

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS001084500001  
AMENDMENT NO. 2**

The Department of State Health Services (System Agency) and Fort Bend County Health & Human Services (Grantee), collectively the Parties to that certain contract for activities to establish, expand, train and sustain public health workforce in support of Coronavirus 2019 (COVID-19) response and in alignment with the Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802) from the Centers for Disease Control and Prevention (CDC), effective August 16, 2021 and denominated DSHS Contract No. HHS001084500001 (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 the Public Health Work Force activities; and

**WHEREAS**, the Parties desire to revise the financial reporting requirements in the Statement of Work to align with updated processes.

The Parties therefore agree as follows:

1. **SECTION III, CONTRACT PERIOD AND RENEWAL**, is hereby amended to reflect a revised termination date of June 30, 2024.
2. **SECTION IV, INVOICE AND PAYMENT**, in **ATTACHMENT A, FY2023 STATEMENT OF WORK**, of the Contract is hereby amended and restated in its entirety:
  - A. Grantee shall submit requests for reimbursement of required services/deliverables monthly using the State of Texas Purchase Voucher (Form B-13), together with supporting documentation as directed by DSHS. Forms should be mailed, faxed or e-mailed to the addresses below.
  - B. Grantee shall submit a Financial Status Report (FSR) biannually each year beginning July 1, 2022 through August 15, 2024.

<b>Year</b>	<b>1<sup>ST</sup> FSR Period</b>	<b>1<sup>ST</sup> FSR Due Date</b>	<b>2<sup>nd</sup> FSR Period</b>	<b>2<sup>nd</sup> FSR Due Date</b>
2023	July 1, 2022 - December 31, 2022	January 31, 2023	January 1, 2023- June 30, 2023	July 31, 2023
2024	July 1, 2023 – December 31, 2023	January 31, 2024	January 1, 2024- June 30, 2024	August 15, 2024

- C. All financial reporting documents must be submitted by e-mail, fax, or mail. E-mail is preferred, but fax or mail are acceptable.

1. For submission by mail, use address below:  
Department of State Health Services  
Claims Processing Unit  
P.O. Box 149347  
Austin, TX 78714-9347
2. For submission by fax, use number below:  
(512) 458-7442
3. For submission by e-mail, see requirements below:
  - a. Form B-13 with supporting documentation must be sent to [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) & [CMSInvoices@dshs.texas.gov](mailto:CMSInvoices@dshs.texas.gov), with a copy to the System Agency contract manager.
  - b. FSR must be sent to: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov); [FSRGrants@dshs.texas.gov](mailto:FSRGrants@dshs.texas.gov); and with a copy to the System Agency contract manager.

Grantee will be reimbursed on a monthly basis in accordance with the Budget in **Attachment B** of this Contract. Reimbursement shall be subject to the submission of required and appropriate documentation, and in accordance with applicable law and governing regulations.

3. This Amendment shall be effective as of the date last signed below.
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. HHS001084500001**

<b>DEPARTMENT OF STATE HEALTH SERVICES</b>	<b>GRANTEE-FORT BEND COUNTY HEALTH &amp; HUMAN SERVICES</b>
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By: \_\_\_\_\_

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

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

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

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