



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

1100 West 49th Street • Austin, Texas 78756
P.O. Box 149347 • Austin, Texas 78714-9347
1-888-963-7111 • www.dshs.state.tx.us
TTY: 1-800-735-2989

March 27, 2013

Dear Contractor:

Enclosed is an approved copy of your Department of State Health Services (DSHS) contract. Please file it with the office of record for your agency.

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 reference the DSHS contract and attachment number in all future correspondence. If you have questions, please contact Rosalyn Lazare-Payne at 512-458-7111 ext. 2684 via email at Rosalyn.Lazare-Payne@dshs.state.tx.us.

Sincerely,

A handwritten signature in black ink that reads "Bob Burnette".

Bob Burnette, Director
Client Services Contracting Unit

Enclosures

COUNTY JUDGE
RECEIVED
APR 01 2013

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 # 007 Contract #2013-041111 in accordance with this Amendment No. 007A : Tuberculosis Prevention and Control - Federal, effective 11/12/2012.

The purpose of this Amendment is to add ARTICLE II SERVICES, Section 2.02 Disaster Services to the special provisions.

Therefore, DSHS and Contractor agree as follows:

The program attachment number is changed as follows:

PROGRAM ATTACHMENT NO. ~~007~~ 007A


SECTION VIII. SPECIAL PROVISIONS Paragraph 1 is added to read as follows:

General Provisions, ARTICLE II SERVICES, Section 2.02 Disaster Services, is revised to include the following:

In the event of a local, state, or federal emergency the Contractor has the authority to utilize approximately 5% of staff's time supporting this Program Attachment for response efforts. DSHS shall reimburse Contractor up to 5% of this Program Attachment funded by Center for Disease Control and Prevention (CDC) for personnel costs responding to an emergency event. Contractor shall maintain records to document the time spent on response efforts for auditing purposes. Allowable activities also include participation of drills and exercises in the pre-event time period. Contractor shall notify the Assigned Contract Manager in writing when this provision is implemented.

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: 3/26/13

Janna Zumbrun
Lucina Suarez, Ph.D.

Acting Assistant Commissioner for Prevention and
Preparedness Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

512.776.7111

janna.zumbrun
Lucina.suarez@dshs.state.tx.us

Contractor


Signature of Authorized Official

Date: March 12, 2013

Name: Robert E. Hebert,

Title: County Judge

Address: 4520 Reading Road, Suite A-200

Rosenberg, Texas 77471

Phone: 281-238-3558

Email: drakenan@co.fort-bend.tx.us