

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 # 2010-035046 (Contract) in accordance with this Amendment No. 001A : Preparedness and Prevention Community Preparedness Section / Bioterrorism Discre, effective 07/01/2010.

The purpose of this Amendment is to add Match language and instructions to the Statement of Work.

This Amendment has a retroactive effective date because: Retroactive amendment is necessary to add match language as of start date of Contract.

Therefore, DSHS and Contractor agree as follows:

PROGRAM ATTACHMENT NO. changes from ~~001~~ to 001A

SECTION I. STATEMENT OF WORK, is revised to add a new Paragraph 9 as follows:

Contractor is required to provide matching funds for CDC Public Health Emergency Preparedness (PHEP) Budget Period 10 not less than 5% of costs. Refer to the DSHS Contractor's Financial Procedures Manual, Chapter 9 (<http://www.dshs.state.tx.us/contracts/docs/2009Original.doc>) for additional guidance on match requirements, including descriptions of acceptable match resources. Documentation of match, including methods and sources, must be included in the Contractor's contract budget and PHEP Contractor must follow procedures for generally accepted accounting practices and meet audit requirements.

SECTION I. STATEMENT OF WORK, is revised to add a new Paragraph 10 as follows:

The FY 2011 funds awarded to the PHEP must be matched by costs or third party contributions that are not paid by the Federal Government under another award, except where authorized by Federal statute to be used for cost sharing or matching. The non-federal contributions (match) may be provided directly or through donations from public or private entities and may be in cash or in-kind donations, fairly evaluated, including plant, equipment, or services. The costs that the contractor incurs in fulfilling its matching or cost-sharing requirement are subject to the same requirements, including the cost principles, that are applicable to the use of Federal funds, including prior approval requirements and other rules for allowability described in 45 CFR 74.23 and 45 CFR 92.24.

SECTION VI. BILLING INSTRUCTIONS, is revised at Paragraph 1 as follows:

Contractor shall request payment ~~using~~ 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. ~~The B-13 can be found at~~ Additionally, the following link ~~<<http://www.dshs.state.tx.us/grants/forms/b13form.doc>>.~~ 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.

SECTION VI. BILLING INSTRUCTIONS, is revised at Paragraph 2 as follows:

The fax number for submitting State of Texas Purchase Voucher (Form ~~B-13~~) 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 <mailto:invoices@dshs.state.tx.us>.

SECTION VIII. SPECIAL PROVISIONS, General Provisions, General Terms Article, Amendment, is revised as follows:

Contractor must submit all amendment and revision requests in writing to the Division Contract Management Unit at least ~~120~~ 90 days prior to the end of the term of this Program Attachment.

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: _____

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Address: _____

(512) 458-7470

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