



Inter-Local Application
For
Tuberculosis
Prevention and Control
for FY 2025
Federal/State Funds

<http://www.dshs.state.tx.us/idcu/disease/tb>

Tuberculosis and Hansen's Disease Branch
Texas Department of State Health Services
Mail Code 1873
P.O. Box 149347
Austin, TX 78714-9347

TABLE OF CONTENTS

1. APPLICATION TABLE OF CONTENTS AND CHECKLIST
2. ADMINISTRATIVE INFORMATION (with supplemental documentation attached if required)
3. ORGANIZATION, RESOURCES AND CAPACITY
4. PERFORMANCE MEASURES
5. FY24 Budget Template (Please note that the Face Page and Contacts Form are included on the budget template)

Inter-Local APPLICATION CHECKLIST

Legal Name of applicant:

This form is provided to ensure that the application is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted.

| FORM | DESCRIPTION | Included |
|------|--|-------------------------------------|
| A | Face Page completed (Tab included on budget template) | <input checked="" type="checkbox"/> |
| B | Application Checklist completed and included | <input checked="" type="checkbox"/> |
| C | Contact Person Information completed (Tab included on budget template) | <input checked="" type="checkbox"/> |
| D | Administrative Information completed and included (with supplemental documentation attached if required) | <input checked="" type="checkbox"/> |
| E | Organization, Resources and Capacity included | <input checked="" type="checkbox"/> |
| F | Performance Measures included | <input checked="" type="checkbox"/> |
| G | FY25 Budget Template completed and included | <input checked="" type="checkbox"/> |

FORM D: ADMINISTRATIVE INFORMATION - ILA

This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information or provide the required supplemental document behind this form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

Legal Name of Applicant: Collin County

Identifying Information

The applicant shall complete the following information:

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

| | | |
|---------------|--------------|--|
| Last Name: | <u>Hill</u> | Mailing Address (incl. street, city, county, state, & zip): |
| First Name: | <u>Chris</u> | <u>2300 Bloomdale Rd. #4192</u> |
| Middle Name: | <u></u> | <u>McKinney, TX 75069</u> |
| Last Name : | <u></u> | Mailing Address (incl. Street, city, county, state, & zip) : |
| First Name : | <u></u> | <u></u> |
| Middle Name : | <u></u> | <u></u> |

Conflict of Interest and Contract History

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this Application for Funding. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with DSHS, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this Application for Funding. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of DSHS, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the applicant may be disqualified from further consideration for the award of a contract.

1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this Application for Funding?

YES NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the application due date?

YES NO

If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.

3. Has applicant had a contract with DSHS within the past 24 months?

YES **NO**

If YES, indicate the contract number(s):

| Contract Number(s) | |
|--------------------|--|
| Contract Number | Grant |
| HHS001331300036 | Immunizations/Locals |
| HHS001324900013 | RLSS/LPHS |
| HHS001182200012 | Tuberculosis Prevention and Control (TB State) |
| HHS001096400010 | TB Federal Grant |
| HHS001315700014 | IDCU-SUR (Foodborne) |
| HHS001311200005 | Hazards/Public Health and Emergency Preparedness |
| HHS001311300001 | Cities Readiness Initiative (CRI) |
| HHS000769800001 | COVID-19 |
| HHS000812700014 | IDCU-COVID CARES/Expansion |
| HHS001019500012 | Vaccination Capacity |
| HHS001074700001 | Public Health Workforce |
| HHS001057600012 | Health Disparities |
| HHS001120300006 | STD/DIS |
| HHS001311000001 | Public Health Infrastructure |
| HHS001409300015 | MRC-ASPR-STTRONG |

If NO, applicant must be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes DSHS will evaluate the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the applicant's financial capability.

4. Is applicant or any member of applicant's executive management, project management, board members or principal officers:

- Delinquent on any state, federal or other debt;
- Affiliated with an organization which is delinquent on any state, federal or other debt; or
- In default on an agreed repayment schedule with any funding organization?

YES **NO**

If YES, please explain. (Attach no more than one additional page.)

FORM E: ORGANIZATION, RESOURCES AND CAPACITY
(Organizational Chart)

See attached.

FORM F: PERFORMANCE MEASURES

In the event a contract is awarded, applicant agrees that performance measures will be used to assess, in part, the applicant's effectiveness in providing the services described.

Please refer to the work plan located at the following web link:
<http://www.dshs.texas.gov/idcu/disease/tb/policies/>

Contractor shall maintain documentation used to calculate performance measures as required by General Provisions Article VIII "Records Retention" and by Texas Administrative Code Title 22, Part 9 Chapter 165, §165.1 regarding retention of medical records.

All reporting to DSHS shall be completed as described in Section I, "D. Reporting" and submitted by the deadlines given.

If Contractor fails to meet any of the performance measures, Contractor shall furnish in the Annual Progress Report, **due April 1, 2025** a written narrative explaining the barriers and the plan to address those barriers. This requirement does not excuse any violation of this Contract, nor does it limit DSHS as to any options available under the contract regarding breach.