



## Legislation Text

---

**File #:** 21-6514, **Version:** 1

---

**Department:** Public Health Services

**Department Head/Elected Official:** Barbie L. Robinson, MPP, JD, CHC, Executive Director

**Regular or Supplemental RCA: Regular RCA**

**Type of Request:** Contract - Award

**Project ID** (if applicable): N/A

**Vendor/Entity Legal Name** (if applicable): Stephen F. Austin State University

**MWDBE Participation** (if applicable): N/A

**Request Summary (Agenda Caption):**

Request for approval of an agreement between Harris County Public Health (HCPH) and Stephen F. Austin State University for the purpose of providing internship experiences to students.

**Background and Discussion:**

The agreement with the Stephen F. Austin State University will provide internships for students. The county will benefit from the services provided by the student interns and in turn will provide professional development and training to the students. There is no cost to the county. The agreement has been approved by the County Attorney as to form.

**Expected Impact:**

HCPH protects and promotes a healthy and safe community by preventing illness and injury, which improves the quality of life for all Harris County residents. The agreement will allow students to complete internships programs at HCPH. It is of mutual advantage to both Parties that students at Stephen F. Austin State University be given the opportunity to utilize certain facilities of Harris County for educational and training purposes, which serves a public purpose of Harris County.

**Alternative Options:**

N/A

**Alignment with Goal(s):**

- ☐ Justice and Safety
- ☐ Economic Opportunity
- ☐ Housing
- ☒ Public Health
- ☐ Transportation
- ☐ Flooding
- ☐ Environment

\_ Governance and Customer Service

**Prior Court Action (if any): N/A**

Date	Agenda Item #	Action Taken

**Location:**

Address (if applicable): N/A

Precinct(s): Countywide

<b>Fiscal and Personnel Summary</b>			
Service Name			
	<b>FY 21-22</b>	<b>FY 22</b>	<b>Next 3 FYs</b>
<b>Incremental Expenditures (do NOT write values in thousands or millions)</b>			
Labor Expenditures	\$	\$	\$
Non-Labor Expenditures	\$	\$	\$
<b>Total Incremental Expenditures</b>	\$	\$	\$
<b>Funding Sources (do NOT write values in thousands or millions)</b>			
<b>Existing Budget</b>			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Current Budget</b>	\$	\$	\$
<b>Additional Budget Requested</b>			
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
Choose an item.	\$	\$	\$
<b>Total Additional Budget Requested</b>	\$	\$	\$
<b>Total Funding Sources</b>	\$	\$	\$
<b>Personnel (Fill out section only if requesting new PCNs)</b>			
Current Position Count for Service	-	-	-
Additional Positions Requested	-	-	-
<b>Total Personnel</b>	-	-	-

**Anticipated Implementation Date:** 11/30/2021**Emergency/Disaster Recovery Note:** Not an emergency, disaster, or COVID-19 related item

**Contact(s) name, title, department:** Gwen J. Sims, Deputy Director, Public Health Services

**Attachments** (if applicable): Affiliation Agreement Contract