

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS000036000004  
AMENDMENT No. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** ("System Agency or DSHS") and **FORT BEND COUNTY CLINICAL HEALTH SERVICES** ("Grantee") who are collectively referred to herein as the "Parties," to that certain grant Contract effective January 1, 2018, and denominated DSHS Contract No. HHS000036000004, now desire to amend the Contract.

**WHEREAS**, the System Agency has chosen to exercise its option to renew the Contract in accordance with Section III of the Contract Signature Document;

**WHEREAS**, the parties desire to revise the Budget to add funds for the period beginning January 1, 2019, through December 31, 2019 (hereinafter referred to as "Fiscal Year 2019" or "FY 2019");

**WHEREAS**, the Parties desire to revise the Statement of Work.

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

1. **SECTION IV** of the Signature Document, **BUDGET**, is hereby amended to add **NINETY-NINE THOUSAND ONE HUNDRED EIGHTY-SIX DOLLARS (\$99,186.00)** in DSHS funding with the grantee providing a total of **NINETEEN THOUSAND EIGHT HUNDRED THIRTY-SEVEN DOLLARS (\$19,837.00)** in matching funds, for a total Contract amount not to exceed **TWO HUNDRED THIRTY-EIGHT THOUSAND FORTY-SIX DOLLARS (\$238,046.00)**.
2. **SECTION I.G.** of **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following: "During the term of this Contract, DSHS reserves the right to decrease funding amounts as a result of the Grantee's budgetary shortfalls and/or due to the Grantee lapsing more than 1% of total funds."
3. **SECTION III. A.** of **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following email address to which vouchers and any supporting documentation must also be submitted by electronic mail: [CMSinvoices@dshs.texas.gov](mailto:CMSinvoices@dshs.texas.gov).
4. **Section III. B.** of **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following: "Contractor must submit final FSR and a reimbursement or final payment request no later than forty-five (45) calendar days following the end of the contract term."
5. The Parties agree to add to the Contract **ATTACHMENT B-1, FY 2019 BUDGET**, which is attached to this Amendment and incorporated into the Contract as if fully set forth therein. All FY 2019 expenditures shall be made in accordance with **Attachment B-1**.

6. **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following **SECTION IV**:

**IV. PROGRAMMATIC REPORTING REQUIREMENTS**

<b>Report Name</b>	<b>Frequency</b>	<b>Period Begin</b>	<b>Period End</b>	<b>Due Date</b>
FY18 Narrative Report	Annually	January 1, 2018	December 31, 2018	April 1, 2019
FY19 Narrative Report	Annually	January 1, 2019	December 31, 2019	April 1, 2020
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	January 1, 2019	March 31, 2019	April 30, 2019
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	April 1, 2019	June 30, 2019	July 31, 2019
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	July 1, 2019	September 30, 2019	October 31, 2019
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	October 1, 2019	December 31, 2019	February 17, 2020

7. **ATTACHMENT D, SUPPLEMENTAL AND SPECIAL CONDITIONS** is hereby amended to add the following new Section 1.16 under the Special Conditions:

**SECTION 1.16 CONTRACTOR'S PROPERTY INVENTORY REPORT.**

K. Grantee shall maintain an inventory of equipment, supplies defined as Controlled Assets, and real property and submit an annual cumulative report of the equipment and other property on HHS System Agencies Grantee's Property Inventory Report to the assigned DSHS Contract Manager and DSHS Contract Oversight and Support (email address: [COSequip@dshts.state.tx.us](mailto:COSequip@dshts.state.tx.us)) by electronic mail and no later than October 15 of each year. The Contractor's Property Inventory Report may be found at: <http://www.dshs.texas.gov/contracts/forms.shtm>.

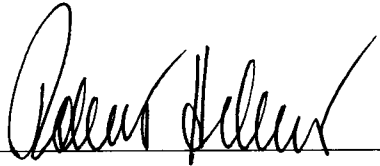
8. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract shall remain in full force and effect.
9. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 1  
DSHS CONTRACT NO. HHS000036000004**

**DEPARTMENT OF STATE HEALTH SERVICES    GRANTEE    FORT BEND COUNTY**

\_\_\_\_\_

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

Name: Robert E. Hebert

Title: County Judge

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

Date of Execution: 11/27/2018

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE  
CONTRACT:**

**ATTACHMENT B-1 FY 2019 BUDGET**

**SIGNATURE PAGE FOR AMENDMENT NO. 1  
DSHS CONTRACT NO. HHS000036000004**

**DEPARTMENT OF STATE HEALTH SERVICES    GRANTEE**

DocuSigned by:  
Imelda M. Garcia  
7B1D18EDD8CD493...

Imelda M. Garcia

Associate Commissioner, LIDS

DocuSigned by:  
By: Robert Hebert  
F546587DD2BD433...

Name Robert Hebert

Title: County Judge

Date of Execution: November 29, 2018

Date of Execution: November 29, 2018

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE  
CONTRACT:**

**ATTACHMENT B-1 FY 2019 BUDGET**

**ATTACHMENT B-1  
FY 2019 BUDGET**

**Organization Name: Fort Bend County Clinical Health Services**

**Program ID: TB/PC-Federal**

**Contract Number: HHS000036000004– AMENDMENT 1**

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<b>Budget Categories</b>	<b>DSHS Funds</b>	<b>Cash Match</b>	<b>Category Total</b>
Personnel	\$49,500.00	\$0.00	\$49,500.00
Fringe Benefits	\$23,144.00	\$0.00	\$23,144.00
Travel	\$8,640.00	\$0.00	\$8,640.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$17,902.00	\$19,837.00	\$37,739.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Costs	\$99,186.00	\$19,837.00	\$119,023.00
Indirect Costs	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$99,186.00</b>	<b>\$19,837.00</b>	<b>\$119,023.00</b>

## Certificate Of Completion

Envelope Id: A38973C6FB154606BD05F03CFC23F3F4

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Signatures: 0

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Certificate Pages: 2

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Texas Health and Human Services Commission

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1100 W. 49th St.

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Austin, TX 78756

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PCS\_DocuSign@hhsc.state.tx.us

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## Record Tracking

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Commission

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Location: DocuSign

## Signer Events

Robert E. Hebert

countyjudge@fortbendcountytx.gov

Security Level: Email, Account Authentication  
(None)

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Grace Kubin

grace.kubin@dshs.texas.gov

Security Level: Email, Account Authentication  
(None)

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

## Signature

## Timestamp

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## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

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## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

Stefanie Jackson

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**Electronic Record and Signature Disclosure:**  
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Ebony White

Ebony.White@dshs.texas.gov

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(None)

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**Carbon Copy Events**

CMU Mailbox

CMUContracts@dshs.texas.gov

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

Not Offered via DocuSign

Kaye Reynolds

kaye.reynolds@fortbendcountytexas.gov

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

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