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ARF-12989**REGULAR SESSION AGENDA****HHS-Clinical Health****Meeting Date:** 01/28/2014

Sign Amended Contract 2014-001385-01 to increase TB Federal Grant from 71,599.00 to 110,207.00

Submitted For: Donna Ospina**Submitted By:** Diane Guest, HHS-Clinical Health**Department:** HHS-Clinical Health**Type of Item:** Consent**Renewal Agreement/** No**Reviewed by County**No**Appointment:****Attorney's Office:****Multiple Originals Y/N?:**

Information**SUMMARY OF ITEM**

Sign Amended Contract 2014-001385-01 from Department of State Health Services to increase grant from \$ 71,599.00 to \$ 110,207.00. Tuberculosis Control Federal Funding.

SPECIAL HANDLING

Attachments**Documents**

COUNTY JUDGE
RECEIVED
JAN 16 2014

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT 2014-001385-01**



This 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 & Human Services (Contractor), a Governmental, (collectively, the Parties) entity.

1. Purpose of the Contract: DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations.

2. Total Amount: The total amount of this Contract is \$110,207.00.

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 09/01/2013 and ends on 08/31/2014. DSHS has the option, in its sole discretion, to renew the Contract. 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. Program Name: TB/PC-FED Tuberculosis Prevention and Control-Federal

17. Documents Forming Contract. The Contract consists of the following:

- a. Contract (this document) 2014-001385-01
- b. General Provisions Subrecipient General Provisions
- c. Attachments Budgets
- d. Declarations Certification Regarding Lobbying, Fiscal
Federal Funding Accountability and
Transparency Act (FFATA) Certification
- e. Exhibits Exhibit A

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.

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

19. 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
Vendor Identification Number: 17460019692

20. 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.

I certify that I am authorized to sign this document and I have read and agree to all parts of the contract, including any attachments and addendums.

Department of State Health Services

By:
Signature of Authorized Official

Date

Name and Title
1100 West 49th Street
Address
Austin, TX 787-4204
City, State, Zip

Telephone Number

E-mail Address

Fort Bend County Health & Human Services

By: 
Signature of Authorized Official

Date 2/4/2014

Name and Title
Robert E. Hebert, County Judge
Address
401 Jackson Street,
City, State, Zip

Richmond, Texas 77469
Telephone Number
281-341-8608

E-mail Address
jenetha.jones@fortbendcountytexas.gov