

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and HIDALGO COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2010-035706 (Contract) in accordance with this Amendment No. 001A : CPS-BIOTERRORISM PREPAREDNESS, effective 01/18/2011.

The purpose of this Amendment is to revise contract end date to align with the end of the federal project period per federal guidance.

Therefore, DSHS and Contractor agree as follows:

CONTRACT TERM is revised as follows: 08/01/2010 THRU: ~~07/31/2012~~ 07/31/2011

PROGRAM ATTACHMENT NO. is changed from ~~001~~ to 001A

SECTION VI. BILLING INSTRUCTIONS, is replaced in its entirety with the following:

Contractor shall request payment by submitting the State of Texas Purchase Voucher (Form B-13) on a monthly basis and acceptable supporting documentation for reimbursement of the required services/deliverables. Additionally, the Contractor shall submit the Match/Reimbursement Certification (Form B-13A) and the Financial Status Report (FSR-269A) on a quarterly basis. Vouchers and supporting documentation should be mailed or submitted by fax or electronic mail to the addresses/number below.

Claims Processing Unit, MC1940
Texas Department of State Health Services
1100 West 49th Street
PO Box 149347
Austin, TX 78714-9347

The fax number for submitting State of Texas Purchase Voucher (Form B-13), Match/Reimbursement Certification Form (Form B-13A), and Financial Status Report to the Claims Processing Unit is (512) 458-7442. The email address is invoices@dshs.state.tx.us.

SECTION VII. BUDGET, the attached Categorical Budget is being revised to reflect due date of final Financial status report as follows:

Financial status reports are due: 11/30/2010, 03/02/2011, 05/30/2011, ~~08/30/2011, 11/30/2011, 03/01/2012, 05/30/2012, 10/01/2012~~ 09/29/2011

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

Signature of Authorized Official

Date: _____

Bob Burnette, C.P.M., CTPM

Director, Client Services Contracting Unit

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

(512) 458-7470

Bob.Burnette@dshs.state.tx.us

Contractor

Signature of Authorized Official

Date: _____

Name: _____

Title: _____

Address: _____

Phone: _____

Email: _____