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**AGENDA ITEM REQUEST FORM**

**Hays County Commissioners Court**

Tuesdays at 9:00 AM

Request forms are due in Microsoft Word Format via email by 2:00 p.m. on Wednesday.

**AGENDA ITEM**

Authorize the County Judge to submit a grant application to the Texas Department of State Health Services (DSHS), Public Health Emergency Preparedness (PHEP) program in the amount of \$121,300.00.

ITEM TYPE	MEETING DATE	AMOUNT REQUIRED
CONSENT	April 30, 2013	\$12,130.00

LINE ITEM NUMBER

**AUDITOR USE ONLY**

**AUDITOR COMMENTS:**  
Most of this grant relates to our FY14 budget and the match will be budgeted at that time.

**PURCHASING GUIDELINES FOLLOWED:** N/A                      **AUDITOR REVIEW:** BILL HERZOG

REQUESTED BY	SPONSOR	CO-SPONSOR
Garza/Hauff	INGALSBE	N/A

**SUMMARY**

The grant application is to the Texas Department of State Health Services, Public Health Emergency Preparedness (PHEP) program for funding to support the salary and benefits of the Emergency Preparedness Coordinator and SNS Coordinator in the Hays County Local Health Department. This grant requires a 10% match, with the match met through in-kind contributions from the health department operating funds. Upon award, the term for this grant will be September 1, 2013 through August 31, 2014. The amount available in the FY2014 grant is set by the DSHS and reflects a decrease of \$11,332 from the FY2013 award. The application is due by May 2, 2013.

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FILED:  
HAYS COUNTY COMMISSIONERS' COURT  
Resolution # 28977 VOL V PG 147



**FY2014  
HAZARDS (PHEP)**

**Applicant Information**

**Legal Name of Applicant Agency/Contract #:**  
**Mailing Address:**

Hays County Local Health Department

Street / PO Box: 2171 Yarrington Road

City: San Marcos, Texas

Zip: 78666

**Payee Name:**

Hays County Treasurer

**Payee Mailing Address:**

Street / PO Box: 712 S Stagecoach Trail, Ste. 1094

City: San Marcos, Texas

Zip: 78666

**State of Texas Comptroller Vendor ID #** (9  
digit + 3 digit mail code):

17460022415002

**DUNS #** (9 digits required for subrecipient contractors):

97494884

**Type of Entity (Choose one)**

City:

Click on appropriate box

County:

Other Political Subdivision:

**Project Period**

Start Date: 9/1/2013

End Date: 8/31/2014

**Counties Served**

County(ies) Served:

Hays

**Amount of Funding Requested:**

\$ 121,300.00

**CONTACT PERSON INFORMATION**

Legal Business Name: Hays County Local Health Department

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

Executive Director: Clint "James" Garza  
 Phone: 512-393-2150 Ext:   
 Fax: 512-493-1915  
 E-mail: james.garza@co.hays.tx.us

Mailing Address (street, city, county, state, & zip):  
2171 Yarrington Road, San Marcos, TX 78666

Financial Rep: Bill Herzog-County Auditor  
 Phone: 512-393-2283 Ext:   
 Fax: 512-393-2248  
 E-mail: bherzog@co.hays.tx.us

Mailing Address (street, city, county, state, & zip):  
712 S Stagecoach Trail, Ste. 1071, San Marcos, TX 78666

Lead Program/Project Leader: Mike Jones  
 Phone: 512-393-5538 Ext:   
 Fax: 512-393-5530  
 E-mail: mike.jones@co.hays.tx.us

Mailing Address (street, city, county, state, & zip):  
2171 Yarrington Road, San Marcos, TX 78666

SNS Coordinator: if applicable David Westfall  
 Phone: 512-393-5526 Ext:   
 Fax: 512-393-5530  
 E-mail: david.westfall@co.hays.tx.us

Mailing Address (street, city, county, state, & zip):  
2171 Yarrington Road, San Marcos, TX 78666

Authorized Signatory Bert Cobb, MD  
 Phone: 512-393-2205 Ext:   
 Fax: 512-393-2248  
 E-mail: bert.cobb@co.hays.tx.us

Mailing Address (street, city, county, state, & zip):  
111 E. San Antonio St., Ste. 300, San Marcos, TX 78666

Emergency Contact Jeff Hauff  
 Cell Phone: 512-663-7109 Ext:   
 Fax: 512-393-2248  
 E-mail: jeff.hauff@co.hays.tx.us

Mailing Address (street, city, county, state, & zip):  
712 S Stagecoach Trail, Ste. 1204, San Marcos, TX 78666

CMPS System Admin: Jessica Carey  
 Phone: 512-393-2261 Ext:   
 Fax: 512-393-2248  
 E-mail: jessica.carey@co.hays.tx.us

Mailing Address (street, city, county, state, & zip):  
712 S Stagecoach Trail, Ste. 1071, San Marcos, TX 78666

# FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Hays County Local Health Department

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds (6)
A. Personnel	\$78,900	\$78,900			\$0	
B. Fringe Benefits	\$40,287	\$40,287			\$0	
C. Travel	\$1,600	\$0			\$1,600	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$3,023	\$1,238			\$1,785	
F. Contractual	\$0	\$0			\$0	
G. Other	\$9,620	\$875			\$8,745	
H. Total Direct Costs	\$133,430	\$121,300	\$0	\$0	\$12,130	\$0
I. Indirect Costs	\$0	\$0			\$0	
J. Total (Sum of H and I)	\$133,430	\$121,300	\$0	\$0	\$12,130	\$0
K. Program Income - Projected Earnings	\$0	\$0	\$0	\$0	\$0	\$0

**NOTE:** The "Total Budget" amount for each Budget Category will have to be populated among the funding sources. Enter amounts in whole dollars for (3), (4), & (6), if applicable. 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
Personnel	\$78,900	\$78,900	Fringe Benefits	\$40,287	\$40,287
Travel	\$1,600	\$1,600	Equipment	\$0	\$0
Supplies	\$3,023	\$3,023	Contractual	\$0	\$0
Other	\$9,620	\$9,620	Indirect Costs	\$0	\$0
<b>TOTAL FOR:</b>		<b>\$133,430</b>	<b>Budget Total</b>		<b>\$133,430</b>

\*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.