



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
4250 Reading Road, Suite 200
Rosenberg, TX 77471

Subject: HIV Prevention
Contract Number: HHS000077800023, Amendment No. 1
Contract Amount: \$676,384.00
Contract Term: 1/1/2020 – 12/31/2021

Dear Judge George:

Enclosed is the HIV Prevention amendment between the Department of State Health Services and Fort Bend County.

The purpose of the Contract is to provide funding for the HIV Prevention Services Project.

This Amendment increases the Contract amount by \$326,384.00 for 2021 and extends the end of the Contract term to December 31, 2021. With all renewals exercised, the total amount of this Contract is projected to be \$1,655,536.00.

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

Sincerely,

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

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000077800023
AMENDMENT NO. 1**

The Department of State Health Services (“DSHS” or “System Agency”) and Fort Bend County (“Grantee”), each a “Party” and collectively the “Parties” to DSHS Contract No. HHS000077800023 effective January 1, 2020 (the “Contract”), now want to amend the Contract.

Whereas, DSHS wants to extend the term of the Contract through December 31, 2021;

Whereas, DSHS wants to revise the Statement of Work;

Whereas, DSHS wants to increase the Contract amount, in order to pay for services delivered during calendar year (“CY”) 2021; and

Whereas, DSHS wants to create a budget for CY 2021.

The Parties therefore agree as follows:

1. Article **III** of the Contract, **Duration**, is hereby amended to extend the termination date from December 31, 2020 to December 31, 2021.
2. Article **IV**, **Budget**, is hereby amended to increase the total Contract amount to a sum not to exceed \$676,384.00. The total amount payable from January 1, 2021, through December 31, 2021 is not to exceed \$326,384.00.
3. Attachment A – Statement of Work is hereby deleted in its entirety and replaced with Attachment A-1 – Statement of Work (Revised).
4. Attachment B – Budget is hereby deleted in its entirety and replaced with Attachment B-1 – Budget (2021).
5. This Amendment shall be effective on January 1, 2021.
6. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in effect.
7. Any further revision to the Contract shall be by written agreement of the Parties.

Signature Page to follow

SIGNATURE PAGE FOR AMENDMENT NO. 1

DSHS CONTRACT NO. HHS000077800023

DEPARTMENT OF STATE HEALTH SERVICES

GRANTEE

By:

By:

Signature

Signature

Printed Name

KP George

Printed Name

Title

County Judge

Title

Date of Signature

Date of Signature

THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT, AND THEIR TERMS ARE HEREBY INCORPORATED INTO THE CONTRACT BY REFERENCE:

ATTACHMENT A-1Statement of Work (Revised)

ATTACHMENT B-1.....Budget (2021)

ATTACHMENTS FOLLOW

ATTACHMENT A-1 STATEMENT OF WORK (REVISED)

I. GENERAL REQUIREMENTS FOR ALL GRANTEES

- A. All activities conducted under this Contract shall support the goals and objectives of the National HIV/STD Strategy and the Texas HIV Plan. The goals of the Texas HIV Plan are to:
1. Increase Human Immunodeficiency Virus (HIV) awareness among members of the public, community leaders, and policy-makers;
 2. Increase access to HIV prevention efforts for communities and groups at highest risk;
 3. Successfully diagnose all HIV infections;
 4. Increase timely linkage to HIV-related treatment for those newly-diagnosed with HIV;
 5. Increase continuous participation in systems of treatment among people living with HIV; and
 6. Increase viral suppression among people living with HIV.
- B. Grantee shall do **all** the following:
1. Conduct HIV Prevention activities in accordance with the Department of State Health Services (DSHS) RFA #HHS0000778 to ensure that HIV Prevention services are provided to all eligible persons according to the specific requirements detailed per funding opportunity;
 2. Comply with the terms of the approved Work Plan and Performance Measures for this Contract;
 3. Comply with all applicable state and federal policies, standards, and guidelines, including but not limited to:
 - a. DSHS HIV and STD Program Operating Procedures and Standards (POPS), including any revision, located at <https://dshs.texas.gov/hivstd/pops/>;
 - b. All HIV-STD Security Policies and Procedures in the tables titled “HIV/STD Security Policies and Procedures” and “Local Responsible Party,” located at <https://www.dshs.state.tx.us/hivstd/policy/security.shtm>;
 - c. DSHS Policy Guidelines for Home Self-Collection and Testing Kits including any revisions, located at <https://www.dshs.texas.gov/hivstd/>; and
 - d. Any letters or memos with additional directions and policies issued by DSHS (**Note:** All the above-referenced documents are incorporated into this Contract by reference. Grantee must receive advance written approval from DSHS before varying from any of these requirements and must update its implementation documentation within 48 hours of making any approved changes);
 4. Comply with all applicable federal and state regulations and statutes, including but not limited to:

- a. Chapters 81 and 85 of the Texas Health and Safety Code;
 - b. Chapter 93 of the Texas Health and Safety Code (relating to Education and Prevention Programs for Hepatitis C);
 - c. Title 25 of the Texas Administrative Code (“TAC”), Chapters 97 and 98, Subchapter B; and
 - d. Texas Health and Safety Code, Section 85.085 (relating to Physician Supervision of Medical Care) to ensure that a licensed physician supervises any medical care or procedure (including HIV testing) provided as part of activities conducted under this Contract;
5. Submit data on program activities and client contacts using timelines, systems, and formats specified by DSHS;
 6. Use collected data, together with input from clients and stakeholders, to improve services and ensure that they meet intended outcomes and emerging needs of the priority population(s);
 7. Submit to DSHS written interim and annual reports, which summarize the activities and services delivered, as well as discuss the barriers and facilitators of the effective delivery of services with DSHS (refer to Section IV. Program Data Reporting, Security and Confidentiality Requirements);
 8. Participate in local HIV planning and evaluation activities, as well as in local efforts to coordinate HIV prevention and treatment services;
 9. Maintain formal agreements that include active collaboration and coordination with local providers of services that are relevant to the needs of the client;
 10. Ensure that staff and volunteers (if applicable) are appropriately and adequately trained to provide relevant services;
 11. Participate in DSHS-identified trainings and coaching sessions as directed by DSHS (refer to Section VII. Training Requirements for additional details);
 12. Cooperate with any DSHS-funded activities to raise awareness of HIV, promote prevention services, or encourage testing and use of pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP);
 13. Participate in Data to Care activities as requested by local health departments and DSHS;
 14. Deliver all services in a culturally responsive and sensitive manner, taking low health literacy into account, using the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\)](#) in Health and Health Care. (Note: Grantee must implement strategies to ensure that the program is culturally, linguistically, and educationally appropriate to meet the needs of the priority population(s) and ensure that program staff have strong socio-cultural identification with the priority populations(s));
 15. Make free condoms readily available to clients;
 16. Submit literature/materials to be used in prevention activities funded by DSHS for review and approval by a locally constituted review panel that meets DSHS

requirements, located at <https://www.dshs.texas.gov/hivstd/info/pmrp.shtm>;

17. Perform other activities as may be reasonably requested by DSHS to meet the goals of the Texas HIV Plan; and
 18. Ensure that content in publications partially- or fully-funded by this award are verified by DSHS and that DSHS is acknowledged.
- C. DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfall. DSHS 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 remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

II. FUNDING OPPORTUNITY-SPECIFIC REQUIREMENTS

A. CORE HIV PREVENTION

Grantee shall:

1. Implement the following four components of a core HIV prevention program:
 - a. Engagement of groups and communities to be served;
 - b. Condom distribution;
 - c. Focused HIV and syphilis testing and tailored health education; and
 - d. Linkage/enrollment in medical care for clients who are living with HIV, and referral to PrEP and nPEP and other needed services for clients with a negative HIV test result who are at a higher risk for acquiring HIV;
2. Provide outreach and education to the priority population(s) identified in the approved Work Plan;
3. Engage in active recruitment and outreach strategies that include traditional outreach, social network activities, and the use of social media platforms;
4. Maintain a Community Advisory Board to assist with programmatic decision-making;
5. Maintain a condom distribution program with the essential elements described in the DSHS POPS (<https://www.dshs.texas.gov/hivstd/pops/>);
6. Establish and maintain focused HIV testing programs that expand the availability of HIV testing to the priority population(s) (**Note:** Grantee must use a combination of strategies to encourage testing, such as offering testing in a variety of settings, providing testing to couples, using tangible reinforcements, or using text messages or other electronic communication to provide testing reminders);
7. Ensure that syphilis testing is provided to all individuals testing for HIV unless the client refuses. Grantee will consider collecting specimens for:
 - a. Other Sexually Transmitted Infections (STI) (including specimens for

- extragenital screening for chlamydia and gonorrhea); and
- b. Hepatitis C antibody testing for vulnerable populations;
8. Maintain an active Clinical Laboratory Improvement Amendment (CLIA) Certificate of Waiver if performing rapid testing;
 9. Ensure that HIV testing programs include all required components of a testing session as described in the appropriate DSHS POPS (see Section I: General Requirements for All Grantees);
 10. Implement testing processes that follow the requirements in DSHS Policy 2013.02 (see <https://www.dshs.texas.gov/hivstd/policy/policies/2013-02.shtm>);
 11. If at-home HIV testing is offered, create and maintain policies and procedures to support implementation (see above in Section I: General Requirements for All Grantees) (**Note:** Policies and procedures must be approved by DSHS prior to implementation);
 12. Ensure that all pregnant women who do not report being in prenatal care are actively referred to prenatal care;
 13. Ensure that clients receive their HIV test results quickly and in a confidential manner;
 14. Ensure that clients with negative HIV test results receive information on PrEP and nPEP; and if the client is eligible for PrEP or nPEP services, provide an active referral to these services;
 15. Ensure that referrals are made to any needed health and social services as appropriate;
 16. Ensure that positive HIV test results are given in person in accordance with Texas Health and Safety Code, Section 81.109;
 17. Facilitate initial linkage to care within 30 days for newly-diagnosed clients and facilitate engagement in care within 30 days for previously-diagnosed clients who are not currently in care for their HIV infections (**Note:** Grantee is responsible for confirming clients are linked to care); and
 18. Address barriers to successful linkage to HIV medical care and coordinate with area providers that offer services to facilitate access to HIV-related care.

B. PREP AND NPEP

Grantee shall:

1. Submit a Work Plan for up to four (4) years that demonstrates the ability to generate sufficient program income to sustain provision of PrEP/nPEP services in the clinic(s) without funding support through DSHS (**Note:** DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfall. Refer to the end of Section I: General Requirements for All Grantees);
2. Deliver each of the program components listed below:
 - a. Promotion of PrEP/nPEP through community education and awareness

19. Ensure that staff assist with obtaining treatment medications (**Note:** This includes understanding how pharmacy benefits are typically structured in public and private insurance plans and being able to assist clients with accessing these benefits. For uninsured clients, staff must aid with applying to local medical assistance programs or patient assistance programs offered by drug manufacturers and should screen for eligibility for public insurance); and
20. Assess client needs for HIV prevention, medical services, and social services by examining social and ecological factors that increase vulnerability to HIV.

III. TANGIBLE REINFORCEMENTS

Grantee shall:

- A. Receive approval for tangible reinforcements in advance in writing by DSHS Program. Funds may be used to purchase tangible reinforcements (bus tokens, movie gift cards, food gift cards, t-shirts, grocery store gift cards, etc.) to encourage at-risk clients to participate in prevention programs; and
- B. Maintain a policy regarding the use of tangible reinforcements and a log for tracking the purchase and distribution of tangible reinforcements (including security measures that are in place). The policy and log are subject to review by DSHS Program during program reviews and at any other time. The policy must limit the use of tangible reinforcements to the following types of situations: for participation in rapid assessment activities; for recruitment of clients into prevention with PLWH, testing and linkage programs and Evidence-Based Interventions (EBIs); for retention of clients in EBIs and prevention with PLWH; for clients upon completion of all sessions of an EBI; for recruitment and retention of peer volunteers; for clients who return for HIV testing; for participation in community assessments or focus groups; and to encourage clients to return for test results. Funds may not be used to make cash payments or cash-equivalent payments to intended recipients of services except as noted above.

IV. PROGRAM DATA REPORTING, SECURITY AND CONFIDENTIALITY REQUIREMENTS

- A. DSHS may make alterations to reporting systems and requirements or require the use of new reporting systems or collection methods, at its sole discretion. In the event of such a change, Grantee will be notified at least 30 days in advance of the changed requirements, except in cases where the system in use suffers technical failure. Information submitted through the DSHS systems will be considered the performance data of record in evaluating attainment of goals and programmatic performance.
- B. Data may be included in Grantee reports to parties other than DSHS, provided that DSHS is acknowledged and the information is aggregated in such a way that no individual client may be identified. Data may not be used for research purposes by Grantee or any other party without prior approval of the DSHS Institutional Review Board and pre-approval by DSHS Program. Grantee may not share electronic data sets with other parties without advance written permission of DSHS.

C. Grantee shall:

1. Follow requirements for prevention data collection, submission and quality assurance found in the DSHS data workplan located on the DSHS data resource website page at <https://www.dshs.texas.gov/hivstd/prevdata/>;
2. Submit data on program activities and client contacts using systems, formats and submission deadlines specified by DSHS. DSHS may change the program reporting requirements or formats during the project period based on program evaluation or reporting needs;
3. Ensure that all data submitted to DSHS are complete and accurate. Grantee must conduct data quality assurance prior to monthly submissions following the DSHS workplan quality assurance procedures. Data quality assurance activities must be documented and made available for review by DSHS staff upon request;
4. Protect the security of program reporting data and the confidentiality of client information;
5. Protect paper records and electronic data collected and stored at its facility from security breaches, and keep such data confidential;
6. Ensure that client privacy is maintained, and data is collected confidentially when data/information is elicited verbally from clients;
7. Ensure that data entry into program reporting systems will occur in a confidential environment, safeguarding against unauthorized disclosure of client information, and ensure that such environments are consistently maintained;
8. Ensure that data entered into program reporting systems are input only by properly authorized staff;
9. Assure data integrity is maintained and that data entered in program reporting systems is entered accurately;
10. Understand that users of the program data systems will require user identification and authentication (such as challenge passwords);
11. Ensure that persons entering data do not circumvent such security measures;
12. Ensure that data are accessed only by authorized persons;
13. Ensure that program data are used in a manner that protects client privacy and is in accordance with federal law, state law, and the terms of this Contract;
14. Implement policies and procedures for use of data in a secure manner that protects client privacy and prevents against unauthorized access to, and use of, program data;
15. Implement policies and procedures (consistent with the requirements and constraints listed herein) for publication and redistribution of data if program data are shared with other parties or providers;
16. Protect data transported within their entity or to external parties in a manner that is consistent with the constraints and requirements of this Contract;
17. Protect data transmitted electronically within Grantee's entity or to external

parties (when not using DSHS data reporting systems) in a manner that is consistent with the constraints and requirements of this Contract;

18. Maintain retention and disposal policies and procedures, in a manner that is consistent with state and federal retention requirements and the requirements of this Contract, and ensure that program data cannot be accessed outside of channels authorized under the Contract;
19. Agree to publish, implement, and make available policies on data security and client privacy *and* train staff regularly regarding those requirements (**Note:** Grantee must maintain records documenting such training);
20. Require each individual member of Grantee's staff, and volunteers if applicable, to sign an agreement pledging to abide by Grantee's policies and procedures pertaining to data security and client privacy. Grantee will maintain these written agreements and make them available to DSHS upon request;
21. Abide by rules of conduct and data security guidelines provided by DSHS to safeguard the program reporting data;
22. Agree to make staff available for training on the use of program reporting systems and data security;
23. Develop a personnel sanction policy to hold Grantee staff and volunteers and subgrantee staff responsible for any violations of these policies. If Grantee uses subgrantees, Grantee accepts full responsibility and accountability for each subgrantee's performance under this Contract including all provisions related to confidentiality;
24. Comply with DSHS efforts to maintain lists of staff under this Contract authorized to use the program reporting systems;
25. Immediately report breaches of confidentiality involving the program data reporting systems to DSHS, and fully assist DSHS in any investigation resulting from such breach;
26. Comply with all requests by DSHS to inspect, or require copies of, any of the documentation referenced herein at any time, and comply with such requests in a timely manner. All documentation under this Contract will be readily available for inspection by DSHS staff during site visits;
27. Use data collected through the above mechanisms for program planning, evaluation, quality assurance, and monitoring, consistent with confidentiality restrictions in state and federal law. Grantee shall use evaluation, quality assurance, and monitoring of data to make appropriate adjustments to program activities so that the Grantee performs quality services and meets performance standards; and
28. A minimum of 10% of the total Contract amount must be dedicated to planning, reporting, and evaluation of the proposed activities. This includes expenditures for needs assessment and consultation with community members to design or revise program design and implementation; collection and reporting of required program data; evaluation of progress towards program goals; and assessment of client satisfaction.

V. PROGRAM MONITORING AND PROGRESS REPORTS

Grantee shall:

- A. Cooperate with the direct monitoring by DSHS. Monitoring will be conducted via site visits and may be announced or unannounced. This monitoring may consist of the review of records and reports, interviews of staff, required forms, educational materials, and other materials pertaining to this project, including testing documents (if applicable);
- B. Submit required Interim and Annual Progress Reports in a format approved by DSHS, and by deadlines given by DSHS, that include: a cumulative data summary of its compliance with the performance measures for the appropriate activities detailed on Form G: Performance Measures, as well as a detailed response to all items listed in the report;
- C. Provide the above-referenced reports to hivstdreport.tech@dshs.texas.gov with a copy to the designated DSHS HIV/STD Program Consultant and the Public Health Regional HIV/STD Program Manager/Coordinator by the following dates: August 2, 2021 and January 31, 2022;
- D. Provide to the DSHS Program Consultant, and appropriate Contract Management Section staff, the names of the contact person(s) responsible for programmatic concerns, all communications regarding this program, the contact person for fiscal issues, and the names of the contact persons for each of the subgrantees/vendors (if applicable);
- E. Maintain expertise in any subcontracted project content, protocols and methods, and provide technical assistance to subcontractor staff as needed;
- F. The Grantee and any relevant subcontractor(s) or volunteer(s) shall cooperate with DSHS policies for addressing all concerns or problems identified during the award period;
- G. If Grantee performance is deficient, DSHS will notify Grantee in writing. The Program Consultant will identify the corrective action that Grantee must perform in response to the deficiency. The Program Consultant will deliver, or coordinate the delivery of, additional technical assistance to support Grantee in taking the corrective action. If the corrective action is successful in resolving the problem, DSHS will notify Grantee in writing that resolution has been achieved. If the corrective action is unsuccessful in resolving the problem, DSHS has all the following options:
 1. Revise deliverables (e.g., requiring Grantee to report with increased frequency);
 2. Require Grantee to provide a revised staffing plan that demonstrably supports the realization of program requirements;
 3. Progressively reduce the total award in response to repeated failures to comply with requirements;
 4. Suspend payment on the Contract pending correction of the deficiency by Grantee; or

5. Terminate the award.

VI. QUALITY ASSURANCE ACTIVITIES

- A. If Grantee uses the services of any subcontractors, Grantee is entirely responsible to DSHS for the performance of those subcontractors. Accordingly:
 1. Grantee shall monitor each subcontractor's implementation of interventions and other funded activities under this Contract, the subcontractor's efficient and effective use of resources, and the capacity and performance of subcontractor staff implementing interventions and other funded activities under this Contract;
 2. Grantee shall ensure that subcontractors are properly collecting and reporting data; and
 3. DSHS staff may monitor the subcontractor's activities and conduct periodic site visits, with notification to the Grantee.
- B. Grantee shall:
 1. Ensure that performance of activities under this Contract is of a high quality and consistent with all the requirements of this Contract, to meet DSHS performance expectations at <https://www.dshs.texas.gov/hivstd/prevdata/docindex.shtm>, by:
 - a. Running the "HIV Data QA" report available in EvaluationWeb, monthly, to assure compliance with standards outlined at <https://www.dshs.texas.gov/hivstd/prevdata/docindex.shtm>; and
 - b. Contacting DSHS if assistance is needed to review HIV Data QA report or to assist with how to improve the completeness of their data;
 2. Review records of persons living with HIV monthly to ensure that:
 - a. Preliminary tests results have been updated;
 - b. Provision of test results has been indicated and updated;
 - c. Linkage to medical care has been indicated and updated;
 - d. If the client attended a medical appointment, the date of medical appointment has been updated; and
 - e. DSHS is contacted if assistance is needed to review these records;
 3. Implement an orientation plan for Grantee's new staff (i.e., new hires involved in activities funded under this Contract), which will be reviewed by DSHS staff during monitoring visits. The plan shall be consistent with all the terms of this Contract;
 4. Solicit feedback (e.g., client surveys) from clients being served by Grantee under this Contract and create a summary of the client feedback for each intervention at least once during the term of this Contract. This summary must be available for review during DSHS site visits;
 5. Designate and train staff to be responsible for quality assurance activities, including ensuring accurate and consistent data collection and reporting;

6. Follow the appropriate [DSHS POPS](#) by funding opportunity (as per Section I: General Requirements for All Grantees) for quality assurance requirements;
7. Ensure that staff conducting an intervention session on a solo basis for the first time are observed conducting each session of the intervention by a supervisor or more experienced facilitator. In the alternative, less experienced staff may co-facilitate the session with a more experienced facilitator; and
8. Maintain written monitoring and evaluation records of all staff involved in Contract activities, including those of subcontractors. DSHS may specify evaluation and monitoring tools to be used. Information related to quality assurance activities, along with any other documentation associated with activities under this Contract, is subject to review by DSHS Program during program reviews and at any other time.

VII. TRAINING REQUIREMENTS

Grantee shall:

- A. Authorize and require staff (including volunteers) to attend training, conferences, and meetings as directed by DSHS;
- B. Appropriately budget funds in order to meet training requirements in a timely manner, and ensure that staff and volunteers are trained as specified in the training requirements listed at <https://www.dshs.texas.gov/hivstd/training/> and as otherwise specified by DSHS. Grantee shall document that these training requirements are met; and
- C. Ensure that staff hired for HIV and syphilis testing are trained to perform blood draws within three (3) months of employment.

VIII. PERFORMANCE MEASURES

- A. Performance Measures as outlined in Form G: Performance Measures Table will be used, in part, to assess the Grantee's and their subcontractors' effectiveness in providing the services described in this Contract, without waiving the enforceability of any of the other terms of the Contract. The Performance Measures outlined in Form G and approved by DSHS are hereby incorporated by reference into this Contract.
- B. Grantee's performance, including but not limited to compliance with program policies and procedures referenced herein, attainment of performance measures, maintenance of adequate staff, and submission of required data and narrative reports, will be assessed regularly. Failure to comply with stated requirements and contractual conditions will constitute a breach of contract.

IX. INVOICE AND PAYMENT

Grantee shall:

- A. Request payments monthly using the State of Texas Purchase Voucher (Form B-13) at <http://www.dshs.texas.gov/grants/forms.shtm>, the Voucher Support Form (VSF) and acceptable supporting documentation for reimbursement of the required services/deliverables. Grantee is required to identify expenditures by budget category and funding code. Voucher and all supporting documentation must be submitted to:

Department of State Health Services
Claims Processing Unit, MC 1940
1100 West 49th Street
P.O. Box 149347
Austin, TX 78714-9347

E-mail: invoices@dshs.texas.gov and cmsinvoices@dshs.texas.gov;

- B. Be paid on a cost reimbursement basis and in accordance with Attachment **B-1** of this Contract (i.e., Budget); and
- C. Submit to DSHS an annual forecast of all program income generated from DSHS funds and activities. Program income should be expended prior to drawing down or requesting reimbursement from DSHS. Grantee must also make available documentation to show how all program income is allocated and expended during any DSHS and/or federal grantor monitoring visits, and:
1. Report to the contract manager assigned to the Contract, any knowledge of debarment, suspected fraud, program abuse, possible illegal expenditures, unlawful activity, or violation of financial laws, rules, policies, and procedures related to performance under this Contract;
 2. Make such report no later than three (3) working days from the date the Grantee has knowledge or reason to believe such activity has taken place;
 3. Report any credible evidence that a principal, employee, subgrantee or agent of Grantee, or any other person, has submitted a false claim under the False Claims Act or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving those funds; and
 4. Make this report to the SAO at <http://sao.fraud.texas.gov> and to the HHS Office of Inspector General at <http://www.oig.hhs.gov/fraud/hotline/> no later than three (3) business days from the date the Grantee has knowledge or reason to believe such activity has taken place.

**ATTACHMENT B-1
BUDGET (2021)**

January 1, 2021 through December 31, 2021	
CATEGORY	AMOUNT
PERSONNEL	\$193,186.00
FRINGE BENEFITS	\$94,782.00
TRAVEL	\$14,671.00
EQUIPMENT	\$0.00
SUPPLIES	\$20,845.00
CONTRACTUAL	\$0.00
OTHER	\$2,900.00
TOTAL DIRECT COSTS	\$326,384.00
INDIRECT COSTS	\$0.00
TOTAL (2021)	\$326,384.00

Certificate Of Completion

Envelope Id: AB1AB3CFDBD248CAA3939020BE2B52FB	Status: Sent
Subject: Amending \$1,655,536; HHS000077800023; Fort Bend County A-1; HIV/PREVF	
Source Envelope:	
Document Pages: 22	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: 167.137.1.11

Record Tracking

Status: Original	Holder: Texas Health and Human Services	Location: DocuSign
9/29/2020 9:39:55 AM	Commission	
	PCS_DocuSign@hhsc.state.tx.us	

Signer Events

Signature	Timestamp
KP George	Sent: 9/29/2020 9:45:49 AM
county.judge@fortbendcountytexas.gov	Viewed: 9/29/2020 4:02:47 PM
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

Jennifer Sims
Jennifer.Sims@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

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events	Status	Timestamp
<p>CMS inbox cmucontracts@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 9/29/2020 9:45:49 AM
<p>Deanna Kinsfather deanna.kinsfather@dshs.texas.gov contract manager Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 9/29/2020 9:45:49 AM
<p>Ed Sturdivant ed.sturdivant@fortbendcountytexas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 9/29/2020 9:45:50 AM
<p>Ngombe Bitendelo Ngombe.Bitendelo@fortbendcountytexas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 9/29/2020 9:45:50 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/29/2020 9:45:50 AM
Payment Events	Status	Timestamps