

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 # 2009-031925** (Contract) in accordance with this **Amendment No. 001A: CPS-BIOTERRORISM PREPAREDNESS**, effective **03/16/2010**.

This Amendment is necessary because: **To extend term one year.**

It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 2009-031925 as written below.

Therefore, DSHS and Contractor agree as follows:

Contract term is hereby revised as follows:

TERM: 08/01/2009 THRU: ~~07/31/2010~~ **07/31/2011**

All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of this contract and the terms of this Amendment, this Amendment shall control.

**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: \_\_\_\_\_

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

Address: \_\_\_\_\_

(512) 458-7470

Phone: \_\_\_\_\_

Bob.Burnette@dshs.state.tx.us

Email: \_\_\_\_\_

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: 2009-031925  
CONTRACT TERM: 08/01/2009 THRU: 07/31/2011  
BUDGET PERIOD: 08/01/2009 THRU: 07/31/2011

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$425,015.52	\$425,015.52	\$0.00
Fringe Benefits	\$128,418.01	\$128,418.01	\$0.00
Travel	\$8,615.00	\$8,615.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$7,418.38	\$7,418.38	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$37,031.00	\$37,031.00	\$0.00
Total Direct Charges	\$606,497.91	\$606,497.91	\$0.00
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	\$606,497.91	\$606,497.91	\$0.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$606,497.91	\$606,497.91	\$0.00
Total Reimbursements Limit	\$606,497.91	\$606,497.91	\$0.00
JUSTIFICATION			
No change to categorical budget. Amendment is to reflect extension of contract end term and revised FSR due dates.			

Financial status reports are due: 11/30/2009, 03/02/2010, 05/31/2010, 08/31/2010, 11/30/2010, 03/03/2011, 05/30/2011, 09/29/2011