

FORT BEND COUNTY FY 2009  
 COMMISSIONERS COURT AGENDA REQUEST FORM

Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: June 30, 2009	Submitted By: Nancy Drake, R.N., Director
Court Agenda Date: July 7, 2009	Department: Clinical Health Services
	Phone Number: 281.238.3548

**SUMMARY OF ITEM:** Amendment to existing DSHS RLSS-Local Public Health System, Moving excess monies from other to supplies & equipment.

RENEWAL AGREEMENT/APPOINTMENT YES  NO X  
 REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES  NO X

List Supporting Documents Attached: Budget & authorized signature pages.

**FINANCIAL SUMMARY:**

BUDGETED ITEM: YES  NO X

FUNDNG SOURCE: Accounting Unit: 100630999 Account Number: Supplies & Equipment

Activity (If Applicable): G630-09RLSSLPHS

**Instructions to submit Agenda Request Form:**

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

**DISTRIBUTION:**

Original Form Submitted with back up to County Judge's Office  (✓ when completed)

If by E-Mail to [ospindon@co.fort-bend.tx.us](mailto:ospindon@co.fort-bend.tx.us) If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input type="checkbox"/> Auditor (281-341-3774)	<input type="checkbox"/> Comm. Pct. 1 (281-342-0587)
<input type="checkbox"/> Budget Officer (281-344-3954)	<input type="checkbox"/> Comm. Pct. 2 (281-403-8009)
<input type="checkbox"/> Facilities/Planning (281-633-7022)	<input type="checkbox"/> Comm. Pct. 3 (281-242-9060)
<input type="checkbox"/> Purchasing Agent (281-341-8642)	<input type="checkbox"/> Comm. Pct. 4 (281-980-9077)
<input type="checkbox"/> Information Technology (281-341-4526)	<input type="checkbox"/> County Clerk (281-341-8697)
<input type="checkbox"/> Other:	<input type="checkbox"/> County Atty (281-341-4557)

**RECOMMENDATION / ACTION REQUESTED:**

Special Handling Requested (specify):

COUNTY JUDGE RECEIVED  
 JUN 20 2009

copy received 78-09

DEPARTMENT OF STATE HEALTH SERVICES



Amendment  
To

The Department of State Health Services (DSHS) and FORT BEND COUNTY HEALTH AND HUMAN SERVICES (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2009-028250 (Contract) in accordance with this Amendment No. 001A : RLSS-LOCAL PUBLIC HEALTH SYSTEM, effective 05/27/2009.

The purpose of this Amendment is the purpose of this amendment is to increase the Equipment budget category to \$1,102 and to the Supplies budget category to \$1,164. The Other budget category is decreased to \$32,415. The total contract amount of \$34,681 remains unchanged.

Therefore, DSHS and Contractor agree as follows:

**It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 001 as written below. All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of this contract and the terms of this Amendment, this Amendment shall control.**

Change Program Attachment as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

Department of State Health Services

Signature of Authorized Official

Date: \_\_\_\_\_

Bob Burnette, C.P.M., CTPM

Director, Client Services Contracting Unit

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

(512) 458-7470

Bob.Burnette@dshs.state.tx.us

Contractor

Signature of Authorized Official

Date: July 7, 2009

Name: Robert E. Hebert

Title: County Judge

Address: 4520 Reading Road, Suite A.  
Rosenberg, Texas 77471

Phone: 281.238.3548

Email: drakenan@co.fort-bend.tx.us

## Categorical Budget:

PERSONNEL	\$0.00
FRINGE BENEFITS	\$0.00
TRAVEL	\$0.00
EQUIPMENT	\$1,102.00
SUPPLIES	\$1,164.00
CONTRACTUAL	\$0.00
OTHER	\$32,415.00
TOTAL DIRECT CHARGES	\$34,681.00
INDIRECT CHARGES	\$0.00
TOTAL	\$34,681.00
DSHS SHARE	\$34,681.00
CONTRACTOR SHARE	\$0.00
OTHER MATCH	\$0.00

Total reimbursements will not exceed \$34,681.00

Equipment List Attached.

# Equipment List

Equipment Total: \$ 1,102.00

Item #	Equipment Description	Units	Unit Cost	Total
1	Base Unit:OptiPlex 760 Minitower Base Standard PSU, Processor:Core 2 Duo E8400/3.0GHZ, 6M, Memory: 2GB, Non-ECC, 800 MHZ DDR2, 2X1- GB OptiPlex	1	\$1,102.00	\$1,102.00