

**InterLocal Application
For
Immunization Program Funds
Fiscal Year 2018**

www.ImmunizeTexas.com

Issue date: 12/21/2016

Due date: 01/13/2017

Immunization Branch
P.O. Box 149347
Austin, Texas 78714-9347

Regional Program Managers FY 2018

HEALTH SERVICE REGION 1

Leigh Johnston
Immunization Program Manager
6302 Iola Ave.
Lubbock, Texas 79424
(806) 783-6412
(806) 655-7151 (Cell)
(806) 783-6435 – Fax

Leigh.Johnson@dshs.state.tx.us

HEALTH SERVICE REGION 7

Diane Romnes
Immunization Program Manager
2408 South 37th Street
Temple, Texas 76504-7168
(254) 778-6744
(254) 771-2612 - Fax

Diane.Romnes@dshs.state.tx.us

HEALTH SERVICE REGIONS 2 & 3

Cheryl Millican
Immunization Program Manager
1301 South Bowen Road, Suite 200
Arlington, Texas 76013-2262
(817) 264-4795
(682) 429-4397 (Cell)
(817) 264-4800 – Fax

Cheryl.millican@dshs.state.tx.us

HEALTH SERVICE REGION 8

Laurie Henefey
Immunization Program Manager
112 Joe Carper Drive
Uvalde, Texas 78801
(830) 591-4386 Extension 213
(830) 278-1831 - Fax

Laurie.Henefey@dshs.state.tx.us

HEALTH SERVICE REGIONS 4 & 5 NORTH

Tammie Little
Immunization Program Manager
1517 W. Front Street
Tyler, Texas 75702
(903) 533-5266
(903) 944-9955 (Cell)
(903) 533-9502 - Fax

Tammie.Little@dshs.state.tx.us

HEALTH SERVICE REGIONS 9 & 10

Donna Anders
Immunization Program Manager
2301 N. Big Spring #300
Midland, Texas 79705-7649
(432) 683-9492
(432) 210-6457 (Cell)
(432) 571-4190 - Fax

Donna.Anders@dshs.state.tx.us

HEALTH SERVICE REGIONS 6 & 5 SOUTH

Stephanie Martin
Immunization Program Manager
5425 Polk, Suite J
Houston, Texas 77023
(713) 767-3411
(713) 767-3889 - Fax

Stephanie.Martin@dshs.state.tx.us

HEALTH SERVICE REGION 11

Angelica Martinez
Immunization Program Manager (Acting)
601 W. Sesame Drive
Harlingen, Texas 78550
(956) 421-5546 X 3228
(956) 244-6674 (Cell)
(956) 443-3216 - Fax

Angelica.Martinez@dshs.texas.gov

I. INTRODUCTION

The Department of State Health Services (DSHS) Immunization Branch announces the expected availability of Fiscal Year (FY) 2018 general revenue and federal funding to prevent and control the transmission of vaccine-preventable diseases in children and adults, with emphasis on accelerating strategic interventions to improve their vaccine coverage levels.

This Inter-Local Application (ILA) contains the requirements that all applicants shall meet to be considered for funding. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this ILA.

Please submit the completed renewal application electronically no later than January 13, 2017 to DSHSImmunizationContracts@dshs.state.tx.us. If your email is returned for any reason contact Tray Kirkpatrick at 512.776.3448 and/or resubmit your electronic copy to tray.kirkpatrick@dshs.state.tx.us. Renewal applications received after this deadline will not be considered for funding.

The renewal application includes a form for Indirect Costs (I-7) within the budget template. DSHS Contract Oversight and Support (COS), the section that conducts fiscal audits of contractors, strongly urges that indirect costs be included. Please note that DSHS Immunization Branch has a cap on indirect costs. The total cost that may be funded under this renewal application may not be more than 10% of the personnel costs listed on Form I-1.

II. APPLICATION POINT OF CONTACT

For purposes of addressing questions concerning this Application, the contact is **Tray Kirkpatrick** of the Contract Management Unit. Communications concerning this Application may be addressed by email or fax to:

Phone and Fax Numbers:

512.776.3448

512.776.7391 fax

CMU Contact Email:


tray.kirkpatrick@dshs.state.tx.us

III. TABLE OF CONTENTS

THE APPLICATION SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:

- Form A. Face Page - Application for Financial Assistance
- Form A-1. Texas Counties and Regions List (see separate file)
- Form B. Table of Contents and Checklist
- Form C. Contact Person Information (last block is for emergency contact)
- Form D. Job Descriptions (if applicable)
- Form E. Program Income Spending Plan
- Form H. Work Plan
- Form I. Budget (see separate file)
- Appendix B. Copy of Approved Indirect Rate (if applicable)

Department of State Health Services
FORM A: FACE PAGE

CONTRACTOR INFORMATION	
1) LEGAL BUSINESS NAME: FT. BEND Co.	
2) MAILING Address Information: Include mailing address, street, city, county, state, and zip code): 4520 Reading Rd. Ste. A # 200 Rosenberg Texas 77471	
Check if address change <input type="checkbox"/>	
3) PAYEE Name and Mailing Address (if different from above): Fort Bend Co. Auditors Office, 301 Jackson St. Richmond Texas 77469	
Check if address change <input type="checkbox"/>	
4) DUNS Number (9 digit) required if receiving American Recovery and Reinvestment Act of 2009 (ARRA) funds: 08-149-7075	
5) Federal Tax ID no. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) of Social Security Number (9 digit): 746001969	
<small>*The contractor acknowledges, understands and agrees that the contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</small>	
6) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization * <input type="checkbox"/> For Profit Organization** <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization
<input type="checkbox"/> Faith Based (nonprofit Org) <input type="checkbox"/> Individual <input type="checkbox"/> Federally Qualified Health Centers <input type="checkbox"/> State Controlled Institution of Higher Learning	
<input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify):	
<small>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</small>	
7) PROPOSED BUDGET PERIOD: Start Date: September 1, 2017 End Date: August 31, 2018	
8) COUNTIES SERVED BY PROJECT: Fort Bend Co.	
9) AMOUNT OF FUNDING REQUESTED: \$258,364.00	11) PROJECT CONTACT PERSON
10) PROJECTED EXPENDITURES Does contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for contractors current fiscal year (excluding amount requested in line 9 above)?** Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Name: Udodirim Okereke, RN, BSN, MSN-PH Immunization Program Manager Phone: 281-238-3552 Fax: 281-238-3564 Email: udodirim.okereke@fortbendcountytexas.gov
**Projected expenditures should include anticipated expenditures under all Federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable	
12) FINANCIAL OFFICER	
Name: Ed Sturdivant Phone: 281-341-3760 Fax: 281-341-3374 Email: Ed.Sturdivant@fortbendcountytexas.gov	
The facts affirmed by me in this proposal are truthful and I warrant the contractor is in compliance with assurances and certifications contained in APPENDIX A: DSHS Assurances and Certification. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the contractor and I (the person signing below) am authorized to represent the contractor.	
13) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: Robert Hebert Title: Co. Judge Phone: 281-341-8608 Fax: 281-341-6809 Email: ann.werlein@fortbendcountytexas.gov	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE 
15) DATE 1-24-2017	

FORM A-1: TEXAS COUNTIES AND REGIONS LIST

(in Alphabetical Order)

COUNTIES SERVED BY PROJECT - Item 7 of Form A: Face Page: Check ☒ counties to be served and include behind Form A: Face Page.

Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R	Counties	<input checked="" type="checkbox"/>	R
-A-			Crosby	<input type="checkbox"/>	01	Hays	<input type="checkbox"/>	07	Martin	<input type="checkbox"/>	09	Schleicher	<input type="checkbox"/>	09
Anderson	<input type="checkbox"/>	04	Culberson	<input type="checkbox"/>	10	Hemphill	<input type="checkbox"/>	01	Mason	<input type="checkbox"/>	09	Scurry	<input type="checkbox"/>	02
Andrews	<input type="checkbox"/>	09	-D-			Henderson	<input type="checkbox"/>	04	Matagorda	<input type="checkbox"/>	06	Shackelford	<input type="checkbox"/>	02
Angelina	<input type="checkbox"/>	05	Dallam	<input type="checkbox"/>	01	Hidalgo	<input type="checkbox"/>	11	Maverick	<input type="checkbox"/>	08	Shelby	<input type="checkbox"/>	05
Aransas	<input type="checkbox"/>	11	Dallas	<input type="checkbox"/>	03	Hill	<input type="checkbox"/>	07	McCulloch	<input type="checkbox"/>	09	Sherman	<input type="checkbox"/>	01
Archer	<input type="checkbox"/>	02	Dawson	<input type="checkbox"/>	09	Hockley	<input type="checkbox"/>	01	McLennan	<input type="checkbox"/>	07	Smith	<input type="checkbox"/>	04
Armstrong	<input type="checkbox"/>	01	Deaf Smith	<input type="checkbox"/>	01	Hood	<input type="checkbox"/>	03	McMullen	<input type="checkbox"/>	11	Somervell	<input type="checkbox"/>	03
Atascosa	<input type="checkbox"/>	08	Delta	<input type="checkbox"/>	04	Hopkins	<input type="checkbox"/>	04	Medina	<input type="checkbox"/>	08	Starr	<input type="checkbox"/>	11
Austin	<input type="checkbox"/>	06	Denton	<input type="checkbox"/>	03	Houston	<input type="checkbox"/>	05	Menard	<input type="checkbox"/>	09	Stephens	<input type="checkbox"/>	02
-B-			DeWitt	<input type="checkbox"/>	08	Howard	<input type="checkbox"/>	09	Midland	<input type="checkbox"/>	09	Sterling	<input type="checkbox"/>	09
Bailey	<input type="checkbox"/>	01	Dickens	<input type="checkbox"/>	01	Hudspeth	<input type="checkbox"/>	10	Milam	<input type="checkbox"/>	07	Stonewall	<input type="checkbox"/>	02
Bandera	<input type="checkbox"/>	08	Dimmit	<input type="checkbox"/>	08	Hunt	<input type="checkbox"/>	03	Mills	<input type="checkbox"/>	07	Sutton	<input type="checkbox"/>	09
Bastrop	<input type="checkbox"/>	07	Donley	<input type="checkbox"/>	01	Hutchinson	<input type="checkbox"/>	01	Mitchell	<input type="checkbox"/>	02	Swisher	<input type="checkbox"/>	01
Baylor	<input type="checkbox"/>	02	Duval	<input type="checkbox"/>	11	-I-			Montague	<input type="checkbox"/>	02	-T-		
Bee	<input type="checkbox"/>	11	-E-			Irion	<input type="checkbox"/>	09	Montgomery	<input type="checkbox"/>	06	Tarrant	<input type="checkbox"/>	03
Bell	<input type="checkbox"/>	07	Eastland	<input type="checkbox"/>	02	-J-			Moore	<input type="checkbox"/>	01	Taylor	<input type="checkbox"/>	02
Bexar	<input type="checkbox"/>	08	Ector	<input type="checkbox"/>	09	Jack	<input type="checkbox"/>	02	Morris	<input type="checkbox"/>	04	Terrell	<input type="checkbox"/>	09
Blanco	<input type="checkbox"/>	07	Edwards	<input type="checkbox"/>	08	Jackson	<input type="checkbox"/>	08	Motley	<input type="checkbox"/>	01	Terry	<input type="checkbox"/>	01
Borden	<input type="checkbox"/>	09	Ellis	<input type="checkbox"/>	03	Jasper	<input type="checkbox"/>	05	-N-			Throckmorton	<input type="checkbox"/>	02
Bosque	<input type="checkbox"/>	07	El Paso	<input type="checkbox"/>	10	Jeff Davis	<input type="checkbox"/>	10	Nacogdoches	<input type="checkbox"/>	05	Titus	<input type="checkbox"/>	04
Bowie	<input type="checkbox"/>	04	Erath	<input type="checkbox"/>	03	Jefferson	<input type="checkbox"/>	05	Navarro	<input type="checkbox"/>	03	Tom Green	<input type="checkbox"/>	09
Brazoria	<input type="checkbox"/>	06	-F-			Jim Hogg	<input type="checkbox"/>	11	Newton	<input type="checkbox"/>	05	Travis	<input type="checkbox"/>	07
Brazos	<input type="checkbox"/>	07	Falls	<input type="checkbox"/>	07	Jim Wells	<input type="checkbox"/>	11	Nolan	<input type="checkbox"/>	02	Trinity	<input type="checkbox"/>	05
Brewster	<input type="checkbox"/>	10	Fannin	<input type="checkbox"/>	03	Johnson	<input type="checkbox"/>	03	Nueces	<input type="checkbox"/>	11	Tyler	<input type="checkbox"/>	05
Briscoe	<input type="checkbox"/>	01	Fayette	<input type="checkbox"/>	07	Jones	<input type="checkbox"/>	02	-O-			-U-		
Brooks	<input type="checkbox"/>	11	Fisher	<input type="checkbox"/>	02	-K-			Ochiltree	<input type="checkbox"/>	01	Upshur	<input type="checkbox"/>	04
Brown	<input type="checkbox"/>	02	Floyd	<input type="checkbox"/>	01	Karnes	<input type="checkbox"/>	08	Oldham	<input type="checkbox"/>	01	Upton	<input type="checkbox"/>	09
Burleson	<input type="checkbox"/>	07	Foard	<input type="checkbox"/>	02	Kaufman	<input type="checkbox"/>	03	Orange	<input type="checkbox"/>	05	Uvalde	<input type="checkbox"/>	08
Burnet	<input type="checkbox"/>	07	Fort Bend	<input checked="" type="checkbox"/>	06	Kendall	<input type="checkbox"/>	08	-P-			-V-		
-C-			Franklin	<input type="checkbox"/>	04	Kenedy	<input type="checkbox"/>	11	Palo Pinto	<input type="checkbox"/>	03	Val Verde	<input type="checkbox"/>	08
Caldwell	<input type="checkbox"/>	07	Freestone	<input type="checkbox"/>	07	Kent	<input type="checkbox"/>	02	Panola	<input type="checkbox"/>	04	Van Zandt	<input type="checkbox"/>	04
Calhoun	<input type="checkbox"/>	08	Frio	<input type="checkbox"/>	08	Kerr	<input type="checkbox"/>	08	Parker	<input type="checkbox"/>	03	Victoria	<input type="checkbox"/>	08
Callahan	<input type="checkbox"/>	02	-G-			Kimble	<input type="checkbox"/>	09	Parmer	<input type="checkbox"/>	01	-W-		
Cameron	<input type="checkbox"/>	11	Gaines	<input type="checkbox"/>	09	King	<input type="checkbox"/>	01	Pecos	<input type="checkbox"/>	09	Walker	<input type="checkbox"/>	06
Camp	<input type="checkbox"/>	04	Galveston	<input type="checkbox"/>	06	Kinney	<input type="checkbox"/>	08	Polk	<input type="checkbox"/>	05	Waller	<input type="checkbox"/>	06
Carson	<input type="checkbox"/>	01	Garza	<input type="checkbox"/>	01	Kleberg	<input type="checkbox"/>	11	Potter	<input type="checkbox"/>	01	Ward	<input type="checkbox"/>	09
Cass	<input type="checkbox"/>	04	Gillespie	<input type="checkbox"/>	08	Knox	<input type="checkbox"/>	02	Presidio	<input type="checkbox"/>	10	Washington	<input type="checkbox"/>	07
Castro	<input type="checkbox"/>	01	Glasscock	<input type="checkbox"/>	09	-L-			-R-			Webb	<input type="checkbox"/>	11
Chambers	<input type="checkbox"/>	06	Goliad	<input type="checkbox"/>	08	Lamar	<input type="checkbox"/>	04	Rains	<input type="checkbox"/>	04	Wharton	<input type="checkbox"/>	06
Cherokee	<input type="checkbox"/>	04	Gonzales	<input type="checkbox"/>	08	Lamb	<input type="checkbox"/>	01	Randall	<input type="checkbox"/>	01	Wheeler	<input type="checkbox"/>	01
Childress	<input type="checkbox"/>	01	Gray	<input type="checkbox"/>	01	Lampasas	<input type="checkbox"/>	07	Reagan	<input type="checkbox"/>	09	Wichita	<input type="checkbox"/>	02
Clay	<input type="checkbox"/>	02	Grayson	<input type="checkbox"/>	03	La Salle	<input type="checkbox"/>	08	Real	<input type="checkbox"/>	08	Wilbarger	<input type="checkbox"/>	02
Cochran	<input type="checkbox"/>	01	Gregg	<input type="checkbox"/>	04	Lavaca	<input type="checkbox"/>	08	Red River	<input type="checkbox"/>	04	Willacy	<input type="checkbox"/>	11
Coke	<input type="checkbox"/>	09	Grimes	<input type="checkbox"/>	07	Lee	<input type="checkbox"/>	07	Reeves	<input type="checkbox"/>	09	Williamson	<input type="checkbox"/>	07
Coleman	<input type="checkbox"/>	02	Guadalupe	<input type="checkbox"/>	08	Leon	<input type="checkbox"/>	07	Refugio	<input type="checkbox"/>	11	Wilson	<input type="checkbox"/>	08
Collin	<input type="checkbox"/>	03	-H-			Liberty	<input type="checkbox"/>	06	Roberts	<input type="checkbox"/>	01	Winkler	<input type="checkbox"/>	09
Collingsworth	<input type="checkbox"/>	01	Hale	<input type="checkbox"/>	01	Limestone	<input type="checkbox"/>	07	Robertson	<input type="checkbox"/>	07	Wise	<input type="checkbox"/>	03
Colorado	<input type="checkbox"/>	06	Hall	<input type="checkbox"/>	01	Lipscomb	<input type="checkbox"/>	01	Rockwall	<input type="checkbox"/>	03	Wood	<input type="checkbox"/>	04
Comal	<input type="checkbox"/>	08	Hamilton	<input type="checkbox"/>	07	Live Oak	<input type="checkbox"/>	11	Runnels	<input type="checkbox"/>	02	-Y-		
Comanche	<input type="checkbox"/>	02	Hansford	<input type="checkbox"/>	01	Llano	<input type="checkbox"/>	07	Rusk	<input type="checkbox"/>	04	Yoakum	<input type="checkbox"/>	01
Concho	<input type="checkbox"/>	09	Hardeman	<input type="checkbox"/>	02	Loving	<input type="checkbox"/>	09	-S-			Young	<input type="checkbox"/>	02
Cooke	<input type="checkbox"/>	03	Hardin	<input type="checkbox"/>	05	Lubbock	<input type="checkbox"/>	01	Sabine	<input type="checkbox"/>	05	-Z-		
Coryell	<input type="checkbox"/>	07	Harris	<input type="checkbox"/>	06	Lynn	<input type="checkbox"/>	01	San Augustine	<input type="checkbox"/>	05	Zapata	<input type="checkbox"/>	11
Cottle	<input type="checkbox"/>	02	Harrison	<input type="checkbox"/>	04	-M-			San Jacinto	<input type="checkbox"/>	05	Zavala	<input type="checkbox"/>	08
Crane	<input type="checkbox"/>	09	Hartley	<input type="checkbox"/>	01	Madison	<input type="checkbox"/>	07	San Patricio	<input type="checkbox"/>	11			
Crockett	<input type="checkbox"/>	09	Haskell	<input type="checkbox"/>	02	Marion	<input type="checkbox"/>	04	San Saba	<input type="checkbox"/>	07	STATEWIDE	<input type="checkbox"/>	

FORM A: FACE PAGE INSTRUCTIONS

This form provides basic information about the contractor and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the renewal and is required to be completed. Signature affirms the facts contained in the contractor's response are truthful and the contractor is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the contractor's renewal application.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the contractor.
- 2) **MAILING ADDRESS INFORMATION** - Enter the contractor's complete physical address and mailing address, city, county, state, and zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee - Entity involved in a contractual relationship with contractor to receive payment for services rendered by contractor and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the contractor. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **DUNS Number** - 9 digit Dun and Bradstreet Data Universal Numbering System (DUNS) number or Central Contractor Registration number plus 4 digit extended DUNS number. This number is required if receiving **ANY** American Recovery and Reinvestment Act (ARRA) funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The contractor acknowledges, understands and agrees the contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 6) **TYPE OF ENTITY** - Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> or <http://www.sos.state.tx.us/corp/nonprofit.org.shtml> and/or the Texas State Comptroller at https://fmxcpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf and check all other boxes that describe the entity.

Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)
State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii
Institutions of higher education as defined by §61.003 of the Education Code.
MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.
If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.
- 7) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is 09/01/2013 - 08/31/2014.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from the BUDGET SUMMARY used for cost reimbursement budgets.
- 10) **PROJECTED EXPENDITURES** - If contractor's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 for contractor's current fiscal year, contractor must arrange for a financial compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and email address of the person responsible for the proposed project.
- 12) **FINANCIAL OFFICER** - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and email address of the person authorized to represent the contractor. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the contractor must sign in this blank.
- 15) **DATE** - Enter the date the authorized representative signed this form.

FORM B: TABLE OF CONTENTS AND CHECKLIST

Legal Business Name of Contractor:

FORT BEND COUNTY

This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to indicate page number.

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	Y	4	
A-1	Texas Counties and Regions List	Y	6	
B	Table of Contents and Checklist – completed and included	Y	7	
C	Contact Person Information – completed and included	Y	8	
D	Job Descriptions (with supplemental documentation attached if required)	Y		N/A
E	Program Income Spending Page	Y	10	
F	Work Plan – included	Y	11	
I	Budge Summary Form and Detail Pages	Y		Attached separately
Appendix B	Copy of Approved Indirect Rate – included (if applicable)	<input type="checkbox"/>		N/A

FORM C: CONTACT PERSON INFORMATION

Legal Business Name of

Contractor:

Fort Bend County

*This form provides information about the appropriate contacts in the contractor's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Contract Management Unit**.*

Contacts must include, but are not limited to: Executive Director, Financial Contact, Program Contact, and Emergency Contact information.

Contact:	Udodirim Okereke	Mailing Address	
Title:	Immunization Program Manager	Street:	4520 Reading Rd. Ste. A #200
Phone:	281-238-3552	City:	Rosenberg
Fax:	281-238-3564	County:	Fort Bend
Email:	Udodirim.Okereke@fortbendcountytexas.gov	State, Zip:	TX 77471
Contact:	Robert Castaneda	Street:	4520 Reading Rd. Ste. A #200
Title:	IPOS/TVFC	City:	Rosenberg
Phone:	281-238-3590 Ext:	County:	Fort Bend
Fax:	281-238-3564	State, Zip:	TX 77471
Email:	Robert.Castaneda@fortbendcountytexas.gov		
Contact:	Kaye Reynolds, DrPH	Street:	4520 Reading Rd. Ste. A #200
Title:	Deputy Director/Project Financial Contact	City:	Rosenberg
Phone:	281-238-3519 Ext:	County:	Fort Bend
Fax:	281-342-3355	State, Zip:	TX 77471
Email:	Kaye.Reynolds@fortbendcountytexas.gov		
Contact:	Diane Guest	Street:	4520 Reading Rd. Ste. A #200
Title:	Administrative Assistance	City:	Rosenberg
Phone:	281-238-3558 Ext:	County:	Fort Bend
Fax:	281-342-7371	State, Zip:	TX 77471
Email:	Diane.Guest@fortbendcountytexas.gov		
Emergency Contact:		Street:	
Title:		City:	
Phone:	Ext:	County:	
Fax:		State, Zip:	
Email:			

FORM D: JOB DESCRIPTIONS

Please insert job descriptions here for all positions listed on the Personnel Detail which were not listed last year. Also include any job description that was updated during fiscal year 2017.

Not Applicable

Form E: PROGRAM INCOME SPENDING PLAN

Projected amount of the DSHS share of Program Income (from page 30, Budget Summary, Line K, Row 2)
\$

Please forecast how DSHS' share of Program income will be used. This money is available for immunization activities in addition to contract funds. Throughout the year, LHDs are responsible for monitoring program income collections to assure that projections are being met prior to expending funds as described below. Use of these funds is subject to the same restrictions as apply to grant funds.

Cost Categories	Funds Projected	Purpose and Justification
A. Personnel	\$6,000	Support of the immunization program including direct immunizations and clerical / intake effort
B. Fringe Benefits	\$3,000	As above
C. Travel	\$700	Local mileage reimbursement for travel to immunization locations
D. Supplies	\$1,126	Supplies to support immunization services
E. Contractual	\$	
F. Other	\$165	Support communication with VFC providers
Total (DSHS Share Program Income)	\$10,991	

**FORM G: Federal Funding Accountability and Transparency Act (FFATA)
Personnel Activity Detail Form for Local Health Department Immunization Staff**

Legal Name of Applicant:	Fort Bend County
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List Personnel	I. Program Planning & Evaluation	II. Vaccine Management VFC OPS	III. Registries	IV. Provider Quality Assurance VFC AFIX	V. Perinatal Hepatitis B Prevention	VI. Education, Information, Training & Collaborations	VII. Epidemiology and Surveillance	VIII. Population Assessment	IX Service Delivery	Total equals 100%
Functional Title + Code E=Existing or P=Proposed	% Time	% Time	% Time	% Time	% Time	% Time	% Time	% Time	% Time	100% Time
Udodirim Okereke, RN, BSN, MSN-PH Immunization Program Manager	10	15	5	25	5	10	10	10	10	100%
Lorraine Grieger, LVN		10	5		30	5			50	100%
Monica Onwuegbuchu, LVN		10	10		20	10		10	40	100%
Mindy Ferrel, LVN		10	10		10	10		10	50	100%
Patricia Isom, RN Missouri City Supervisor	5	15	10	20		10	10	10	20	100%
Laura Booker, LVN						20		20	60	100%
Gloria Little, LVN						20		20	60	100%
Robert Castaneda IPOS/TVFC	5	5	30	10		20			30	100%
Xavier Villaloboz			50			10		10	30	100%
Maria Becerra, CSA 11			45	5		10		10	30	100%

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

FORT BEND COUNTY

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$379,476	\$153,984	\$0	\$0	\$225,492	\$0
B. Fringe Benefits	\$188,749	\$72,901	\$0	\$0	\$115,848	\$0
C. Travel	\$18,204	\$15,204	\$0	\$0	\$3,000	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$29,700	\$12,000	\$0	\$0	\$17,700	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$6,775	\$4,275	\$0	\$0	\$2,500	\$0
H. Total Direct Costs	\$622,904	\$258,364	\$0	\$0	\$364,540	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$622,904	\$258,364	\$0	\$0	\$364,540	\$0
K. Program Income - Projected Earnings	\$26,500	\$10,991			\$15,509	

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$379,476	\$379,476	Fringe Benefits	\$188,749	\$188,749
	Travel	\$18,204	\$18,204	Equipment	\$0	\$0
	Supplies	\$29,700	\$29,700	Contractual	\$0	\$0
	Other	\$6,775	\$6,775	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$622,904	Budget Total	\$622,904
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*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

FORT BEND COUNTY

Description of Item <small>(If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit))</small>	Purpose & Justification	Total Cost
Cell Phone Service x 2 (12 months @ 65.57)	Cell phone services for ImmTrac/VFC outreach Specialist and Team Lead Nurse while out in the field	\$787
Aircard services (2 laptops @ \$45 per month for 12 months)	Communication with TWICES/ImmTrac while conducting audits in the field.	\$912
Control company (8 thermometers to be re-calibrated at \$15.00 unit)	Re-calibration of traceable Refrigerator/Freezer Thermometer for vaccine refrigerators to meet VFC requirements.	\$120
Centigrade Services	Maintenance visits on a semi-annual basis on 2 vaccine refrigerators. (\$550 each visit)	\$1,100
Stericycle - Monthly \$55	Monthly medical waste pick-up	\$660
Stericycle - Quarterly \$15.15	Cost per box of syringes. (10 boxes per quarter)	\$606
Stericycle - Quarterly \$5.00	Medical waste pick-up - Energy charge per pick-up	\$20
Stericycle - Quarterly \$17.50	Medical waste pick-up - Fuel charge	\$70
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL FROM OTHER SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Other:

\$4,275

Yulissa Lozano, CSA			50			10		10	30	100%
Beverly Kaack, CSA			5			25		10		100%
Diane Guest Admin. Asst.	10								30	100%
Ngombe Bitendelo, RN, BSN, MPH Director CHS	10					5	5		20	100%

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

FORT BEND COUNTY

PERSONNEL Functional Title + Code E = Existing or P = Proposed	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Immunization Program Manager (1) / E	N	Oversees / Provides Training and QI for /Schedules / Immunization Services	0.4	Yes	\$4,976.00	12	\$23,885
Immunization Nurse (3) / (E)	N	Provide Immunization services	1.19	Yes	\$3,444.04	12	\$49,181
Community Service Aides (3) / E	N	Support Immunization services	1.19	No	\$2,644.01	12	\$37,756
IMMTRAC / PIC / VFC Outreach SpecialistNurse (1) / (E)	N	Provides Immtrac, Pharmacy and VFC activity support	0.4	No	\$3,358.55	12	\$16,121
Director of Clinical Health Services (1)/ E	N	Directs Immunization Program	0.16	Yes	\$6,654.09	12	\$12,776
Administrative Assistance (1) / E	N	Purchasing, Payroll, Accounts Payable	0.16	No	\$4,571.52	12	\$8,777
Community Service Aides (2) / E	N	Support Immunization services	0.16	No	\$2,858.45	12	\$5,488
							\$0
							\$0
							\$0
							\$0
							\$0
							\$0
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0
						SalaryWage Total	\$153,984

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

FICA = 7.65%, Pension = 11.95%, Workman Comp/Unemployment = 3.8%, Group Health Insurance = \$11,561.00 per FTE

	Fringe Benefit Rate %	47.34%
	Fringe Benefits Total	\$72,901

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

FORT BEND COUNTY

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days/Employees		
Trips to regional health department/Houston, TX	Trips/yr. for two to four employees - program manager, ImmTrac, VFC, and miscellaneous meetings (75 miles round trip x \$.575)	Houston, TX	6/4	Mileage	\$258
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$258
Trips to Immunization Coalition of Greater Houston (ICOGH) meetings	4 trips for 1-2 employees to participate in the ICOGH meetings (52 miles round trip x \$.575)	Houston, TX	4/2	Mileage	\$120
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				Total	\$120
Trips to the Texas Immunization Stake Holders Work Group meetings	2 trips for 1-2 (1 1/2 days, 1 night, 350 miles round trip x \$.575, 2 nights x \$120.00, \$36 day per diem)	Austin, TX	2/2	Mileage	\$201
				Airfare	
				Meals	\$108
				Lodging	\$480
				Other Costs	
				Total	\$789
2 Trips to statewide meeting on Immunization Program	2 trips for workshop/meeting attendance to keep updated on program plans and best practices. (2 trips for 2 1/2 days each x 4 employees). 350 miles x \$.575, \$36.00 per diem.			Mileage	\$201
				Airfare	
				Meals	\$864
				Lodging	\$1,920
				Other Costs	
				Total	\$2,985
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$4,152

Revised 7/6/2009

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

FORT BEND COUNTY

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable.** Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>(If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box))</small>	Purpose & Justification	Total Cost
Office Supplies - paper, toner, and ink cartridges, pens, notepads and miscellaneous items.	Supplies to support immunization printing and copying. Pens, notepads and misc. items for clinic use (3 locations)	\$5,000
Medical Supplies - syringes, cotton balls, alcohol and bandaids	To support vaccine delivery	\$7,000
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
		\$0
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$12,000

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Travel to satellite clinics, VFC Provider education and QI visits, ImmTrac/PICS outreach/education/training to providers, school etc, Perinatal Hepatitis B visits.	19220	\$0.575	\$11,052		\$11,052
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel **\$11,052**Other / Local Travel Costs: **\$11,052**Conference / Workshop Travel Costs: **\$4,152**Total Travel Costs: **\$15,204**

Indicate Policy Used:

Respondent's Travel Policy State of Texas Travel Policy