

DEPARTMENT OF STATE HEALTH SERVICES

CONTRACT NO. 537-18-0034-00001

AMENDMENT NO. 1

THE DEPARTMENT OF STATE HEALTH SERVICES (“System Agency” or “DSHS”) and **FORT BEND COUNTY CLINICAL HEALTH SERVICES** (“Grantee”) who are collectively referred to herein as the "Parties," to that certain grant Contract effective September 1, 2017 and denominated DSHS Contract No. 537-18-0034-00001, now desire to amend the Contract.

WHEREAS, the System Agency has chosen to exercise its option to renew the Contract in accordance with Section III of the Contract Signature Document;

WHEREAS, the Parties desire to revise the Budget to add funds for the period beginning September 1, 2018 through August 31, 2019 (hereinafter referred to as “Fiscal Year 2019” or “FY2019”);

Whereas, the Parties desire to revise the Statement of Work; and

Whereas the Parties desire to add to the Supplemental and Special Conditions.

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

1. **SECTION III** of the Signature Document, **DURATION**, is hereby amended to reflect a revised termination date of August 31, 2019.
2. **SECTION IV** of the Signature Document, **BUDGET** is hereby amended to add **ONE HUNDRED THIRTY - FOUR THOUSAND THREE HUNDRED NINETY - SEVEN DOLLARS (\$134,397.00)** in DSHS funding with the Grantee providing a total of **TWENTY - SIX THOUSAND EIGHT HUNDRED SEVENTY - NINE DOLLARS (\$26,879.00)** in matching funds, for a total Contract amount not to exceed **THREE HUNDRED TWENTY - TWO THOUSAND FIVE HUNDRED TWENTY - TWO DOLLARS (\$322,522.00)**.
3. **SECTION I.G.** of **ATTACHMENT A**, **STATEMENT OF WORK** is hereby deleted in its entirety and replaced with the following:

G. Not lapse more than 1% of the total funded amount of the Contract.

4. **SECTION III.A. of ATTACHMENT A, STATEMENT OF WORK** is hereby amended to add the following email address to which vouchers and any supporting documentation must also be submitted by electronic mail: CMSinvoices@dshs.texas.gov.
5. The Parties agree to add to the Contract **ATTACHMENT B-1, FY2019 BUDGET**, which is attached to this Amendment and incorporated into the Contract as if fully set forth therein. All FY2019 expenditures shall be made in accordance with **Attachment B-1**.
6. **ATTACHMENT D, SUPPLEMENTAL AND SPECIAL CONDITIONS** is hereby amended to add the following new Section 1.16 under the Special Conditions:

SECTION 1.16 GRANTEE'S CERTIFICATION OF MEETING OR EXCEEDING TOBACCO-FREE WORKPLACE POLICY MINIMUM STANDARDS.

Grantee certifies that it has adopted and enforces a Tobacco-Free Workplace Policy that meets or exceeds all of the following minimum standards of:

- a) Prohibiting the use of all forms of tobacco products, including but not limited to cigarettes, cigars, pipes, water pipes (hookah), bidis, kreteks, electronic cigarettes, smokeless tobacco, snuff and chewing tobacco;
- b) Designating the property to which this Policy applies as a "designated area," which must at least comprise all buildings and structures where activities funded under this Contract are taking place, as well as Grantee owned, leased, or controlled sidewalks, parking lots, walkways, and attached parking structures immediately adjacent to this designated area;
- c) Applying to all employees and visitors in this designated area; and
- d) Providing for or referring its employees to tobacco use cessation services.

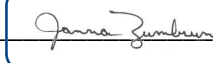
If Grantee cannot meet these minimum standards, it must obtain a waiver from the System Agency.

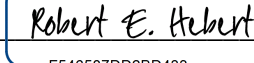
7. This Amendment No. 1 shall be effective as of September 1, 2018.
8. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract, as amended, shall remain in full force and effect. In the event of a conflict between the Contract and the terms of this Amendment, the terms of this Amendment shall control.
9. Any further revisions to the Contract shall be by written agreement of the Parties.

Signature Page Follows.

**SIGNATURE PAGE FOR AMENDMENT NO. 1
SYSTEM AGENCY CONTRACT NO. 537-18-0034-00001**

DEPARTMENT OF STATE HEALTH SERVICES GRANTEE

DocuSigned by:

14303D85CC75416...
Janna Zumbrun

DocuSigned by:

F546587DD2BD433...
By: Robert E. Hebert
Name: Robert E. Hebert

Associate Commissioner for Laboratory and Infectious Disease Services
Title: County Judge

Date of Execution: June 7, 2018

Date of Execution: June 7, 2018

**THE FOLLOWING ATTACHMENT IS ATTACHED AND INCORPORATED AS PART OF THE
CONTRACT:**

ATTACHMENT B-1 FY2019 BUDGET

**ATTACHMENT B-1
FY2019 BUDGET**

Organization Name: Fort Bend County Clinical Health Services

Program ID: TB/State

Contract Number: **537-18-0034-00001– AMENDMENT 1**

Budget Categories	DSHS Funds	Cash Match	Category Total
Personnel	\$91,080.00	\$26,879.00	\$117,959.00
Fringe Benefits	\$40,465.00	\$0.00	\$40,465.00
Travel	\$452.00	\$0.00	\$452.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$000	\$0.00	\$0.00
Contractual	\$2,400.00	\$0.00	\$2,400.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Costs	\$134,397.00	\$26,879.00	\$161,276.00
Indirect Costs	\$0.00	\$0.00	\$0.00
Totals	\$134,397.00	\$26,879.00	\$161,276.00



Routing Request

PCS.515

Section 1: Request Information

Contract No.: New Amendment No.: Emergency
(See Tex. Gov. Tex. Gov't Code Ch. 418; §2155.137 and TAC §20.41)

Work Order No.: New Amendment No.:

Contractor Legal Business Name:

Total Contract Value (including renewals): Requesting Agency/Program:

Contract Manager Name: Buyer Name:

Contract Manager E-mail: Buyer E-mail:

Contract Manager Phone: Buyer Phone:

Section 2: CAPPS Approvals - The individuals listed shall be program specific contract approvers as designated by the program area.

Approver Title	Approver Name	Approver E-mail Address	See attached proof of approval
1. Legal	Ayeola Williams	ayeloa.williams@hhsc.state.tx.us	<input checked="" type="checkbox"/>
2. Section Director	Patty Melchior	patty.melchior@dshs.texas.gov	<input type="checkbox"/>
3. Associate Commisioner	Janna Zumbrun	janna.zumbrun@dshs.texas.gov	<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>
8.			<input type="checkbox"/>
9.			<input type="checkbox"/>
10.			<input type="checkbox"/>
11.			<input type="checkbox"/>
12.			<input type="checkbox"/>
13.			<input type="checkbox"/>
14.			<input type="checkbox"/>
15. Deputy Executive Commissioner (\$1M and over only)			<input type="checkbox"/>



Routing Request

PCS.515

Section 3: DocuSign Signatories

Signatory	Name	E-mail Address
Contractor Signature Authority	Robert E. Hebert	county.judge@fortbendcountytx.gov
Additional Contractor Signature Authority*		
Contractor Signature cc	Kaye Reynolds	kaye.reynolds@fortbendcountytx.gov
HHS Budget (\$1M and over only)	Greta Rymal	greta.rymal@hhsc.state.tx.us
Legal Director (\$1M and over only)	Andy Marker	edward.marker@hhsc.state.tx.us
Office of Chief Counsel (\$1M and over only)	Karen Ray	karen.ray@hhsc.state.tx.us
HHS Signature Authority		
HHS Signature Authority cc		
General Inbox cc	CMU Mailbox	cmucontracts@dshs.texas.gov

Instructions

PURPOSE

To direct HHS contracts, work orders, amendments, renewals, and extensions through routing for the contract document's final approval and execution process.

WHEN TO PREPARE THIS FORM

The routing request form shall be completed for any document requiring CAPPs FIN 9.2 approval routing and for all DocuSign signature routing. Requestor shall adhere to any HHS Circular-46 requirements as well as consult with program to complete the form prior to submission to Procurement and Contracting Services Quality Assurance ("PCS QA"). The information provided on the routing request form will be used by PCS QA to create the document routing approval path in CAPPs FIN 9.2 as well as create the DocuSign path for contractor signatory and HHS signatory execution.

PROCEDURES

Section 1: To be completed by Buyer and Program. This section shall contain the necessary contract information.

Section 2: To be completed by the Program area. This section shall contain all required program specific approvers. These individuals will be inserted into the CAPPs approval process. For contracts valued at \$1M and over, the program Deputy Executive Commissioner is required.

Section 3: To be completed by the Program area. This section shall contain all required contract signatory information. These individuals will be inserted into the DocuSign routing path. For contracts valued at \$1M and over, Deputy Executive Commissioner of Financial Services, Legal Director, and Chief Counsel are required.

****There are certain aspects of this form that do not apply to DFPS.****

* If adding second contractor signature authority, please provide instructions on which documents need to be completed by this individual.

Document Approval Status

SetID HHSTX	Contract ID 537-18-0034-00001
Supplier FORT BEND COUNTY	

[Review/Edit Approvers](#)

Procurement QA Approval

:Approved [View/Hide Comments](#)

Procurement QA Group

Approved Danielli,Kerri (PCS) Procurement QA for DocumentAWE 04/20/18 - 8:13 AM	→	Approved Melchior,Patricia Inserted Approver 04/20/18 - 8:17 AM	→	Approved Zumbrun,Janna Inserted Approver 04/20/18 - 8:55 AM
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[Comment History](#)

Legal Approval

:Approved [View/Hide Comments](#)

Legal Approval

Skipped No approvers found HHSC Doc AWE Cntrct Doc Legal	→	Approved Danielli,Kerri (PCS) Error Step 04/20/18 - 9:11 AM
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[Comment History](#)

[Return to Document Management](#)

REQUEST DOCUMENT**CAPPS Contract Change Request**

Requestor	00000155875 - Avina Jr,Michael
Requisition ID	0000015285
Document ID	ADH0000000000000000014947
Document Owner	00000155875 - Avina Jr,Michael

Contract change request header

Agency lead contact for contract changes	00000279673 - White,Ebony Monique
Desired amendment effective date	September 01, 2018
Amendment contract number	537-18-0034-00001
Request amendment description	Contract Description: Contractor provides services and associated activities to prevent and control tuberculosis in their jurisdiction. Contractor Name: FORT BEND COUNTY CLINICAL HEALTH SERVICES, LOCATED IN RICHMOND, TX Purpose of Amendment: The purpose of amendment is to renew the contract by adding funding for an additional year through August 31, 2019 to continue tuberculosis prevention and control activities in the state of Texas. This is a \$0.00 requisition using FY18 chartfield to start the CAPPS contract collaboration process with PCS. Contract amount change: Amendment is adding \$ 134,397.00 to the current contract \$134,397.00 for a new grand total of \$268,794.00

Contract change request details

Does the amount change	Yes
New requested changed amount	\$ 268,794.000

Does the date change	Yes
New request contract end date	August 31, 2019

Does the scope change	Yes
New change in scope	There are not any significant changes to scope. The amendment provides a decrease in percentage in regard to the lapse of the total funded amount of the contract.

Supplemental information and comments

See Line Comments for contract related supporting documentation

Contractor shall deliver tuberculosis prevention and control services to maintain an effective infrastructure that promotes consistent public health practices for the health

Vendor (Supplier) Name: FORT BEND COUNTY CLINICAL HEALTH SERVICES

Vendor/TIN (Supplier ID): 17460019692

REQUEST DOCUMENT



CAPPS Contract Change Request

Vendor (Supplier) Mail Code: 055

Contract ID: 537-18-0034-00001

Current Purchase Order Number: 0000436860

Vendor/Subrecipient Determination: Subrecipient

Contract Term: 09/01/2017 - 08/31/2019

Original Amt \$134,397.00+Amend Amt \$134,397.00+=Total Contract Amt \$268,794.00

Contract Manager Name/Phone: Ebony White / 512-776-2152

Contract Manager Email: Ebony.White@dshs.texas.gov

DSHS Program ID (SCOR Other Subject): TB/PC State

SCOR Division: For DCPS: Laboratory & Infectious Disease Services (LIDS)

REQUESTOR INFORMATION

Name: MICHAEL AVINA

Phone Number: 512-776-2106

E-mail address: MICHAEL.AVINA@DSHS.TEXAS.GOV



HHS Purchasing Requisition

Page: 1 of 1
 Run Date: 2/20/2018
 Run Time: 09:44:11 AM
 Report ID: TXCPO002X

Business Unit HHSTX **Origin** WH3 **Requestor** MICHAEL AVINA JR **BCM Status** Valid

Requisition ID 0000015285 **Status** Approved **Requestor Phone** 512/776-2676 ext. 2676 **Req Approval Date** 02/15/2018

Requisition Date 02/08/2018 **Description** FY19-CMS-TB/PC-STATE

HEADER COMMENTS:
 2/16/18 MHouston

Line	Description	UOM	Qty	Price	Amount	Line Status
1	FY19-DSHS-TB/PC-STATE-FORT BEND COUNTY CLINICAL HEALTH SERVICES-AMEND-TERM 09/01/2017 THRU 08/31/2019	EA	1	0.00	0.00	Approved

Vendor ID	Vendor Loc	Vendor Name	Class	Item	Buyer
1746001969	000	FORT BEND COUNTY	948	34	STEFANIE JACKSON

Schedule 1 Schedule Amount 0.00

Dist Ln	Account	Fund	Dept ID	Program	PCA	Appn. Yr.	Agy CF1	Agy CF2	Amount	Location
1	761200	0001	H34000	430	71283	022018			0.00	Austin : 1100 W 49th St

Line Nbr	Comments
1	SOW CRC PCS 515

Total Requisition: \$0.00

Jackson,Stefanie (HHSC)

From: Williams,Ayeola (HHSC)
Sent: Wednesday, March 14, 2018 11:20 AM
To: White,Ebony (DSHS)
Subject: FW: Corpur Christi TB Contract
Attachments: TB-PC_State_Corpus_HHSTX_537-18-0032-00001_0_03_AW.xml

Importance: High

Approved w edits

Ayeola J. Williams
Attorney
Office of Chief Counsel--Contracting Division
Texas Health and Human Services Commission
P: (512) 487-3359
E: Ayeola.Williams@hhsc.state.tx.us

CONFIDENTIAL

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From: White,Ebony (DSHS)
Sent: Wednesday, March 14, 2018 8:47 AM
To: Williams,Ayeola (HHSC) <Ayeola.Williams@hhsc.state.tx.us>
Subject: FW: Corpur Christi TB Contract
Importance: High

Ayeola,

I have made all of the edits that you have requested and are requesting your approval.

Thank you,

Ebony

Ebony White
Contract Manager
CHI/LIDS, Contract Management Section

Phone: (512) 776-2152
Fax: (512) 776-7391
Email Address: Ebony.White@dshs.texas.gov

From: Garcia,Susana K (DSHS)
Sent: Tuesday, March 13, 2018 5:21 PM
To: White,Ebony (DSHS) <Ebony.White@dshs.texas.gov>; Sharp,Kathy (DSHS) <Kathy.Sharp@dshs.texas.gov>
Subject: FW: Corpur Christi TB Contract
Importance: High

Kathy,
Work on getting this all addressed ASAP. You will need to talk to buyer about this as well since it went to the buyer through collaboration.
As I mentioned we just need to clear with the buyer that she is going to cancel the collaboration so we can finish this one out offline... Please keep me in the loop..

From: Williams,Ayeola (HHSC)
Sent: Tuesday, March 13, 2018 5:14 PM
To: Garcia,Susana K (DSHS) <Susana.Garcia@dshs.texas.gov>
Cc: Sharp,Kathy (DSHS) <Kathy.Sharp@dshs.texas.gov>
Subject: Corpur Christi TB Contract

My changes attached. Please correct the contract amount to show how much state funds and how much matching similar to how we do in the base contract.

Ayeola J. Williams
Attorney
Office of Chief Counsel--Contracting Division
Texas Health and Human Services Commission
P: (512) 487-3359
E: Ayeola.Williams@hhsc.state.tx.us

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From: [White,Ebony \(DSHS\)](#)
To: [Jackson,Stefanie \(HHSC\)](#)
Subject: FW: Requisition 0000015285 Fort Bend County TB/PC State Group
Date: Thursday, March 29, 2018 8:27:30 AM
Attachments: [PCS 515 Routing Request Form - Fort Bend County03.28.2018.pdf](#)
[FW Corpor Christi TB Contract.msg](#)
[537-18-0034-00001 HCATS Base Contract.Fort Bend.pdf](#)
[Fort Bend TB-PC State HHSTX 537-18-0034-00001 Amendment 1.docx](#)

Stefanie,

Per the new process, this contract will be handled offline. Please move forward to cancel the CAPPs collaboration and proceed with the PCS QA for the Fort Bend County Amendment 1 and mail the amendment to the contractor. I have attached the legal approved clean copy of Amendment 1, PCS-515 form, legal approval email, and base contract.

As Legal has already approved this contract template(s), the Contract Manager has not modified the template(s) from the approved version."

If you have any questions please let me know.

Thank you,

Ebony

Ebony White
Contract Manager
CHI/LIDS, Contract Management Section
Phone: (512) 776-2152
Fax: (512) 776-7391
Email Address: Ebony.White@dshs.texas.gov

From: Sharp,Kathy (DSHS)
Sent: Wednesday, March 28, 2018 3:57 PM
To: White,Ebony (DSHS) <Ebony.White@dshs.texas.gov>
Subject: FW: Requisition 0000015285 Fort Bend County TB/PC State Group

Ebony,

This is approved to send to the buyer once the edits have been accepted on the Signature Document.

Thanks,
Kathy

From: White,Ebony (DSHS)
Sent: Wednesday, March 28, 2018 1:53 PM

To: Sharp, Kathy (DSHS) <Kathy.Sharp@dshs.texas.gov>

Subject: Requisition 0000015285 Fort Bend County TB/PC State Group

Kathy,

Please review and approve.

Thank you,

Ebony

Ebony White, MBA

Contract Manager

CHI/LIDS, Contract Management Section

T505.0b, Mail Code 1990

P.O. Box 149347

Austin, TX 78714-9347

Phone: (512) 776-2152

Fax: (512) 776-7391

Email: ebony.white@dshs.texas.gov

Office Hours: 7:00am – 4:00pm



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Certificate Of Completion

Envelope Id: 7AD7C7BE569C46669B7D8EB05BC28825	Status: Completed
Subject: Amending \$322,552; 537-18-0034-00001 Ft Bend Clinical Hlth Servc A-1; DSHS/CMS	
Source Envelope:	
Document Pages: 14	Signatures: 2
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Texas Health and Human Services Commission
Time Zone: (UTC-06:00) Central Time (US & Canada)	1100 W. 49th St.
	Austin, TX 78756
	PCS_DocuSign@hhsc.state.tx.us
	IP Address: 167.137.1.16

Record Tracking

Status: Original	Holder: Texas Health and Human Services	Location: DocuSign
April 25, 2018	Commission	
	PCS_DocuSign@hhsc.state.tx.us	

Signer Events

Robert E. Hebert
 county.judge@fortbendcountytexas.gov
 County Judge
 Security Level: Email, Account Authentication (None)

Signature

DocuSigned by:

 F546587DD2BD433...
 Using IP Address: 73.6.109.87

Timestamp

Sent: April 25, 2018
 Viewed: May 14, 2018
 Signed: June 7, 2018

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Janna Zumbrun
 janna.zumbrun@dshs.texas.gov
 Associate Commissioner for Laboratory and Infectious Disease Services
 Texas Health and Human Services Commission
 Security Level: Email, Account Authentication (None)

DocuSigned by:

 14303D85CC75416...
 Using IP Address: 160.42.85.8

Sent: June 7, 2018
 Viewed: June 7, 2018
 Signed: June 7, 2018

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

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

Stefanie Jackson
 stefanie.jackson@hhsc.state.tx.us
 Security Level: Email, Account Authentication (None)

COPIED

Sent: April 25, 2018
 Viewed: April 25, 2018

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Carbon Copy Events	Status	Timestamp
<p>Ebony White Ebony.White@dshs.texas.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	<p>Sent: April 25, 2018 Viewed: April 26, 2018</p>
<p>CMU Contract Inbox cmucontracts@dshs.texas.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	<p>Sent: April 25, 2018</p>
<p>Kaye Reynolds kaye.reynolds@fortbendcountytexas.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	<p>Sent: April 25, 2018 Viewed: April 27, 2018</p>

Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	June 7, 2018
Certified Delivered	Security Checked	June 7, 2018
Signing Complete	Security Checked	June 7, 2018
Completed	Security Checked	June 7, 2018

Payment Events	Status	Timestamps
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