

AMENDMENT NO. 02
CONTRACT NO. 537-18-0187-00001
DEPARTMENT OF STATE HEALTH SERVICES

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**System Agency**”) and **FORT BEND COUNTY HEALTH DEPARTMENT** (“**Grantee**”), who are collectively referred to herein as the “**Parties**” or singularly as the “**Party**,” to that certain Cities Readiness Initiative contract effective July 1, 2017, and denominated as DSHS Contract No. 537-18-0187-00001, as amended, (the “**Contract**”) now desire to further amend the Contract.

WHEREAS, System Agency has elected to extend the term of the Contract to revise the Budget to add funds for the Contract period beginning July 1, 2019 through June 30, 2020 (hereinafter referred to as “Fiscal Year 2020” or “FY2020”); and to add the FY2020 Statement of Work.

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

1. **SECTION III** of the Signature Document, **DURATION**, is amended to reflect a revised termination date of **June 30, 2020**.
2. **SECTION IV** of the Signature Document, **BUDGET**, is amended to add **\$142,618.00** in federal funding to the Contract with the Grantee providing a total of **\$14,262.00** in match funds for Fiscal Year 2020. The total Contract amount is not to exceed **\$156,880.00** in federal funding and **\$42,786.00** in match funds for a combined total of **\$470,640.00**. All expenditures under the Contract will be in accordance with the revised budget set forth herein. Funds provided in support of one Contract activity may only be used for that activity and may not be comingled with other funds provided under this Contract.
3. **SECTION VIII** of the Signature Document, **NOTICE TO PROCEED**, is deleted in its entirety and replaced with the following:

VIII. NOTICE TO PROCEED

Funding for this Contract is dependent on the award of the applicable federal grant. No FY 2020 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.

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

Budget Categories	FY18 Budget Summary (7/1/17 – 6/30/18)	FY19 Budget Summary (7/1/18 – 6/30/19)	FY20 Budget Summary (7/1/19 – 6/30/20)	Total Budget Summary
Personnel	\$43,451.00	\$48,870.00	\$61,372.00	\$153,693.00
Fringe Benefits	\$19,460.00	\$18,984.00	\$19,386.00	\$57,830.00
Travel	\$3,039.00	\$2,218.00	\$2,218.00	\$7,475.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$6,383.00	\$2,265.00	\$1,304.00	\$9,952.00
Contractual	\$72,000.00	\$72,000.00	\$72,000.00	\$216,000.00
Other	\$12,547.00	\$12,543.00	\$600.00	\$25,690.00
Sum of Direct Costs	\$156,880.00	\$156,880.00	\$156,880.00	\$470,640.00
Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00
Sum of Direct Costs and Indirect Costs	\$156,880.00	\$156,880.00	\$156,880.00	\$470,640.00
Required Match (Cash or In-Kind)	\$14,262.00	\$14,262.00	\$14,262.00	\$42,786.00
TOTAL	\$156,880.00	\$156,880.00	\$156,880.00	\$470,640.00

It is agreed that Grantee shall provide total matching funds in the amount of **\$42,786.00**.

5. The Parties agree to add **ATTACHMENT A-3, STATEMENT OF WORK**, which is attached hereto and incorporated into the Contract as if fully set forth therein.
6. This Amendment shall be effective on July 1, 2019.
7. Except as amended by this Amendment, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
8. 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. 537-18-0187-00001**

DEPARTMENT OF STATE HEALTH SERVICES FORT BEND COUNTY HEALTH DEPARTMENT

Date of Execution: _____

Date of Execution: _____

**THE FOLLOWING ATTACHMENTS TO THIS AMENDMENT ARE HEREBY ATTACHED AND
INCORPORATED AS PART OF THE CONTRACT:**

**ATTACHMENT A-3 - FY2020 STATEMENT OF WORK
ATTACHMENT C - FFATA**

ATTACHMENT A-3
STATEMENT OF WORK
(July 1, 2019 through June 30, 2020)

I. GRANTEE RESPONSIBILITIES

Grantee will:

- A.** Perform activities in Fort Bend County (hereinafter the "Jurisdiction") in support of the Public Health Emergency Preparedness Cooperative Agreement from the Centers for Disease Control and Prevention (CDC), and further, the Strategic National Stockpile (SNS) program, to comply with the Public Health Emergency Preparedness (PHEP) Cooperative Agreement's capabilities-based approach. The Cities Readiness Initiative (CRI) requirements support the Medical Countermeasure Dispensing and Medical Material Management and Distribution capabilities. The CRI supports medical countermeasure distribution and dispensing for all-hazards events.
- B.** Coordinate activities and response plans within the jurisdiction with the state, regional, and other local jurisdictions, among local agencies, and with hospitals and major health care entities, jurisdictional Metropolitan Medical Response Systems, and Councils of Government.
- C.** Cooperate with System Agency to coordinate all planning, training, and exercises performed under this Contract with the State of Texas, Texas Division of Emergency Management, or other points of contact at the discretion of the Division for Regional and Local Health Operations, to ensure consistency and coordination of requirements at the local level and eliminate duplication of efforts between the various domestic preparedness funding sources in the state.
- D.** Utilize the Texas Medical Countermeasure (MCM) Program Manual, as amended, to develop and execute plans, thus preparing the Metropolitan Statistical Area (MSA) to provide medical countermeasures to the identified population during a large-scale public health emergency. The Texas MCM Program Manual is available through the Strategic National Stockpile (SNS) Central Office Team at SNS@dshs.texas.gov. Grantee will meet the planning and operational standards as outlined in **Sections I(B)-(X)** of this Statement of Work, and the current Operational Readiness Review (ORR) Tool, as amended, that applies to the following Public Health Emergency Preparedness Capabilities:
 - 1. Primary Capabilities:
 - a. Capability 8: Medical Countermeasure Dispensing and Administration; and
 - b. Capability 9: Medical Material Management and Distribution.
 - 2. Support Capabilities:
 - a. Capability 1: Community Preparedness;
 - b. Capability 3: Emergency Operations Coordination;

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(July 1, 2019 through June 30, 2020)

- c. Capability 4: Emergency Public Information and Warning;
 - d. Capability 6: Information Sharing;
 - e. Capability 14: Responder Safety and Health; and
 - f. Capability 15: Volunteer Management.
- E.** Conduct all exercises and training in accordance with Homeland Security Exercise Evaluation Program (HSEEP) guidance.
- F.** Complete and submit the Operational Readiness Review (ORR) forms in Data Collation and Integration for Public Health Event Response (DCIPHER) and provide supporting documentation to System Agency SNS SharePoint twenty (20) business days prior to review. The review will take place every other year. Documentation is required annually.
- 1. ORR forms include:
 - a. Jurisdictional Data Sheet
 - b. Dispensing Planning Form
 - c. Distribution Planning Form
 - d. Dispensing Full-Scale Exercise (FSE) or Incident Form
 - e. Dispensing Throughput Drill Form
 - f. Distribution FSE or Incident Form
 - g. After Action Report (AAR) and Improvement Plan (IP) Form
 - h. Training and Exercise Planning Form
 - 2. Provide updated Transportation Spreadsheet for submission to Health Emergency Preparedness and Response Section (HEPRS) External SharePoint by April 1, 2020.
 - 3. Perform and submit metrics (data collection sheets) on each of the three (3) SNS operation drills (at pre-identified Point of Dispensing [POD] locations and using existing call-down rosters) to HEPRS External SharePoint, submit After Action Reviews/Improvements sixty (60) days after completion of the drill or by April 1, 2020, to the preparednessexercise@dshs.texas.gov inbox, and complete corresponding drill form in DCIPHER. Acceptable drills include:
 - a. Staff Call Down;
 - b. Facility Set-Up; and
 - c. POD Activation.
- G.** Complete and submit MCM Action Plans to the SNS Public Health Regional Coordinator and the DSHS SNS email (SNS@dshs.texas.gov) twice a year, on December 20th and June 20th.
- H.** Submit a current Multi-Year Training & Exercise Plan that covers FY19 through FY23 to System Agency within an established timeframe designated by System Agency.

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STATEMENT OF WORK
(July 1, 2019 through June 30, 2020)

- I.** Conduct one (1) dispensing FSE within the designated CRI/MSA planning areas within the 2019 to 2023 performance period. FSE must include a hospital or health care coalition component. All jurisdictions must conduct exercise in accordance with System Agency requirements; Contractor will submit FSE to System Agency according to System Agency requirements.

- J.** Have plans, processes, and training in place to meet National Incident Management System (NIMS) compliance requirements.

- K.** If using volunteers as provided for in this Contract during FY19, which encompasses the Contract term of July 1, 2019 to June 30, 2020, then the Grantee must either:
 - 1. Request access to the Texas Disaster Volunteer Registry (TDVR) from the State Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP) System Administrator to participate in required administrator training sessions, and provide access to volunteers for registration;

 - 2. Petition System Agency in writing for an exemption from using the TDVR. Successful petitioners must be currently using a fully operational, ESAR-VHP-compliant, web-based volunteer management system that meets the following federal requirements:
 - a. Must offer internet-based registration;
 - b. Volunteer information is collected and maintained in a manner consistent with all federal, state, and local laws governing security and confidentiality;
 - c. Must be able to register and collect the credentials and qualifications of health professionals that are then verified with the issuing entity or appropriate authority;
 - d. Must be able to verify the credentials of the 20 mandated professions;
 - e. Must be able to assign to one of four emergency credential levels;
 - f. Must be able to identify volunteers willing to participate in a federally coordinated emergency response;
 - g. Must be able to re-verify professional credentials every 6 months;
 - h. Must have the ability to include the differing scope of work information for each of the 20 mandated professions;
 - i. Must be able to record all volunteer health professional affiliations; and
 - j. Must be able to verify that all volunteers across all credential levels not be included on the U.S. Department of Health and Human Services, Office of the Inspector General's List of Excluded Individuals/Entities (LEIE).
 - k. Additionally, the fully operational ESAR-VHP-compliant, web-based volunteer management system must be able to register, collect, and verify the credentials and qualifications of the health professionals entered into the system.

- L.** Submit programmatic reports as directed by System Agency in a format specified by System

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Agency and as needed to satisfy information-sharing requirements set forth in Texas Government Code, Sections 421.071 and 421.072 (b) and (c), as amended. Grantee will provide System Agency other reports, including financial reports, and any other reports that System Agency determines necessary to accomplish the objectives of this Contract and to monitor compliance.

- M.** Complete an End-of-Year Performance Report in a format specified by System Agency no later than August 15, 2020.
- N.** In the event of a local, state, or federal emergency, the Grantee has the authority to utilize approximately five percent (5%) of the Grantee's staff's time supporting this Contract for response efforts. System Agency will reimburse Grantee up to five percent of this Contract funded by the CDC for personnel costs responding to an emergency event. Grantee will maintain records to document the time spent on response efforts for auditing purposes. Allowable activities also include participation in drills and exercises in the pre-event time period. Grantee will notify the Assigned Contract Manager in writing when this provision is implemented.
- O.** In the event of a public health emergency involving a portion of the state, mobilize and dispatch staff or equipment purchased with funds from previous PHEP cooperative agreements and not currently performing critical duties in the jurisdiction served, to the affected area of the state upon receipt of a written request from System Agency.
- P.** Develop, implement, and maintain a timekeeping system for accurately documenting staff time and salary expenditures for all staff funded through this Contract, including partial full-time employees and temporary staff.
- Q.** Match funds awarded for this Contract by costs or third-party contributions that are not paid by the federal government under another award, except where authorized by federal statute to be used for cost sharing or matching. The non-federal contributions (match) may be provided directly or through donations from public or private entities and may be in cash or in-kind donations, fairly evaluated, including plant, equipment, or services. The costs that the Grantee incurs in fulfilling the matching or cost-sharing requirement are subject to the same requirements, including the cost principles, that are applicable to the use of federal funds, including prior approval requirements and other rules for allowable costs as described in 45 CFR 74.23 and 92.24.

Grantee will provide matching funds for this Contract of not less than ten percent (10%) of the Contract amount as set forth in **Attachment B, Budget**. Cash match is defined as an expenditure of cash by the Grantee on allowable costs of this Contract that are borne by the Grantee. In-kind match is defined as the dollar value of non-cash contributions by a third party given in goods, commodities, or services that are used in activities that benefit

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this Contract's project and that are contributed by non-federal third parties without charge to the Grantee. The criteria for match must:

1. Be an allowable cost under the applicable federal cost principle;
2. Be necessary and reasonable for the efficient accomplishment of project or program objectives;
3. Be verifiable within the Grantee's (or subgrantee's) records;
4. Be documented, including methods and sources, in the approved budget (applies only to cost reimbursement contracts);
5. Not be included as contributions toward any other federally-assisted project or program (match can count only once);
6. Not be paid by the federal government under another award, except where authorized by federal statute to be used for cost sharing or match;
7. Conform to other provisions of governing circulars/statutes/regulations as applicable for the Contract;
8. Be adequately documented;
9. Follow procedures for generally accepted accounting practices as well as meet audit requirements; and
10. Value the in-kind contributions reported and be supported by documentation reflecting the use of goods and/or services during the Contract term.

R. Not use funds for fundraising activities, lobbying, research, construction, major renovations and reimbursement of pre-award costs, to supplant existing state or federal funds for activities, payment or reimbursement of backfilling costs for staff, clinical care, purchase of vehicles of any kind, uniforms or furniture, funding an award to another party or provider who is ineligible, or the purchase of incentive items.

S. Initiate the purchase of all equipment approved in writing by the System Agency in the first quarter of the FY20 Contract term (July 1, 2019 – June 30, 2020), as applicable. Failure to timely initiate the purchase of equipment may result in the loss of availability of funds for the purchase of equipment. Requests to purchase previously approved equipment after the first quarter in the Contract must be submitted to the assigned System Agency contract manager.

T. Maintain an inventory of equipment, supplies defined as Controlled Assets, and real property and submit an annual cumulative report of the equipment and other property on HHS System Agency Grantee's Property Inventory Report to the assigned System Agency contract manager by email not later than October 15 of each year. Controlled Assets include firearms, regardless of the acquisition cost, and the following assets with an acquisition cost of \$500 or more, but less than \$5,000: desktop and laptop computers (including notebooks, tablets and similar devices), non-portable printers and copiers, emergency management equipment, communication devices and systems, medical and laboratory equipment, and media equipment. Controlled Assets are considered Supplies.

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- U. Not use System Agency funds to purchase buildings or real property without prior written approval from the System Agency. Any costs related to the initial acquisition of the buildings or real property are not allowable without written pre-approval.

- V. At the expiration or termination of this Contract for any reason, title to any remaining equipment and supplies purchased with funds under this Contract reverts to System Agency. Title may be transferred to any other party designated by System Agency. The System Agency may, at its option and to the extent allowed by law, transfer the reversionary interest to such property to Grantee.

- W. Comply with the following documents and resources, as amended, which are incorporated by reference and made a part of this Contract:
 - 1. Public Health Emergency Preparedness and Response Capabilities: National Standards for State, Local, Tribal, and Territorial Public Health, October 2018: https://www.cdc.gov/cpr/readiness/00_docs/CDC_PreparednesResponseCapabilities_October2018_Final_508.pdf;
 - 2. Homeland Security Exercise and Evaluation Program (HSEEP) Documents: <https://www.fema.gov/media-library/assets/documents/32326>
 - 3. Preparedness program guidance(s) as provided by System Agency and CDC;
 - 4. Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide to Preparedness Version 11 (available by contacting the SNS Central Office Team at SNS@dshs.texas.gov);
 - 5. Presidential Policy Directive 8/PPD-8, March 30, 2011: <https://www.fema.gov/learn-about-presidential-policy-directive-8>;
 - 6. Community Preparedness Section Exercise Team Web Site: <http://www.dshs.texas.gov/commprep/exercises.aspx>; and
 - 7. Ready or Not? Have a Plan; Surviving Disaster: How Texans Prepare (videos): <http://www.texasprepares.org/survivingdisaster.htm>.

- X. Comply with all applicable federal and state laws, rules, and regulations, as amended, including, but not limited to, the following:
 - 1. Public Law 107-188, Public Health Security and Bioterrorism Preparedness and Response Act of 2002;
 - 2. Public Law 113-05, Pandemic and All-Hazards Preparedness Reauthorization Act; and
 - 3. Texas Health and Safety Code Chapter 81.

II. PERFORMANCE MEASURES

ATTACHMENT A-3
STATEMENT OF WORK
(July 1, 2019 through June 30, 2020)

- A. The System Agency will monitor the Grantee's performance of the requirements in Attachment A-3 and compliance with the Contract's terms and conditions.
- B. Grantee will meet and report Performance Measures based on requirements that are developed in coordination with System Agency for the Grantee's project as provided in Section I. Grantee must also demonstrate adherence to CRI reporting deadlines and the capability to receive, stage, store, distribute, and dispense material during a public health emergency. Failure to meet these requirements may result in withholding a portion of the current fiscal year CRI base award.
- C. System Agency will send a requirements schedule for reporting these Performance Measures within thirty (30) days of the Contract start date.

III. INVOICE AND PAYMENT

- A. Grantee will request reimbursement using the State of Texas Purchase Voucher (Form B-13) at <http://www.dshs.texas.gov/grants/forms.shtm>. Voucher and supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below. Additionally, the Grantee will submit the Financial Status Report (FSR-269A) and the Match Certification Form (B-13A). Vouchers, supporting documentation, Financial Status Reports, and Match Certification Forms should be mailed, faxed, or emailed to the addresses below:

Department of State Health Services

Claims Processing Unit, MC 1940

P.O. Box 149347

Austin, TX 78714-9347

FAX: (512) 458-7442

EMAIL: invoices@dshs.texas.gov & CMSInvoices@dshs.texas.gov

B-13, B-13A, and supporting documentation should be sent to: invoices@dshs.texas.gov & CMSInvoices@dshs.texas.gov

FSRs should be sent to: invoices@dshs.texas.gov, FSRGrants@dshs.texas.gov & CMSInvoices@dshs.texas.gov

- B. Grantee will be reimbursed on a monthly basis and in accordance with the Budget in **Attachment B** of this Contract.
- C. System Agency reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfall. System Agency Program will monitor Grantee's expenditures on a quarterly basis. If expenditures are below that projected in Grantee's total Contract amount as approved for this Contract, Grantee's budget may be subject to a decrease for the

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remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

- D.** Grantee may request a one-time working capital advance not to exceed twelve percent (12%) of the total amount of the Contract funded by System Agency. All advances must be expended by the end of the Contract term. Advances not expended by the end of the Contract term must be refunded to System Agency. Grantee will repay all or part of advance funds at any time during the Contract's term. However, if the advance has not been repaid prior to the last three months of the Contract term, the Grantee must deduct at least one-third of the remaining advance from each of the last three months' reimbursement requests. If the advance is not repaid prior to the last three months of the Contract term, System Agency will reduce the reimbursement request by one-third of the remaining balance of the advance.

Attachment C Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. **If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.**

Legal Name of Contractor:	FFATA Contact # 1 Name, Email and Phone Number:																																																			
Primary Address of Contractor:	FFATA Contact #2 Name, Email and Phone Number:																																																			
ZIP Code: 9-digits Required www.usps.com <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																										DUNS Number: 9-digits Required www.sam.gov <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>																										
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Printed Name of Authorized Representative	Signature of Authorized Representative
Title of Authorized Representative	Date

Attachment C
Fiscal Federal Funding Accountability and Transparency Act
(FFATA) CERTIFICATION

As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? Yes No

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification.
If your answer is "No", answer questions "A" and "B".

A. Certification Regarding % of Annual Gross from Federal Awards.

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? Yes No

B. Certification Regarding Amount of Annual Gross from Federal Awards.

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year? Yes No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

C. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes No

If your answer is "Yes" to this question, where can this information be accessed?

If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.

For example:

*John Blum:500000;Mary Redd:50000;Eric Gant:400000;Todd Platt:300000;
Sally Tom:300000*

Provide compensation information here:



Routing Request

PCS.515

Section 1: Request Information

Contract No.: New Amendment No.: Emergency
(See Tex. Gov. 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. Section Director	Patty Melchior	Patty.Melchior@dshs.texas.gov	<input type="checkbox"/>
2. Associate Commissioner	David Gruber	David.Gruber@dshs.texas.gov	<input type="checkbox"/>
3. Legal	Matthew Malerich	Matthew.Malerich@hhsc.state.tx.us	<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>
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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	KP George, County Judge	county.judge@fortbendcountytexas.gov
Additional Contractor Signature Authority*	Jenetha Jones	jenetha.jones@fortbendcountytexas.gov
Contractor Signature cc		
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	David Gruber	David.Gruber@dshs.texas.gov
HHS Signature Authority cc		
General Inbox cc	CMS 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.

SetID HHSTX

Contract ID 537-18-0187-00001

Supplier FORT BEND COUNTY

Review/Edit Approvers

Procurement QA Approval

Approved View/Hide Comments

Procurement QA Group

<div style="background-color: #e6f2ff; padding: 2px;">Approved</div> <div style="background-color: #e6ffe6; padding: 5px; border: 1px solid #ccc;"> Perez, Maricella Procurement QA for DocumentAWE 04/29/19 - 3:49 PM </div>	→	<div style="background-color: #e6f2ff; padding: 2px;">Approved</div> <div style="background-color: #e6ffe6; padding: 5px; border: 1px solid #ccc;"> Melchior, Patricia A Inserted Approver 04/29/19 - 3:52 PM </div>
→		
<div style="background-color: #e6f2ff; padding: 2px;">Approved</div> <div style="background-color: #e6ffe6; padding: 5px; border: 1px solid #ccc;"> Gruber, David Inserted Approver 04/29/19 - 5:28 PM </div>		

▶ **Comments**

▶ **Comment History**

Legal Approval

Approved View/Hide Comments

Legal Approval

<div style="background-color: #e6f2ff; padding: 2px;">Admin Approved</div> <div style="background-color: #e6ffe6; padding: 5px; border: 1px solid #ccc;"> Malerich, Matthew Norman HHSC Doc AWE Cntrct Doc Legal 04/30/19 - 1:54 PM </div>
--

▶ **Comments**

▶ **Comment History**



REQUEST DOCUMENT

CAPPS Contract Change Request

Requestor	00000242250 - Boggs,Jennifer
Requisition ID	0000069171
Document ID	ADH0000000000000000068495
Document Owner	00000242250 - Boggs,Jennifer

Contract change request header

Agency lead contact for contract changes	00000256514 - Miller,Lauren Michele
Desired amendment effective date	March 25, 2019
Amendment contract number	537-18-0187-00001
Request amendment description	<p>Contract Description: The contractor provides activities in their service area in support of the Public Health Emergency Preparedness Cooperative Agreement from the Centers for Disease Control and Prevention and further Strategic National Stockpile program to comply with the Public Health Emergency Preparedness Cooperative Agreements Capabilities-based approach. The Cities Readiness Initiative requirements support the Medical Countermeasure Dispensing, Medical Material Management and Distribution capabilities, and supports medical countermeasure distribution and dispensing for all-hazards events. Contractor Name: Fort Bend County (located in Richmond,, TX)</p> <p>Purpose of Amendment: Amendment #2 (Renewal)-The purpose of the amendment is revise current language to the SOW and to renew the contract by adding funding for an additional year through June 30, 2020 to continue the activities for the Public Health Emergency Preparedness Cooperative Agreement for their service area. **This is a \$0.00 requisition using FY19 chart field to start the CAPPS contract collaboration process with PCS. This contract crosses fiscal years. Once the FY20 organizational budget is loaded, additional requisitions will be entered to encumber the FY20 funds for the contract. ** Contract amount change: Original Contract Amount: \$142,618.00 + Amendment #1 Amount: \$142,618.00 + Amendment #2 Amount: \$142,618.00 = (Total Amount: \$427,854.00 + Total Match Amount: \$42,786.00) = NEW TOTAL CONTRACT VALUE: \$470,640.00</p>

Contract change request details

Does the amount change	Yes
New requested changed amount	\$ 470,640.000

Does the date change	Yes
New request contract end date	June 30, 2020

Does the scope change	Yes
New change in scope	There are not any significant changes to the scope. The amendment will update language in the SOW, update contractual requirement reporting dates, and include additional contractual requirements for FY20 contract



REQUEST DOCUMENT

CAPPS Contract Change Request

term (July 1, 2019 ; June 30, 2020).

Supplemental information and comments

****See Line Comments for contract related supporting documentation****

Contract Statement of Work (SOW) description: To perform activities in support of the Cities Readiness Initiative under the Public Health Emergency Preparedness Cooperative Agreement.

****This is a \$0.00 requisition using FY19 chart field to start the CAPPS contract collaboration process with PCS. Once the FY20 organizational budget is loaded, requisitions will be entered to encumber the FY20 funds for the contract. ****

Vendor (Supplier) Name: Fort Bend County
Vendor/TIN (Supplier ID): 1746001969
Vendor (Supplier) Mail Code: 055
Contract ID: 537-18-0187-00001
Current Purchase Order Number: 0000024185

Vendor/Subrecipient Determination: Subrecipient
Contract Term: 07/01/2017 thru 06/30/2020

Original Contract Amount: \$142,618.00 + Amendment #1 Amount: \$142,618.00 + Amendment #2 Amount: \$142,618.00 = (Total Amount: \$427,854.00 + Total Match Amount: \$42,786.00) = NEW TOTAL CONTRACT VALUE: \$470,640.00

Contract Manager Name/Phone: Lauren Miller / 512-776-3574
Contract Manager Email: Lauren.Miller@dshs.texas.gov

DSHS Program ID (SCOR Other Subject): CPS/CRI
SCOR Division: Regional & Local Health Operations (RLHO)

REQUESTOR INFORMATION

Name: Lauren Miller
Phone Number: 512-776-3574
E-mail address: Lauren.Miller@dshs.texas.gov



Requisition

Requisition Number 0000069171

Prepared By: Ockletree, Donna L

Run Date: 4/29/2019 11:32 AM

Prompts: Business Unit: 53700

Req Begin Date:

Req ID: 0000069171

Req End Date:

Requestor:

Cancelled Req: N

Requisition Date: 03/11/2019

Purchase Order #: _____

Origin: ZR2 - 537-Emergency Prep

GSC Purchase Order: _____

Business Unit: HHSTX

Date Issued: _____

Document Status: Approved

Header Description:

Requestor: Boggs, Jennifer

Requestor Phone: 512/776-3967

Header Comments

REQUISITION DETAIL

Line	Sched	Class / Item or Commodity	Description	Due Date	Qty	UOM	Price	Extended Amount
1	1	990 / 29	FY19 DSHS CPS/CRI- Fort Bend County-Amendment- To perform activities in support of the CRI under the Public Health Emergency Preparedness Cooperative Agreement. Term: 7/1/19-6/30/20	03/25/2019	1	EA	0	0

Distrib	Acct	Dept ID	Fund	Class	Prog	Project	Amount
1	761200	R20000	0273	71242	J97	9Y531FFBI OT	0

Buyer: 00000164981

Buyer Phone:

Vendor: 1746001969 - FORT BEND COUNTY

Vendor Item:

Ship To:

Location:

Austin : 1111 W North Loop
 HEALTH & HUMAN SERVICES COMMISSION
 1111 W North Loop
 Austin, TX
 78756

Austin : 1100 W 49th St
 Program Operations: Contract M

Line Comments

Attached Documents
 BASE
 Amendment 1
 PCS 515

Requisition Grand Total: 0.00



Requisition

Requisition Number 0000069171

Prepared By: Ockletree, Donna L

Run Date: 4/29/2019 11:32 AM

Prompts: Business Unit:53700

Req Begin Date:

Req ID: 0000069171

Req End Date:

Requestor:

Cancelled Req: N

00000242250

Approved By	Approver Phone (Area + Number)	Date Approved	Entered In HHSAS By
			03/11/2019

Approved By	Approver Phone (Area + Number)	Date Approved	Date Entered In HHSAS
-------------	--------------------------------	---------------	-----------------------

From: [Miller, Lauren \(DSHS\)](#)
To: [Ockletree, Donna \(HHSC\)](#)
Cc: [Kelley, Lucia \(DSHS\)](#)
Subject: DSHS/CPS/CRI Fort Bend County
Date: Thursday, April 11, 2019 1:34:53 PM
Attachments: [Cities Readiness Initiative Contract.msg](#)
[CRI FY20 Signature Doc Fort Bend County.xml](#)
[Attachment A-3 FY20 CRI SOW Fort Bend.doc](#)
[Attachment C-FFATA Certification DSHS.pdf](#)
[image001.jpg](#)
[PCS 515 Fort Bend.pdf](#)

Good afternoon Donna,

Please see the attached amendment documents that are part of the CPS/CRI Boilerplate approved by Attorney, **Matthew Malerich** on 3/25/19. The legal approval email is attached.

These documents are for **requisition #69171, Fort Bend County, Contract #537-18-0187-00001.**

Attached are amendment documents:

- CRI-Signature page-FY20
- Attachment A.3 CRI SOW
- Attachment C - FFATA
- PCS 515

Legal Attestation:

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

Thank you,

Lauren

Lauren Miller, CTCM
Contract Manager
Contract Management Section (CMS)
Department of State Health Services
Phone: 512-776-3574
Lauren.Miller@dshs.texas.gov

Texas Department of State Health Services


From: [Malerich,Matthew \(HHSC\)](#)
To: [Miller,Lauren \(DSHS\)](#)
Cc: [Wilczynski,Jonah \(DSHS\)](#)
Subject: Cities Readiness Initiative Contract
Date: Monday, March 25, 2019 2:17:05 PM
Attachments: [Attachment A 3 FY20 CRI SOW Harris County.doc](#)
[image001.gif](#)
[Cover Letter- Amend#2 Harris County.doc](#)
[CRI FY20 Signature Doc Harris County.xml](#)

Lauren:

The attached documents are approved.

Matthew N. Malerich, Attorney
Health and Human Services Commission
Office of the Chief Counsel, System Contracting
4900 N. Lamar Blvd.
Austin, Texas 78751
Phone: 512-424-6519
Email: matthew.malerich@hhsc.state.tx.us

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Certificate Of Completion

Envelope Id: 7E16DFEF8D5D4F17A65CE7630F71D691	Status: Sent
Subject: Amending \$470,640; 537-18-0187-00001; Fort Bend County A-2; CPS/CRI	
Source Envelope:	
Document Pages: 23	Signatures: 0
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: 167.137.1.13

Record Tracking

Status: Original	Holder: Texas Health and Human Services	Location: DocuSign
5/1/2019 6:15:03 AM	Commission	
	PCS_DocuSign@hhsc.state.tx.us	

Signer Events

Signature	Timestamp
KP George	Sent: 5/1/2019 6:20:03 AM
county.judge@fortbendcountytexas.gov	Resent: 5/6/2019 10:26:51 AM
County Judge	Viewed: 5/2/2019 11:32:29 AM
Fort Bend County	
Security Level: Email, Account Authentication (None)	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

David Gruber
david.gruber@dshs.texas.gov
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature	Timestamp
-----------	-----------

Editor Delivery Events

Status	Timestamp
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Agent Delivery Events

Status	Timestamp
--------	-----------

Intermediary Delivery Events

Status	Timestamp
--------	-----------

Certified Delivery Events

Status	Timestamp
--------	-----------

Carbon Copy Events

Status	Timestamp
--------	-----------

CMS Mailbox
cmucontracts@dshs.texas.gov
Security Level: Email, Account Authentication (None)

COPIED	Sent: 5/1/2019 6:20:03 AM
--------	---------------------------

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Donna Ockletree
donna.ockletree06@hhsc.state.tx.us
Security Level: Email, Account Authentication (None)

COPIED	Sent: 5/1/2019 6:20:02 AM
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Carbon Copy Events	Status	Timestamp
<p>Lauren Miller Lauren.Miller@dshs.texas.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	<p>Sent: 5/1/2019 6:20:02 AM Viewed: 5/6/2019 10:12:01 AM</p>
<p>David Olinger david.olinger@fortbendcountytexas.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	<p>Sent: 5/6/2019 10:26:40 AM Viewed: 5/6/2019 10:30:53 AM</p>
<p>Jenetha Jones jenetha.jones@fortbendcountytexas.gov Robert Hebert, County Judge Fort Bend County Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block;">COPIED</div>	<p>Sent: 5/1/2019 6:20:04 AM</p>

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/6/2019 10:26:51 AM

Payment Events	Status	Timestamps
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