

DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2007-022892 (Contract), is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and HIDALGO COUNTY HEALTH & HUMAN SERVICES (Contractor), a Government Entity, (collectively, the Parties).

1. **Purpose of the Contract.** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations as described in the Program Attachments.
2. **Total Amount of the Contract and Payment Method(s).** The total amount of this Contract is \$12,244.00, and the payment method(s) shall be as specified in the Program Attachments.
3. **Funding Obligation.** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.
4. **Term of the Contract.** This Contract begins on 07/15/2007 and ends on 09/28/2007. DSHS has the option, in its sole discretion, to renew the Contract as provided in each Program Attachment. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
5. **Authority.** DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.
6. **Documents Forming Contract.** The Contract consists of the following:
 - a. Core Contract (this document)
 - b. Program Attachments:

2007-022892-001 OFFICE OF BORDER HEALTH
 - c. General Provisions (Sub-recipient)
 - d. Solicitation Document(s), and
 - e. Contractor's response(s) to the Solicitation Document(s).
 - f. Exhibits

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

7. **Conflicting Terms.** In the event of conflicting terms among the documents forming this Contract, the order of control is first the Core Contract, then the Program Attachment(s), then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

8. **Payee.** The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name: HIDALGO COUNTY
Address: 100 N CLOSNER BLVD HIDALGO COUNTY COURTHOUSE
EDINBURG, TX 78539-3563
Vendor Identification Number: 17460007176060

9. **Entire Agreement.** The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

By signing below, the Parties acknowledge that they have read the Contract and agree to its terms, and that the persons whose signatures appear below have the requisite authority to execute this Contract on behalf of the named party.

DEPARTMENT OF STATE HEALTH SERVICES

HIDALGO COUNTY HEALTH & HUMAN SERVICES

By: _____
Signature of Authorized Official

By: _____
Signature

Date

Date

Bob Burnette, C.P.M., CTPM

Printed Name and Title

Director, Client Services Contracting Unit

Address

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

City, State, Zip

(512) 458-7470

Telephone Number

Bob.Burnette@dshs.state.tx.us

E-mail Address for Official Correspondence

CONTRACT NO. 2007-022892-
PROGRAM ATTACHMENT NO. 001
PURCHASE ORDER NO. 0000330334

CONTRACTOR: HIDALGO COUNTY HEALTH & HUMAN SERVICES

DSHS PROGRAM: OFFICE OF BORDER HEALTH

TERM: 07/15/2007 THRU: 09/28/2007

SECTION I. STATEMENT OF WORK:

Contractor shall participate in the Operation Lone Star (OLS) Project to provide assistance to the U.S. Military with health services and staff.

Incorporated by reference are the following Preventative Health and Health Services Block Grant Essential Services:

- ES 3. Inform, Educate, and Empower People about Health Issues
- ES 4. Mobilize Partnerships to Identify and Solve Health Problems
- ES 7. Link persons with needed Health Services

This exercise shall occur from July 23 through July 27, 2007 at two sites within Hidalgo County, Texas: Chapa Elementary, 31/2 Mile North Doffing Road and P.S.J.A. High School, 805 W. Ridge Road, San Juan, Texas.

Contractor shall use this event as a mock drill to practice the county's preparedness in the event of an emergency. Equipment shall be purchased and used in the following manner:

- Four (4) Lap Tops and Four (4) Scanners to be utilized as tracking devices to measure the number of participants attending the activities, the time spent with each participant and the number of immunizations provided during this time frame.
- One (1) Printer to be utilized to print and make copies of flyers and other documentation to be disseminated at Hidalgo County Schools, Head Start Centers, Migrant Schools, Mexican Consulate and at the County Clinics.
- One (1) camera to be utilized to take pictures during the OLS Project to support documentation of final report and for future use in other events.

Contractor shall provide to DSHS Program:

- Invoices of qualified expenses; and,
- Accurate and current financial records of all transactions related to this contract.

Contractor shall submit to DSHS Program a final report on September 28, 2007. Report should include:

- Documentation of execution of the exercise;
- Any after action reports made;
- Photos of the event; and,
- Lessons Learned.

DSHS Program will attend at least one day of the OLS event for evaluation purposes during July 23 through July 27, 2007.

SECTION II. PERFORMANCE MEASURES:

By July 31, 2007, execute an exercise to practice the county's preparedness in the event of an emergency.

SECTION III. SOLICITATION DOCUMENT: N/A

SECTION IV. RENEWALS: N/A

SECTION V. PAYMENT METHOD: Cost Reimbursement

SECTION VI. BILLING INSTRUCTIONS:

Invoices and reports shall be submitted to the following address:
Department of State Health Services
Office of Border Health
1100 West 49th Street, RM T602 MC1962
Austin, Texas 78756
Attn: Kathie Martinez

SECTION VII. BUDGET:

SOURCE OF FUNDS: CFDA # 93.018

Categorical Budget:

PERSONNEL	\$0.00
FRINGE BENEFITS	\$0.00
TRAVEL	\$0.00
EQUIPMENT	\$8,564.00
SUPPLIES	\$3,680.00
CONTRACTUAL	\$0.00
OTHER	\$0.00
TOTAL DIRECT CHARGES	\$12,244.00
INDIRECT CHARGES	\$0.00
TOTAL	\$12,244.00
DSHS SHARE	\$12,244.00
CONTRACTOR SHARE	\$0.00
OTHER MATCH	\$0.00

Total reimbursements will not exceed \$12,244.00

Financial status reports are due: 11/30/2007

Equipment List Attached.

Equipment List

Equipment Total: \$ 8,564.00

Item #	Equipment Description	Units	Unit Cost	Total
1	Compaq Business Notebook nc6320 - Core Duo T2500 2 GHZ - TFT	4	\$1,600.00	\$6,400.00
2	HP Laserjet CP 4005dn - printer-color-laser	1	\$1,464.00	\$1,464.00
3	Olympus Evolt - 500 - 2 Lens kit - 8 Mpix	1	\$700.00	\$700.00