

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.

Commissioner

The Honorable KP George County Judge Fort Bend County 301 Jackson Street Richmond, Texas 77469-3108

Subject: Sexually Transmitted Disease/Human Immunodeficiency Virus

Disease Intervention Specialists (STD/HIV-DIS) Contract Contract Number: HHS001120300010, Amendment No. 3

Dear Judge George:

Enclosed is the STD/HIV-DIS amendment between the Department of State Health Services and Fort Bend County.

The purpose of this contract is to control and prevent the spread of Sexually Transmitted Diseases (STDs), including Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) and viral hepatitis.

The amendment revises the definition of Calendar Year and makes conforming modifications throughout the Contract.

Please contact me by phone at (512) 776-6582 or by email at amber.vasche@dshs.texas.gov if you have any questions or need additional information.

Sincerely,

Amber Vasché, CTCD, CTCM Contract Manager Department of State Health Services

DEPARTMENT OF STATE HEALTH SERVICES CONTRACT NO. HHS001120300010 AMENDMENT NO. 3

The **DEPARTMENT OF STATE HEALTH SERVICES** ("DSHS" or "System Agency"), a pass-through entity, and **FORT BEND COUNTY** ("Grantee"), each a "Party" and collectively the "Parties" to that certain grant contract to control and prevent the spread of Sexually Transmitted Diseases (STDs), including Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) and viral hepatitis under the STD/HIV-DIS Prevention Services Program effective March 23, 2022, and denominated DSHS Contract No. HHS001120300010 ("Contract"), as amended, now desire to further amend the Contract.

WHEREAS, the Parties desire to revise the definition of Calendar Year to align with award guidelines and to revise associated budget periods and reporting requirements.

Now, Therefore, the Parties modify the Contract as follows:

- 1. The end date for the Calendar Year 2022 is revised to be January 31, 2023.
- 2. All references to Calendar Year 2023 are restated to be the period starting February 1, 2023 and ending December 31, 2023.
- 3. SECTION VI, REPORTING REQUIREMENTS, in ATTACHMENT A-1, REVISED STATEMENT OF WORK, of the Contract is deleted in its entirety and replaced with the following tables for Calendar Year 2022 and Calendar Year 2023 reporting requirements:

CALENDAR YEAR 2022 REPORTING:

REPORT NAME	FREQUENCY	PERIOD STARTS	PERIOD ENDS	DUE DATE
Semiannual Report	First six (6) months	03/01/2022	08/31/2022	09/30/2022
Semiannual Report	Remaining five (5) months	09/01/2022	01/31/2023	02/28/2023
Congenital Syphilis Case Investigation and Infant Syphilis Control Records	Monthly	03/01/2022	01/31/2023	Due thirty (30) calendar days after period being reported. Note: This Report is
				submitted through THISIS and is subject to HIPAA and PHI data requirements.

Local Responsible Party (LRP) Report	First six (6) months	03/01/2022	08/31/2022	09/30/2022
Final LRP Report	Remaining five (5) months	09/01/2022	01/31/2023	02/28/2023
Financial Status Report (FSR)	Biannually	03/01/2022	08/31/2022	09/30/2022
Final FSR	Remaining five (5) months	09/01/2022	01/31/2023	03/15/2023

CALENDAR YEAR 2023 REPORTING:

REPORT NAME	FREQUENCY	PERIOD STARTS	PERIOD Ends	DUE DATE
Semiannual Report	First five (5) months	02/01/2023	06/30/2023	07/31/2023
Semiannual Report	Remaining six (6) months	07/01/2023	12/31/2023	01/31/2024
Congenital Syphilis Case Investigation and Infant Syphilis Control Records	Monthly	02/01/2023	12/31/2023	Due thirty (30) calendar days after period being reported. Note: This Report is submitted through THISIS and is subject to HIPAA and PHI data requirements.
Local Responsible Party (LRP) Report	First five (5) months	02/01/2023	06/30/2023	07/31/2023
Final LRP Report	Remaining six (6) months	07/01/2023	12/31/2023	01/31/2024
Financial Status Report (FSR)	Biannually	02/01/2023	06/30/2023	07/31/2023
Final FSR	Remaining six (6) months	07/01/2023	12/31/2023	02/15/2024

4. ATTACHMENT B-2, REVISED BUDGET (SEPTEMBER 2022), of the Contract is deleted in its entirety and replaced with ATTACHMENT B-3, REVISED BUDGET (REVISED DECEMBER 2022), which is attached to this Amendment and incorporated into the Contract for all purposes.

- 5. This Amendment shall be effective as of the date last signed below.
- 6. Any further revisions to the Contract shall be by written agreement of the Parties.
- 7. Each Party represents and warrants that the person executing this Amendment on its behalf has full power and authority to enter into this Amendment.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 3 DSHS CONTRACT NO. HHS001120300010

DEPARTMENT OF STATE HEALTH SERVICES	FORT BEND COUNTY
By:	By:
Printed Name:	Printed Name:
Title:	Title:
Date of Signature:	Date of Signature:

ATTACHMENT B-3 REVISED BUDGET (REVISED DECEMBER 2022)

CATEGORICAL EXPENDITURES			
Budget Category	Calendar Year 2022: March 23, 2022 – January 31, 2023	Calendar Year 2023: February 1, 2023 – December 31, 2023	
PERSONNEL	\$186,131.00	\$178,200.00	
FRINGE BENEFITS	\$94,647.00	\$92,745.00	
TRAVEL	\$13,284.00	\$6,037.00	
EQUIPMENT	\$0.00	\$0.00	
SUPPLIES	\$76,672.00	\$6,415.00	
CONTRACTUAL	\$108,800.00	\$0.00	
OTHER	\$27,745.00	\$15,490.00	
TOTAL DIRECT CHARGES	\$507,279.00	\$298,887.00	
INDIRECT CHARGES	\$0.00	\$0.00	
TOTAL	\$507,279.00	\$298,887.00	

As identified in this Contract and used herein, the term "Calendar Year" or "CY" means the period defined and identified in the Categorical Expenditures table.

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Certificate Of Completion

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Subject: \$806,166.00 HHS001120300010 Fort Bend County A3 HIV/DIS

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Signer Events

The Honorable KP George

County judge@fortbendcountytx.gov

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: 2/6/2023 11:14:32 AM

ID: 86f14dcc-4b9d-47f3-870d-b0cf1b7513c1

Patty Melchior

Patty Melchior@dshs.texas.gov

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Accepted: 5/5/2022 12:43:08 PM

ID: f01589da-43a7-481e-996a-7c50409e5d48

Kirk Cole

Kirk.Cole@dshs.texas.gov

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Accepted: 2/6/2023 8:50:01 AM

ID: 8563a7d1-6331-4abc-96ee-ed142777d1fb

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
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Carbon Copy Events Status Timestamp Raquel Garza Sent: 1/26/2023 11:18:19 AM COPIED raquel.garza@fortbendcountytx.gov Viewed: 2/7/2023 12:20:55 PM Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign Amber Vasche Sent: 1/26/2023 11:18:18 AM COPIED amber.vasche@dshs.texas.gov Viewed: 2/7/2023 11:45:40 AM Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign Sent: 1/26/2023 11:18:18 AM Barbarah Martinez COPIED

Viewed: 1/26/2023 11:18:57 AM

Electronic Record and Signature Disclosure: Accepted: 5/24/2022 11:20:00 AM

barbarah.martinez@fortbendcountytx.gov

(None)

Security Level: Email, Account Authentication

ID: 8a965aaa-a5d5-42a1-aa1e-6b4854f8ffcd

CMS Internal Routing Mailbox CMS.InternalRouting@dshs.texas.gov Security Level: Email, Account Authentication

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Witness Events	Signature	Timestamp	
Notary Events	Signature	Timestamp	
Envelope Summary Events	Status	Timestamps	
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Payment Events	Status	Timestamps	
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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.

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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.

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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..

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