

# Refugee Medical Screening BASE CONTRACT 2024 TARTX-08

This contract is entered into by and between the U.S. Committee for Refugees and Immigrants (USCRI), an independent nonprofit 501(c)(3) organization incorporated in the State of New York and headquartered in the Commonwealth of Virginia, and Tarrant County Public Health, acting on behalf of a governmental entity, (collectively, the Parties).

1. **Purpose of the Contract:** USCRI agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations, as defined in Section I of the Statement of Work.
2. **Total Amount:** The total amount of this Contract is \$2,642,540.80. In the event that an amendment to the budget is required, only the budget section of the contract will be revised.
3. **Funding Obligation:** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, federal government shutdown, or any other disruptions of current appropriated funding for this Contract, USCRI may restrict, reduce, or terminate funding under this Contract prior to September 30, 2024.
4. **Term of the Contract:** This Contract begins on 10/01/2023 and ends on 09/30/2024. USCRI has the option, in its sole discretion, to renew the Contract. USCRI is not responsible for payment under this Contract before both Parties have signed the Contract or before the start date of the Contract, whichever is later.
5. **Authority:** As applicable, USCRI enters into this Contract under the authority of the Refugee Education Assistance Act of 1980, Title V, Section 501(a), Public Law 96-422, 94 Stat. 1799, 8 U.S.C 1522 note; the Refugee Act of 1980, Section 412, Public Law 96-212, 94 Stat. 111, 8 U.S.C 1522; the William Wilberforce Trafficking Victims Protection Reauthorization Act of 2008, Section 212-235, Public Law 110-457; and the Victims of Trafficking and Violence Protection Act of 2000, Public Law 106-386.

6. **Program Name:** Texas Refugee Medical Screening

## 7. **Statement of Work**

### **Section I: OVERVIEW**

Contractor shall provide health screening, assessment, referral services, and follow-up for Department of Health and Human Services Office of Refugee Resettlement (ORR) service and

benefit-eligible Refugees, Amerasians, Cuban/Haitian Entrants, Asylees, (Afghan, Ukrainian) Humanitarian Parolees, and U. S. Department of Health and Human Services Office on Trafficking in Persons (OTIP)-certified victims of severe forms of trafficking, certain Iraqis and Afghans granted special immigrant status by the United States Citizenship and Immigration Services (SIVs), and other populations, as designated by ORR.

Contractor shall ensure client eligibility based on immigration documentation. Henceforth, all eligible populations described above will be included in the terms “refugee”, “client”, “patient”, and “person”.

Contractor shall provide services to all eligible patients who have been resettled by a voluntary resettlement agency, or who live in, or receive services in, but not limited to, the Service Area designated in the most recent version of Section VIII, “Service Area” of this contract.

Services provided under this Contract shall be conducted in a manner that takes into account the ethnic and cultural origins of the recipient of the services, and shall utilize the support of an appropriately-trained interpreter if the client does not speak English well.

Contractor shall comply with all applicable federal and state statutes, regulations, standards, policies and guidelines, including, but not limited to:

- A. The Immigration and Nationality Act, 8 U.S.C. §§ 1522:  
<https://www.govinfo.gov/app/details/USCODE-2011-title8/USCODE-2011-title8-chap12-subchapIV-sec1522>;
- B. Chapter 81, Texas Health and Safety Code:  
<https://statutes.capitol.texas.gov/Docs/HS/pdf/HS.81.pdf>;
- C. DSHS Texas Notifiable Conditions; <https://www.dshs.texas.gov/notifiable-conditions> ; and
- D. Information included in the USCRI Refugee Medical Screening Program Manual as well as policy letters, recommendations, or guidance’s which may be issued by ORR and/or The Centers for Disease Control and Prevention (CDC), and forwarded to Contractor by USCRI, during the course of this contract.

Without review of documentation of Medicaid/CHIP ineligibility, Contractor shall initiate screening, assessment, referral, and follow-up services, through initial appointments for identified conditions, within a preferred period of thirty (30) days and a maximum of ninety (90) days from the official refugee’s arrival in the United States, date asylum granted, or certification of eligibility by ORR. After 90 days, documentation of Medicaid/CHIP ineligibility will be required in order to provide services.

Health assessments, including all key components, should be performed in as succinct of a timeframe as possible, with the timing of multiple visits as close together as possible. All services must be completed within 12 months of the client’s eligibility date.

Health assessments should be performed in accordance with the following CDC guidance on Refugee Domestic Screening Guidance: Key considerations and Best Practices:  
<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-guidance.html> and [Frequently Asked Questions \(FAQs\) | Immigrant and Refugee Health | CDC](#)

## Section II: CLINICAL SERVICES

Services shall include the following activities:

- A. Review of medical history, chest x-ray(s), and other medical records as available. Follow-up (evaluation, referral for treatment) on: Class A Communicable Diseases of Public Health Significance identified during the overseas medical exam and requiring treatment after resettlement; and Class B and other identified conditions. Utilization of the CDC's Electronic Disease Notification System (EDN) is required to obtain overseas medical records. Communicable Diseases of Public Health Significance are defined by the CDC:  
<https://www.cdc.gov/immigrantrefugeehealth/exams/diseases-vaccines-included.html>
- B. Obtain patient medical history, and conduct physical examination, according to the following:
  1. Medical Screening Protocol for Newly Arriving Refugees ("Medical Screening Protocol"), United States Department of Health and Human Services, Administration for Children and Families (ACF), Office of Refugee Resettlement (ORR) State Letter (SL) 12-09, including the ORR Medical Screening Guidelines Checklist, and all subsequent revisions:  
<https://www.acf.hhs.gov/orr/resource/medical-screening-protocol-for-newly-arriving-refugees>;
  2. CDC Guidance on Domestic Examination for Newly Arrived Refugees: History and Physical Examination:  
<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/guidelines-history-physical.html>; and
  3. Physical examinations must be performed by a Physician, Nurse Practitioner, or Physician Assistant.
- C. Review of immunization status, utilizing available documentation, and subsequent administration of required vaccines as recommended by the Advisory Committee on Immunization Practices (ACIP)/CDC: <https://www.cdc.gov/vaccines/schedules/index.html>

See CDC Guidance for Evaluating and Updating Immunizations during the Domestic Medical Examination for Newly Arrived Refugees:

<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/immunizations-guidelines.html>, including:

1. Varicella titers for all patients 19 years of age and above (unless contraindicated from oral or written history of infection), and subsequent vaccination of all susceptible (i.e., non-immune) patients;
- D. Tuberculosis screening, including questioning for signs and symptoms, administering interferon gamma release assay (IGRA) tests i.e. T-SPOT®, if not done overseas and within an appropriate timeframe, or a Tuberculin Skin Test (TST) if IGRA testing is contraindicated, and submitting appropriate referrals to local/regional tuberculosis programs for evaluation and follow-up treatment or prophylaxis, as medically indicated. See CDC Guidance for Screening for Tuberculosis Infection and Disease during the Domestic Medical Examination for Newly Arrived Refugees: <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/tuberculosis-guidelines.html>

E. Parasitic infection assessment, including:

1. Review of overseas medical documentation of presumptive treatment; and
2. Based on evidence of or the absence of overseas presumptive treatment (based on each medication given):
  - a. Screen for parasites (ova and parasite stool test, serology specimens) and/or provide domestic presumptive treatment. See CDC Guidance on Presumptive Treatment and Screening for Strongyloidiasis, Infections Caused by Other Soil-Transmitted Helminths, and Schistosomiasis among Newly Arrived Refugees:  
<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/intestinal-parasites-domestic.html>
  - b. Provide Malaria presumptive treatment or screening. See CDC Guidance on Presumptive Treatment of *P. falciparum* Malaria in Refugees Relocating from Sub-Saharan Africa to the United States:  
<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/malaria-guidelines-domestic.html>

F. Conduct medical testing and any required follow-up, including:

1. Urine pregnancy test should be performed for all women of childbearing age and pubescent adolescent girls;
2. General and Optional Tests. See CDC Guidance on [General Clinical Guidance for the Evaluation and Interpretation of Complete Blood Count, Hemoglobin Electrophoresis, Thyroid Function, and Newborn Screening in Refugee Populations | Refugee Health Guidelines | Immigrant and Refugee Health | CDC](#):
  - a. All recently resettled refugees, regardless of age and ethnicity, should have a complete blood count (CBC) with red blood cell indices, white blood cell differential, and platelet count.
  - b. If an infant is seen for refugee medical screening, they should be referred for a newborn screening panel according to state guidelines.
  - c. Clinicians can consider screening for hemoglobinopathies in individuals from high prevalence areas. Screening should include hemoglobin electrophoresis, particularly in individuals with anemia, red blood cell abnormalities, and/or morbidity suggestive of disease.
  - d. Congenital and iodine-deficient hypothyroidism should be considered in all infants and children <6 years of age. Thyroid-stimulating hormone (TSH) and free T4 should be used when screening for thyroid disease.
3. Hepatitis B and C screening. See CDC Guidance on Screening for Viral Hepatitis During the Domestic Medical Examination of Newly Arrived Refugees:  
<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/hepatitis-screening-guidelines.html>;
  - a. Hepatitis B screening (and subsequent vaccinations as needed), taking the following information into consideration\*:

If not previously tested for Hepatitis B infection, testing should be performed for HBsAg, total anti-HBc, and anti-HBs. If previously tested for hepatitis B infection overseas:

- i. If testing was positive for HBV infection (HBsAg-positive), additional evaluation and treatment options, or referral to a specialist, is recommended.
- ii. If HBsAg was negative, and the patient has a record of complete vaccination before arrival, no further testing for vaccination is necessary.
- iii. If HBsAg was negative and no previous doses of vaccine were received, the refugee should be tested for immunity by serology with total anti-HBc and anti-HBs. It is reasonable to start the hepatitis B vaccine series while awaiting results. If serologic testing returns negative, then the series should be completed. If serology for both anti-HBc and anti-HBs are positive, then no further vaccine doses are needed. \*This information is provided for clarity but is subject to change- please refer to link above for the most up-to date information.

b. Hepatitis C screening for:

- i. All patients 18 years of age and above
- ii. Pregnant women
- iii. Children with risk factors
- iv. Patients who test positive for HCV antibody should be tested for HCV RNA.

4. Sexually Transmitted Disease screening. See CDC Guidance on Sexual and Reproductive Health Screening during the Domestic Medical Examination for Newly Arrived Refugees: <https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/sexually-transmitted-diseases/index.html>

a. Syphilis screening tests should be performed routinely for refugees in the following categories:

- i. All refugees aged 18 years to those aged less than 45 years, if no overseas results are available.
- ii. Refugees 45 years and older, if there is reason to suspect infection.
- iii. Refugees younger than 18 years of age who are at risk for congenital syphilis (i.e., mother who tests positive for syphilis, if the mother's syphilis results are not available, or the child is unaccompanied), who disclose sexual activity, or have been sexually assaulted.

b. For chlamydia and gonorrhea, NAATs are recommended for the following groups:

- i. All refugees aged 18 to 24 years who do not have documents pre-departure testing.
- ii. All refugees aged less than 18 years or greater than 24 years must be tested if there is reason to suspect infection, or if there are risk factors, such as a new sex partner or multiple sex partners, sex partner with concurrent partners, or sex partner who has a sexually transmitted infection.
- iii. Female refugees with abnormal vaginal or rectal discharge, intermenstrual vaginal bleeding, or lower abdominal or pelvic pain.
- iv. Male refugees with urethral discharge, dysuria, or rectal pain or discharge.

c. When medically indicated, screen for other sexually transmitted infections.

- d. Further discussion regarding patient sexual and reproductive health needs should take place and appropriate referrals should be made for sexual and reproductive health physical exams.
- 5. HIV screening. See CDC guidance on Screening for HIV Infection During the Refugee Domestic Medical Examination:  
<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/screening-hiv-infection-domestic.html>;
- 6. Blood Lead Level of all children 16 years of age and under, adolescents over 16 years of age if there is suspicion of exposure and/or signs/symptoms of exposure, all pregnant and lactating women and girls, including internal re-testing of Elevated Blood Lead Levels when possible. See CDC guidance on Screening for Lead during the Domestic Medical Examination for Newly Arrived Refugees: <https://www.cdc.gov/immigrantrefugeehealth/guidelines/lead-guidelines.html>;
- 7. Nutritional assessment. See CDC guidance on Evaluating the Nutritional Status and Growth in Refugee Children During the Domestic Medical Screening Examination:  
<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/nutrition-growth.html>
  - a. Conduct cursory nutritional assessment with provision of (or referral for) appropriate nutritional and supplemental therapy;
  - b. Provide nutritional counseling to all patients and multi-vitamins to patients 6-59 months of age, as well as to those with clinical evidence of poor nutrition.
- 8. Mental Health screening. See CDC guidance on guidance for Mental Health Screening during the Domestic Medical Examination for Newly Arrived Refugees:  
<https://www.cdc.gov/immigrantrefugeehealth/guidelines/domestic/mental-health-screening-guidelines.html>
- 9. Other medical services shall include, but are not limited to:
  - a. Treatment of routine/minor conditions not requiring formal referral, such as: minor infections, cuts/burns, skin conditions, and emergent medication needs or medication refills; and
  - b. Prescribing continued medications for chronic conditions, when medically indicated.

**Section III: ADDITIONAL ACTIVITIES**

- A. Additional services shall include the following services, protocols, and referrals to external health services:
  - 1. Dissemination of the Welcome to the Refugee Health Clinic information sheet to all clients (based on appropriate language and literacy levels);



2. As a supplement to health orientations provided by local resettlement agencies, health care orientation and general health education, which may include, but is not limited to the following topics: chronic disease, preventive health care, how to use insurance in the United States, how to matriculate through the United States healthcare system, emergency preparedness, difference between a primary care provider (PCP) versus the emergency room;
  3. Care coordination, including but not limited to: client tracking; provision of, or arrangement for, necessary transportation; home visits and/or other client contact (e.g., telephone); and trained interpreter support, sufficient to carry out effective screening and follow-up, through initial referral appointments for identified conditions needing referral. Interpretation and transportation through initial referral appointments are allowable expenses if such services are not already covered by local resettlement agencies, Refugee Medical Assistance Support Services, or Medicaid;
  4. Referrals primary care as well as for further evaluation (preferably to a health care facility that will ultimately provide routine care and serve as a medical home) for any identified conditions and any screening tests that have abnormal results (according to standard medical practice and CDC guidelines);
  5. Routine medical, vision, hearing and dental care, as well as medical specialists; community health and social service referrals as appropriate, including mental health, women, infants, and children (WIC), family planning, children's health, newborn screening tests, rehabilitation, and any other services not listed but deemed necessary, may be referred upon request by Contractor; and
  6. Contractor shall provide additional special outreach and follow-up services when such need is directed by USCRI.
- B. Contractor must initiate an eSHARE form within five (5) business days of the first patient encounter.
  - C. Contractor must submit eSHARE form within ten (10) business days of the health assessment completion and/or return of laboratory tests. The eSHARE form must contain complete refugee health assessment information for each client by entering the data into the eSHARE system.
  - D. USCRI will return an eSHARE for correction if there are discrepancies in biographic data or questions on the services performed. Necessary corrections or explanations must be provided by Contractor within 3 business days.

- E. Contractor must submit, by the fifth business day of every month, a monthly patient visit log indicating the type of visit that has occurred for each client seen.
- F. Contractor must establish and/or maintain capability, within its refugee health and/or immunization programs, to complete the vaccination portion of USCIS form I-693, Report of Medical Examination and Vaccination Record; and sign-off, as a designated Civil Surgeon, for official Refugees (only) seeking to adjust status to permanent lawful resident, as described in 2009 Technical Instructions for Vaccination for Civil Surgeons:  
<https://www.cdc.gov/immigrantrefugeehealth/exams/ti/civil/vaccination-civil-technical-instructions.html>.
- G. Contractor shall participate in all Quarterly Community Consultation meetings and hold meetings with local resettlement agencies and/or service providers on a monthly or quarterly basis (based on site needs), and attend other required meetings and trainings as instructed by USCRI. Non-required trainings that require use of funding must be pre-approved by USCRI.

**Section IV: MEDICATIONS AND SUPPLY INVENTORY MANAGEMENT**

- A. Contractor shall order all medications through a USCRI-designated pharmacy ordering process. Contractor shall assure medications and supplies purchased with USCRI Refugee Health Services funds are used in a prudent manner.
- B. Contractor shall monitor and manage its usage of medications and testing supplies purchased by USCRI in accordance with first-expiring-first-out (FEFO) principles of inventory control to minimize waste for those products with expiration dates and set maximum stock levels at a 1-month supply and based on number of patients receiving treatment. Contractor must obtain approval from USCRI prior to purchasing pharmaceuticals through USCRI’s designated pharmacy.
- C. On the fifth business day of every month, the Contractor will be required to submit a medication reconciliation spreadsheet for medications that were dispensed for the previous month. This spreadsheet will appropriately reconcile the quantities by the date dispensed, patient’s name, alien number, medication given, lot number, expiration date, quantity given, and inventory balance. Contractor shall assure that medications are stored properly and securely, in accordance with manufacturer’s instructions.

**Section V: FUNDS**

- A. Refugee Medical Assistance (RMA) funds provided to Contractor under this contract are intended to support and defray actual costs incurred by local governments in providing health screening services and assessments to officially arriving Refugees and other eligible patients in their approved program area.



- B. Funding to Contractor can only be used to support Refugee Health Program requirements. Funds used outside of this scope are considered supplanting. If supplanting is identified, USCRI reserves the right to decrease funding and avail itself of any other remedies available by law.
- C. Costs of screenings, assessments and treatments should be first recovered by Contractor through third-party billing to Medicaid or Refugee Medical Assistance (via the designated Third-Party Administrator) whenever possible. This includes providing third-party billing information to Quest for TB IGRA testing services. Maximum use of other public health program resources (e.g., funds for immunizations, tuberculosis, etc.) should be used to the extent that they are available for use for these patients.
- D. Contractor shall maintain thorough and complete financial records that identify the source and application of funds provided; and make those records immediately available to USCRI upon request.
- E. Contractor shall perform all activities in accordance with Contractor's final, and detailed budget as approved by USCRI and with program guidelines. New and/or revised guidelines will be communicated to Contractor.
- F. USCRI reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfall.
- G. USCRI will monitor Contractor's expenditures on a quarterly basis. If expenditures are below that projected in Contractor's total contract amount as approved for this Contract, Contractor's budget may be subject to a decrease for the remainder of the Contract terms. Vacant positions existing after ninety (90) days may result in a decrease in funds.
- H. Contractor agrees to read and comply with 2 CFR §200.501, Audit Requirements, and work with USCRI staff regarding the management of funds received under this Contract.

#### **Section VI: PERFORMANCE MEASURES**

The following performance measures will be used to assess, in part, Contractor's effectiveness in providing the services described in this Contract without waiving the enforceability of any of the other terms of the Contract. Contractor shall maintain sufficient documentation to allow USCRI to evaluate Contractor's full compliance with these performance measures.

Contractor shall ensure that the following activities are performed, unless the patient refuses, relocates, or cannot be located. USCRI calculates these measures based on the following data submitted by Contractor:

- A. Health assessment/outcome data is submitted within ten (10) business days of the completion of health assessment/return of laboratory tests for 100% of eligible patients. If data indicates a compliance rate for this Performance Measure of less than 85%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.
- B. Health assessments are provided for 100% of patients within ninety (90) days of: arrival to the U.S. (for entrants/parolees, refugees, and Special Immigrant Visa holders); asylum granted date for asylees; or, date of certification for victims of human trafficking. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.
- C. Physical Exams are performed on 100% of eligible patients. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.
- D. Tuberculosis screening is completed and necessary referrals are made for 100% of eligible patients. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.
- E. Hepatitis B screening is completed for 100% of eligible patients. Hepatitis B screening includes: HBsAg, Anti-HBs, and Anti-HBc. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.
- F. Hepatitis C screening is completed for 100% of eligible patients. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.
- G. Intestinal parasite screening or presumptive treatment is completed for 100% of eligible patients. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.

- H. Blood lead levels are obtained for 100% of eligible patients. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.
- I. A Complete Blood Count (CBC) with differential is obtained on 100% of eligible patients. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.
- J. HIV screening is completed for 100% of eligible patients. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.
- K. Syphilis screening is completed for 100% of eligible patients. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.
- L. Chlamydia screening is completed for 100% of eligible patients. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.
- M. Gonorrhea screening is completed for 100% of eligible patients. If data indicates a compliance rate for this Performance Measure of less than 95%, then USCRI may, at its sole discretion, require additional measures be taken by Contractor to improve that percentage, on a timeline and corrective action plan set by USCRI.

**Section VII: REPORTING REQUIREMENTS**

Contractor shall:

- A. Submit program and fiscal reports. Reports should be mailed or submitted by electronic mail to the addresses provided below:

Mailing Address

Attention: Director of Refugee Health Services  
U.S. Committee for Refugees and Immigrants  
Department of Refugee Health Services



2231 Crystal Drive, Suite 350  
Arlington, VA 22202

Email Address

[RMSTX@uscmail.org](mailto:RMSTX@uscmail.org)

- B. The content of programmatic reports will be directed by USCRI.
  - 1. Programmatic Report shall include content as indicated by the Refugee Medical Screening Quarterly Programmatic Report template.
  - 2. Financial Report shall include:
    - a. Annual single audit in accordance with 2 CFR §200.514 and other applicable federal, state and local guidance.
    - b. Financial statement in accordance with 2 CFR §200.510 and other applicable federal, state and local guidance; and
    - c. Other program and financial status reports according to the template and instructions provided by USCRI.

C. Program reports shall reflect the following reporting periods and submission due dates:

Reporting Period		Due Date
Start Date	End Date	
October 1, 2023	December 31, 2023	January 28, 2024
January 1, 2024	March 31, 2024	April 29, 2024
April 1, 2024	June 30, 2024	July 29, 2024
July 1, 2024	September 30, 2024	October 28, 2024

**Section VIII: BILLING REQUIREMENTS**

A. Contractor shall request payments using the USCRI's Invoice template form and acceptable supporting documentation and detailed expenses for reimbursement of the required services and deliverables within seven (7) business days after the end of the service month. Vouchers and supporting documentation should be mailed or submitted by electronic mail to the addresses provided below:

Mailing Address

Attention: Chief Financial Officer  
U.S. Committee for Refugees and Immigrants  
Department of Finance and Compliance  
2231 Crystal Drive



Suite 350  
Arlington, VA 22202

Email Address

[RHSInvoice@uscrdc.org](mailto:RHSInvoice@uscrdc.org)

- B. Payment will be made to the Sub-grantee upon USCRI's approval of the invoice and subject to the terms and conditions of this Sub-grant Agreement within 30 days. Failure to submit timely invoices may result in refusal of payment or delayed payment.
- C. Contractor shall close all requests for payment within forty-five (45) calendar days after the close of the federal fiscal year in which funds were awarded. USCRI has the option, in its sole discretion, to process request for payments made after the closing period.

**8. Service Area**

City of Fort Worth and surrounding areas.

**9. Award Information**

Award Name: Refugee Medical Screening  
Award Number: 2024-TARTX-08

Award Start Date: October 1, 2023  
Award End Date: September 30, 2024

**10. Renewals**

Number of Renewals Remaining: 0      Date Renewals Expire: September 30, 2024

**11. Payment Method**

Cost Reimbursement

**12. Source of Funds**

Catalog of Federal Domestic Assistance (CFDA) Program No. 93.566, Refugee and Entrant Assistance State Administered Programs

**13. EIN Number:** 75-6001170

**14. UEI Number:** DBH1UNN8U5J3

**15. Special Provisions**

- A. Contractor must adhere to the Privacy Act of 1974, as amended by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and all other applicable rules concerning the

confidentiality of medical records, including providing each patient with a Notice of Privacy Practices and responding to patients' requests for access to their Protected Health Information (PHI), amendments to their PHI, accounting of disclosures, restrictions on uses and disclosures of their health information, and confidential communications. Parties may be required to enter into and adhere by a Business Associate Agreement per HIPAA requirements, if needed.

- B. Neither Contractor, nor any subcontractor, shall transfer a client or patient record through any means, including electronically, to another entity or person, or subcontractor without written consent from the client or patient, or someone authorized to act on his or her behalf, unless required (or permitted without patient consent) by law in accordance with HIPAA and the Texas Health and Safety Codes; however, USCRI may require Contractor, or any subcontractor, to timely transfer a client or patient record to USCRI if the transfer is necessary to protect either the confidentiality of the record or the health and welfare of the client or patient, or as otherwise provided by law.
- C. USCRI shall have timely access to a client or patient record in the possession of Contractor, or any subcontractor, under authority of the Texas Health and Safety Code, Chapters 81 and 85, and the Medical Practice Act, Texas Occupations Code, Chapter 159. In such cases, USCRI shall keep confidential any information obtained from the client or patient record, as required by the Texas Health and Safety Code, Chapter 81, and Texas Occupations Code, Chapter 159.
- D. Contractor must submit all amendment and revision requests in writing to USCRI's Department of Refugee Health Services at least ninety (90) days prior to the end of the term of this Contract.



**16. Governing Law and Venue**

This Contract shall be interpreted under the laws of the State of Texas. The venue for any lawsuit arising out of this Contract will be the Fort Worth Division of the Northern District of Texas if the lawsuit arises in Federal Court or Tarrant County if the matter arises in State Court.

**17. Documents Forming Contract**

The Contract consists of the following:

- A. Contract (this document)                    2024-TARTX-08
- B. Attachments                                    Budget
- C. Declarations                                    Certification Regarding Lobbying  
     Fiscal Federal Funding Accountability and Transparency Act  
     (FFATA) Certification

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by USCRI and Contractor and incorporated herein.

**18. Payee**

The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract.

Name:    Tarrant County  
 Employment Identification Number:    75-6001170

**19. Entire Agreement**

The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

**20. Liability**

Notwithstanding any other provision herein this contract shall not be interpreted to inure to the benefit of a third party not a party to this contract. This contract may not be interpreted to waive any statutory or common law defense, immunity, including governmental and sovereign immunity, or any limitation of liability, responsibility, or damage of any party to this contract, party's agent, or party's employee, otherwise provided by law.

I certify that I am authorized to sign this document and I have read and agree to all parts of the contract,

**U.S. Committee for Refugees  
and Immigrants**

*Eskinder Negash*

\_\_\_\_\_  
Signature of Authorized Official

08/25/2023

\_\_\_\_\_  
Date

Eskinder Negash  
President and CEO  
2231 Crystal Drive  
Suite 350  
Arlington, VA 22202

(703) 310-1130  
[RMSTX@uscmail.org](mailto:RMSTX@uscmail.org)

**Tarrant County**

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

Tim O'Hare  
County Judge

APPROVED AS TO FORM:

CERTIFICATION OF  
AVAILABLE FUNDS: \$ \_\_\_\_\_

*Kimberly Colliet Wesley*  
Criminal District Attorney's Office

\_\_\_\_\_  
Tarrant County Auditor

\*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.

Organization Name:	Tarrant County	Program ID:	Refugee Medical Screening
Contract Number	2024-TARTX-08		

Budget Categories

Budget Categories	USCRI Funds Requested	Cash Match	In-Kind Match Contributions	Category Total
<b>Personnel</b>	\$1,238,536.75			\$1,238,536.75
<b>Fringe Benefits</b>	\$598,956.37			\$598,956.37
<b>Travel</b>	\$5,138.00			\$5,138.00
<b>Equipment</b>	\$7,835.00			\$7,835.00
<b>Supplies</b>	\$41,700.00			\$41,700.00
<b>Contractual</b>	\$527,590.00			\$527,590.00
<b>Other</b>	\$894,761.00			\$894,761.00
<b>Total Direct Costs</b>	\$3,314,517.12			\$3,314,517.12
<b>Indirect Costs</b>	\$128,023.68			\$128,023.68
<b>Total</b>	\$3,442,540.80			\$3,442,540.80
<b>Projected Program Income (Deducted from Total)</b>	\$800,000.00			\$800,000.00
<b>Grand Total</b>	\$2,642,540.80			\$2,642,540.80

**USCRI  
BUDGET SUMMARY FORM  
FY2024**

Legal Name of Respondent:

Tarrant County Public Health

	<b>Total Budget</b>
\$	<b>2,642,540.80</b>

Budget Categories	Total Budget
<b>A. PERSONNEL</b>	\$ 1,238,536.75
TOTAL PERSONNEL	\$ 1,238,536.75
<b>B. FRINGE BENEFITS</b>	\$ 598,956.37
Fringe Benefits (% of the salary)	\$ 598,956.37
TOTAL PERSONNEL INCLUDING FRINGE BENEFITS	\$ 1,837,493.12
<b>C. TRAVEL</b>	\$ 5,138.00
TOTAL TRAVEL	\$ 5,138.00
<b>D. EQUIPMENT</b>	\$ 7,835.00
TOTAL EQUIPMENT	\$ 7,835.00
<b>E. SUPPLIES</b>	\$ 41,700.00
TOTAL SUPPLIES	\$ 41,700.00
<b>F. CONTRACTUAL</b>	\$ 527,590.00
TOTAL CONTRACTUAL	\$ 527,590.00
<b>G. OTHER DIRECT COSTS</b>	\$ 894,761.00
TOTAL OTHERS	\$ 894,761.00
<b>H. TOTAL DIRECT COST</b>	\$ 3,314,517.12
INDIRECT COST RATE	\$ 128,023.68
<b>I. INDIRECT COSTS (Contractual Excluded)</b>	\$ 128,023.68
<b>J. TOTAL (Sum of H and I)</b>	\$ 3,442,540.80
<b>K. PROGRAM INCOME ESTIMATE (Deducted from Total)</b>	\$ 800,000.00
<b>GRAND TOTAL</b>	<b>\$ 2,642,540.80</b>

## Section-1: Personnel Budget Category Detail Form

**Legal Name of Respondent:**

Tarrant County Public Health

<b>Total Budget</b>
\$2,642,540.80

Identify the project director or principal, if known. For each staff person provide: the title, time commitment to the project as a percentage or full time equivalent, annual salary or wage rate. Do not include the cost of consultants. Contractors and Consultants should not be placed under this category.

Personnel	Justification	FTE	Certification or License	Total Yearly Salary/Wage	Total Salary/Wages
Division Manager (4882) P. Rene Whitling	Responsible for all program activities, grants, budgets, case management, personnel, education and all other tasks assigned	0.25	TBD	\$ 119,640	\$ 29,910
Refugee Nurse Supervisor (6549) Nancy Donald RN,BSN	Provides management for refugee clinic. Provides supervision of refugee staff.	1.00	RN	\$ 98,650	\$ 98,650
Nurse Practitioner ***proposed** Prorated 9 mos	Provides screening, advanced assessments, and treatments. Reviews labs and makes referrals as needed to external providers/facilities.	1.00	APRN, FNP-BC or PA	\$ 105,720	\$ 79,290



Nurse Practitioner (6876), Heather McManus	Provides screening, advanced assessments, and treatments. Reviews labs and makes referrals as needed to external providers/facilities.	0.20	APRN, FNP-BC or PA	\$ 27,293	\$ 5,459
Provider (7914) Nurse Practitioner Yujin K Martin	Provides screening, advanced assessments, and treatments. Reviews labs and makes referrals as needed to external providers/facilities.	1.00	APRN, FNP-BC or PA	\$ 108,526	\$ 108,526
Nurse Navigator (6548) Rebecca Ysaguirre	Provides immunizations, assessments, parasite testing, medical clinic follow-ups.	1.00	RN	\$ 83,503	\$ 83,503
Nurse Navigator (7913), Nurse Navigator **VACANT**	Provides immunizations, assessments, parasite testing, medical clinic follow-ups.	1.00	RN	\$ 76,691	\$ 76,691
Nurse Navigator ***proposed** Prorated 9 mos	Provides immunizations, assessments, parasite testing, medical clinic follow-ups.	1.00	RN	\$ 76,991	\$ 57,743
Registered Nurse, (4896) Krystal Postel RN	Provides immunizations, assessments, parasite testing, medical clinic follow-ups.	1.00	RN	\$ 77,526	\$ 77,526

Registered Nurse (5127), Kristi Loadholdt	Provides immunizations, assessments, parasite testing, medical clinic follow-ups.	1.00	RN	\$	75,086	\$	75,086
Registered Nurse**proposed** Prorated 9 mos	Provides immunizations, assessments, parasite testing, medical clinic follow-ups.	1.00	RN	\$	51,750	\$	51,750
LVN I (4887) Judy Beigle	Provides immunizations, assessments, parasite testing, medical clinic follow-ups.	1.00	LVN	\$	43,763	\$	43,763
General Office Clerk (4893), Rosales, Jenny	Assists with clinic check-in, insurance follow-up, and assists with reminder calls for appointments. Assists with interpreters as needed and is a point-of-contact for USCIS paperwork.	1.00	n/a	\$	36,546	\$	36,546
Data Entry Clerk (NEW POSITION) **Proposed** prorated 9 mos	Performs data input of Refugee records, completes the Eshare required reporting mechanism. Input data into the electronic medical record.	1.00	n/a	\$	34,965	\$	26,224
General Office Clerk (NEW POSITION) **Proposed**	Assists with clinic check-in, insurance follow-up, and assists with reminder calls for appointments. Assists with interpreters as needed and is a point-of-contact for USCIS paperwork.	1.00	n/a	\$	34,965	\$	34,965

Community Service Aide (4856) Miriam Victorin	Assist with nursing and medical clinic activities. Delivers parasite medications, picks up follow-up stool specimens and reads skin tests in the field.	1.00	n/a	\$ 49,991	\$ 49,991
Community Service Aide (4142) Loann Nguyen	Assists with nursing and medical clinic activities, delivers patients for follow-up appointments. Delivers parasite medications and picks up follow-up stool specimens. Assists with interpreters as needed and is the main point-of-contact for USCIS paperwork.	1.00	n/a	\$ 50,183	\$ 50,183
Community Service Aide (NEW POSITION) **Proposed** Prorated for 9 mos	Assists with nursing and medical clinic activities, delivers patients for follow-up appointments. Delivers parasite medications and picks up follow-up stool specimens. Assists with interpreters as needed and is the main point-of-contact for USCIS paperwork.	1.00	n/a	\$ 38,294	\$ 28,721
Medical Assistant (4911) Johmeka Richardson	Assists providers, nursing staff, and office staff with all aspects of patient visits	1.00	Certified MA	\$ 44,930	\$ 44,930
Medical Assistant (NEW POSITION) **Proposed**	Assists providers, nursing staff, and office staff with all aspects of patient visits	1.00	Certified MA	\$ 43,763	\$ 43,763

Medical Assistant (NEW POSITION) **Proposed** Prorated 9 mos	Assists providers, nursing staff, and office staff with all aspects of patient visits	1.00	Certified MA	\$ 43,463	\$ 32,597
Clinical Informatics Analyst	Provide Electronic Medical Record / Process Automation Support	0.50	n/a	\$ 74,000	\$ 37,000
Clinical Informatics Analyst	Provide Electronic Medical Record / Process Automation Support	0.50	n/a	\$ 74,000	\$ 37,000
Administrative Assistant II (NEW POSITION) ***Proposed*** Prorated 9 mos	Billing Point Comfort and Medicaid billing for clinical and lab services	1.00	n/a	\$ 28,720	\$ 28,720



**Section-2: Travel Budget Category Detail Form**

Legal Name of Respondent:

Tarrant County Public Health

<b>Total Budget</b>
\$2,642,540.80

Costs of overnight project related travel by employees. For each trip show the total number of travelers, travel destination, duration of trip, per diem, lodging, mileage allowance and other costs. Please use GSA rate for per diem, lodging, etc. Go to [www.gsa.gov](http://www.gsa.gov). Note: Federal fundings under this part is not available for travel outside the United States without the

Conference / Workshop Travel Costs						
Description of Conference/Workshop	Justification	Location City/State	Number of: Days/Employees	Travel Costs		
				Description	Rate	Total cost
USCRI-Austin in person	Meet in person with USCRI staff and other Refugee clinic staff.	Austin, TX	2 days/3employees	Mileage	\$0.655/mile	\$246
				Airfare		
				Meals	\$35/day	\$210
				Lodging	250 X 3 staff X 3 days	\$2,250
				Other Costs		
				<b>Total</b>		\$2,706
North American Refugee Health Conference in Minneapolis, MN (Aug. 5-7, 2024). 2 people, 3 conference days plus travel days	3 days of conference plus travel 2 days (5 nights total)	Minneapolis, MN	5 nights/2 people	Mileage		
				Airfare	\$366/person	\$732
				Meals	\$40/day	\$200
				Lodging	\$250 x5 nights	\$1,250
				Other Costs	uber/taxi	\$250
				<b>Total</b>		\$2,432
				Mileage		
				Airfare		
				Meals		
				Lodging		
				Other Costs		
				<b>Total</b>		\$0
				Mileage		
				Airfare		
				Meals		
				Lodging		
				Other Costs		
				<b>Total</b>		\$0
				Mileage		
				Airfare		
				Meals		
				Lodging		
				Other Costs		
				<b>Total</b>		\$0





**Section-3: Equipment Budget Category Detail Form**

Legal Name of Respondent: Tarrant County Public Health

<b>Total Budget</b>
\$2,642,540.80

Equipment means nonexpendable, tangible personal property having a useful life of more than one year per unit and a acquisition cost of \$5000 or more. For each type of equipment, provide a description of the equipment, the cost per unit, the number of units, the total cost.

Description of Item	Purpose & Justification	Unit Description	Number of Units	Cost Per Unit	Total
Refrigerator for Vaccines	Need a 2nd refrigerator as the number of clients are doubling and we need more space to adequately store all of our vaccines.	Double refrigerator (2 doors) So-Low	1		\$ 7,835.00
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
<b>Total Equipment</b>					\$7,835

**Section-4: Supplies Budget Category Detail Form**

Legal Name of Respondent: \_\_\_\_\_

Tarrant County Public Health

<b>Total Budget</b>
\$2,642,540.80

Cost of all tangible personal property other than that included under the equipment category. This includes office and other consumable supplies with a per unit cost of less than \$5000. Itemize and describe each supply item and provide an estimated quantity and cost (i.e. # of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.)

Description of Item	Purpose & Justification [If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]	Total Cost
Office Supplies	General office supplies needed to support clinic services (paper clips, pens, staples, labels, folders, Medication storage w/lock x1 to meet standards of Texas Board of Pharmacy).	\$ 5,000.00
Educational Materials	Vaccine administration posters, instructional booklets/pamphlets for staff and clients, etc.	\$ 500.00
Laptops for 15 positions	Estimated \$1200.00 each for laptop & docking station, monitors x15 employees	\$ 18,000.00
Computer Cart	8 carts- providers/nurses going traveling to exam rooms \$400	\$ 3,200.00
Medication cabinet	Medication Storage w/lock x1 to meet standards of Texas Board of Pharmacy	\$ 1,200.00
Exam tables for	6 exam tables at \$2200 each	\$ 13,800.00
<b>Total Supplies</b>		<b>\$41,700</b>

**Section-5: Contractual Budget Category Detail Form**

Legal Name of Respondent: \_\_\_\_\_

Tarrant County Public Health

<b>Total Budget</b>
\$2,642,540.80

Cost of all contracts for services and goods except for those that belong to under other categories such as equipment, supplies, etc. List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Additional justification for any contract that delegates \$50,000 or more of the scope of the project in the respondent's funding request must be attached.

Contractor Name (Agency or Individual)	Description of Services	Justification	Method of Payment (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	Rate of Payment (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
Interpreter Services	Telephone Interpretation	Interpretation services for refugee patients (over-the-phone).	per minute	25,200	\$0.63	\$ 15,876
	In-person Interpretation	Interpretation services for refugee patients (in person).	per hour	3500	\$63.00	\$ 220,500
Contract Temp Agency	Provides immunizations, assessments, parasite testing, medical clinic follow-ups.	To have staff, until we can hire full time personnel	Hourly	3 months	LVN paid at \$32.23 per hour. Medical Assistant paid at \$34.00 per hour with Primary vendor	\$ 40,000
Contract Temp Agency - Data Entry Clerk	Assist with Data entry	To staff positions until we can hire full time personnel	Hourly	6 months	\$21.87 Per Hour	\$ 21,000
Designated Lab	Laboratory Services	Labs done for all refugee services	CBC	1760	\$2.31	\$ 4,066
Designated Lab	Laboratory Services	Labs done for all refugee services	Chlamydia/ Gonorrhea	1100	\$26.00	\$ 28,600
Designated Lab	Laboratory Services	Labs done for all refugee services	Hemoglobin A1c	100	\$3.48	\$ 348
Designated Lab	Laboratory Services	Labs done for all refugee services	Hepatic Function Panel	100	\$1.59	\$ 159
Designated Lab	Laboratory Services	Labs done for all refugee services	Hep C Antibody w/ reflex to PCR	1650	\$6.07	\$ 10,016

Designated Lab	Laboratory Services	Labs done for all refugee services	Hep B Core Antibody (total)	1760	\$4.63	\$ 8,149
Designated Lab	Laboratory Services	Labs done for all refugee services	Hep B Core Antibody (IGM)	150	\$6.94	\$ 1,041
Designated Lab	Laboratory Services	Labs done for all refugee services	Hep B Surface Antibody	1760	\$8.09	\$ 14,238
Designated Lab	Laboratory Services	Labs done for all refugee services	Hep B Surface Antigen	1760	\$4.63	\$ 8,149
Designated Lab	Laboratory Services	Labs done for all refugee services	HIV	1760	\$9.89	\$ 17,406
Designated Lab	Laboratory Services	Labs done for all refugee services	Lead	800	\$3.76	\$ 3,008
Designated Lab	Laboratory Services	Labs done for all refugee services	Malaria	150	\$125.94	\$ 18,891
Designated Lab	Laboratory Services	Labs done for all refugee services	O&P w/ Giardia	1000	\$10.42	\$ 10,420
Designated Lab	Laboratory Services	Labs done for all refugee services	RPR	1650	\$3.18	\$ 5,247
Designated Lab	Laboratory Services	Labs done for all refugee services	Schistosomiasis IgG	500	\$23.99	\$ 11,995
Designated Lab	Laboratory Services	Labs done for all refugee services	Strongyloide IgG Ab	1760	\$28.94	\$ 50,934
Designated Lab	Laboratory Services	Labs done for all refugee services	Hemoglobin Evaluation (Electrophoresis)	50	\$39.49	\$ 1,975
Designated Lab	Laboratory Services	Labs done for all refugee services	TSH	100	\$3.48	\$ 348
Designated Lab	Laboratory Services	Labs done for all refugee services	Free T4	100	\$2.84	\$ 284
Designated Lab	Laboratory Services	Labs done for all refugee services	Hepatitis B Virus DNA, QN, Real time PCR	200	\$57.88	\$ 11,576
Designated Lab	Laboratory Services	Labs done for all refugee services	Varicella Titer	1650	\$14.16	\$ 23,364
<b>Total Contractual</b>						<b>\$527,590</b>







**Section-7 : Indirect**

Legal Name of Respondent:

Tarrant County Public Health

<b>Total Budget</b>
\$2,642,540.80

Description	Rate (%)	Base	Total
The respondent's most recent indirect cost rate approved by Department of Health and Human Services (HHS) or a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement. Contractual Costs are not included in the indirect cost calculations.	10.00%	\$ 1,280,236.75	\$ 128,023.68
<b>Total Indirect Cost</b>			\$ 128,023.68

**Note:** If the respondent never received an approved negotiated indirect cost rate or awaiting approval of their indirect cost proposal may request the 10 percent de minimis.

### **Certification Regarding Lobbying**

Organization Name: Tarrant County

Contract Number: 2024 TARTX-08

The undersigned certifies, to the best of his or her knowledge and belief that:

- 1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of congress, an officer or employee of congress, or an employee of a member of congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
  
- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of congress federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit, an officer or employee of congress, or an employee of a member of congress in connection with this Standard Form-11, "Disclosure Form to Report Lobbying," in accordance with its instructions.
  
- 3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Applicable                       Non-Applicable

**Tim O'Hare, County Judge**

\_\_\_\_\_  
Name, Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

U.S. Committee for Refugees and Immigrants, Inc.

FFATA

### Federal Funding Accountability and Transparency Act Sub-award Reporting Compliance Form

In accordance with the Federal Funding Accountability and Transparency Act, subgrantees are required to report the following information to U.S. Committee for Refugees and Immigrants (USCRI) to receive funding. Recipients are required to register and maintain their Unique Entity ID (UEI) in the System for Award Management (SAM) at <http://www.sam.gov>. **This form must be returned with the application package (if applicable).** Per 2 CFR Part 25.205, failure to comply may result in the USCRI determining that the applicant is not qualified to receive an award or may result in delayed payments.

**Please read before completing this form.**

Entities must complete all items below as it appears in your System for Award Management (SAM.gov) profile.

- 1. Name of entity receiving award Tarrant County
- 2. Physical address associated with this UEI number (city, state, zip+ 4 required)  
Address: 100 E. Weatherford  
City Fort Worth State: TX Zip: 76196-0206
- 3. UEI Number D B H 1 U N N 8 U 5 J 3
- 4. Total compensation and names of top five executives *if:*

a. This business or organization receive 80% or more of its annual gross revenues from the U.S. Federal government **and** those revenues are \$25M or greater in annual gross revenues?

Yes  No  If yes, proceed to question b.

b. Does the public have access to compensation information filed under section 13(a) or 15(d) of the Securities Exchange Commission (SEC) and IRS requirements?

Yes  No  If no, complete the table below.

Name	Compensation Total
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

**I certify that the above information is true and accurate.**

Authorized official signature

Date

Authorized official printed name

Title

**U.S. Committee for Refugees and Immigrants  
Vendor Information Form**

<b>Part 1: Vendor/Contractor General Information</b>	
1. Organization's Legal Name: <u>Tarrant County</u>	
2. Legal Doing Business As (DBA) Name: <u>Tarrant County</u>	
3. Physical Address: <u>100 E Weatherford Fort Worth, TX 76196-0103</u>	
4. Remit To (Payment) Address: <u>100 E Weatherford Rm 506 Fort Worth, TX 76196-0103</u>	
6. Unique Entity Identifier (UEI): <u>DBH1UNN8U5J3</u>	
7. Legal Status (check one): <input type="checkbox"/> For-profit Entity <input type="checkbox"/> Non-profit Entity <input checked="" type="checkbox"/> Governmental Entity	
8. State of Incorporation, If Applicable: <u>N/A</u>	
9. Texas Charter Number, If applicable: <u>N/A</u>	
10. Name of Parent Entity, If Applicable: <u>N/A</u>	
<b>Part 2: Vendor/Contractor Contact Information</b>	
Person Who Will Sign the Contract:	
Name: <u>Tim O'Hare</u>	
Title: <u>County Judge</u>	
Mailing Address: <u>100 E. Weatherford</u> <u>Fort Worth, TX 76196-0206</u>	
Telephone: <u>817-884-1441</u>	
Fax: <u>817-884-1104</u>	
E-mail: <u>countyjudgegrants@tarrantcountytx.gov</u>	
<b>Part 3: Vendor/Contractor Authorized Signature</b>	
Signature _____ Date _____	
Print Name <u>Tim O'Hare</u> Phone <u>817-884-1441</u>	

Please submit the completed form and a completed W-9 form.