


HIV Prevention Program Executive Summary

The Department of State Health Services (DSHS) Human Immunodeficiency Virus (HIV) Prevention Program is offering \$315,329.00 in renewal grant funding for the period of January 1, 2021 - December 31, 2021 to provide HIV prevention interventions to persons at greatest risk for acquiring or transmitting HIV within Fort Bend County.

Fort Bend County proposes to re-conduct its core HIV Prevention Program activities to priority populations within the county. Program activities will include Community Engagement, Condom Distribution, Focused HIV Testing, Linkage to Care, and Medication Administration.

FORM A – Respondent Information Page
HIV Prevention Services Contract Calendar Year 2021

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION	
1) LEGAL BUSINESS NAME:	Fort Bend County
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code):	Check if address change <input type="checkbox"/> 4520 Reading Road, Suite 200 , Rosenberg, Fort Bend, Texas 77471
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above):	Check if address change <input type="checkbox"/> Fort Bend County Auditor – 301 Jackson Street, Suite 701 – Richmond Texas 77469
4) DUNS Number (9-digit) required if receiving federal funds:	081497075
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit):	746001969
<i>*The respondent acknowledges, understands and agrees that the respondent'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.</i>	
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): _____	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>	
7) PROPOSED BUDGET PERIOD:	Start Date: 1/1/2021 End Date: 12/31/2021
8) REGION/COUNTIES SERVED BY PROJECT:	Fort Bend County and sections of Harris County
8a) IDENTIFY HIV SERVICE DELIVERY AREA(S) SERVED: Region 6	
9) TOTAL AMOUNT OF FUNDING REQUESTED:	11) PROJECT CONTACT PERSON
\$315,329	Name: Ben Adesope Phone: 832-841-6089 Fax: 281-238-3355 Email: ben.adesope@fortbendcountytx.gov
10) PROJECTED EXPENDITURES	12) FINANCIAL OFFICER
Does the respondent's projected federal expenditures exceed \$750,000, or its projected state expenditures exceed \$750,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)? **	Name: Ed Sturdivant Phone: 281-341-3760 Fax: 281-341-3774 Email: Ed.Sturdivant@fortbendcountytx.gov
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<i>**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.</i>	
<small>The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the RFA terms and conditions, including HHSC's Uniform Contract Terms and Conditions, and other RFA requirements unless specifically noted on the Respondent Information and Disclosure Form. 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 respondent and I (the person signing below) am authorized to represent the respondent.</small>	
13) AUTHORIZED REPRESENTATIVE	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: KP George Title: County Judge Phone: 281-341-8608 Fax: 832-471-1858 Email: County.judge@fortbendcountytx.gov	
	15) DATE September 8, 2020

FORM A: Respondent Information Page Instructions

This form provides basic information about the respondent and the proposed project with the Health and Human Services Commission (HHSC), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms the facts contained in the respondent's response are truthful and the respondent is in compliance with the RFA terms and conditions, including HHSC's Uniform Contract Terms and Conditions, and other RFA requirements unless specifically noted on the Respondent Information and Disclosure Form 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 respondent's proposal.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the respondent.
- 2) **MAILING ADDRESS INFORMATION** - Enter the respondent's complete physical address and mailing address, city, county, state, and 9-digit zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address, including 9-digit zip code, if PAYEE is different from the respondent. 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. This number is required if receiving ANY federal funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) **FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER OR SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The respondent acknowledges, understands and agrees the respondent's choice to use a social security number as its 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> 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** - The budget period for this proposal. Budget period is defined in the RFA.
- 8) **REGION/COUNTIES SERVED BY PROJECT** - Enter the Region and proposed target counties to be served by the project.
- 8A) **IDENTIFY HIV SERVICE DELIVERY AREA(S) SERVED**: Enter the HIV Service Delivery Areas that will be served.
- 9) **TOTAL AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from HHSC for proposed project activities (not including possible renewals).
- 10) **PROJECTED EXPENDITURES** - If respondent's projected federal expenditures exceed \$750,000 or its projected state expenditures exceed \$750,000 for respondent's current fiscal year, respondent 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 respondent. Check the "Check if change" box if the authorized representative is different from previous submission to HHSC.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the respondent must sign in this blank.
- 15) **DATE** - Enter the date the authorized representative signed this form.

FORM B-1: GOVERNMENTAL ENTITY
Authorized Officials

Legal Business Name of Respondent:	Fort Bend County
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Include the full names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

Name: KP George	Mailing Address (incl. street, city, county, state, & zip):	
Title: County Judge		301 Jackson St, Richmond, TX 774693108
Phone: 281-341-8608 Ext.		Fort Bend County
Fax: 832-471-1858		
Email: County.judge@fortbendcountytx.gov		
Name: _____	Mailing Address (incl. street, city, county, state, & zip):	
Title: _____		
Phone: _____ Ext.		
Fax: _____		
Email: _____		
Name: _____	Mailing Address (incl. street, city, county, state, & zip):	
Title: _____		
Phone: _____ Ext.		
Fax: _____		
Email: _____		
Name: _____	Mailing Address (incl. street, city, county, state, & zip):	
Title: _____		
Phone: _____ Ext.		
Fax: _____		
Email: _____		
Name: _____	Mailing Address (incl. street, city, county, state, & zip):	
Title: _____		
Phone: _____ Ext.		
Fax: _____		
Email: _____		
