGENCY FOOD AND SHELTER NATIONAL BOARD PROGRAM

PHASE 33 LOCAL RECIPIENT ORGANIZATION CERTIFICATION

By signing this Local Recipient Organization (LRO) Certification Form, our agency certifies we have read and understand the Emergency Food and Shelter Program (EFSP) Phase 33 Responsibilities and Requirements Manual, including the Grant Agreement Articles, Financial Terms and Conditions, and Other Terms and Conditions as well as the Eligible and Ineligible Costs and Documentation sections and agree to comply with all program requirements. Our agency understands that all parties will be held accountable for complying with the provisions of the grant as well as full compliance with applicable requirements of all other Federal laws, Executive Orders, regulations, and policies governing this program including those not specifically stated in the Manual. All appropriate staff and volunteers have been informed of EFSP requirements. The Local Board has been provided and we have retained a copy of this form for our records.

I certify that my public or private agency:

- Has the capability to provide emergency food and/or shelter services.
- Will use funds to supplement/extend existing resources and not to substitute or reimburse ongoing programs and services.
- Is nonprofit or an agency of government.
- Will not use EFSP funds as a cost-match for other Federal funds or programs.
- Has an accounting system, and will pay all vendors by an approved method of payment.
- Understands that cash payments (including petty cash) are not eligible under EFSP.
- Conducts an independent annual review if receiving \$50,000-\$99,999/an independent annual audit if receiving \$100,000 or more in EFSP funds, and follows OMB's Uniformed Guidance if receiving \$750,000 or more in Federal funding.
- **Has not received an adverse or no opinion audit.**
- Is not debarred or suspended from receiving Federal funds.
- Has provided a Federal Employer Identification Number (FEIN) to EFSP.
- Has provided a Data Universal Number System (DUNS) number issued by Dun & Bradstreet (D&B) and required associated information to EFSP.
- Practices non-discrimination (agencies with a religious affiliation, will not refuse service to an applicant based on religion, nor engage in religious proselytizing or religious counseling in any program receiving Federal funds).
- Will not charge a fee to clients for EFSP funded services.
- Has a voluntary board if private, not-for-profit.
- Will provide all required reports to the Local Board in a timely manner; (i.e., Second Payment/Interim Request and Final Reports).
- Will expend monies only on eligible costs and keep complete documentation (copies of canceled LRO checks – front and back, other proof of payment, invoices, receipts, etc.) on all expenditures for a minimum of three years after end-of-program date, and for compliance issues until resolved.
- Will spend all funds and close-out the program by my jurisdiction's selected end-of-program date and return any unused funds (\$5.00 or more) to the National Board.
- Will provide complete, accurate documentation of expenses to the Local Board, if requested, following my jurisdiction's selected end-of-program date.
- Has no known EFSP compliance exceptions in this or any other jurisdiction.
- Will not use EFSP funding for any lobbying activities and if receiving \$100,000 or more, will provide the "Certification Regarding Lobbying" and, if applicable, will complete Standard Form LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not engage in any trafficking of persons during the period this award is in effect.
- Will not and will ensure its employees, volunteers or other individuals associated with the program will not use EFSP funds to support access to classified national security information.

Note: Check this box only if your Local Board has additional requirements beyond those of the National Board. The Local Board must attach a copy of those requirements to the Local Board Plan when submitted to the National Board.

This form must be completed in its entirety. Please do not alter this form; any questions regarding the form should be directed to EFSP staff.

LRO ID (9 digits): 782800006 FEIN#: 1-74-60019692 DUNS #: 08-149-7075

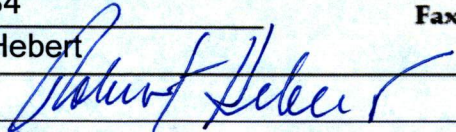
LRO Name: Fort Bend County Social Services

Address: 301 Jackson Street

City/State/Zip: Richmond, Texas 77469

Phone #: 281-341-8634 Fax #: 281-341-8609 Email: ann.werlein@fortbendcountytexas.gov

Print Name: Robert E. Hebert

Signature:  Date: August 9, 2016

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on the behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, contribution, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

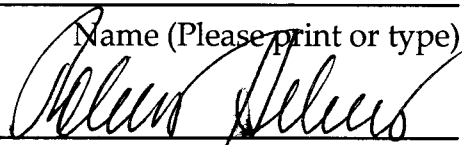
This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is prerequisite for making or entering into this transaction imposed by title 31 U.S.C. §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Fort Bend County

LRO Name

Robert E. Hebert

Name (Please print or type)



Signature

782800006

LRO 9 Digit ID Number

County Judge

Title

08-09-2016

Date

Note: Standard Form LLL and instructions are available from the National Board office.

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INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred, Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or subaward receipt. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (Item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in Item 1 (e.g., Request for Proposal (RFP) number; Invitation for bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g. "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in Item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in Item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name and Middle Initial (MI).
11. Certifying official shall sign and date the form, print his/her name, title and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.