

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000812700019
AMENDMENT NO. 3**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**SYSTEM AGENCY**” or “**DSHS**”) and **FORT BEND COUNTY** ("**Grantee**"), who are collectively referred to as the "Parties," to that certain grant contract for COVID-19 surveillance and enhanced laboratory activities effective August 31, 2020, and denominated DSHS Contract No. HHS000812700019 (“**Contract**”), as amended, now desire to further amend the Contract.

WHEREAS, the Parties desire to revise the Statement of Work to change the financial status reporting requirement from quarterly to semi-annually; and

WHEREAS, the Parties desire to revise the Budget for COVID-19 outbreak activities.

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

1. **SECTION IV** of the Contract, **BUDGET**, is hereby deleted in its entirety and replaced with the following language:

The total amount of this Contract will not exceed **\$914,695.00** for COVID-19 response activities through July 31, 2024. Grantee is not required to provide matching funds.

All expenditures under the Contract will be in accordance with **ATTACHMENT B-3, REVISED BUDGET**.

2. **ATTACHMENT A-1, REVISED STATEMENT OF WORK**, is hereby amended to revise the following language:

III. INVOICE AND PAYMENT

Grantee shall submit a monthly detailed and accurate invoice describing the services performed in completion of the responsibilities outlined in Attachment A-1. Invoices and supporting documentation shall be submitted to System Agency no later than thirty (30) days after the last day of each month.

- A.** Grantee shall request payments monthly using the State of Texas Purchase Voucher (Form B-13). Invoices must be submitted monthly to prevent delays in subsequent months. Grantees that do not incur expenses within a month are required to submit a “zero dollar” invoice on a monthly basis. Grantee must submit a final close-out invoice and final financial status report no later than 45 days following the end of the Contract term. Invoices received more than 45 days after the end of the Contract term are subject to denial of payment. Invoices and any supporting documentation will be mailed or submitted by fax or electronic mail to all addresses/number below.

Invoices submitted by electronic mail must be emailed to invoices@dshs.texas.gov and cmsinvoices@dshs.texas.gov simultaneously.

Department of State Health Services
 Claims Processing Unit, MC 1940
 1100 West 49th Street
 P.O. Box 149347
 Austin, TX 78714-9347
 FAX: (512) 458-7442
 Email: Invoices@dshs.texas.gov and CMSinvoices@dshs.texas.gov

Failure to submit required information may result in delay of payment or return of invoice. Billing invoices must be legible. Illegible or incomplete invoices which cannot be verified will be disallowed for payment.

- B.** Grantee shall submit the Financial Status Report (FSR-269A) biannually as outlined below. Grantee shall email the FSR-269A to the following email addresses: FSRgrants@dshs.texas.gov and cmsinvoices@dshs.texas.gov.

The Financial Status Report (FSR-269A) can be located at: <https://www.dshs.texas.gov/sites/default/files/hivstd/contractor/prev/269-FSR.xlsx>.

Financial Status Report	Period Covered	Due Date
1 st FSR - 269A	09/01/2022 – 02/28/2023	March 31, 2023
2 nd FSR - 269A	03/01/2023 – 08/31/2023	September 29, 2023
3 rd FSR - 269A	09/01/2023 – 02/29/2024	March 29, 2024
4 th FSR - 269A	03/01/2024 – 07/31/2024	September 16, 2024

- C.** Grantee will be paid on a cost-reimbursement basis and in accordance with Attachment B-3 of this Contract.

3. **ATTACHMENT B-2, REVISED BUDGET**, is hereby deleted in its entirety and replaced with **ATTACHMENT B-3, REVISED BUDGET**.
4. **ATTACHMENT B-3, REVISED BUDGET** is attached to this Amendment No. 3 and incorporated as part of the Contract for all purposes.
5. This Amendment No. 3 shall be effective as of the date last signed below.
6. Except as amended and modified by this Amendment No. 3, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
7. Any further revisions to the Contract shall be by written agreement of the Parties.
8. Each Party represents and warrants that the person executing this Amendment on its behalf has full power and authority to enter into this Contract.

CONTRACT NO. HHS000812700019

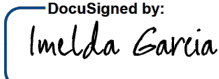
AMENDMENT NO. 3

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SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 3
DSHS CONTRACT NO. HHS000812700019

SYSTEM AGENCY


By:  DocuSigned by:
87AFD32AD9D24A9...

Name: Imelda Garcia

Title: Associate Commissioner

Date of Signature: May 10, 2023

GRANTEE

By:  DocuSigned by:
F546687DD2BD433...

Name: KP George

Title: County Judge

Date of Signature: May 9, 2023

**ATTACHMENT B-3
REVISED BUDGET**

Categorical Budget	Epi CARES Funding	Epi Expansion Funding	
Budget Period	August 31, 2020 to July 31, 2024	September 7, 2021 to July 31, 2024	Contract Total
PERSONNEL	\$216,420.00	\$288,249.00	\$564,249.00
FRINGE BENEFITS	\$117,011.00	\$130,255.00	\$259,340.00
TRAVEL	\$722.00	\$9,018.00	\$10,464.00
EQUIPMENT	\$0.00	\$0.00	\$0.00
SUPPLIES	\$19,978.00	\$4,000.00	\$4,000.00
CONTRACTUAL	\$30,000.00	\$61,371.00	\$61,371.00
OTHER	\$22,400.00	\$15,271.00	\$15,271.00
TOTAL DIRECT CHARGES	\$406,531.00	\$508,164.00	\$914,695.00
INDIRECT CHARGES	\$0.00	\$0.00	\$0.00
TOTAL	\$406,531.00	\$508,164.00	\$914,695.00

Certificate Of Completion

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Status: Completed

Subject: Please DocuSign: HHS000812700019, Fort Bend County , COVID Amendment 3

Source Envelope:

Document Pages: 5

Signatures: 2

Envelope Originator:

Certificate Pages: 5

Initials: 0

CMS Internal Routing Mailbox

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Reston, VA 20190

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IP Address: 167.137.1.7

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Signer Events

KP George

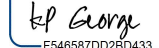
county.judge@fortbendcountytexas.gov

County Judge

Fort Bend County

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

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Signed: 5/9/2023 2:35:05 PM

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**

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PATTY MELCHIOR

Patty.Melchior@dshs.texas.gov

Director, DSHS CMS

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

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Electronic Record and Signature Disclosure:

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

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

Imelda Garcia

ImeldaM.Garcia@dshs.texas.gov

Associate Commissioner

Texas Health and Human Services Commission

Security Level: Email, Account Authentication
(None)

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Signature Adoption: Pre-selected Style

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Electronic Record and Signature Disclosure:

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Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

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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.