



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

April 22, 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.

The provisions of this contract require submittal of quarterly financial reports no later than 30 days after the end of the first three quarters and a final report no later than 60 days after the end of the contract term. Attached are preprinted Financial Status Reports (FSR 269a) for the entire term of your contract. **Please forward the FSR forms to the person in your agency responsible for completion of financial reports.** If this is a contract amendment, FSRs are provided only for the remaining term of your contract. These reports are required regardless of whether or not expenses are incurred.

DSHS will not pay for reimbursements submitted/postmarked more than 60 days after the end of the contract Attachment term. Additional information regarding this policy is available on the DSHS website at <http://www.dshs.state.tx.us>.

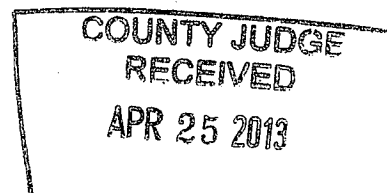
Please reference the DSHS contract and attachment number in all future correspondence. If you have questions, please contact Mary Moore at 512-776-6975 or via email at mary.moore@dshs.state.tx.us.

Sincerely,

A handwritten signature in cursive script that reads "Bob Burnette".

Bob Burnette, Director
Client Service Contracting Unit

Enclosures



DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and FORT BEND COUNTY HEALTH AND HUMAN SERVICES (Contractor) agree to amend the Program Attachment # 006 (Program Attachment) to Contract # 2013-041111 (Contract) in accordance with this Amendment No. 006A : RLSS/LOCAL PUBLIC HEALTH SYSTEM-PnP, effective 03/04/2013.

The purpose of this Amendment is to restore the PHHSBG funds, change the work plan to add activities, and revise the General Provisions to include potential need for utilization of 5% for public health emergencies and/or training.

Therefore, DSHS and Contractor agree as follows:

Program Attachment number is revised to read as follows:

PROGRAM ATTACHMENT NO. ~~006~~ 006A

SECTION VIII. SPECIAL PROVISIONS, is revised 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.

The Categorical budget and Exhibit A are revised as attached.

All 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:

4/16/13

David Gruber

Assistant Commissioner for Regional
and Local Health Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

512.834.4555

David.Gruber@dshs.state.tx.us

Contractor

Signature of Authorized Official

Date: March 26, 2013

Name: Robert E. Hebert,

Title: County Judge

Address: 4520 Reading Road, Suite A-200

Rosenberg, Texas 77471

Phone: 281-238-3548

Email: drakenan@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-PnP

CONTRATOR: FORT BEND COUNTY HEALTH AND HUMAN SERVICES

CONTRACT NO: 2013-041111

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

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

CHG: 006A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$22,849.00	\$27,649.00	\$4,800.00
Fringe Benefits	\$4,730.00	\$5,723.00	\$993.00
Travel	\$513.00	\$513.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$797.00	\$797.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$28,092.00	\$34,682.00	\$6,590.00
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	\$28,092.00	\$34,682.00	\$6,590.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$28,092.00	\$34,682.00	\$6,590.00
Total Reimbursements Limit	\$28,092.00	\$34,682.00	\$6,590.00
JUSTIFICATION			
Restoration of the PHHSBG funds brings contractor back to level funding. Funds will be utilized to make a professionally printed handout for physician visits regarding reporting of notifiable conditions and also to support a graduate student completing a			

Financial status reports are due: 12/31/2012, 03/29/2013, 06/28/2013, 10/30/2013

Texas Department of State Health Services
Financial Status Report
FSR269A

An Excel version of this form can be downloaded at: <http://www.dshs.state.tx.us/grants/forms.shtm>

P.O. Box 149347
Austin, Texas 78714-9347

Fiscal Division/Accounts Payable
Phone (512)458-7435

Contractor Name: FORT BEND COUNTY HEALTH AND HUMAN SERVICES		DSHS Program: RLSS/LPHS-PnP		
		DSHS Contract #: 2013-041111		
Payee Account #:		Attachment #: 006A		
Payee Vendor ID: 17460019692055		Basis: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		
Payee Name: FORT BEND COUNTY		Contract Term:		
Address: 301 JACKSON ST STE 533		From: 09/01/2012 To: 08/31/2013		
City, ST, Zip: RICHMOND, TX 77469-3108		Period Covered in Report:		
		From: 03/01/2013 To: 05/31/2013		
PO Number: 0000385763		Check if Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Cost per General Ledger				
(1) Budget Categories	(2) Approved Budget	(3) This Period	(4) Cumulative	(5) Remaining Budget Balance (2 minus 4)
a. Personnel	27,649.00			
b. Fringe Benefits	5,723.00			
c. Travel	513.00			
d. Equipment	0.00			
e. Supplies	797.00			
f. Contractual	0.00			
g. Other	0.00			
h. Total Direct Charges	34,682.00			
i. Indirect Charges	0.00			
j. Total Charges	34,682.00			
Less: k. Program Income Collected				
l. Non-DSHS Funding				
m. In-Kind (See Instructions)				
n. ADVANCE	Advance Received	Repaid this Period	Cumulative Repayments	Advance Balance
:				
o. Total Reimbursement Requested (net of advances)				
p. Total Reimbursement Received				
Prepared By:		Title:		Phone #:
CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Signature of Authorized Certifying Official			Date Submitted	
			/ /	
Typed or Printed Name and Title of Certifying Official			Telephone:	