

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: 2008-022952
CONTRACT TERM: 09/01/2007 THRU: 07/31/2008
BUDGET PERIOD: 09/01/2007 THRU: 07/31/2008

CHG: 001B

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$540,212.00	\$540,212.00	\$0.00
Fringe Benefits	\$171,435.00	\$171,435.00	\$0.00
Travel	\$9,219.00	\$9,219.00	\$0.00
Equipment	\$0.00	\$15,000.00	\$15,000.00
Supplies	\$8,256.00	\$8,256.00	\$0.00
Contractual	\$0.00	\$42,400.00	\$42,400.00
Other	\$54,234.00	\$63,234.00	\$9,000.00
Total Direct Charges	\$783,356.00	\$849,756.00	\$66,400.00
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	\$783,356.00	\$849,756.00	\$66,400.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$783,356.00	\$849,756.00	\$66,400.00
Total Reimbursements Limit	\$783,356.00	\$849,756.00	\$66,400.00
JUSTIFICATION			
Increase due to FY08 Discretionary Funding Projects.			

Financial status reports are due: 12/31/2007, 03/31/2008, 06/30/2008, 09/30/2008

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and **Hidalgo County Health Department** (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # **2008-022952** (Contract) in accordance with this Amendment No. **001B CPS- BIOTERRORISM PREPAREDNESS**, effective 02/08/2008.

This Amendment is necessary because new discretionary funds have been awarded by CDC.

Therefore, DSHS and Contractor agree as follows:

SECTION II. PERFORMANCE MEASURES: is revised to add the following paragraph:

Additional funding under this contract amendment is for completion of activities and performance measures as outlined in the attached Exhibit C, Discretionary Funding Project, FY 2008.

Department of State Health Services

Contractor

Signature of Authorized Official

Signature of Authorized Official

Date: _____

Date: _____

Bob Burnette, C.P.M., CTPM

Name: _____

Director, Client Services Contracting Unit

Title: _____

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