

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS000768800001  
AMENDMENT NO. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**System Agency**”) and **FORT BEND COUNTY HEALTH AND HUMAN SERVICES** (“**Grantee**”), collectively the “**Parties**” to that certain contract for activities in support of Coronavirus 2019 (COVID-19) response and in alignment with the Public Health Crisis Response Cooperative Agreement for Emergency Response Contract effective April 15, 2020 and denominated as DSHS Contract No. HHS000768800001 (the “**Contract**”), now elect to amend the Contract.

**WHEREAS**, the Parties desire to revise the Budget to add funds to the Contract and to allow for successful completion of the activities.

The Parties therefore agree as follows:

1. **ARTICLE V**, of the Signature Document, **CONTRACT AMOUNT AND PAYMENT FOR SERVICES**, is hereby amended to add **\$447,528.00** in federal funding to the Contract. The total not-to-exceed amount of the Contract is therefore increased to **\$883,619.00**. All expenditures under the Contract will be in accordance with the revised budget. 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.
2. **ATTACHMENT B, BUDGET**, is hereby amended in its entirety and replaced with the following budget table:

Budget Categories	COVID 19 Pre-award Cost from January 20, 2020	COVID 19 Funding Allocation- Base	COVID 19 Funding Allocation-A.1	Totals
Personnel	\$0	\$0	\$0	\$0
Fringe Benefits	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$123,528	\$123,528
Contractual	\$0	\$436,091	\$324,000	\$760,091
Other	\$0	\$0	\$0	\$0
Total Direct Costs	\$0	\$436,091	\$447,528	\$883,619
Indirect Cost Rate Amount	\$0	\$0	\$0	\$0
Contract Total	\$0	\$436,091	\$447,528	\$883,619

3. This Amendment shall be effective upon the signature of both Parties.
4. Except as modified by this Amendment, all terms and conditions of the Contract, shall remain in effect.
5. 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. HHS000768800001**

**DEPARTMENT OF STATE HEALTH SERVICES      FORT BEND COUNTY HEALTH AND HUMAN SERVICES**

\_\_\_\_\_

By: \_\_\_\_\_

Name: KP George

Title: County Judge

Date of Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

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Subject: Amending \$883,619; HHS000768800001; Fort Bend County HHS A-1; DSHS CPS/ COVID-19

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Texas Health and Human Services Commission

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Austin, TX 78756

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KP George

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county.judge@fortbendcountytexas.gov

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County Judge

Fort Bend County

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David Gruber

david.gruber@dshs.texas.gov

Security Level: Email, Account Authentication  
(None)

### Electronic Record and Signature Disclosure:

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cmucontracts@dshs.texas.gov

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Quynh-Nhi Ge

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