

DEPARTMENT OF STATE HEALTH SERVICES



Amendment #1

The Department of State Health Services (DSHS) and Fort Bend County (Contractor) agree to amend Contract ID# 2015-047166-001 (Contract) and its Program Attachment, which was effective on April 29, 2015. This Contract has not been amended prior to this Amendment.

- I. Contractor will complete 5Y carry forward funding activities allocated at \$7,056.00.
- II. The total amount of this contract will not exceed \$33,552.00.
- III. Except as provided in this Amendment, all other terms and conditions in the Contract and its Program Attachment will remain and be in full effect.
- IV. This Amendment is effective April 29, 2015.

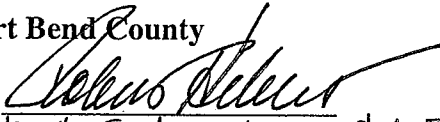
By signing this Amendment, the undersigned certify that they have the authority to bind their respective party to this Amendment's terms and conditions.

Department of State Health Services

By: _____
David Gruber
Assistant Commissioner for Regional
and Local Health Services

Date: _____

Fort Bend County

By: 
Robert E. Hebert, County Judge
Authorized Signatory

Date: June 2, 2015

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: Preparedness and Prevention Community Preparedness Section / Bioterrorism Discre

CONTRATOR: FORT BEND COUNTY

CONTRACT NO: 2015-047166

CONTRACT TERM: 10/01/2014 THRU: 06/30/2015

BUDGET PERIOD: 10/01/2014 THRU: 06/30/2015

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$2,682.00	\$3,359.00	\$677.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$1,056.00	\$1,056.00
Equipment	\$0.00	\$5,590.00	\$5,590.00
Supplies	\$0.00	\$410.00	\$410.00
Contractual	\$26,496.00	\$26,496.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$29,178.00	\$36,911.00	\$7,733.00
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	\$2,682.00	\$3,359.00	\$677.00
Income Total	\$2,682.00	\$3,359.00	\$-677.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$29,178.00	\$36,911.00	\$7,733.00
Performing Agency Share	\$2,682.00	\$3,359.00	\$677.00
Receiving Agency Share	\$26,496.00	\$33,552.00	\$7,056.00
Total Reimbursements Limit	\$26,496.00	\$33,552.00	\$7,056.00
JUSTIFICATION			
Amendment to add FY15 carry forward funds and to reallocate funds to reflect actual expenditures.			

Financial status reports are due: 01/31/2015, 04/30/2015, 08/14/2015

DEPARTMENT OF STATE HEALTH SERVICES



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AUSTIN, TEXAS 78756-3199

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: Preparedness and Prevention Community Preparedness Section / Bioterrorism Discre
CONTRACTOR: Fort Bend County
CONTRACT TERM: 10/01/2014 THRU: 06/30/2015
BUDGET PERIOD: 10/01/2014 THRU: 06/30/2015
CONTRACT NO: 2015-047166 CHG: 001A

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
			\$	\$
			\$	\$
			\$	\$

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Hewlett Packard Color Laser Jet Enterprise Printer and accessories	1	\$5,590.00	\$5,590.00
			\$	\$
			\$	\$
			\$	\$