



United Way of Greater Houston

FEB 17 2017

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

Chair of the Board  
Marc Watts

February 17, 2017

Judge Robert Hebert  
County Judge  
Fort Bend County  
401 Jackson St.,  
Richmond, TX 77469

Dear Judge Hebert:

**Executive Committee**

Steve Bergstrom  
Bruce Culpepper  
Stephen M. Fraga  
John T. Grempe  
Robert W. Harvey  
Jonathan C. Homeyer  
Duncan F. Klusmann  
Lynne Liberato  
Lynn Mathre  
Wayne McConnell  
Jack B. Moore  
Robert K. Reeves  
Thomas L. Ryan  
Tom Walters

**Trustees**

David Argueta  
J. Murry Bowden  
Deborah Byers  
Willie Chiang  
Claude Cummings, Jr.  
Marcus Davis  
Irma Diaz-Gonzalez  
Lynn L. Elsenhans  
Ryan Lance  
Louis Lien  
Gina A. Luna  
Rabbi David Lyon  
Fadi Michael Malta  
Oniel Mendenhall, Jr.  
Ron Oran  
Sue Payne  
Armando Perez  
Scott M. Prochazka  
Alie Pruner  
Bobby Robbins  
Jamey Rootes  
Jeff Shellebarger  
Steve Stephens  
Y. Ping Sun  
Anne Taylor  
Christi Thoms-Knox  
Jose Villarreal  
George C. Yang  
Bill Yardley  
Melissa Young

**President and CEO**  
Anna M. Babin

We are pleased to inform you that Fort Bend County in cooperation with the Fort Bend County Department of Social Services has been awarded a grant in the amount of \$200,000 to provide case management and basic needs direct financial assistance as part of collaborative efforts with Fort Bend Recovers to strategically address critical disaster recovery needs in Fort Bend County.

These funds were made possible through the generosity of The George Foundation and the Henderson-Wessendorff Foundation with the United Way of Greater Houston as the Fiscal Sponsor on behalf of the Fort Bend Recovers collaborative. Your acceptance of these funds signifies agreement to the conditions of the enclosed **Service Provider Agreement**. Funds are to be used exclusively for the scope of services outlined in the Agreement.

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

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

On behalf of United Way, please accept our thanks for the services you are providing to the community.

Very truly yours,

*Anna M. Babin*

Anna M. Babin  
President and CEO

AMB:ts

enc: 2

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

THIS AGREEMENT is entered into the 17<sup>th</sup> day of February 2017 by and between *United Way of Greater Houston* (UWGH) and *Fort Bend County*. (Service Provider).

**PURPOSE:** In response to the unprecedented needs in the community following the 2016 flooding of the Brazos River, The George Foundation and The Henderson-Wessendorff Foundation (collectively, the Foundations) are committed to supporting the Fort Bend community in the recovery process to provide immediate and long-term recovery support to residents. United Way of Greater Houston acknowledges that a collaborative, also referred to as The Fort Bend Recovers (The Collaborative) Project, was established to address the long-term recovery needs in Fort Bend County.

Grants were awarded from the Foundations to United Way of Greater Houston to be used in collaborative efforts that strategically address critical disaster needs in Fort Bend County including Case Management Staff, Administrative Support, Basic Needs/Financial Assistance Fund, Disaster Behavioral Health, and a Construction Pool.

**SCOPE OF SERVICES:** Year 1 funding totaling \$200,000 in grant funds to be used to fund Long-Term Recovery efforts related to social service needs as specified in the grant application and budget allocated as follows:

- \$200,000 for basic needs financial assistance to 300 individuals averaging \$500/per client.

**TERM:** The grant covers the period of February 1, 2017 – December 31, 2017.

**PAYMENT SCHEDULE:** Funding will be disbursed as follows:

- For basic needs financial assistance, funding will be disbursed in \$50,000 increments.

**REVIEW AND REPORTING:** The Service Provider agrees to submit reports demonstrating the benefit of services provided and the impact achieved. The Service Provider agrees that it will submit quarterly progress reports as outlined in this agreement including: number of families, individuals and seniors served; and the type of basic needs, unmet needs or case management services provided. Due dates of these reports are as follows:

- Quarterly Progress Reports Due: 03/30/2017, 06/30/2017, 9/30/2017, 12/31/17.
- Other reports may be required by UWGH upon request.

**PERFORMANCE ISSUES:** UWGH reserves the right to terminate this agreement with a 30-day notice if the service provider is not compliant with terms and conditions of this agreement.

**FUNDRAISING:** The Collaborative and/or Participating Agencies may solicit contributions designated for The Fort Bend Recovers Collaborative Project with prior notification of UWGH. All contributions raised must be made to UWGH. UWGH shall be responsible for the processing and acknowledgment of all monies received.

**CONTINGENCIES:**

- Executed Service Provider Agreement must be on file prior to disbursement of approved funding.
- Service Provider agrees to keep its financial records so that they adequately show that the funds were used exclusively for the Grant's purpose.
- Any funds not used for the purpose of the Grant are to be returned to UWGH.
- To document the progress of the Grant, UWGH may schedule a phone interview or a site visit prior to the end of the grant period.
- Service Provider must maintain accurate client records in the Coordinated Access Network (CAN) system.
- Service Provider should attempt to leverage these resources as much as possible through the effective use of other funds. These awards are an "up to" amount and if additional funds are raised by the Service Provider's agency for this effort, it should offset the Foundations' award.
- Funding shifts must be requested and approved by UWGH staff listed below prior to the shift of funds.
- Service Provider must submit reports through United Way's E-CImpact system.

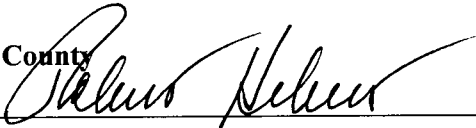
**SERVICE LEVEL REQUIREMENTS:****Basic Needs Financial Assistance**

- All cases will be monitored through the Coordinate Access Network (CAN) to track client's recovery progress and ensure no duplication of benefits. Information entered should include household members, demographic information and contact notes.
- Clients served must have been affected by the April or May 2016 Floods.
- Basic needs funds should be utilized for Unmet Needs that have occurred due to flooding.
- Case managers should conduct due diligence and obtain appropriate documentation as verification of needs and lack of resources available before providing basic needs or unmet needs funding.
- Case managers must leverage other available resources such as the Greater Houston Unmet Needs Fund prior to accessing funds through the Basic Needs grant.
- Clients must provide current driver's license, vehicle registration and proof of insurance for any requests related to motor vehicles. Applicant's name must match the name on the vehicle registration and/or insurance.
- Clients will have a recovery plan in place as a requirement to access funds. This plan will be uploaded into CAN.
- Clients with recurring ongoing basic needs or needs that existed prior to the flood should be provided with additional resources not related to the grant.
- Turn in timely reports as well as provide any supplemental information on request.

**PUBLIC ACKNOWLEDGMENT:** The Foundations encourage grantee and sub grantees to promote and publish news of the work of the collaborative and are permitted to acknowledge the Foundations' contributions to that work. Copies of such news releases or other written materials which include grant information should be furnished to the Foundations. Grant recipients are not permitted to use the United Way of Greater Houston logo.

**UNITED WAY STAFF ASSIGNED:** Mary Vazquez, Sr. Director, Community Impact, 713-685-2455 or [mvazquez@unitedwayhouston.org](mailto:mvazquez@unitedwayhouston.org) and Terri Stuart, Fort Bend Manager, 281-207-2309 or [tstuart@unitedwayhouston.org](mailto:tstuart@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 County**By: Date: 2-28-2017Name (print or type): Robert HebertTitle: Fort Bend County Judge**United Way of Greater Houston:**By: Anna M. BabinDate: 2-17-17Name (print or type): Anna M. BabinTitle: 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

Certificate Number:  
2017-169181

Date Filed:  
02/20/2017

Date Acknowledged:

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

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

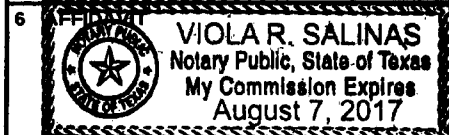
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

G645-FBRECOV

UWGH - Fort Bend Recovers Collaborative Project 2017

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.



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 21<sup>st</sup> day of February, 20 17, 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

Title of officer administering oath

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Stafford, TX United States

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Fort Bend County

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G645-FBRECOV  
UWGH – Fort Bend Recovers Collaborative Project 2017

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			Controlling	Intermediary

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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