

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT No. HHS001057600019
AMENDMENT No. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** (DSHS or System Agency) and **FORT BEND COUNTY** (Grantee), Parties to that certain COVID-19 Health Disparities Program Contract, effective September 10, 2021, and denominated as DSHS Contract No. **HHS001057600019** (the "Contract"), now want to amend the Contract.

WHEREAS, DSHS wants to make additional funds available in support of the services provided under the Contract, and

WHEREAS, DSHS wants to update the agency's Legal Notices contact information.

NOW, THEREFORE, the Parties agree as follows:

1. **SECTION IV, BUDGET**, of the Contract is amended by adding \$375,000.00 for the period June 1, 2022 through May 31, 2023. The total not-to-exceed amount of this Contract is increased to \$875,000.00. All expenditures of the additional funds must conform with **ATTACHMENT B-1, REVISED BUDGET**.
2. **ATTACHMENT B, BUDGET**, is deleted and replaced in its entirety with **ATTACHMENT B-1, REVISED BUDGET**.
3. **SECTION VI, LEGAL NOTICES**, of the Contract is amended to update DSHS contact information as follows:

System Agency

Health and Human Services Commission
Attn: Office of Chief Counsel
4601 W. Guadalupe, MC 1100
Austin, Texas 78751

With copy to:

Department of State Health Services
Attn: General Counsel
P.O. Box 149347 – MC 1919
Austin, Texas 78714-9347

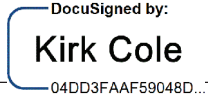
4. This Amendment shall be effective as of the date last signed below, but in no event prior to June 1, 2022.
5. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in full force and effect.
6. Any further revision to the Contract shall be by written agreement of the Parties.

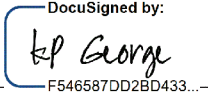
Signature Page to follow

SIGNATURE PAGE FOR AMENDMENT NO. 1
DSHS CONTRACT NO. HHS001057600019

DEPARTMENT OF STATE HEALTH SERVICES

FORT BEND COUNTY

By:  04DD3FAAF59048D...

By:  F546587DD2BD433...

Name: KP George

Title: County Judge

Date of Signature: May 10, 2022

Date of Signature: May 10, 2022

THE FOLLOWING DOCUMENT IS ATTACHED TO THIS AMENDMENT AND ITS TERMS ARE INCORPORATED INTO THE CONTRACT BY REFERENCE:

ATTACHMENT B-1 REVISED BUDGET

ATTACHMENT FOLLOWS

ATTACHMENT B-1 REVISED BUDGET

CONTRACT NO. HHS001057600019

	Initial Grant Funding: September 1, 2021 to May 31, 2023	Additional Grant Funding: June 1, 2022 to May 31, 2023	TOTAL
PERSONNEL	\$313,450.00	\$230,000.00	\$543,450.00
FRINGE BENEFITS	\$174,649.00	\$137,770.00	\$312,419.00
TRAVEL	\$3,701.00	\$7,230.00	\$10,931.00
EQUIPMENT	\$0.00	\$0.00	\$0.00
SUPPLIES	\$5,200.00	\$0.00	\$5,200.00
CONTRACTUAL	\$0.00	\$0.00	\$0.00
OTHER	\$3,000.00	\$0.00	\$3,000.00
TOTAL DIRECT CHARGES	\$500,000.00	\$375,000.00	\$875,000.00
INDIRECT CHARGES	\$0.00	\$0.00	\$0.00
TOTAL	\$500,000.00	\$375,000.00	\$875,000.00

Certificate Of Completion

Envelope Id: 0D4DAC19C45C434786DBB2D5B8D790BF

Status: Completed

Subject: HHS001057600019 - Fort Bend County - Amendment 1 Health Disparities Signature Page

Source Envelope:

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Signatures: 2

Envelope Originator:

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Signer Events**Signature****Timestamp**

KP George

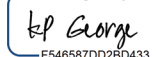
county.judge@fortbendcountytexas.gov

County Judge

Fort Bend County

Security Level: Email, Account Authentication
(None)

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Signed: 5/10/2022 2:17:31 PM

Signature Adoption: Pre-selected Style

Signed by link sent to

county.judge@fortbendcountytexas.gov

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Electronic Record and Signature Disclosure:

Accepted: 8/2/2021 3:59:58 PM

ID: 474773d2-9ba5-441a-b77e-59bd9f48590f

Susana Garcia

Susana.Garcia@dshs.texas.gov

CTCM, Unit Director

DSHS

Security Level: Email, Account Authentication
(None)**Completed**

Signed by link sent to

Susana.Garcia@dshs.texas.gov

Using IP Address: 167.137.1.12

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Viewed: 5/10/2022 2:40:32 PM

Signed: 5/10/2022 2:41:51 PM

Electronic Record and Signature Disclosure:

Accepted: 5/10/2022 2:40:32 PM

ID: 9574c805-b8b1-4262-bf13-f39e30c45fe6

PATTY MELCHIOR

Patty.Melchior@dshs.texas.gov

Director, DSHS CMS

Security Level: Email, Account Authentication
(None)**Completed**

Signed by link sent to

Patty.Melchior@dshs.texas.gov

Using IP Address: 167.137.1.17

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Signed: 5/10/2022 4:42:33 PM

Electronic Record and Signature Disclosure:

Accepted: 5/5/2022 12:43:08 PM

ID: f01589da-43a7-481e-996a-7c50409e5d48

Signer Events	Signature	Timestamp
Kirk Cole Kirk.Cole@dshs.texas.gov Deputy Commissioner Security Level: Email, Account Authentication (None)	<div> <div>DocuSigned by:</div> <div>Kirk Cole</div> <div>04DD3FAAF59048D...</div> </div> Signature Adoption: Pre-selected Style Signed by link sent to Kirk.Cole@dshs.texas.gov Using IP Address: 160.42.85.12	Sent: 5/10/2022 4:42:34 PM Viewed: 5/10/2022 6:24:03 PM Signed: 5/10/2022 6:24:37 PM
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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
Kaye Reynolds kaye.reynolds@fortbendcountytexas.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 5/3/2022 1:27:37 PM Viewed: 5/3/2022 1:37:26 PM
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Sandy Clark sandy.clark@dshs.texas.gov Contract Manager Texas Health and Human Services Commission Security Level: Email, Account Authentication (None)	COPIED	Sent: 5/3/2022 1:27:37 PM
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Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
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Certified Delivered	Security Checked	5/10/2022 6:24:03 PM
Signing Complete	Security Checked	5/10/2022 6:24:37 PM
Completed	Security Checked	5/10/2022 6:24:38 PM
Payment Events	Status	Timestamps

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, DSHS Contract Management Section (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact DSHS Contract Management Section:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: alison.joffrion@hhsc.state.tx.us

To advise DSHS Contract Management Section of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at alison.joffrion@hhsc.state.tx.us and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from DSHS Contract Management Section

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to alison.joffrion@hhsc.state.tx.us and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with DSHS Contract Management Section

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to alison.joffrion@hhsc.state.tx.us and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

By selecting the check-box next to 'I agree to use electronic records and signatures', you confirm that:

- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify DSHS Contract Management Section as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by DSHS Contract Management Section during the course of your relationship with DSHS Contract Management Section.