

CONTRACT NO. 537-18-0117-00001**AMENDMENT NO. 2
FORT BEND COUNTY**

The **DEPARTMENT OF STATE HEALTH SERVICES** ("System Agency") and **FORT BEND COUNTY HEALTH & HUMAN SERVICES** ("Grantee"), who are collectively referred to herein as the "Parties" or singularly as the "Party" herein, to that certain grant Contract effective July 1, 2017, and denominated DSHS Contract No. 537-18-0117-00001, now desire to further amend the Contract.

WHEREAS, the Parties desire to revise the FY19 Budget Summary to move funds from the Personnel and Fringe Benefits budget categories to the Travel, Supplies and Other budget categories; and

WHEREAS, these revisions will result in no increase in the total amount of the Contract.

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

1. **ATTACHMENT B, BUDGET** is hereby amended by deleting the budget table in its entirety and replacing it with the following:

| Budget Categories | FY18 Budget Summary (7/1/17 – 6/30/18) | FY19 Budget Summary (7/1/18 – 6/30/19) | Total Budget Summary |
|--|---|---|-----------------------------|
| Personnel | \$234,604.00 | \$207,362.00 | \$441,966.00 |
| Fringe Benefits | \$98,084.00 | \$65,190.00 | \$163,274.00 |
| Travel | \$6,513.00 | \$19,362.00 | \$25,875.00 |
| Equipment | \$0.00 | \$0.00 | \$0.00 |
| Supplies | \$4,667.00 | \$71,043.00 | \$75,710.00 |
| Contractual | \$0.00 | \$0.00 | \$0.00 |
| Other | \$46,765.00 | \$27,989.00 | \$74,754.00 |
| Sum of Direct Costs | \$390,633.00 | \$390,946.00 | \$781,579.00 |
| Indirect Costs | \$0.00 | \$0.00 | \$0.00 |
| Sum of Total Direct Costs and Indirect Costs | \$390,633.00 | \$390,946.00 | \$781,579.00 |
| Less Match (Cash or In-Kind) | \$35,633.00 | \$35,946.00 | \$71,579.00 |
| TOTAL | \$355,000.00 | \$355,000.00 | \$710,000.00 |

It is agreed that Grantee shall provide matching funds in the amount of **\$71,579.00**.

2. This Amendment No. 02 shall be effective as of the date last signed below.

3. Except as amended and modified by this Amendment No. 02, all terms and conditions of the Contract, shall remain in full force and effect.
4. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 02
SYSTEM AGENCY CONTRACT NO. 537-18-0117-00001

| | |
|--|---|
| TEXAS DEPARTMENT OF STATE HEALTH SERVICES | FORT BEND COUNTY HEALTH & HUMAN SERVICES |
|--|---|

By:_____

David Gruber

Name:_____

Associate Commissioner
Division for Regional and Local Health
Operations

Title:_____

Date of Execution: _____

Date of Execution:_____

Certificate Of Completion

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Robert E. Hebert

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county.judge@fortbendcountytexas.gov

County Judge

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Electronic Record and Signature Disclosure:

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David Gruber

david.gruber@dshs.texas.gov

Security Level: Email, Account Authentication
(None)

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Mary Ann Graham

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Contract Manager

Texas Health and Human Services Commission

Security Level: Email, Account Authentication
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| David Olinger david.olinger@fortbendcountytexas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign | COPIED | Sent: 10/8/2018 10:41:56 AM Viewed: 10/8/2018 10:45:16 AM |
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