



**TEXAS**  
Health and Human  
Services

**Texas Department of State Health Services**

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

The Honorable KP George  
Fort Bend County Judge  
Fort Bend County Health & Human Services  
4520 Reading Road, Suite A-100  
Rosenberg, Texas 77471

Subject: CPS/PH Workforce Contract  
Contract Number: HHS001084500001, Amendment No. 3  
Contract Amount: \$2,205,169.00  
Contract Term: August 16, 2021 through June 30, 2024

Dear Judge George:

Enclosed is the CDC Public Health Crisis Response (PHCR) Co-Ag: Public Health Workforce contract between the Department of State Health Services and Fort Bend County Health & Human Services.

The purpose of this amendment is to revise the Statement of Work (SOW) in support of activities to establish, expand, train and sustain public health workforce in alignment with the Centers for Disease Control and Prevention (CDC) Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802).

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

Sincerely,

Fred L. Waterman, CTCM  
Contract Manager  
512-776-6585  
[Fred.Waterman@dshs.texas.gov](mailto:Fred.Waterman@dshs.texas.gov)

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS001084500001  
AMENDMENT NO. 3**

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 alignment with the Centers for Disease Control and Prevention (CDC) Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802), effective August 16, 2021 and denominated DSHS Contract No. HHS001084500001 (the “Contract”), now elect to further amend the Contract.

**WHEREAS**, the Parties desire to revise the Statement of Work.

The Parties, therefore, agree as follows:

1. **ATTACHMENT A, STATEMENT OF WORK**, is amended and replaced in its entirety with **ATTACHMENT A-1, REVISED STATEMENT OF WORK**.
2. This Amendment shall be effective as of the date last signed below.
3. Except as modified by this Amendment, all terms and conditions of the Contract, as previously amended, shall remain in effect.
4. Any further revisions to the Contract shall be by written agreement of the Parties.
5. 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  
SYSTEM AGENCY CONTRACT NO. HHS001084500001**

**DEPARTMENT OF STATE HEALTH SERVICES      FORT BEND COUNTY HEALTH & HUMAN  
SERVICES**

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

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

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

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

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

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

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

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

**THE FOLLOWING DOCUMENT IS ATTACHED TO THIS AMENDMENT AND INCORPORATED INTO THE  
CONTRACT:**

**ATTACHMENT A-1, REVISED STATEMENT OF WORK**

**ATTACHMENT A-1**  
**REVISED STATEMENT OF WORK**  
**COVID-19 – Public Health Workforce Expansion**

**I. GRANTEE RESPONSIBILITIES**

Grantee will:

- A. Establish, expand, train and sustain public health workforce in alignment with the Centers for Disease Control and Prevention (CDC) Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802) and the activities allowable under this agreement.
- B. Complete all activities required and allowable under this Contract by June 30, 2024.
- C. Perform required activities intended to minimize morbidity and mortality, preserve function of healthcare workforce and infrastructure, and minimize social and economic impacts. Required activities include:
  - 1. Hire public health personnel (professional, clinical, disease investigation, program and/or administrative) in support of infectious disease preparedness and response. Personnel may be permanent full- or part-time staff, temporary or term-limited staff, fellows, interns and/or contracted employees.
  - 2. Establish a formal committee that will ensure Grantee's health programs, methods and outcomes meet the needs of the communities served.
    - a. Within 30 days of Contract execution, submit a roster of this committee that describes how members are reflective of the communities to be served and can best address community public health needs to [WorkforceCoAg@dshs.texas.com](mailto:WorkforceCoAg@dshs.texas.com) and the assigned Contract Manager.
    - b. Within 60 days of Contract execution, submit proposed plan to address health disparities, and your training plan to [WorkforceCoAg@dshs.texas.com](mailto:WorkforceCoAg@dshs.texas.com) and the assigned Contract Manager, using the template provided by System Agency.
  - 3. Provide training for staff to be equipped to address health disparities appropriately, as recommended by the committee, to existing and new staff, focusing on issues relevant to the local communities served.
- D. Funds cannot be used for research, clinical care, medical or clinical supplies, fundraising activities, construction or major renovations, to supplant existing state or federal funds for activities, purchase of vehicles of any kind (including mobile medical clinics), clothing to include uniforms or scrubs, or funding an award to another party or provider who is ineligible. Any furniture/cubicle purchases will require PRIOR approval by System Agency. Funds cannot be used for the preparation, distribution, or use of any material (publicity or propaganda) or to pay the salary or expenses of grant recipients, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body beyond normal, recognized executive relationships. In addition, funds shall not be used to advertise or promote COVID-19 vaccinations.
- E. Comply with all applicable regulations, standards, and guidelines in effect on the beginning

**ATTACHMENT A-1**  
**REVISED STATEMENT OF WORK**  
**COVID-19 – Public Health Workforce Expansion**

date of this Contract and as amended.

- F. The following documents and resources are incorporated herein by reference and made a part of this Contract as if fully set forth therein:
1. DSHS and CDC Public Health Crisis Response Cooperative Agreement, Funding Opportunity Number: CDC-RFA-TP18-1802
  2. Project workplan
- G. Maintain an inventory of equipment, supplies defined as Controlled Assets, and real property. Grantee shall submit an annual cumulative report of the equipment and other property on HHS System Agency Grantee's Property Inventory Report to the assigned System Agency Contract Manager by email not later than October 15 of each year. Controlled Assets include firearms, regardless of the acquisition cost, and the following assets with an acquisition cost of \$500 or more, but less than \$5,000: desktop and laptop computers (including notebooks, tablets and similar devices), non-portable printers and copiers, emergency management equipment, communication devices and systems, medical and laboratory equipment, and media equipment. Controlled Assets are considered Supplies.
- H. Expenses are eligible for reimbursement review and payment in alignment with the Grant Award effective date of July 1, 2021.

**II. PERFORMANCE MEASURES**

DSHS will monitor the Grantee's performance of the requirements in this Statement of Work and compliance with the Contract's terms and conditions.

DSHS will develop performance measures in collaboration with the Grantee.

**III. REPORTING REQUIREMENTS**

Grantee, at the request of the System Agency, may be required to submit additional reports determined necessary to accomplish the objectives of and monitor compliance with this Contract. Grantee must submit reports in a format specified by the System Agency. Grantee will provide System Agency financial reports as System Agency determines necessary to accomplish the objectives of this Contract and to monitor compliance. If Grantee is legally prohibited from providing any report under this Contract, Grantee will immediately notify System Agency in writing.

Grantee will provide and submit written reports, by electronic mail in the format specified by System Agency. Grantee will complete and submit the biannual program and financial reports by the 5<sup>th</sup> business day of each month. Grantee shall maintain the source documentation used to develop the reports. All written reports should be titled with the Grantee name, address, email address, telephone number, program name, contract or purchase order number, dates services were completed and/or products were delivered, the time period of the report, total invoice amount, and invoices paid to subgrantees for services received.

**ATTACHMENT A-1**  
**REVISED STATEMENT OF WORK**  
**COVID-19 – Public Health Workforce Expansion**

- A. Submit local health entity Workforce Expansion progress reports and spend plans within an established timeframe designated by the System Agency, using the template provided by System Agency. Progress reports will include status updates on meeting hiring goals, addressing health disparities and reporting progress through financial reports. Failure to submit a required report or additional requested information by the due date specified in this Contract listed below or upon request constitutes breach of contract and may result in delay of payment. Reports should be sent [via](#) the Qualtrics Survey. The System Agency will send the Contractor a link one month prior to the due date.

Biannual Progress Report due	7-Jan-22
Biannual Progress Report due	7-Jul-22
Biannual Progress Report due	9-Jan-23
Biannual Progress Report due	7-Jul-23

Due to the No-Cost Extension (NCE) two additional reports will be required:

Biannual Progress Report due	8-Jan-24
Biannual Progress Report due	8-Jul-24

- B. Submit a final performance report that describes progress toward achieving the objectives contained in the approved workplan and deliverables contained in this Contract, [via](#) the Qualtrics Survey. The System Agency will send the Contractor a link one month prior to the due date.

Final Performance Report Due	15-Aug-24
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#### **IV. INVOICE AND PAYMENT**

- 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 emailed to the addresses below.

**ATTACHMENT A-1**  
**REVISED STATEMENT OF WORK**  
**COVID-19 – Public Health Workforce Expansion**

- 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 email, fax, or mail. Email 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 email, 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.

- D.** 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.

**Certificate Of Completion**

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Status: Sent

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Reston, VA 20190

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KP George

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county.judge@fortbendcountytexas.gov

Fort Bend County

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

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Witness Events	Signature	Timestamp
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Payment Events	Status	Timestamps