

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 # 2012-039505 (Contract) in accordance with this Amendment No. 001A : RLSS/LPHS, effective 04/23/2012.

The purpose of this Amendment is to increase the contract Categorical Budget amount by \$6,589.39. Personnel is increased by \$5,200.00, Fringe Benefits is increased by \$1,039.39 and Supplies is increased by \$350.00. The Total revised amount of the contract is \$34,681.00.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment number is revised as follows:

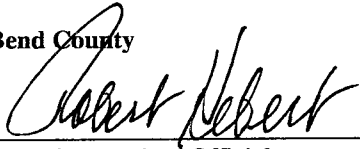
PROGRAM ATTACHMENT NO. ~~001~~ 001A

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: June 5, 2012

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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6-7-12 copy received

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: RLSS-LOCAL PUBLIC HEALTH SYSTEM

CONTRATOR: FORT BEND COUNTY HEALTH AND HUMAN SERVICES

CONTRACT NO: 2012-039505

CONTRACT TERM: 09/01/2011 THRU: 08/31/2012

BUDGET PERIOD: 09/01/2011 THRU: 08/31/2012

CHG: 001A

<b>DIRECT COST (OBJECT CLASS CATEGORIES)</b>			
	<b>Current Approved Budget (A)</b>	<b>Revised Budget (B)</b>	<b>Change Requested</b>
Personnel	\$23,296.00	\$28,496.00	\$5,200.00
Fringe Benefits	\$4,651.61	\$5,691.00	\$1,039.39
Travel	\$144.00	\$144.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$350.00	\$350.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total Direct Charges</b>	<b>\$28,091.61</b>	<b>\$34,681.00</b>	<b>\$6,589.39</b>
<b>INDIRECT COST</b>			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
<b>Indirect Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>PROGRAM INCOME</b>			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
<b>Income Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>LIMITS/RESTRICTIONS</b>			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
<b>SUMMARY</b>			
Cost Total	\$28,091.61	\$34,681.00	\$6,589.39
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$28,091.61	\$34,681.00	\$6,589.39
<b>Total Reimbursements Limit</b>	<b>\$28,091.61</b>	<b>\$34,681.00</b>	<b>\$6,589.39</b>
<b>JUSTIFICATION</b>			

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