

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

STATE OF TEXAS
COUNTY OF TRAVIS

Contract No. 2007-021977
Contract Change Notice No. 001A

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. 001A : TB - PREVENTION AND CONTROL	
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
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

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: TB - PREVENTION AND CONTROL

CONTRATOR: HIDALGO COUNTY HEALTH DEPARTMENT

CONTRACT NO: 2007-021977

CONTRACT TERM: 01/01/2007

THRU: 12/31/2007

BUDGET PERIOD: 01/01/2007

THRU: 12/31/2007

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$261,062.00	\$261,062.00	\$0.00
Fringe Benefits	\$83,046.00	\$77,884.00	\$(5,162.00)
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$344,108.00	\$338,946.00	\$(5,162.00)
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	\$344,108.00	\$338,946.00	\$(5,162.00)
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$344,108.00	\$338,946.00	\$(5,162.00)
Total Reimbursements Limit	\$344,108.00	\$338,946.00	\$(5,162.00)
JUSTIFICATION			
Contract reduced 1.5% due to Federal Rescission of funds.			

Financial status reports are due: 04/30/2007, 07/31/2007, 10/31/2007, 02/28/2008