



Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

The Honorable KP George, County Judge
Fort Bend County
301 Jackson Street
Richmond, Texas 77469

Subject: COVID-19 Vaccination Capacity Contract
Contract Number: HHS001019500016, Amendment No. 1
Contract Amount: \$5,971,981.00
Contract Term: May 10, 2021 through June 30, 2024

Dear Judge George:

Enclosed is the COVID-19 vaccination capacity contract between the Department of State Health Services and Fort Bend County.

The purpose of this contract is to increase COVID-19 vaccination capacity for the jurisdiction.

This Amendment increases the Contract amount by \$3,369,758.00.

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

Sincerely,

Holly Zoerner, CTCM
Contract Manager
512-776-3767
Holly.Zoerner@dshs.texas.gov

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT No. HHS001019500016
AMENDMENT No. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**SYSTEM AGENCY**”), a pass-through entity, and **FORT BEND COUNTY**, (“**GRANTEE**”) who are collectively referred to herein as the "Parties," to that certain Immunizations/COVID-19 Contract effective May 10, 2021 and denominated DSHS Contract No. HHS001019500016 (“the Contract”), now desire to further amend the Contract.

WHEREAS, DSHS desires to add funding for Coronavirus Disease 2019 (COVID-19) activities; and

WHEREAS, DSHS desires to amend the Statement of Work to add objectives and activities for Coronavirus Disease 2019 (COVID-19); and

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

1. **SECTION IV** of the Contract, **BUDGET** is hereby amended to add COVID-19 funds to the Contract of \$3,369,758.00. The Contract shall not exceed the amount of \$5,971,981.00. All expenditures of the additional funds must conform with **ATTACHMENT B-1, SUPPLEMENTAL BUDGET**.
2. **ATTACHMENT A** of the Contract, **STATEMENT OF WORK** is hereby supplemented with the addition of **ATTACHMENT A-1, SUPPLEMENTAL STATEMENT OF WORK**.
3. **ATTACHMENT B, BUDGET**, is hereby supplemented with **ATTACHMENT B-1, SUPPLEMENTAL BUDGET** (attached hereto).
4. This Amendment No. 1 shall be effective upon the date of the last signature.
5. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
6. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 1
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001019500016**

SYSTEM AGENCY

GRANTEE

Signature

Signature

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date of Execution: _____

Date of Execution: _____

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE
CONTRACT:**

ATTACHMENT A-1 SUPPLEMENTAL STATEMENT OF WORK

ATTACHMENT B-1 SUPPLEMENTAL BUDGET

ATTACHMENTS FOLLOW

ATTACHMENT A-1
SUPPLEMENTAL STATEMENT OF WORK

- I.** Grantee will conduct all of the following objectives that are aligned with an approved workplan.

A. Objective 1

1. Grantee will utilize relevant U.S. Census tract data at the Zip Code level to identify geographic areas within their jurisdiction with increased populations of the following racial and ethnic minority groups:

- a) Non-Hispanic American Indians
- b) Alaska Native
- c) Non-Hispanic Black
- d) Hispanic

Grantee may hire or contract Data Analysts, Statisticians, Epidemiologists, Social Workers, and Public Health specialists to identify these populations. Grantee is encouraged to map vaccination coverage within their jurisdiction by ZIP Code using ImmTrac vaccination data and/or other local programs which capture COVID-19 vaccination data.

2. Once identified, Grantee will perform targeted education and outreach regarding COVID-19 vaccination to these communities. Methods of education and outreach can include, but are not limited to:

- a) Door-to-door educational pamphlet placement
- b) Town hall meetings
- c) Neighborhood association meetings
- d) Festival/fair, or other community event

3. Grantee will share this data with other organizational entities within the jurisdiction to assist with the outreach. These entities can include health department programs like HIV/STD, WIC, and Rural Health, as well as other agencies who regularly interact with these racial and ethnic minority groups. These groups can include the jurisdictional fire department, police department, public works department, and community services department.

- a) Grantee will investigate pathways to incorporate these external organizations to assist in delivery of outreach and educational messages.

B. Objective 2

1. Using the data from the identified disproportionate population identified, Grantee will develop and implement outreach campaigns to identify and train trusted messengers to deliver COVID-19 vaccine safety and effectiveness to

these communities and populations. These trusted messengers can include, but are not limited to:

- a) Faith leaders
 - b) Teachers
 - c) Community health workers
 - d) Radio DJ's
 - e) Barbers
 - f) Local Proprietors
 - g) Community and civic leaders
2. These trusted messengers will deliver their COVID-19 vaccine promotion material and information through local media outlets, social media, faith-based venues, community events, and other culturally appropriate venues.
3. Within the jurisdiction, the Grantee will contact and engage the following entities to develop and operate temporary or mobile COVID-19 vaccination sites, especially in high-disparity communities. The following are recommendations:
- a) Places of worship
 - b) Community-based centers (libraries, event centers)
 - c) Recreation centers
 - d) Food banks
 - e) Schools/colleges
 - f) Grocery stores
 - g) Salons/barbershops
 - h) Major employers

C. Objective 3

1. Grantee will continue to increase access to vaccination sites and appointments throughout the jurisdiction by using multiple locations and with flexible hours (evening hours) which are accessible to and frequented by the identified disproportionate populations. Sites should include, but are not limited to:
- a) Pharmacies
 - b) Healthcare facilities
 - c) Community-based sites
 - d) Mobile sites
2. Grantee must coordinate with local community-based organizations to plan and implement mobile vaccination clinics and is encouraged to work with minority community health workers, nursing students/schools, and historical black colleges and universities, as applicable.

3. Grantee is required to simplify the COVID-19 vaccine patient registration procedure through the following avenues:
 - a) Prioritize options which do not require pre-registration
 - b) Ensure patient registration options do not require the internet or digital platforms
 - c) Registration is accessible to those with limited English proficiency or limited literacy
 - i. Registration does NOT require nonessential documentation.
4. Grantee is encouraged to support free or subsidized transportation options to access vaccination appointments either directly or indirectly through community partners.

D. Objective 4

1. Grantee will fund and hire a dedicated health communicator to support and implement the jurisdiction's specific vaccine communication, education, and outreach. This position will assist the Grantee in:
 - a) Developing and implementing community-based and culturally and linguistically appropriate messages which focus on COVID-19 spread, symptoms, treatment, and prevention, AND benefits of vaccination
 - b) Fund communications strategies that accommodate different levels of health literacy, digital literacy, and science literacy
 - c) Develop toolkits, checklists, quick guides, etc., to increase vaccine education
 - d) Continue training of local trusted messengers to deliver messages regarding vaccine hesitancy and misinformation
 - e) Develop localized testimonial campaigns

E. Objective 5

1. Grantee will fund and hire an adult immunization coordinator to focus on COVID-19, influenza, and other necessary vaccines for these disproportionate populations within their jurisdiction to serve as a safety net for at-risk individuals. The coordinator will focus on:
 - a) Quality improvement
 - b) Reminder recall
 - c) Other relevant activities to improve adult coverage rates

ATTACHMENT B-1
SUPPLEMENTAL BUDGET

Budget Categories	Total Amount Upon execution to June 30, 2024
Personnel	\$2,099,196.00
Fringe	\$1,150,600.00
Travel	\$42,129.00
Equipment	\$0.00
Supplies	\$26,273.00
Contractual	\$0.00
Other	\$51,560.00
Total Direct	\$3,369,758.00
Indirect	\$0.00
Total	\$3,369,758.00

Remainder of page intentionally left blank

Certificate Of Completion

Envelope Id: F577ECBC012840478966C8DDFB450917

Status: Sent

Subject: \$5,971,981.00 HHS001019500016 Fort Bend County A1 IMM/COVID

Source Envelope:

Document Pages: 7

Signatures: 0

Certificate Pages: 5

Initials: 0

AutoNav: Enabled

Enveloped Stamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Envelope Originator:

CMS Internal Routing Mailbox

11493 Sunset Hills Road

#100

Reston, VA 20190

CMS.InternalRouting@dshs.texas.gov

IP Address: 160.42.85.9

Record Tracking

Status: Original

9/2/2021 9:56:42 AM

Holder: CMS Internal Routing Mailbox

CMS.InternalRouting@dshs.texas.gov

Location: DocuSign

Signer Events**Signature****Timestamp**

KP George

county.judge@fortbendcountytexas.gov

County Judge

Fort Bend County

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Accepted: 8/2/2021 3:59:58 PM

ID: 474773d2-9ba5-441a-b77e-59bd9f48590f

Helen Whittington

helen.whittington@dshs.texas.gov

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Accepted: 9/1/2021 4:44:38 PM

ID: 99c1500c-67e3-41bf-9bff-7c7446b2a6e0

Patty Melchior

Patty.Melchior@dshs.texas.gov

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Accepted: 9/2/2021 8:38:15 AM

ID: 46cb60c9-2260-444c-bd62-db7e6640b8f5

Kirk Cole

Kirk.Cole@dshs.texas.gov

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Accepted: 9/1/2021 3:13:18 PM

ID: 7f2bffe1-62a7-4734-8e5a-86d4d3018b78

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
Lillie Powell lillie.powell@dshs.texas.gov Contract Manager Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div>COPIED</div>	Sent: 9/2/2021 10:01:57 AM Viewed: 9/2/2021 10:04:18 AM
Kaye Reynolds kaye.reynolds@fortbendcountytexas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	<div>COPIED</div>	Sent: 9/2/2021 10:01:56 AM Viewed: 9/2/2021 10:21:01 AM
CMS Internal Routing Mailbox CMS.InternalRouting@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/2/2021 10:01:57 AM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, DSHS Contract Management Section (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact DSHS Contract Management Section:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: alison.joffrion@hhsc.state.tx.us

To advise DSHS Contract Management Section of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at alison.joffrion@hhsc.state.tx.us and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from DSHS Contract Management Section

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to alison.joffrion@hhsc.state.tx.us and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with DSHS Contract Management Section

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to alison.joffrion@hhsc.state.tx.us and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify DSHS Contract Management Section as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by DSHS Contract Management Section during the course of your relationship with DSHS Contract Management Section.