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DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2012-039505 (Contract), is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and FORT BEND COUNTY HEALTH AND HUMAN SERVICES (Contractor), a Government Entity, (collectively, the Parties).

1. **Purpose of the Contract.** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations as described in the Program Attachments.
2. **Total Amount of the Contract and Payment Method(s).** The total amount of this Contract is \$28,091.61, and the payment method(s) shall be as specified in the Program Attachments.
3. **Funding Obligation.** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.
4. **Term of the Contract.** This Contract begins on 09/01/2011 and ends on 08/31/2012. DSHS has the option, in its sole discretion, to renew the Contract as provided in each Program Attachment. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
5. **Authority.** DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.
6. **Documents Forming Contract.** The Contract consists of the following:
  - a. Core Contract (this document)
  - b. Program Attachments:
 

2012-039505-001 RLSS-LOCAL PUBLIC HEALTH SYSTEM
  - c. General Provisions (Sub-recipient)

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

7. **Conflicting Terms.** In the event of conflicting terms among the documents forming this Contract, the order of control is first the Core Contract, then the Program Attachment(s), then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

8. **Payee.** The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name: FORT BEND COUNTY  
Address: 301 JACKSON ST STE 533  
RICHMOND, TX 77469-3108  
Vendor Identification Number: 17460019692055

9. **Entire Agreement.** The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

By signing below, the Parties acknowledge that they have read the Contract and agree to its terms, and that the persons whose signatures appear below have the requisite authority to execute this Contract on behalf of the named party.

DEPARTMENT OF STATE HEALTH SERVICES

By: \_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Date

Bob Burnette, C.P.M., CTPM

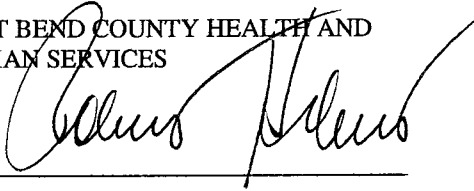
Director, Client Services Contracting Unit

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

(512) 458-7470

Bob.Burnette@dshs.state.tx.us

FORT BEND COUNTY HEALTH AND  
HUMAN SERVICES

By:   
Signature

September 6, 2011  
\_\_\_\_\_  
Date

Robert Hebert, County Judge  
\_\_\_\_\_  
Printed Name and Title

4520 Reading Road, Suite A.  
\_\_\_\_\_  
Address

Rosenberg, Texas 77471  
\_\_\_\_\_  
City, State, Zip

281-238-3548  
\_\_\_\_\_  
Telephone Number

drakenan@co.fort-bend.tx.us  
\_\_\_\_\_  
E-mail Address for Official Correspondence

2012-039505-001

Categorical Budget:

PERSONNEL	\$23,296.00
FRINGE BENEFITS	\$4,651.61
TRAVEL	\$144.00
EQUIPMENT	\$0.00
SUPPLIES	\$0.00
CONTRACTUAL	\$0.00
OTHER	\$0.00
TOTAL DIRECT CHARGES	\$28,091.61
INDIRECT CHARGES	\$0.00
TOTAL	\$28,091.61
DSHS SHARE	\$28,091.61
CONTRACTOR SHARE	\$0.00
OTHER MATCH	\$0.00

Total reimbursements will not exceed \$28,091.61

Financial status reports are due: 12/30/2011, 03/30/2012, 07/02/2012, 10/31/2012