

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. 2016-001130C
AMENDMENT NO. 03**

THE **DEPARTMENT OF STATE HEALTH SERVICES** ("DSHS") and **FORT BEND COUNTY HEALTH & HUMAN SERVICES** ("Contractor") parties to that certain contract effective July 1, 2015 and denominated HHSC Contract No. 2016-001134, as amended, now desire to further amend the Contract.

WHEREAS, the parties desire to amend the Budget and to cover costs related to the National Association of County & City Health Officials (NACCHO) application process.

WHEREAS, this revision will result in an addition of **FIVE THOUSAND DOLLARS (\$5,000)**.

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. **SECTION 2** of the Contract, Total Amount, is revised to provide as follows: The total amount of the Contract will not exceed **SEVEN HUNDRED FIFTEEN THOUSAND DOLLARS (\$715,000.00)**.
2. **SECTION 7** of the Contract, Statement of Work, is revised to provide as follows: The total allocation amount for FY17 (07/01/2016 through 06/30/2017) is **\$360,000.00**.
3. **BUDGET SUMMARY** of the Contract is hereby revised to add **Five Thousand Dollars (\$5,000)** to the "Other" category of the FY17 Budget to cover the Contractor's costs related to the National Association of County & City Health Officials (NACCHO) application process. Accordingly, the Parties agree to revise the Budget Summary as follows:

Budget Categories	DSHS FY17 Funds Requested
Personnel	\$224,712.00
Fringe Benefits	\$95,008.00
Travel	\$6,408.00
Equipment	\$0.00
Supplies	\$4,402.00
Contractual	\$0.00
Other	\$29,470.00
Total Direct Costs	\$360,000.00
Indirect Costs	\$0.00
Totals	\$360,000.00

4. This Amendment No. 3 shall be effective as of January 1, 2017.
5. Except as amended and modified by this Amendment No. 3, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
6. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 03
DSHS CONTRACT NO. 2016-001134-03

DEPARTMENT OF STATE HEALTH SERVICES

**FORT BEND COUNTY HEALTH & HUMAN
SERVICES**

By:_____

Name:_____

Title:_____

Date of Execution: _____

Date of Execution:_____

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE
CONTRACT:**

ATTACHMENT A-1 REVISED BUDGET SUMMARY

Budget Categories	FY 17 Budget Summary
Personnel	\$241,807.00
Fringe Benefits	\$101,008.00
Travel	\$6,408.00
Equipment	\$0.00
Supplies	\$4,402.00
Contractual	\$0.00
Other	\$42,047.00
Sum of Direct Costs	\$395,672.00
Indirect Costs	\$0.00
Sum of Total Direct Costs and Indirect Costs	\$395,672.00
Less Match (Cash or In-Kind)	\$ 35,672.00
TOTAL	\$ 360,000.00

Certificate Of Completion

Envelope Id: 96DFE64832DC47078577AB8DDE19C45D	Status: Sent
Subject: \$715,000.00; 2016-001130C; Fort Bend Co Health and Human Services	
Source Envelope:	
Document Pages: 10	Signatures: 0
Supplemental Document Pages: 0	Initials: 0
Certificate Pages: 3	
AutoNav: Enabled	Payments: 0
Envelopeld Stamping: Enabled	
Time Zone: (UTC-06:00) Central Time (US & Canada)	Envelope Originator: Yvonne Alba 1860 Michael Faraday Dr Reston, VA 20190 yvonne.alba@hhsc.state.tx.us IP Address: 167.137.1.13

Record Tracking

Status: Original 3/1/2017	Holder: Yvonne Alba yvonne.alba@hhsc.state.tx.us	Location: DocuSign
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Signer Events

Signature	Timestamp
Completed Ayeola Williams Ayeola.Williams@hhsc.state.tx.us Staff Attorney, System Contracting HHSC Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	Sent: 3/2/2017 Viewed: 3/6/2017 Signed: 3/6/2017
Completed Patty Melchior Patty.Melchior@dshs.state.tx.us Resource Director Department State Health Services Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	Sent: 3/6/2017 Viewed: 3/6/2017 Signed: 3/6/2017
Jenetha Jones jenetha.jones@fortbendcountytexas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	Sent: 3/6/2017
David Gruber david.gruber@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Deserie Burrell deserie.burrell@dshs.state.tx.us Contract Manager Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	COPIED	Sent: 3/2/2017 Viewed: 3/2/2017
Justin Davis justin.davis@dshs.state.tx.us Department of State Health Services Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	COPIED	Sent: 3/2/2017
Amy Greene amy.greene@hhsc.state.tx.us Contract Specialist V Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	COPIED	Sent: 3/2/2017
Susana Garcia susana.garcia@dshs.state.tx.us Unit Director Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	COPIED	Sent: 3/6/2017
David Olinger david.olinger@fortbendcountytexas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	COPIED	Sent: 3/6/2017 Viewed: 3/6/2017
DSHS CMU Inbox CMUContracts@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:		
Notary Events		Timestamp
Envelope Summary Events	Status	Timestamps

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	3/6/2017
Payment Events	Status	Timestamps