

ARF-3652

REGULAR SESSION AGENDA

Date: 05/10/2011

Amend contract No. 2011-035611

**Item #: 8. //
HHS-Clinical Health**

Submitted For: Signature & Acceptance **Submitted By:** Diane Guest, HHS-Clinical Health

Department: HHS-Clinical Health

Type of Item: Consent

Renewal Agreement/ No

Appointment:

Reviewed by County No

Attorney's Office:

Multiple Originals yes

Y/N?:

Information

SUMMARY OF ITEM

Sign & accept contract amendment - Contract # 2011-035611
RLSS-Local Public Health System
Transfer existing personnel funds to equipment to purchase need p.c. for data entry.

SPECIAL HANDLING

Attachments

Link: [Documents](#)

5-4-11 copy received

COUNTY JUDGE
RECEIVED
APR 29 2011

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and FORT BEND COUNTY (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2011-035611 (Contract) in accordance with this Amendment No. 001A : RLSS/LPHS, effective 03/24/2011.

The purpose of this Amendment is to reallocate contract funds. Therefore, the Contract Budget Object Class Categories are revised as follows: Personnel is decreased by \$1,362.00; Equipment is increased by \$1,043.00; and Supplies is increased by \$319.00. The total contract amount of \$34,681.00 remains unchanged.

Therefore, DSHS and Contractor agree as follows:

Change Program Attachment as follows:

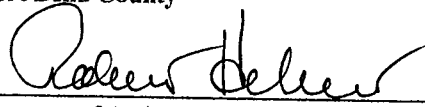
PROGRAM ATTACHMENT NO. ~~001~~ 001A

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.

Department of State Health Services

Fort Bend County

Signature of Authorized Official



Signature of Authorized Official

Date: _____

Date: May 3, 2011

Bob Burnette, C.P.M., CTPM

Name: Robert E. Hebert

Director, Client Services Contracting Unit

Title: County Judge

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AUSTIN, TEXAS 78756

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Phone: 281-238-3548

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Email: Nancy.Drake@co.fort-bend.tx.us

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: RLSS-LOCAL PUBLIC HEALTH SYSTEM

CONTRACTOR: FORT BEND COUNTY

CONTRACT NO: 2011-035611

CONTRACT TERM: 09/01/2010 THRU: 08/31/2011

BUDGET PERIOD: 09/01/2010 THRU: 08/31/2011

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$25,480.00	\$24,118.00	\$(1,362.00)
Fringe Benefits	\$4,969.00	\$4,969.00	\$0.00
Travel	\$1,644.00	\$1,644.00	\$0.00
Equipment	\$0.00	\$1,043.00	\$1,043.00
Supplies	\$2,588.00	\$2,907.00	\$319.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$34,681.00	\$34,681.00	\$0.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$0.00	\$0.00	\$0.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$34,681.00	\$34,681.00	\$0.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$34,681.00	\$34,681.00	\$0.00
Total Reimbursements Limit	\$34,681.00	\$34,681.00	\$0.00
JUSTIFICATION			

Financial status reports are due: 12/30/2010, 03/30/2011, 06/30/2011, 10/31/2011

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: RLSS-LOCAL PUBLIC HEALTH SYSTEM
 CONTRACTOR: Fort Bend County
 CONTRACT TERM: 09/01/2010 THRU: 08/31/2011
 BUDGET PERIOD: 09/01/2010 THRU: 08/31/2011
 CONTRACT NO: 2011-035611 CHG: 001A

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
			\$	\$
			\$	\$
			\$	\$

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Dell OptiPlex 780 Minitower Base Standards PSU, Core 2 Duo E7500 w/VT/2.93 GHZ, 2GB Non-ECC, 133MHZ DDR2, 2X1GB Computer	1	\$1,043.00	\$1,043.00
			\$	\$
			\$	\$
			\$	\$