

## DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2010-034776 (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 \$25,000.00, 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 03/01/2010 and ends on 08/31/2010. 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:  
  
2010-034776-001 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: 17460007176037

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. 2010-034776  
PROGRAM ATTACHMENT NO. 001  
PURCHASE ORDER NO. 0000360433

CONTRACTOR: HIDALGO COUNTY

DSHS PROGRAM: OFFICE OF BORDER HEALTH

TERM: 03/01/2010

THRU: 08/31/2010

SECTION I. STATEMENT OF WORK:

Contractor shall perform activities in support of the Health and Human Services (HHS), Office of Global Health Affairs (OGHA) Cooperative Agreement for United States-Mexico Border Health Commission (USMBHC) Border Health Improvement Initiative (Funding Opportunity GHSGH080012-02). Contractor shall assist Department of State Health Services (DSHS) in the planning, coordination, and execution of local and regional activities or events for the USMBHC's celebration of National Infant Immunization Week/Vaccination Week in the Americas (NIIW/VWA).

Contractor shall comply with all applicable federal and state laws, rules, regulations, standards and guidelines including, but not limited to, the Health and Human Services (HHS), Office of Global Health Affairs (OGHA) cooperative agreement for Border Health Improvement Initiative (Funding Opportunity GHSGH080012-02).

SECTION II. PERFORMANCE MEASURES:

Contractor shall accomplish the goal of planning, coordinating, and executing NIIW/VWA activities by sponsoring a NIIW/VWA training. The training shall accomplish the following goals:

- Educate and train on the importance of the Texas Vaccines for Children program;
- Educate on vaccine preventable diseases;
- Discuss the importance of ImmTrac (Texas Immunization Registry) and proper record keeping;
- Educate on the importance of keeping children/adolescents up to date with their immunizations; and,
- Provide immunization updates.

Contractor shall also accomplish the following activities:

- Participate in all NIIW/VWA conference calls or meetings set forth by DSHS Office of Border Health (OBH) or USMBHC;
- Provide regular updates of information for posting on the USMBHC website, that includes completion of required matrices of planned activities;
- Track changes and finalization of proposed activities; and,
- Submit a training report detailing all activities/events conducted along with an evaluation of

the quantity and quality of the activities/events developed and sponsored.

All activities listed above must be completed by August 31, 2010.

SECTION III. SOLICITATION DOCUMENT : Exempt – Governmental Entity

SECTION IV. RENEWALS: N/A

SECTION V. PAYMENT METHOD: Cost Reimbursement

Funding is further detailed in the attached Categorical Budget and Equipment List.

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.

Claims Processing Unit, MC1940  
Department of State Health Services  
1100 West 49<sup>th</sup> Street  
PO Box 149347  
Austin, TX 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:

SOURCE OF FUNDS: *CFDA # 93.018*

SECTION VIII. SPECIAL PROVISIONS: N/A

Categorical Budget:

PERSONNEL	\$0.00
FRINGE BENEFITS	\$0.00
TRAVEL	\$0.00
EQUIPMENT	\$0.00
SUPPLIES	\$12,000.00
CONTRACTUAL	\$4,330.00
OTHER	\$8,670.00
TOTAL DIRECT CHARGES	\$25,000.00
INDIRECT CHARGES	\$0.00
TOTAL	\$25,000.00
DSHS SHARE	\$25,000.00
CONTRACTOR SHARE	\$0.00
OTHER MATCH	\$0.00

Total reimbursements will not exceed \$25,000.00