

# 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 # 2013-042335 (Contract) in accordance with this Amendment No. 001A : Tobacco Community Coalition, effective 11/27/2012.

The purpose of this Amendment is to reduce the contract attachment amount, decrease matching funds and revise performance measures.

**Therefore, DSHS and Contractor agree as follows:**

### SECTION II. PERFORMANCE MEASURES

The following Performance Measures will be used to assess in part, the Contractor's effectiveness in conducting the activities described in Program Attachment. The Contractor shall submit all reports monthly on performance measures to DSHS through the DSHS Clinical Management for Behavioral Health Services system (CMBHS). For each month's performance, the Contractor shall submit the reports by the 15<sup>th</sup> day of the following month:

PERFORMANCE MEASURES are revised to read as follows:

	<u>Sep-Nov</u>	<u>Dec-Feb</u>	<u>Mar-May</u>	<u>Jun-Aug</u>	<u>Annual Goal</u>
Number of tobacco media contacts	3	3	3	1	10
Number of youth receiving information	400	400	300	300	1400
Number of adults receiving information	300	300	300	300	1200
Number of new written community agreements	2	2	3	3	10
Number of tobacco prevention presentations	10	10	10	5	35
Number of tobacco media awareness activities	1	2	2	1	6
Number of adults receiving coalition training	5	5	6	6	22
Number of renewed written community agreements	8	8	6	3	25
Number of adults attending tobacco presentations	100	100	100	100	400
Number of youth attending tobacco presentations	1200	800	1200	800	4000
Number of Work Site Cessation Services Consultations	6	6	6	6	24

Number of youth receiving education/skills training	40	40	40	40	160
Number of youth involved in tobacco alternative activities	800	800	1500	0	3100
Number of adults involved in tobacco alternative activities	300	300	300	100	1000
Number of cessation consultations with Health Care Providers	20	20	30	30	100
Number of environmental, regulatory or legal strategies implemented or changed	0	0	0	1	1

**SECTION X . FUNDING** is revised to read as follows:

The contractor shall contribute an amount equal to at least twenty-five percent (25 %) of the total DSHS Share of the Program Attachment expenditures in matching cash or in-kind contributions from sources eligible to be used for matching purposes.

Funding Source: State

DUNS Number: 081497075

DSHS Share: 194,491.00

Contractor Share: \$48,623.00

Program Income: 0.00

The Categorical Budget is amended as detailed in the attached Categorical Budget Change Request.

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**

\_\_\_\_\_  
Signature of Authorized Official

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

Bob Burnette, C.P.M., CTPM

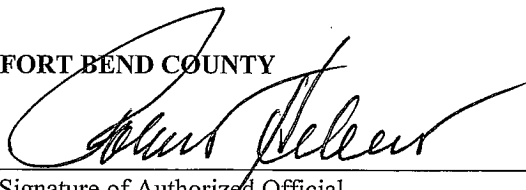
Director, Client Services Contracting Unit

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AUSTIN, TEXAS 78756

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**FORT BEND COUNTY**

  
\_\_\_\_\_  
Signature of Authorized Official

Date: January 8, 2013

Name: Robert E. Hebert

Title: County Judge

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

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

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

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: Tobacco Community Coalition

CONTRATOR: FORT BEND COUNTY

CONTRACT NO: 2013-042335

CONTRACT TERM: 09/01/2012 THRU: 08/31/2013

BUDGET PERIOD: 09/01/2012 THRU: 08/31/2013

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$56,195.00	\$75,904.00	\$19,709.00
Fringe Benefits	\$8,772.00	\$12,300.00	\$3,528.00
Travel	\$3,000.00	\$2,500.00	\$(500.00)
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$10,500.00	\$3,011.00	\$(7,489.00)
Contractual	\$112,500.00	\$97,625.00	\$(14,875.00)
Other	\$85,508.00	\$51,774.00	\$(33,734.00)
Total Direct Charges	\$276,475.00	\$243,114.00	\$(33,361.00)
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	\$55,295.00	\$48,623.00	\$(6,672.00)
Income Total	\$55,295.00	\$48,623.00	\$6,672.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$276,475.00	\$243,114.00	\$(33,361.00)
Performing Agency Share	\$55,295.00	\$48,623.00	\$(6,672.00)
Receiving Agency Share	\$221,180.00	\$194,491.00	\$(26,689.00)
Total Reimbursements Limit	\$221,180.00	\$194,491.00	\$(26,689.00)
JUSTIFICATION			

Financial status reports are due: 12/30/2012, 03/30/2013, 07/02/2013, 10/30/2013