



United Way of Greater Houston

United Way Center for
Philanthropy, Leadership
and Volunteerism

50 Waugh Drive
Houston, Texas 77007

P.O. Box 3247
Houston, Texas 77253-3247
Phone 713-685-2300

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President and CEO
Anna M. Babin

October 3, 2016

Honorable Judge Robert Hebert
County Judge
Fort Bend Social Services
301 Jackson Street
Richmond, Texas 77469

Honorable Judge Hebert:

On behalf of the United Way of Greater Houston, I am pleased to notify you that the United Way of Greater Houston has approved a \$25,000 grant to assist in your efforts to meet the basic needs of individuals and families as they recover from the impact of the recent floods through Fort Bend County Social Services Department.

I am enclosing the Service Provider Agreement and request that you sign and return the original to:

Missy Smith
United Way of Greater Houston
P. O. Box 3247
Houston, TX 77253-3247

United Way appreciates your dedication to your mission as you continue to provide services to the community in the wake of The Floods of 2016. Your acceptance of these funds signifies agreement to the conditions of the Service Provider Agreement. Thank you for all you do.

Very truly yours,

Anna M. Babin

Anna M. Babin
President and CEO

AB:ms

Enc.: 2

**UNITED WAY OF GREATER HOUSTON
SERVICE PROVIDER AGREEMENT**

THIS AGREEMENT, entered into this **October 1, 2016** by and between the United Way of Greater Houston and **Fort Bend County**.

PURPOSE: United Way of Greater Houston Disaster Basic Needs of the 2016 Floods

SCOPE OF SERVICES: Funds are to be utilized to meet basic needs and case management of individuals and families in Fort Bend County. The funds will be used to assist the neediest of the individuals and families, including the elderly, disabled and low-income families with young children.

FUNDING CONTINGENCIES: None

TERM: All funds must be expended within the time period October 1, 2016 – December 31, 2016.

COMPENSATION: Funding in the amount of **\$25,000** to be used by **Fort Bend County Social Services in collaboration with Fort Bend Recovers agencies to provide basic needs for disaster clients that reside in Fort Bend County.**

REPORTING: We look forward to hearing about the impact these grant funds have on clients' lives. At the end of the grant period, we ask that you complete an online report identifying the impact these grant funds had on clients' lives, the number and demographic characteristics of the clients served and a budget report itemizing the usage of the grant funds. The completed report should be submitted via e-CImpact by January 15, 2017.

BRANDING: Fort Bend Social Services agrees to acknowledge the "United Way of Greater Houston Disaster Recovery Grant" at any location or on any printed materials related to this grant. However, grant recipients are not permitted to use the United Way of Greater Houston logo.

UNITED WAY STAFF ASSIGNED: Mary Vazquez, Senior Director Community Impact, 713-685-2455 or mvazquez@unitedwayhouston.org

This agreement constitutes the entire agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements, understandings or commitments of the parties, written or oral. This agreement may be amended only by an agreement in writing executed by both parties, and no oral modifications of this agreement shall be effective.

Fort Bend Social Services, Fort Bend County
By: _____

Name: Robert Hebert, County Judge

Date: 10-25-16

Title: _____

United Way of Greater Houston

By: Anna M. Babin

Name: Anna M. Babin, President and CEO

Date: 10-3-16

Title: President and CEO

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.
United Way of Greater Houston - Fort Bend Center
Stafford, TX United States

Certificate Number:
2016-121649

Date Filed:
10/07/2016

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

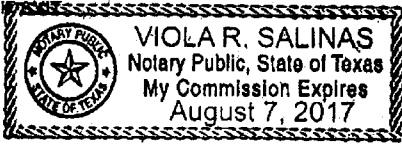
Date Acknowledged:

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.
G645-FBRECOV
United Way Flood 2016 Recovery

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



Mike K. Stewart

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Mike K. Stewart, this the 20th day of October, 2016, to certify which, witness my hand and seal of office.

Viola R. Salinas

Signature of officer administering oath

Viola R. Salinas
Printed name of officer administering oath

Notary / UW
Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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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.
United Way of Greater Houston - Fort Bend Center
Stafford, TX United States

Certificate Number:
2016-121649

Date Filed:
10/07/2016

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:
10/26/2016

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.
G645-FBRECOV
United Way Flood 2016 Recovery

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.

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