

FORT BEND COUNTY FY 2010  
 COMMISSIONERS COURT AGENDA REQUEST FORM

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

Date Submitted: January 13, 2010 Submitted By: Jean N. Galloway, MD  
 Department: Health & Human Services  
 Court Agenda Date: January 26, 2010 Phone Number: 281-238-3589

Approve and sign the Department of State Health Services amendment No. 001A to Contract # 2010-032893 Program Attachment # 001: Tobacco Community Coalition, effective 12/18/2009 to revise the goals for five performance measures.

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

List Supporting Documents Attached: *Amendment to Substance Abuse Services Grant*

**FINANCIAL SUMMARY:**

BUDGETED ITEM: YES  NO

FUNDNG SOURCE: Accounting Unit: Account Number:  
 Activity (If Applicable): G635-10TPCC

DESCRIPTION OF LAWSON ACCOUNT:

COUNTY JUDGE  
 RECEIVED  
 JAN 14 2010

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

**RECOMMENDATION / ACTION REQUESTED:**

Special Handling Requested (specify):

4-1-10 copy received



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TEXAS DEPARTMENT OF STATE HEALTH SERVICES

2010 JAN 12 AM 8:22

P.O. Box 149347  
Austin, Texas 78714-9347  
1-888-963-7111  
TTY: 1-800-735-2989  
[www.dshs.state.tx.us](http://www.dshs.state.tx.us)

DAVID L. LAKEY, M.D.  
COMMISSIONER

COUNTY JUDGE  
RECEIVED

JAN 07 2010

December 29, 2009

Dear Contractor:

Enclosed are two copies of your Department of State Health Services (DSHS) contract amendment. **Please sign and return both copies to this unit as soon as possible.** Your contract will be signed by DSHS and returned to your agency. Changes made to any portion of the contract documents are considered a counter-offer and are not valid without DSHS written concurrence.

DSHS will not pay for reimbursements submitted/postmarked more than 60 days after the end of the contract term. Additional information regarding this policy is available on the DSHS website at <http://www.dshs.state.tx.us>.

**PLEASE NOTE: Return both copies of the contract in their entirety to the address below. Contracts returned to any other address may result in contract delays.**

**Mailing Address for Regular Mail:**

Client Services Contracting Unit MC 1886  
Department of State Health Services  
PO Box 149347  
Austin, TX 78714-9347

**Physical Address for Overnight Mail:**

Client Services Contracting Unit MC 1886  
Department of State Health Services  
1100 West 49<sup>th</sup> Street  
Austin, TX 78756

Please reference the DSHS contract and attachment number in all future correspondence. If you have questions, please contact Jeanette Vrabel at 512-458-7111 ext. 2151 or via email at [Jeanette.vrabel@dshs.state.tx.us](mailto:Jeanette.vrabel@dshs.state.tx.us)

Sincerely,

Bob Burnette, Director  
Client Services Contracting Unit

Enclosures

DEPARTMENT OF STATE HEALTH SERVICES



Amendment to Substance Abuse Services Contract

The Department of State Health Services (DSHS) and FORT BEND COUNTY (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2010-032893 (Contract) in accordance with this Amendment No. 001A: Tobacco Community Coalition, effective 12/18/2009.

The purpose of this Amendment is to revise the goals for five performance measures.

Therefore, DSHS and Contractor agree as follows:

SECTION II. PERFORMANCE MEASURES

PERFORMANCE MEASURES are revised to include the following changes to five of the performance measures:

	Sep-Nov	Dec-Feb	Mar-May	Jun-Aug	Annual Goal
Number of media awareness activities	1	3	3	3	10
Number of youth receiving information	500	250	200	100	1050
Number of adults receiving information	500	200	200	100	1000
Number of youth attending tobacco presentations	1000	300	400	300	2000
Number of adults involved in alternative activities	800	300	300	300	1700

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 the Contract and the terms of this Amendment, this Amendment shall control.

DEPARTMENT OF STATE HEALTH SERVICES

*Bob Burnette*

Signature of Authorized Official

Date: 2-8-10

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

FORT BEND COUNTY

*Robert Hebert*

Signature of Authorized Official

Date: January 26, 2010

Name: Robert Hebert

Title: County Judge

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_