

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

Legacy Contract No. 7460007176-2006-06
Contract No. 2006-020224
Contract Change Notice No. 006D

STATE OF TEXAS
COUNTY OF TRAVIS

The TEXAS DEPARTMENT OF STATE HEALTH SERVICES, hereinafter referred to as DSHS, did heretofore enter into a contract in writing with HIDALGO COUNTY HEALTH DEPARTMENT hereinafter referred to as Contractor. The parties thereto now desire to amend such contract attachment(s) as follows:

SUMMARY OF TRANSACTION: ATT NO. 006D : CPS-BIOTERRORISM PREPAREDNESS	
All terms and conditions not hereby amended remain in full force and effect.	
EXECUTED IN DUPLICATE ORIGINALS ON THE DATES SHOWN.	
Authorized Contracting Entity for and in behalf of:	
DEPARTMENT OF STATE HEALTH SERVICES	HIDALGO COUNTY HEALTH DEPARTMENT
By: _____ Signature of Authorized Official	By: _____ Signature
_____	_____
Date	Date
Debra Stabeno	_____
	Printed Name and Title
Assistant Commissioner for Prevention and Preparedness	_____
	Address
1100 WEST 49TH STREET	_____
AUSTIN, TEXAS 78756	City, State, Zip
512.458.6047	_____
	Telephone Number
Debra.stabeno@dshs.state.tx.us	_____
	E-mail Address for Official Correspondence

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS
 CONTRATOR: HIDALGO COUNTY HEALTH DEPARTMENT
 CONTRACT NO: 2006-020224 LEGACY CONTRACT NO. 7460007176-2006-06
 CONTRACT TERM: 09/01/2005 THRU: 08/31/2007
 BUDGET PERIOD: 09/01/2005 THRU: 08/31/2007 CHG: 006D

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$1,041,550.00	\$1,025,653.00	\$(15,897.00)
Fringe Benefits	\$343,418.00	\$343,418.00	\$0.00
Travel	\$66,862.00	\$59,498.00	\$(7,364.00)
Equipment	\$103,147.00	\$142,870.00	\$39,723.00
Supplies	\$144,896.00	\$148,110.00	\$3,214.00
Contractual	\$63,450.00	\$35,700.00	\$(27,750.00)
Other	\$240,134.00	\$248,208.00	\$8,074.00
Total Direct Charges	\$2,003,457.00	\$2,003,457.00	\$0.00
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	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$2,003,457.00	\$2,003,457.00	\$0.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$2,003,457.00	\$2,003,457.00	\$0.00
Total Reimbursements Limit	\$2,003,457.00	\$2,003,457.00	\$0.00
JUSTIFICATION			
Reallocation of existing funds to reflect actual expenditures and purchase equipment and supplies to meet program measures.			

Financial status reports are due: 12/30/2005, 03/30/2006, 06/30/2006, 09/29/2006, 12/29/2006, 03/30/2007, 06/29/2007, 10/30/2007