

**InterLocal Application
For
Immunization Program Funds
Fiscal Year 2023**

www.ImmunizeTexas.com

Issue date: 1/26/2022

Due date: 2/11/2022

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

I. INTRODUCTION

The Department of State Health Services (DSHS) Immunization Unit announces the expected availability of Fiscal Year (FY) 2023 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 15, 2022 to DSHSImmunizationContracts@dshs.texas.gov and Holly Zoerner at holly.zoerner@dshs.texas.gov.

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 Unit 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 **Holly Zoerner** of the Contract Management Section. Communications concerning this Application may be addressed by email or fax to:

Phone and Fax Numbers:

512.776.3742

512.776.7391 fax

CMS Contact Email:

holly.zoerner@dshs.texas.gov

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 C-1 Program Contract Information (see separate file)
- Form D. Job Descriptions (if applicable)
- Form E. Program Income Spending Plan
- Form F. Budget (see separate file)
- Form G. FFATA Form
- Appendix B. Copy of Approved Indirect Rate (if applicable)

Department of State Health Services
FORM A: FACE PAGE

CONTRACTOR INFORMATION	
1) LEGAL BUSINESS NAME: Fort Bend County	
2) MAILING Address Information: Include mailing address, street, city, county, state, and zip code): 301 Jackson Street; Health and Human Services – Clinical Health Services (CHS) Richmond, Texas 77469-3108 Check if address change <input type="checkbox"/>	
3) PAYEE Name and Mailing Address (if different from above): Fort Bend County Auditor's Office; 301 Jackson Street, 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. and Mail Code 746001969 and 77469-3108	
<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, 2022 End Date: August 31, 2023	
8) COUNTIES SERVED BY PROJECT: Fort Bend County	
9) AMOUNT OF FUNDING REQUESTED: \$258,364	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"/> <small>**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</small>	Name: Barbarah Martinez, MSN, APRN, FNP-BC Phone: (281) 238-3548 Fax: (281) 471-1808 Email: Barbarah.Martinez@fortbendcountytexas.gov
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.	
13) AUTHORIZED SIGNATORY (DocuSign) Check if change <input type="checkbox"/>	
Name: KP George Title: County Judge Phone: (281) 341-8608 Fax: (281) 341-8609 Email: county.judge@fortbendcountytexas.gov	

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 09/01/2022 – 08/31/2023.
- 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	X	Page 4	
A-1	Texas Counties and Regions List	X	Page 11	
B	Table of Contents and Checklist – completed and included	X	Page 6	
C	Contact Person Information – completed and included	X	Page 7	
C-1	Program Contact Information – completed and included	X	Separate File attached	
D	Job Descriptions (with supplemental documentation attached if required)	X	Page 8, 13 & 14	
E	Program Income Spending Page	X	Page 9	
F	Budget Summary Form and Detail Pages	X	Separate File attached	
G	FFATA Form - completed and included	X	Page 10	
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 Section**.*

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

Contact:	Barbarah Martinez MSN, APRN, FNP-BC	Mailing Address	
Title:	Division Manager - Clinical Health Services	Street:	4520 Reading Rd. Suite A-200
Phone:	(281) 238-3548	City:	Rosenberg
Fax:	(832) 471-1808	County:	Fort Bend County
Email:	Barabarah.Martinez@fortbendcountytexas.gov	State, Zip:	Texas, 77471
Contact:	Joyce Brown RN, BSN, OCN	Street:	4520 Reading Rd. Suite A-200
Title:	Immunization Program Manager	City:	Rosenberg
Phone:	(281) 238-3552 Ext:	County:	Fort Bend County
Fax:	(281) 471-1815	State, Zip:	Texas, 77471
Email:	Joyce.Brown@fortbendcountytexas.gov		
Contact:	Robert Castaneda	Street:	4520 Reading Rd. Suite A-200
Title:	IPOS/TVFC	City:	Rosenberg
Phone:	(281) 238-3590 Ext:	County:	Fort Bend County
Fax:	(832) 471-1815	State, Zip:	Texas, 77471
Email:	Robert.Castaneda@fortbendcountytexas.gov		
Contact:	Cynthia Smith	Street:	4520 Reading Rd. Suite A-200
Title:	Administrative Assistant	City:	Rosenberg
Phone:	(281) 238-3558 Ext:	County:	Fort Bend County
Fax:	(832) 471-1808	State, Zip:	Texas, 77471
Email:	Cynthia.Smith@fortbendcountytexas.gov		
Emergency Contact:	Cynthia Smith	Street:	4520 Reading Rd. Suite A-200
Title:	Administrative Assistant	City:	Rosenberg
Phone:	(281) 238-3558 Ext:	County:	Fort Bend County
Fax:	(832) 471-1808	State, Zip:	Texas, 77471
Email:	Cynthia.Smith@fortbendcountytexas.gov		

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 2022.

Job Descriptions for proposed positions (See Appendix 1)

PERSONNEL 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 Nurse P =1	Y	Provide Immunization Services	0	LVN	\$4,878.92	12	\$0
IMMTRAC/ PIC/ VFC Outreach Specialist P=1	Y	Provides Immtrac and VFC activity support	0	N/A	\$4,344.78	12	\$0

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	\$ 7,911.00	Immunization Program Staff Salaries
B. Fringe Benefits	\$	
C. Travel	\$	
D. Supplies	\$	
E. Contractual	\$	
F. Other	\$	
Total (DSHS Share Program Income)	\$ 7,911.00	

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

Legal Name of Applicant:	
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List Personnel	I. Program & Contract Management	II. Facility Immunization Assessments	III. Managing TVFC and ASN Providers	IV. Epidemiolog y and Surveillance	V. Providing a Vaccine Safety Net	VI. Increasing Use of the Texas Immunization Registry	VII. Education and Partnerships	Total equals 100%
Functional Title + Code E=Existing or P=Proposed	% Time	% Time	% Time	% Time	% Time	% Time	% Time	100% Time
Immunization Program Manager (1) / E	30	20	10	10	10	10	10	100
Immunization Nurse (4) / E	0	10	5	10	40	25	10	100
Community Service Aides (4) / E	0	10	0	0	0	80	10	100
IMMTRAC/ PIC/ VFC Outreach Specialist (1) / E	0	0	70	0	0	20	10	100
Division Manager Clinical Health Services (1) / E	60	20	20	0	0	0	0	100
Administrative Assistance (1) / E	100	0	0	0	0	0	0	100

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"/>	

Regional Program Managers FY 2023

<p><u>PUBLIC HEALTH REGION 1</u> Marie Hernandez Immunization Program Manager 6302 Iola Ave. Lubbock, Texas 79424 (806) 783-6412 (806) 783-6435 - Fax MarieD.Hernandez@dshs.texas.gov</p>	<p><u>PUBLIC HEALTH REGION 7</u> Debbie Shelton Immunization Program Manager 2408 South 37th Street Temple, Texas 76504-7168 (254) 778-6744 (254) 771-2612 - Fax Debbie.Shelton@dshs.texas.gov</p>
<p><u>PUBLIC HEALTH REGION 2 & 3</u> Cheryl Millican Immunization Program Manager 1301 South Bowen Road, Suite 200 Arlington, Texas 76013-2262 (817) 264-4795 (817) 264-4800 – Fax Cheryl.Millican@dshs.texas.gov</p>	<p><u>PUBLIC HEALTH REGION 8</u> Laurie Henefey Immunization Program Manager 112 Joe Carper Drive Uvalde, Texas 78801 (830) 591-4386 Extension 213 (830) 278-1831 - Fax Laurie.Henefey@dshs.texas.gov</p>
<p><u>PUBLIC HEALTH REGION 4 & 5 NORTH</u> Amanda Rich Immunization Program Manager 1517 W. Front Street Tyler, Texas 75702 (903) 533- 5350 (903) 533-9502 - Fax Amanda.Rich@dshs.texas.gov</p>	<p><u>PUBLIC HEALTH REGION 9 & 10</u> Donna Anders Immunization Program Manager 2301 N. Big Spring #300 Midland, Texas 79705-7649 (432) 571-4137 (432) 571-4190 – Fax Donna.Anders@dshs.texas.gov</p>
<p><u>PUBLIC HEALTH REGION 6 & 5 SOUTH</u> Sabrina Stanley Immunization Program Manager 5425 Polk, Suite J Houston, Texas 77023 (713) 767--3411 (713) 767-3889 - Fax Sabrina.Stanley@dshs.texas.gov</p>	<p><u>PUBLIC HEALTH REGION 11</u> Laura Moreno Immunization Program Manager 601 W. Sesame Drive Harlingen, Texas 78550 (956) 421-5581 (956) 443-3216 - Fax Laura.Moreno@dshs.texas.gov</p>

APPENDIX 1

FORT BEND COUNTY

DEPARTMENT: CLINICAL HEALTH SERVICES

JOB TITLE: LICENSED VOCATIONAL NURSE – IMMUNIZATIONS

JOB SUMMARY:

Promotes and provides public health services to the residents of Fort Bend County in the prevention and control of public health matters and communicable diseases. Participates in planning of programs, policies and objectives for work group and department.

DUTIES & RESPONSIBILITIES:

Provides disease prevention measures to residents of Fort Bend County, such as immunizations, epidemiologic investigations, tuberculosis testing, and directly observed therapy (DOT). Monitors inventory and orders medications and supplies on a monthly basis or as needed. Transports medications and equipment as needed. Maintains records to document activities. Provides counseling to public regarding the prevention of disease. Conducts home visits to assess patients and to provide services such as administering medications as indicated. Assists and/or instructs other employees with their duties. Recruit, train and provide support for doctor offices. Verify grant specifications are met. May be asked to participate in community outreach events. Participates in activities and duties related to emergency management during a local state of disaster as directed by appropriate county managers.

REQUIREMENTS:

High School Diploma/GED; One year technical school. Licensed Vocational Nurse (LVN). One year job related experience as a Licensed Vocational Nurse. Good verbal and written communication skills. Good interpersonal skills and ability to deal effectively with the public, other employees, and elected officials. Ability to complete assigned projects in a timely manner. Valid Texas Driver's License and reliable transportation. This position rotates between Missouri City, Rosenberg and Katy locations. May be required to work after hours and on weekends due to community needs.

SALARY RANGE: Public Health Grade 9, Commensurate with experience; Range potential from \$1,820.80 - \$2,141.60 biweekly

APPENDIX 1

FORT BEND COUNTY

DEPARTMENT: CLINICAL HEALTH SERVICES

JOB TITLE: IMMTRAC/PICS OUTREACH SPECIALIST – IMMUNIZATIONS

JOB SUMMARY:

Provides identification, outreach, education, data entry and follow-up with families and children within the statewide and local immunization program. Participates in planning of programs, policies and objectives of department.

DUTIES & RESPONSIBILITIES:

Identifies and locates individuals with incomplete immunization histories and provide education on the purpose of utility of the statewide immunization registry; locate additional immunizations records and ensure that all information is entered into ImmTrac. Resolve questionable matches in ImmTrac and maintain records of all clients' contact and the results of outreach activities. Identify and recruit new registry users (hospitals, pediatricians, and other health care providers), promote the registry to parents and expectant parents and provide education and technical assistance to birth registrars to increase number of children included in registry. Maintain client files and document all contact and education provided; Promote data registry quality and completeness; trains registry users. Promote efficient inventory control and ordering practices in private provider offices by providing education on the advantages of the Pharmacy Inventory Control System (PICS) including automatic vaccine ordering and paperless vaccine reporting; Train providers on PICS and perform data entry of paper reporting forms.

REQUIREMENTS:

High School Diploma/GED; Licensed Vocational Nurse, Medical Assistant or previous medical experience preferred. Three years job related experience. Strong computer skills and typing skills (40 WPM preferred); strong verbal and written communication skills; interpersonal skills and ability to deal effectively with the public, other employees and elected officials. Ability to explain complex information at an appropriate level for individuals or groups; Ability to interpret policies and to implement procedures. Bi-lingual preferred. Knowledge of ImmTrac and PICS preferred.

SALARY RANGE: Public Health Grade 9, Commensurate with experience; Range potential from \$1,820.80 - \$2,141.60 biweekly