DEPARTMENT OF STATE HEALTH SERVICES CONTRACT NO. HHS000768800001 AMENDMENT NO. 2

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 effective April 15, 2020 and denominated DSHS Contract No. HHS000768800001 (the Contract), now elect to amend the Contract.

WHEREAS, System Agency has elected to extend the term of the Contract in accordance with Contract Section III, Contract Period and Renewal, to allow for continued support of COVID-19 response activities.

The Parties therefore agree as follows:

- 1. **SECTION III**, **CONTRACT PERIOD AND RENEWAL**, is hereby amended to reflect a revised termination date of March 15, 2022.
- 2. The following provision is added to the Contract as **SECTION VIII**, **NOTICE TO PROCEED**:

Grantee may not incur charges or expenses until the System Agency issues a written Notice to Proceed. 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.

- 3. This Amendment shall be effective on March 16, 2021.
- 4. Except as modified by this Amendment, all terms and conditions of the Contract, as amended, 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. 2 SYSTEM AGENCY CONTRACT NO. HHS000768800001

DEPARTMENT OF STATE HEALTH SERVICES	FORT BEND COUNTY HEALTH AND HUMAN SERVICES
	By:
	Name: KP George
David Gruber Associate Commissioner for RLHO	Title: County Judge
Date of Signature:	Date of Signature:



Certificate Of Completion

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