

DEPARTMENT OF STATE HEALTH SERVICES

CONTRACT NO. 537-18-0352-00001

AMENDMENT NO. 01

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**System Agency**”) and **FORT BEND COUNTY HEALTH AND HUMAN SERVICES** (“**Grantee**”), who are collectively referred to herein as the “**Parties**,” to that certain grant contract effective March 1, 2017, and denominated DSHS Contract No. 537-18-0352-00001 (the “**Contract**”), now desire to amend the Contract.

WHEREAS, the Parties desire to correct the section numbering in the Contract;

WHEREAS, the Parties desire to correct the legal authority in **Section II** of the Contract;

WHEREAS, System Agency has elected to extend the term of the Contract in accordance with Contract **Section III, Duration**, to allow for continued support of the Public Health Zika Response activities;

WHEREAS, the Parties desire to remove **Attachment A, PPHR Statement of Work** as set forth herein;

WHEREAS, the Parties desire to revise Contract **Attachment B, ELC Statement of Work**;

WHEREAS, the Parties desire to revise Contract **Attachment C, Budget**; and

WHEREAS, continued support of the Contract activities will require additional funding.

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

1. The section numbering in the Contract’s Signature Document is hereby corrected to reflect a sequential order.
2. **Section II, LEGAL AUTHORITY**, is hereby amended to provide as follows: This Contract is authorized by and in compliance with the provisions under the authority of the Texas Government Code Chapter 791.
3. **SECTION III, DURATION**, is hereby amended to reflect a revised termination date of July 31, 2019.

4. **SECTION IV, BUDGET**, is hereby amended to increase the total not-to-exceed Contract amount to **SEVEN HUNDRED THIRTY THOUSAND FOUR HUNDRED FIFTY-THREE DOLLARS (\$730,453.00)**, of which **ONE HUNDRED THOUSAND DOLLARS (\$100,000.00)** is allocated toward Fiscal Year (“FY”) 2019 (August 1, 2018 through July 31, 2019). All expenditures under the Contract will be in accordance with **ATTACHMENT C - BUDGET**.
5. **SECTION VI, LEGAL NOTICES**, is amended to replace the System Agency contact information in its entirety with the following:

System Agency

Department of State Health Services
 Attention: General Counsel
 1100 W. 49th Street, MC 1911
 Austin, TX 78756

6. The Parties agree to add the following new Section VIII to the Signature Document:

VIII. NOTICE TO PROCEED

Funding for FY 2019 is dependent on the award of the applicable federal grant. No FY 2019 work may begin and no charges may be incurred until the System Agency issues a written notice to proceed to Grantee. This Notice to Proceed may include an amended or ratified budget which will be incorporated into this Contract by a subsequent amendment, as necessary. Notwithstanding the preceding, at the discretion of the System Agency, Grantee may be eligible to receive reimbursement for eligible expenses incurred during the period of performance as defined by 2 CFR §200.309.

7. The Parties agree to remove **ATTACHMENT A – PPHR STATEMENT OF WORK** effective, July 1, 2018. The PPHR funding allocation is no longer available for reimbursement of services provided or expenditures made after June 30, 2018.
8. **SECTION (I)(G) of ATTACHMENT B - ELC STATEMENT OF WORK**, is hereby amended to add the following programmatic reporting periods and reporting dates to the reporting schedule:

PERIOD COVERED	REPORT DUE DATE
August, September, October	November 30, 2018
November, December, January	February 28, 2019
February, March, April	May 31, 2019
May, June, July	August 31, 2019

9. **SECTION (I)(H) of ATTACHMENT B, ELC STATEMENT OF WORK**, is hereby deleted in its entirety and replaced with the following:
 - I. Complete and submit an end-of-year performance report to System Agency in a format specified by System Agency in accordance with the below schedule:

PERIOD COVERED	REPORT DUE DATE
March 1, 2017 through July 31, 2018	August 15, 2018
August 1, 2018 through July 31, 2019	August 15, 2019

10. **ATTACHMENT C - BUDGET**, is hereby amended by deleting the budget table in its entirety and replacing it with the below:

Budget Categories	PHPR 03/01/2017 – 06/30/2018	ELC 03/01/2017 – 07/31/2019	VC 03/01/2017 – 07/31/2019	Budget Summary
Personnel	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$7,935.00	\$1,148.00	\$0.00	\$9,083.00
Equipment	\$0.00	\$0.00	\$45,030.00	\$45,030.00
Supplies	\$30,000.00	\$12,000.00	\$23,000.00	\$65,000.00
Contractual	\$455,138.00	\$124,352.00	\$30,000.00	\$609,490.00
Other	\$0.00	\$0.00	\$1,850.00	\$1,850.00
Sum of Direct Costs	\$493,073.00	\$137,500.00	\$99,880.00	\$730,453.00
Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00
Sum of Total Direct Costs and Indirect Costs	\$493,073.00	\$137,500.00	\$99,880.00	\$730,453.00
TOTAL	\$493,073.00	\$137,500.00	\$99,880.00	\$730,453.00

11. This Amendment No. 01 shall be effective as of the date this Amendment is signed by both Parties.
12. Except as amended and modified by this Amendment No. 01, all terms and conditions of the Contract shall remain in full force and effect. In the event of a conflict between the terms of the Contract and the terms of this Amendment, the terms of this Amendment shall prevail.
13. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 01
DEPARTMENT OF STATE HEALTH SERVICES CONTRACT NO. 537-18-0352-00001

DEPARTMENT OF STATE HEALTH SERVICES

**FORT BEND COUNTY HEALTH AND HUMAN
SERVICES**

By: _____

John Hellerstedt, M.D.

Name: _____

Commissioner

Title: _____

Department of State Health Services

Date of Execution: _____

Date of Execution: _____

Certificate Of Completion

Envelope Id: EED3133794A94AD5A864E952A0A0BA71

Status: Sent

Subject: Amending \$730,453.00; 537-18-0352-00001 Fort Bend Co A-1; DSHS/CMS/ CPS/ZIKA

Source Envelope:

Document Pages: 12

Signatures: 0

Envelope Originator:

Certificate Pages: 2

Initials: 0

Texas Health and Human Services Commission

AutoNav: Enabled

1100 W. 49th St.

Envelopeld Stamping: Enabled

Austin, TX 78756

Time Zone: (UTC-06:00) Central Time (US & Canada)

PCS_DocuSign@hhsc.state.tx.us

IP Address: 167.137.1.17

Record Tracking

Status: Original

Holder: Texas Health and Human Services

Location: DocuSign

May 29, 2018

Commission

PCS_DocuSign@hhsc.state.tx.us

Signer Events

Signature

Timestamp

Robert E. Hebert

Sent: May 29, 2018

county.judge@fortbendcountytexas.gov

County Judge

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Dr John Hellerstedt

john.hellerstedt@dshs.texas.gov

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

In Person Signer Events

Signature

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Editor Delivery Events

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Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

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Timestamp

Tina Longoria

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Sent: May 29, 2018

tina.longoria@hhsc.state.tx.us

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Deserie Burrell

COPIED

Sent: May 29, 2018

deserie.burrell@dshs.state.tx.us

Viewed: May 29, 2018

Contract Manager

Texas Health and Human Services Commission

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Carbon Copy Events	Status	Timestamp
Not Offered via DocuSign		
CMU Mailbox cmucontracts@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: May 29, 2018
Jenetha Jones jenetha.jones@fortbendcountytexas.gov Robert Hebert, County Judge Fort Bend County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: May 29, 2018
David Olinger david.olinger@fortbendcountytexas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: May 29, 2018 Viewed: May 29, 2018
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	May 29, 2018
Payment Events	Status	Timestamps