

## DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2009-030960 (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 (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 \$11,550.00, 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 02/01/2009 and ends on 08/31/2009. 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:  
  
2009-030960-001 OFFICE OF BORDER HEALTH
  - c. General Provisions (Sub-recipient)
  - d. Solicitation Document(s). N/A
  - e. Contractor's response(s) to the Solicitation Document(s). N/A
  - f. Exhibits. N/A

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: HIDALGO COUNTY TREASURER  
2810 S BUSINESS 281  
EDINBURG, TX 78539-6243  
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

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. 2009-030960  
PROGRAM ATTACHMENT NO. 001  
PURCHASE ORDER NO. 0000348620

CONTRACTOR: HIDALGO COUNTY

DSHS PROGRAM: OFFICE OF BORDER HEALTH

TERM: 02/01/2009 THRU: 08/31/2009

**SECTION I. STATEMENT OF WORK:**

**Purpose:** Contractor shall assist Department of State Health Services (DSHS), Office of Border Health (OBH) in the implementation of border health improvement initiatives along the Texas-Mexico border through support of the Tamaulipas Texas Binational Health Council.

**Eligible Population:** All population living within the Tamaulipas Texas Binational Health Council service area.

**Service Area:** Tamaulipas Texas Binational Health Council area

**Location:** Hidalgo County, Texas and targeted surrounding area.

Contractor shall perform activities in support of the following:

- U.S. Department of Health and Human Services (HHS) Office of Public Health and Science (OPHS) Cooperative Agreement work plan for the U.S. Mexico Border Health Commission Border Health Improvement Initiative, and;
- Centers for Disease Control and Prevention (CDCP) Preventative Health and Health Services Block Grant (PHHSBG) work plan for the Office of Border Health Initiative.

**SECTION II: PERFORMANCE MEASURES:**

**Goal**

Binational coordination to promote regular and consistent communication among all U.S. Mexico border partners.

**Objective 1**

By August 31, 2009, continue binational coordination efforts to ensure regular and consistent communications among all border partners.

**Action(s) for Objective 1**

1. By February 27, 2009, provide a calendar of Binational Health Council meetings for the year (no less than 3 meetings per year) to the OBH Regional Program Manager and the OBH Binational Coordinator.

2. By August 31, 2009, submit three (3) performance reports to DSHS, OBH Regional Program Manager. Reports are due on the following schedule:
  - Mar. 31, 2009 for Feb. 1, 2009 through Feb. 28, 2009
  - Jun. 30, 2009 for Mar. 1, 2009 through May 31, 2009
  - Sept. 30, 2009 for Jun. 1, 2009 through Aug. 31, 2009
3. By August 31, 2009, provide assistance with arrangements for Binational Health Council meetings by providing meeting space and logistics not to exceed \$500/quarter.

**Output(s) for Objective 1**

1. Calendar of meetings;
2. Quarterly report approved by Regional OBH Program Manager;
3. Meeting agendas, meeting minutes, photos, and/or sign in sheets.

**Objective 2**

By August 31, 2009, create a work plan and implement activities under the Binational Health Council local priority objective(s) identified in the 2008 Planning Workshop of the Binational Health Councils in coordination with DSHS Health Service Region 11 (HSR), and Office of Border Health (OBH).

**Action(s) for Objective 2**

1. By February 27, 2009, meet with OBH Program Manager to review priority issue selected during Strategic Planning for June 2008 conference to develop a work plan and develop an evaluation component. The work plan and evaluation should include the following:
  - Priority Purpose and Objectives;
  - Priority Performance Measures to be met;
  - Activities to be performed and Key deliverables; and
  - Activity budget (shall not exceed \$4,525).

The contractor may partner or subcontract activities to conduct priority activities. The work plan and evaluation component must be completed on a DSHS OBH prescribed format. Activities must be approved by DSHS OBH Regional Program Manager prior to execution.

**Output(s) for Objective 2**

1. Priority work plan and evaluation component approved by DSHS Regional Program Manager.
2. Work plan, Final Report, and evaluation on Priority Activities completed approved by DSHS Regional OBH Program Manager.

**Objective 3**

By August 31, 2009, develop a work plan including an evaluation component for Border Binational Health Week (BBHW) 2009, incorporating the theme of child and family nutrition, obesity and diabetes in coordination with DSHS Health Service Region 11 (HSR), and Office of Border Health (OBH).

### **Action(s) for Objective 3**

1. Provide assistance with arrangements for BBHW 2009 planning meetings not to exceed \$125 per meeting.
2. Meet with OBH Regional Program Manager to develop a work plan and evaluation component. The work plan should include the following:
  - BBHW activities incorporating the following themes child and family nutrition, obesity, and diabetes;
  - BBHW 2009 Activities Purpose and Objectives;
  - Performance Measures to be met;
  - Activities to be performed and Key deliverables; and
  - Activity budget (shall not exceed \$4,525).

The contractor may partner or subcontract activities to conduct BBHW activities. The work plan and evaluation component must be completed on a DSHS OBH prescribed format and activities must be approved by DSHS OBH Regional Program Manager prior to execution.

### **Output(s) for Objective 3**

1. Meeting agendas, meeting minutes and/or sign in sheets.
2. BBHW 2009 work plan and evaluation component approved by DSHS Regional OBH Program Manager.

All objective outputs must be agreed upon by the Co-Presidents of the Brownsville Matamoros Binational Health Council and completed by August 31, 2009.

DSHS OBH shall:

- Participate in Healthy Border (HB) 2010 meetings and support activities, if needed;
- Receive and review all required reports, agendas, minutes, signing sheets, receipts, and billing;
- Provide guidance, consultation, and approval of HB 2010 initiatives funded through this contract;
- Provide regional staff to assist with planning and implementation where appropriate of HB 2010 activities; and
- Upon request of the Contractor, provide technical assistance with conducting needs assessments and with regards to public health needs.

**SECTION III. SOLICITATION DOCUMENT: N/A**

**SECTION IV. RENEWALS:**

DSHS may renew the Program Attachment for up to one (1) additional one-year term at DSHS's sole discretion.

**SECTION V. PAYMENT METHOD:** Cost Reimbursement

**SECTION VI. BILLING INSTRUCTIONS:**

Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation for reimbursement of the required services/deliverables. Vouchers and supporting documentation should be mailed or submitted by fax or electronic mail to the addresses/number below with courtesy copies forwarded to DSHS-OBH Regional Manager.

Department of State Health Services  
Claims Processing Unit MC: 1940  
P.O. Box 149347  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78714-9347

The fax number for submitting State of Texas Purchase Voucher (Form B-13) to the Claims Processing Unit is (512) 458-7442. The email address is [invoices@dshs.state.tx.us](mailto:invoices@dshs.state.tx.us).

**SECTION VII: BUDGET (categorical)**

**SOURCE OF FUNDS: CFDA Funding #93.018 & 93.991**

**SECTION VIII: SPECIAL PROVISIONS:**

General Provisions, **Payment Methods and Restrictions** Article, are revised to add the following:

Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation as indicated in the objective outputs.

Contractor shall provide billing within 60 days of term of contract. In the event that invoicing is received after the completion of the 60 days, Receiving Agency makes no guarantee payment will be made.

General Provisions, **Allowable Costs and Audit Requirements** Article, are amended to include the following:

For the purposes of this Program Attachment, incentive items are not an allowable cost.

**Reporting Requirements:**

Name of Report	Content	Frequency	Due Date	Format	Mailing Address
Financial Status Report (FSR)	Expenditure Information	Quarterly	05/29/2009 08/31/2009 10/30/2009	Paper	<p>Department of State Health Services Attn: Accounting Section, Claims Unit MC-1940 PO Box 149347 Austin Texas 78714-9347.</p> <p>One copy of each quarterly financial status report should be mailed to:</p> <p>Department of State Health Services Office of Border Health -- MC 1962 Attn: Kathie Martinez PO Box 149347 Austin, TX 78714-9347</p> <p>Or by email at: <a href="mailto:kathie.martinez@dshs.state.tx.us">kathie.martinez@dshs.state.tx.us</a></p> <p>And</p> <p>Department of State Health Services Office of Border Health Attn: Marta Fournier 601 West Sesame Drive Harlingen, Texas 78550</p> <p>Or by email at: <a href="mailto:marta.fournier@dshs.state.tx.us">marta.fournier@dshs.state.tx.us</a></p>
Progress Report	Performance data	Quarterly	05/29/2009 08/31/2009	Paper, prescribed by DSHS OBH	<p>Department of State Health Services Office of Border Health Attn: Marta Fournier 601 West Sesame Drive Harlingen, Texas 78550</p> <p>Or by email at: <a href="mailto:marta.fournier@dshs.state.tx.us">marta.fournier@dshs.state.tx.us</a></p>
Final Report	Cumulative performance data	Annual	10/30/2009	Paper, prescribed by DSHS OBH	<p>Department of State Health Services Office of Border Health Attn: Marta Fournier 601 West Sesame Drive Harlingen, Texas 78550</p> <p>Or by email at: <a href="mailto:marta.fournier@dshs.state.tx.us">marta.fournier@dshs.state.tx.us</a></p>

Contractor shall submit quarterly Financial Status Reports (FSR) (Form 269A) to DSHS, according to the reporting periods above, in a format specified by DSHS. Contractor shall also submit quarterly progress reports and a final cumulative report in a format specified by DSHS OBH. Reports shall document the work plan activities including photos, agendas, minutes, sign in lists spreadsheets, etc. of meetings and any community activities sponsored by the contractor.

