

# FORT BEND RECOVERS

## Participating Agency Agreement

### **Mission:**

*Fort Bend Recovers ("FBR") is a collaborative network that addresses the long-term needs of Fort Bend County following a disaster.*

*We will strive to:*

- Provide coordinated management of the long-term recovery process.
- Provide long-term recovery assistance to individuals and families affected by disasters who do not have adequate personal resources for their unique recovery plans.
- Provide advocacy for Fort Bend County's most vulnerable residents, especially seniors, individuals with access and functional needs and lower income families.

### **Fort Bend Recovers Objectives:**

Fort Bend Recovers will meet as needed and otherwise communicate on an ongoing basis to assure the most productive possible collaboration in addressing its mission.

Fort Bend Recovers will assure appropriate linkage for communities with government and nongovernmental disaster response organizations.

Fort Bend Recovers will develop data collection and reporting systems for needs analysis and resource matching.

Fort Bend Recovers will encourage the availability of training to agencies who have had limited or no direct interaction with disaster recovery or recent prior disaster recovery training.

Fort Bend Recovers will work together to assure public visibility for disaster recovery efforts.

Fort Bend Recovers will seek to build constructive relationships with other long-term recovery groups and community groups engaged in long-term recovery efforts.

### **Guiding Principles:**

*In our practice, we will strive to:*

- Embrace a spirit of cooperation
- Support every organization's ability to contribute according to their capacity and capability
- Uphold ethical standards of our fields of practice
- Maintain quality and accountability
- Honor openness and fairness
- Be good stewards of the resources entrusted to FBR
- Do no harm to residents and clients – protect clients in any way you can

**Membership Expectations:**

*As participants, we expect to:*

- Have access to the Unmet Needs Fund
- Have access to information collected or generated by Fort Bend Recovers
- Have access to resources collected by Fort Bend Recovers

*As participants, we agree to:*

- Participate constructively in Fort Bend Recovers and honor its mission and guiding principles
- Regularly attend meetings or send a representative if necessary
- Work with the long-term recovery collaboration
- Serve on applicable Fort Bend Recover workgroups and ad hoc workgroups when appropriate
- Address problems and concerns openly with a focus on resolution
- Provide material, manpower or monetary support for the work of Fort Bend Recovers
- Collect and report data according to the standards developed by each work group
- Maintain confidentiality of client data within FBR
- Reduce the occurrence of duplicated services and duplication of efforts
- Communicate long-term recovery activities and updates via the Fort Bend Recovers listserv
- Understand that participation is voluntary and can be withdrawn at any time by providing written notification to the FBR Meeting Facilitators (United Way and/or FBC OEM)

**Fort Bend Recovers Steering Committee:**

The purpose of the FBR Steering Committee is to provide administration and coordination of partners and resources, to maintain open communication among the workgroups, and to provide a forum for conflict resolution, in a highly accountable way.

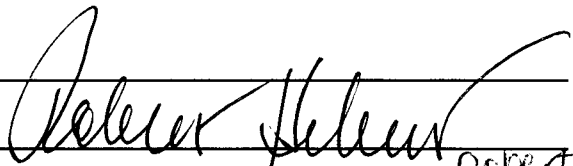
The FBR Steering Committee will be comprised of a United Way of Greater Houston representative and a Fort Bend County Office of Emergency Management representative and two representatives from each of the FBR's work groups. They will work to achieve consensus in all matters related to Steering Committee business.

Facilitator: United Way of Greater Houston and Fort Bend County, through its Office of Emergency Management, agree to facilitate the meetings.

**Participating Agency Agreement**

Agency Name: Fort Bend County

Signature of Authorizing Official:



ROBERT E. HEBERT

Title: County Judge, Fort Bend County

Date: October 11, 2016

# 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.**  
Fort Bend Recovers  
Richmond, TX United States

**Certificate Number:**  
2016-121162

**Date Filed:**  
10/06/2016

**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

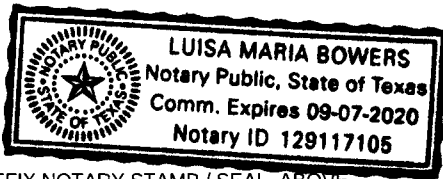
**Date Acknowledged:**

**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 Brazos Flood Recovery  
Fort Bend Recovers Participating Agency Agreement

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**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.



AFFIX NOTARY STAMP / SEAL ABOVE

Caroline Egan  
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Caroline Egan, this the 6<sup>th</sup> day of October, 2016, to certify which, witness my hand and seal of office.

Luisa Maria Bowers Luisa Maria Bowers Notary  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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**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