



Harris County  
Housing & Community Development  
1111 Fannin Street, 9th floor  
Houston, TX 77002  
(832) 927-4955  
hcd.harriscountytexas.gov

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May 9, 2025

Leah Barton  
Interim Executive Director  
Harris County Public Health  
1111 Fannin Street,  
Houston, Texas 77002

Attn: Beatrice Best, Supervisor Lead Grant Program

RE: PY2025 Annual Action Plan  
Project Name: Lead-Based Paint Abatement  
Project Number: 2025-004c

Dear Leah Barton,

We are pleased to inform you that the above referenced project has been approved for a conditional award in the amount of \$300,000 in Community Development Block (CDBG) Program Funds. Harris County Public Health will use the funding to assist with the abatement of unsafe structures that pose a health and safety risk to area residents. Harris County Public Health indicated a leverage amount of \$75,000 with a total project cost of \$300,000.

To remain compliant with HUD regulation 24 CFR 570.901 and 902, Harris County HCD will be diligent in monitoring the project's outcome performance and timely expenditure of grant funds. In particular, recurrent untimely expenditures jeopardize the availability of future funding for all Harris County subrecipients; by regulation, **HUD may reduce Harris County's CDBG award amount by up to 100 percent or reallocate Harris County's CDBG award to other jurisdictions for not meeting expenditure deadlines {24 CFR 570.902(c)(4); 24 CFR 576.501(b)(7)}.**

In the event that Harris County HCD determines that your project is not meeting quarterly performance benchmarks or expending the granted CDBG funds in a proportionate and timely manner, Harris County HCD will de-obligate remaining unexpended funds from your project unless otherwise settled and agreed upon between Harris County Public Health and Harris County HCD.

Furthermore, if HCD is forced to de-obligate funds from your project, the project may become ineligible from receiving funding for a period of not less than two years. You may appeal the de-obligation of funding by providing a written letter on letterhead explaining circumstances that prevented your project from meeting the performance benchmarks or timely expenditure. However, Harris County HCD reserves the right to deny your appeal if it is determined the deficiency in either performance or expenditure is too great or significant.



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Letter to Ms. Barton,  
May 9, 2025  
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This award is contingent upon the following:

1. Approval from the U.S. Department of Housing and Urban Development (HUD)
2. Approval from HUD of the Environmental Review Record (ERR) and Release of Funds

In addition to meeting the conditions indicated above, you are required to provide the following items prior to contract development and execution:

1. Copies of all project-related subcontracts currently in effect or that will be in effect as of the start of your contract.
2. A written response on letterhead acknowledging your organization's acceptance of the conditional award.
3. An updated project timeline that will promote timely expenditure of CDBG funds, per requirements of 24 CFR 570.902, to include the following benchmarks.

Non-receipt of these items will delay the contract development phase as well as funding of the project. Any funds expended prior to contract execution and Commissioners Court approval will not be reimbursed. In addition, please retain a copy of all information submitted for your records.

All documentation should be sent to the attention Tyra Carrington no later than May 16, 2025. If you have questions regarding the requested information, please contact Tyra Carrington by email at [tyra.carrington@harriscountytexas.gov](mailto:tyra.carrington@harriscountytexas.gov).

Sincerely,

Thao Costis  
Executive Director

TC/tg/tg/ks/tc



## Exhibit D: Project Budget Information

### Entity-wide Financial Management & Systems Questionnaire

A. Please describe your organization's fiscal management practices & systems related to financial reporting, accounting systems, financial capacity, budgetary and internal controls and audit requirements by completing the Financial Management questionnaire below.

FINANCIAL MANAGEMENT			
(QUESTIONNAIRE)			
	YES	NO	COMMENT
<b>ACCOUNTING SYSTEM:</b>			
1. Does your organization have and maintain a standard chart of accounts?	X		
2. Does your accounting system include a project cost ledger that can be used for recording expenditures for "each" program by required budget cost categories?	X		
3. How do employees account for their time and effort? Please explain under comments.			Our organization uses the HCPH Timesheet to account for employees time.
<b>FINANCIAL CAPABILITY:</b>			
1. Does your organization prepare annual financial statements?	X		
2. Are those financial statements reviewed formally and approved/accepted by your Board or Officers?	X		
3. Are the financial statements subject to an annual Audit?	X		
4. Describe which basis of accounting your organization uses, e.g. (accrual, cash, or other) and what authoritative guidance your organization relies for accounting for general and grant funded activities. Please explain under comments.			Our organization uses cash accounting under the authorization guidance of Harris County Auditor's office.
5. Has the organization established line(s) of credit? If so, identify source and amount by attaching line of credit document.	X		
<b>BUDGETARY CONTROLS:</b>			
1. Are there budgetary controls in effect (e.g. comparison of budget with actual expenditures on a monthly basis) to preclude exceeding budgetary limitations?	X		
2. Are all purchases made by PO whereby that encumbers/earmarks funds available for use?	X		
3. Does someone in your organization periodically perform analysis and recommends/makes adjustments to budgetary spending levels due to identification of unforeseen or potential cash flow problems resulting from the analysis? If so, name the person(s)/positions.	X		Richard Williams - Deputy CFO James Hicks Jr. - Manager Environmental Health Programs Beatrice Best - Supervisor Lead Grant Program



INTERNAL CONTROLS			
1. Are there written procedures for the following? Please explain under comments.			Yes. Follow Harris County and Harris County Public Health Procedures.
a.Accounting entries are supported by appropriate documentation; e.g. purchase orders and vouchers.	X		
b.Separation of responsibility in the receipt, payment, and recording of cash.	X		
c.Procedures for procurement and practices are consistent with applicable governing regulations.	X		
d.Travel is reviewed and approved and consistent with program guidelines and applicable to job functions.	X		
e.Timekeeping and payroll functions having segregation, proper review, approval, and support documentation of hours worked by activity and program.	X		
f. Disclosures of Board, Officers or employees for related party transactions.	X		
2. Describe the safeguards your entity has instituted to ensure adequate internal controls in the company (e.g. Officially adopted policies and procedures, all expenses approved by board, documented and required annual review of policies). Please explain under comments.			Contracts - Harris County Purchasing Department Financial Controls - Harris County Auditor's Office Annual Review of Policies Approved - HCPH and Commissioner's Court

### Financial Statements (Not Applicable to Harris County Departments)

A. Does organization have revenues in **excess** of \$500,000? ☐ Yes ☐ No

If yes, you MUST attach an audit performed by a Certified Public Accountant, along with the organization's most recently filed IRS Form 990 as **Attachment D-1**.

Does organization have revenues **less** than \$500,000? ☐ Yes ☐ No

If yes, you MUST attach the organization's most recently filed IRS Form 990, along with the items from either (a) or (b) as **Attachment D-1**:

- a) A set of Basic Financial Statements, which MUST include the industry equivalent of a Balance Sheet, Statement of Cash Flows, Income Statement and the Notes to the Financial Statements. These must have been certified as official financials and evidenced by a copy of the board minutes showing that they were presented and accepted as official financial statements by the entity's board or governing body.

**OR**

- b) b) A compiled set of Basic Financial Statements, along with a letter that the compilation was performed in accordance with American Institute of Certified Public Accountants' industry standards. The compilation must include the industry's equivalent of the Balance Sheet, Statement of Cash Flows, Income Statement and the Notes to the Financial Statements.



B. Did organization receive more than \$750,000 in Federal funding in the preceding year?

☐ Yes ☐ No

If yes, please attach as **Attachment D-2**, a copy of your required "single audit". If your audit has not been completed, please note when this audit is to be completed.

Date: MM/DD/YY

C. Financial Statement & Single Audits Findings

If there were findings noted in either your most recent financial statement, audit or single audit, please describe the nature of the findings and what steps your organization has taken to resolve the finding.

N/A
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Harris County PY2025 Request for Proposals  
Community Development Block Grant (CDBG) Program  
Public Facilities and Infrastructure



**Project Budget Summary**

Description	HCHCD	Leverage	TOTAL
<b>Project Costs</b>			
I. Acquisition	\$ -	\$ -	\$ -
II. Engineering Design/Architectural	\$ -	\$ -	\$ -
III. Construction or Clearance/Demolition	\$ -	\$ -	\$ -
<b>Project Budget Total:</b>	\$ -	\$ -	\$ -
Enter the number of months expected for completion of construction phase:			
	<b>HCHCD</b>	<b>Leverage</b>	<b>TOTAL</b>
<b>I. Acquisition</b>			
I -a. Acquisition Cost (Land & Improvements)			\$ -
I -b. Appraisal / Survey			\$ -
I -c. Legal Title Examination			\$ -
I -d. Legal, Recordation, etc.			\$ -
<b>Total Acquisition Costs:</b>	\$ -	\$ -	\$ -
<b>II. Architectural/Engineering</b>			
II-a. Schematic/Prelim Design			\$ -
II-b. Design Development			\$ -
II-c. Construction Development			\$ -
II-d. Construction Documentation			\$ -
II-e. Bidding & negotiations			\$ -
II-f. Construction Management & Site Monitoring			\$ -
II-g. Environmental Services ( <i>Required</i> ):			\$ -
II-h. Additional Services (describe in attachment):			\$ -
<b>Total Architectural/Engineering:</b>	\$ -	\$ -	\$ -
<b>III. Construction</b>			
III - a. Construction (attach cost estimates with your proposal)			\$ -
III - b. Surveying			\$ -
III - c. Testing			\$ -
III - d. Inspections			\$ -
III - e. Relocation Costs			\$ -
III - f. Bonding & Insurance			\$ -
III - g. Demolition Cost or Other - Attach complete explanation			\$ -
III - h. Contingency (5% of construction III-a thru III-c.)			\$ -
<b>Total Construction Costs:</b>	\$ -	\$ -	\$ -
<b>SUBTOTAL PROJECT COST</b>	\$ -	\$ -	\$ -
Harris County Required Services**	\$ -		\$ -
Harris County DEEO Monitoring**	\$ -		\$ -
<b>GRAND TOTAL PROJECT COST</b>	\$ -	\$ -	\$ -



**Funds must match Total Leverage stated in the Budget Summary**

For **each secured funding source** listed, attach a letter of funding commitment (dated no more than 6 months prior to the application) as **Attachment D-3**. Please note that HCHCD requires the minimum of 25% leveraging towards the project.

**Project Leverage Worksheet**

<u>Project Fund Description</u>	<u>Leverage Amount</u>	<u>Source of Leverage</u>	<u>Status</u>	<u>Award Date</u>
Cash Equity				
Other Federal Loan or Grant	\$100,000	HUD Grant	Secure	
Other State Loan or Grant				
Local Government Loan or Grant		Harris County Public Health	Pending	
Private Loan or Grant				
Donated Property				
Donated Materials/Labor				
Equipment/Supplies				
Office Space				
Other (Specify):				
Other (Specify):				
Other (Specify):				
Other (Specify):				
<b>TOTAL LEVERAGE FUNDS</b>	<b>\$ 100,000.00</b>			



**Cash Flow Projections (Public Facilities)**  
(fill in all highlighted fields with numeric values)

Starting date: <div></div>												
	Month 1 Estimate	Month 2 Estimate	Month 3 Estimate	Month 4 Estimate	Month 5 Estimate	Month 6 Estimate	Month 7 Estimate	Month 8 Estimate	Month 9 Estimate	Month 10 Estimate	Month 11 Estimate	Month 12 Estimate
Cash in Bank (prior month's ending cash position)												
<b>Cash Receipts</b>												
Taxes												
Special Revenues & Grants												
Sales												
Other cash infusion from other sources												
Total Cash Receipts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Total Cash On-Hand</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Cash Paid Out</b>												
Purchases												
Salaries												
Payroll taxes												
Outside services												
Rent												
Utilities												
Insurances												
Taxes												
Interest												
Loan payments												
Lease payments												
Other expenses (Explain):												
Other misc, exemptions, rebates												
<b>Total Cash Paid Out</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Cash Position</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -





Cash Flow Projections (Public Facilities)

(fill in all highlighted fields with numeric values)

Starting Date:									
	Year 2				Year 3	Year 4	Year 5		
	Q - 1	Q - 2	Q - 3	Q - 4					
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate		
Cash in Bank <i>(prior month's ending cash position)</i>									
Cash Receipts									
Taxes									
Special Revenues & Grants									
Other cash infusion from other sources									
Total Cash Receipts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Cash On-Hand	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Cash Paid Out									
Purchases									
Salaries									
Payroll taxes									
Outside services									
Rent									
Utilities									
Insurances									
Taxes									
Interest									
Loan payments									
Lease payments									
Other expenses (Explain):									
Other (misc, exemptions, rebates)									
Total Cash Paid Out	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Cash Position	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -



**Revenues & Expense Projections (Operations) (Public Facilities)**  
(fill in all highlighted fields with numeric values)

**Year 1 Pro-Forma**

**Start Date:**

	mo. 1	mo. 2	mo. 3	mo. 4	mo. 5	mo. 6	mo. 7	mo. 8	mo. 9	mo. 10	mo. 11	mo. 12	total
Revenues													
operating / administrative revenues													
reductions/offsets to revenues													
<b>Gross Revenues</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Payroll Expenses													
salaries													
taxes													
benefits													
<b>Total Payroll Costs</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Operating Costs													
rent													
advertising													
leases													
utilities													
postage													
travel													
other (explain):													
<b>Total Operating Costs</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Revenues (expense)													
interest income													
investment income													
other income													
(interest expense)													
<b>Total Other Revenues (expense)</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b>Revenues Over (Under) Expenses</b>	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

**Revenues & Expense Projections (Operations) (Public Facilities)**  
**Year 2 through Year 5 (Pro-Forma)**

	Yr. 2	Yr. 3	Yr. 4	Yr. 5
Revenues				
operating / administrative revenues				
reductions/offsets to revenues				
<b>Gross Revenues</b>	\$ -	\$ -	\$ -	\$ -
Payroll Expenses				
salaries				
taxes				
benefits				
<b>Total Payroll Costs</b>	\$ -	\$ -	\$ -	\$ -
Operating Costs				
rent				
advertising				
leases				
utilities				
postage				
travel				
other explain:				
<b>Total Operating Costs</b>	\$ -	\$ -	\$ -	\$ -
Other Revenues (expense)				
interest income				
investment income				
other income				
(interest expense)				
<b>Total Other Revenues (expense)</b>	\$ -	\$ -	\$ -	\$ -
<b>Revenues Over (Under) Expenses</b>	\$ -	\$ -	\$ -	\$ -

**List Assumptions for Revenues:**

**List Assumptions for Expenses:**



**Harris County Public Health - Lead-Based Paint & Nuisance Abatement Programs Only**  
**Direct Project Delivery**  
**Personnel Cost Detail**

Position	FTE	Monthly Salary	No. of Months	Harris County	Other Funding Sources	TOTAL
<i>Example: Inspector</i>	1	\$ 3,000.00	12	\$ 36,000.00	\$ 6,000.00	\$ 42,000.00
Lead Remediation Specialist	1	\$ 5,338.49	12	\$ 64,061.88		\$ 64,061.88
Outreach Coordinator	1	\$ 4,538.66	12	\$ 54,463.92		\$ 54,463.92
Finance Reporting Specialist	0.1	\$5,350.98	12	\$ 6,421.18		\$ 6,421.18
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
						\$ -
<b>Salary Subtotal</b>				<b>\$ 124,946.98</b>	<b>\$ -</b>	<b>\$ 124,946.98</b>
<b>Fringe Benefits</b>						
FICA (7.65%)				\$ 9,202.00		\$ 9,202.00
Fringe Benefits				\$ 125.60		\$ 125.60
Worker's Compensation (limited to no more than 5%)				\$ 1,105.00		\$ 1,105.00
Insurance				\$ 41,542.20		\$ 41,542.20
Retirement				\$ 19,234.92		\$ 19,234.92
<b>Fringe Benefits Subtotal</b>				<b>\$ 71,209.72</b>	<b>\$ -</b>	<b>\$ 71,209.72</b>
<b>Personnel Total</b>				<b>\$ 196,156.70</b>	<b>\$ -</b>	<b>\$ 196,156.70</b>

<b>Non-Personnel Cost Detail</b>			
Record in detail the items requested			
Description	Harris County	Other Funding Sources	TOTAL
Vehicle Maintenance and Gasoline	\$ 1,000.00		\$ 1,000.00
Lead Hazard Control (20) Homes	\$ 101,843.30	\$ 28,527.90	\$ 130,371.20
Title Opinion	\$ 1,000.00		\$ 1,000.00
Risk Assessment		\$ 20,000.00	\$ 20,000.00
Lab Samples		\$ 6,250.00	\$ 6,250.00
Housing Relocation and Storage		\$ 20,222.10	\$ 20,222.10
			\$ -
			\$ -
			\$ -
			\$ -
<b>Non-Personnel Detail Total</b>	<b>\$ 103,843.30</b>	<b>\$ 75,000.00</b>	<b>\$ 178,843.30</b>