

**DEPARTMENT OF STATE HEALTH SERVICES**  
**CONTRACT NO. 537-18-0352-00001**  
**AMENDMENT NO. 01**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**System Agency**”) and **FORT BEND COUNTY HEALTH AND HUMAN SERVICES** (“**Grantee**”), who are collectively referred to herein as the “**Parties**,” to that certain grant contract effective March 1, 2017, and denominated DSHS Contract No. 537-18-0352-00001 (the “**Contract**”), now desire to amend the Contract.

**WHEREAS**, the Parties desire to correct the section numbering in the Contract;

**WHEREAS**, the Parties desire to correct the legal authority in **Section II** of the Contract;

**WHEREAS**, System Agency has elected to extend the term of the Contract in accordance with Contract **Section III, Duration**, to allow for continued support of the Public Health Zika Response activities;

**WHEREAS**, the Parties desire to remove **Attachment A, PPHR Statement of Work** as set forth herein;

**WHEREAS**, the Parties desire to revise Contract **Attachment B, ELC Statement of Work**;

**WHEREAS**, the Parties desire to revise Contract **Attachment C, Budget**; and

**WHEREAS**, continued support of the Contract activities will require additional funding.

**NOW, THEREFORE**, the Parties hereby amend and modify the Contract as follows:

1. The section numbering in the Contract’s Signature Document is hereby corrected to reflect a sequential order.
2. **Section II, LEGAL AUTHORITY**, is hereby amended to provide as follows: This Contract is authorized by and in compliance with the provisions under the authority of the Texas Government Code Chapter 791.
3. **SECTION III, DURATION**, is hereby amended to reflect a revised termination date of July 31, 2019.

4. **SECTION IV, BUDGET**, is hereby amended to increase the total not-to-exceed Contract amount to **SEVEN HUNDRED THIRTY THOUSAND FOUR HUNDRED FIFTY-THREE DOLLARS (\$730,453.00)**, of which **ONE HUNDRED THOUSAND DOLLARS (\$100,000.00)** is allocated toward Fiscal Year ("FY") 2019 (August 1, 2018 through July 31, 2019). All expenditures under the Contract will be in accordance with **ATTACHMENT C - BUDGET**.
5. **SECTION VI, LEGAL NOTICES**, is amended to replace the System Agency contact information in its entirety with the following:

**System Agency**

Department of State Health Services  
 Attention: General Counsel  
 1100 W. 49<sup>th</sup> Street, MC 1911  
 Austin, TX 78756

6. The Parties agree to add the following new Section VIII to the Signature Document:

**VIII. NOTICE TO PROCEED**

Funding for FY 2019 is dependent on the award of the applicable federal grant. No FY 2019 work may begin and no charges may be incurred until the System Agency issues a written notice to proceed to Grantee. This Notice to Proceed may include an amended or ratified budget which will be incorporated into this Contract by a subsequent amendment, as necessary. Notwithstanding the preceding, at the discretion of the System Agency, Grantee may be eligible to receive reimbursement for eligible expenses incurred during the period of performance as defined by 2 CFR §200.309.

7. The Parties agree to remove **ATTACHMENT A – PPHR STATEMENT OF WORK** effective, July 1, 2018. The PPHR funding allocation is no longer available for reimbursement of services provided or expenditures made after June 30, 2018.
8. **SECTION (I)(G) of ATTACHMENT B - ELC STATEMENT OF WORK**, is hereby amended to add the following programmatic reporting periods and reporting dates to the reporting schedule:

<b>PERIOD COVERED</b>	<b>REPORT DUE DATE</b>
August, September, October	November 30, 2018
November, December, January	February 28, 2019
February, March, April	May 31, 2019
May, June, July	August 31, 2019

9. **SECTION (I)(H) of ATTACHMENT B, ELC STATEMENT OF WORK**, is hereby deleted in its entirety and replaced with the following:
  - I. Complete and submit an end-of-year performance report to System Agency in a format specified by System Agency in accordance with the below schedule:

<b>PERIOD COVERED</b>	<b>REPORT DUE DATE</b>
March 1, 2017 through July 31, 2018	August 15, 2018
August 1, 2018 through July 31, 2019	August 15, 2019

10. **ATTACHMENT C - BUDGET**, is hereby amended by deleting the budget table in its entirety and replacing it with the below:

<b>Budget Categories</b>	<b>PHPR 03/01/2017 – 06/30/2018</b>	<b>ELC 03/01/2017 – 07/31/2019</b>	<b>VC 03/01/2017 – 07/31/2019</b>	<b>Budget Summary</b>
Personnel	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$7,935.00	\$1,148.00	\$0.00	\$9,083.00
Equipment	\$0.00	\$0.00	\$45,030.00	\$45,030.00
Supplies	\$30,000.00	\$12,000.00	\$23,000.00	\$65,000.00
Contractual	\$455,138.00	\$124,352.00	\$30,000.00	\$609,490.00
Other	\$0.00	\$0.00	\$1,850.00	\$1,850.00
Sum of Direct Costs	\$493,073.00	\$137,500.00	\$99,880.00	\$730,453.00
Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00
Sum of Total Direct Costs and Indirect Costs	\$493,073.00	\$137,500.00	\$99,880.00	\$730,453.00
<b>TOTAL</b>	<b>\$493,073.00</b>	<b>\$137,500.00</b>	<b>\$99,880.00</b>	<b>\$730,453.00</b>

11. This Amendment No. 01 shall be effective as of the date this Amendment is signed by both Parties.
12. Except as amended and modified by this Amendment No. 01, all terms and conditions of the Contract shall remain in full force and effect. In the event of a conflict between the terms of the Contract and the terms of this Amendment, the terms of this Amendment shall prevail.
13. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 01**  
**DEPARTMENT OF STATE HEALTH SERVICES CONTRACT NO. 537-18-0352-00001**

**DEPARTMENT OF STATE HEALTH SERVICES**

**FORT BEND COUNTY HEALTH AND HUMAN  
SERVICES**

\_\_\_\_\_  
John Hellerstedt, M.D.

Commissioner  
Department of State Health Services

Date of Execution: \_\_\_\_\_

By: \_\_\_\_\_

Name: Robert E. Hebert

Title: County Judge

Date of Execution: 6-5-2018

**SIGNATURE PAGE FOR AMENDMENT NO. 01**  
**DEPARTMENT OF STATE HEALTH SERVICES CONTRACT NO. 537-18-0352-00001**

**DEPARTMENT OF STATE HEALTH SERVICES**

**FORT BEND COUNTY HEALTH AND HUMAN  
SERVICES**

DocuSigned by:  
Dr. John Hellerstedt  
DCCAF19262814D1...

John Hellerstedt, M.D.

Commissioner  
Department of State Health Services

Date of Execution: June 7, 2018

DocuSigned by:  
By: Robert E. Hebert  
F546587DD2BD433...

Name: Robert E. Hebert

Title: County Judge

Date of Execution: June 7, 2018

## Certificate Of Completion

Envelope Id: EED3133794A94AD5A864E952A0A0BA71

Subject: Amending \$730,453.00; 537-18-0352-00001 Fort Bend Co A-1; DSHS/CMS/ CPS/ZIKA

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Envelope Originator:

Texas Health and Human Services Commission

1100 W. 49th St.

Austin, TX 78756

PCS\_DocuSign@hhsc.state.tx.us

IP Address: 167.137.1.17

## Record Tracking

Status: Original

May 29, 2018

Holder: Texas Health and Human Services  
Commission

PCS\_DocuSign@hhsc.state.tx.us

Location: DocuSign

## Signer Events

Robert E. Hebert

county.judge@fortbendcountytx.gov

County Judge

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

Signature



Timestamp

Sent: May 29, 2018

6-5-2018

Dr John Hellerstedt

john.hellerstedt@dshs.texas.gov

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

## In Person Signer Events

Signature

Timestamp

## Editor Delivery Events

Status

Timestamp

## Agent Delivery Events

Status

Timestamp

## Intermediary Delivery Events

Status

Timestamp

## Certified Delivery Events

Status

Timestamp

## Carbon Copy Events

Status

Timestamp

Tina Longoria

tina.longoria@hhsc.state.tx.us

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:  
Not Offered via DocuSign

**COPIED**

Sent: May 29, 2018

Deserie Burrell

deserie.burrell@dshs.state.tx.us

Contract Manager

Texas Health and Human Services Commission

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:

**COPIED**

Sent: May 29, 2018

Viewed: May 29, 2018

**Carbon Copy Events**

Not Offered via DocuSign

**Status****Timestamp**

CMU Mailbox

cmucontracts@dshs.texas.gov

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign**COPIED**

Sent: May 29, 2018

Jenetha Jones

jenetha.jones@fortbendcountytexas.gov

Robert Hebert, County Judge

Fort Bend County

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**  
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David Olinger

david.olinger@fortbendcountytexas.gov

Security Level: Email, Account Authentication  
(None)**Electronic Record and Signature Disclosure:**  
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**Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

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May 29, 2018

**Payment Events****Status****Timestamps**