



TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

The Honorable KP George, County Judge
Fort Bend County HHS
4520 Reading Road, Suite 200
Rosenberg, Texas 77471

Subject: HIV Prevention Contract No. 2016-004093, Amendment No. 6
Contract Amount: \$1,065,341.00
Contract Term: January 1, 2016 – December 31, 2019

Dear Judge George:

Enclosed is Amendment No. 6 to the above-referenced HIV Prevention Contract between the Department of State Health Services and Fort Bend County HHS.

The purpose of the contract is to ensure HIV prevention services are provided to persons at greatest risk of acquiring and/or transmitting HIV infection.

This amendment increases the contract amount by \$144,361.00 and extends the end of the contract term to December 31, 2019.

Please let me know if you have any questions or need additional information.

Sincerely,

Deanna Kinsfather, CTCD
Contract Manager
(512) 776-2317
deanna.kinsfather@dshs.texas.gov

AMENDMENT NO. 6
CONTRACT NO. 2016-004093
DEPARTMENT OF STATE HEALTH SERVICES

This Amendment is made and entered into by and between the **Department of State Health Services** (“**System Agency**” or “**DSHS**”) and **Fort Bend County HHS** (“**Grantee**”) in order to further amend that certain HIV prevention contract effective January 1, 2016, and denominated as DSHS Contract No. 2016-004093, as amended (“**Contract**”).

WHEREAS, the Parties wish to add funds to the Contract as set forth herein; to allow for successful completion of the Project; and to revise the Programmatic Reporting Requirements.

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

1. **SECTION 2** of the Contract, **TOTAL AMOUNT**, is amended to increase the total amount of the Contract to **\$1,065,341.00**. The total payments for the period of January 1, 2019 through December 31, 2019 will not exceed **\$288,722.00**. All payments will be made in accordance with **ATTACHMENT B-2, REVISED 2019 BUDGET**, which is attached hereto and incorporated into the Contract as if fully set forth therein.
2. **SECTION 4** of the Contract, **TERM OF THE CONTRACT**, is amended to reflect a revised termination date of December 31, 2019.
3. **SECTION 15** of the Contract, **PROGRAMMATIC REPORTING REQUIREMENTS**, is hereby amended to add reporting requirements in accordance with **ATTACHMENT C-2, PROGRAMMATIC REPORTING REQUIREMENTS**, which is attached hereto and incorporated into the Contract as if fully set forth therein.
4. This Amendment will be effective as of July 1, 2019.
5. Except as amended by this Amendment, all terms and conditions of the Contract, as amended, will remain in full force and effect.
6. Any further revisions to the Contract will be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 6
DSHS CONTRACT NO. 2016-004093**

SYSTEM AGENCY

GRANTEE

By: _____

Name: _____

Title: _____

Date of Execution: _____

Date of Execution: _____

THE FOLLOWING ATTACHMENTS TO THE AMENDMENT ARE HEREBY INCORPORATED INTO THE CONTRACT BY REFERENCE:

**ATTACHMENT B-2 – REVISED 2019 BUDGET
ATTACHMENT C-2 – PROGRAMMATIC REPORTING REQUIREMENTS
ATTACHMENT D–FISCAL FEDERAL FUNDING ACCOUNTABILITY AND
TRANSPARENCY ACT (FFATA) CERTIFICATION**

ATTACHMENTS FOLLOW

ATTACHMENT B-2
REVISED 2019 BUDGET
Contract No. 2016-004093

| BUDGET CATEGORIES | <u>Revised 2019 Budget</u> (1/1/19 – 12/31/19) |
|-----------------------------|---|
| PERSONNEL | \$126,556.00 |
| FRINGE BENEFITS | \$88,247.00 |
| TRAVEL | \$15,004.00 |
| EQUIPMENT | \$0.00 |
| SUPPLIES | \$22,175.00 |
| CONTRACTUAL | \$24,000.00 |
| OTHER | \$12,740.00 |
| TOTAL DIRECT CHARGES | \$288,722.00 |
| INDIRECT CHARGES | \$0.00 |
| TOTAL | \$288,722.00 |

ATTACHMENT C-2
PROGRAMMATIC REPORTING REQUIREMENTS
Contract No. 2016-004093

| Report Name | Period Begin | Period End | Due Date |
|-------------------------------|---------------------|-------------------|-----------------|
| Comprehensive Activity Report | 01/01/2019 | 06/30/2019 | 07/30/2019 |
| Comprehensive Activity Report | 07/01/2019 | 12/31/2019 | 01/31/2020 |

**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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> | DUNS Number: 9-digits Required www.sam.gov <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| State of Texas Comptroller Vendor Identification Number (VIN) 14 Digits <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |

| | |
|--|---|
| Printed Name of Authorized Representative | Signature of Authorized Representative |
| Title of Authorized Representative | Date |

**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.

Provide compensation information here:

Certificate Of Completion

Envelope Id: B0DA4D3974C64AA2AE9D5BD23495D776

Status: Sent

Subject: Amending \$1,065,341.000; 2016-004093; Fort Bend County A 6; HIV/PREVF

Source Envelope:

Document Pages: 16

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: 167.137.1.15

Record Tracking

Status: Original

Holder: Texas Health and Human Services

Location: DocuSign

4/30/2019 9:00:10 PM

Commission

PCS_DocuSign@hhsc.state.tx.us

Signer Events

Signature

Timestamp

Greta Rymal

Completed

Sent: 4/30/2019 9:09:49 PM

Greta.Rymal@hhsc.state.tx.us

Viewed: 4/30/2019 10:38:55 PM

Texas Health and Human Services Commission

Signed: 4/30/2019 10:39:28 PM

Security Level: Email, Account Authentication
(None)

Using IP Address: 70.114.249.73

Signed using mobile

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

KP George

Sent: 4/30/2019 10:39:31 PM

county.judge@fortbendcountytexas.gov

County Judge

Fort Bend County

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Andy Marker

Edward.Marker@hhsc.state.tx.us

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Karen Ray

Karen.Ray@hhsc.state.tx.us

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Cecile Young

cecile.young@hhsc.state.tx.us

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

| Agent Delivery Events | Status | Timestamp |
|-----------------------|--------|-----------|
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| Intermediary Delivery Events | Status | Timestamp |
|------------------------------|--------|-----------|
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| Certified Delivery Events | Status | Timestamp |
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| Carbon Copy Events | Status | Timestamp |
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|--|---------------|--|
| CMU Mailbox cmucontracts@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign | COPIED | Sent: 4/30/2019 9:09:50 PM Viewed: 5/1/2019 12:11:45 AM |
|--|---------------|--|

| | | |
|---|---------------|----------------------------|
| Aparna Aavula aparna.aavula@hhsc.state.tx.us Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign | COPIED | Sent: 4/30/2019 9:09:50 PM |
|---|---------------|----------------------------|

| | | |
|---|---------------|----------------------------|
| Deanna Kinsfather Deanna.Kinsfather@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign | COPIED | Sent: 4/30/2019 9:09:50 PM |
|---|---------------|----------------------------|

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|--|---------------|---|
| Kaye Reynolds kaye.reynolds@fortbendcountytexas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign | COPIED | Sent: 4/30/2019 10:39:31 PM Viewed: 5/1/2019 10:02:45 AM |
|--|---------------|---|

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|---|--|--|
| Pam Wells pam.wells@hhsc.state.tx.us Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign | | |
|---|--|--|

| Notary Events | Signature | Timestamp |
|---------------|-----------|-----------|
|---------------|-----------|-----------|

| Envelope Summary Events | Status | Timestamps |
|-------------------------|--------|------------|
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| Envelope Sent | Hashed/Encrypted | 4/30/2019 10:39:31 PM |
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| Payment Events | Status | Timestamps |
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