

**DEPARTMENT OF STATE HEALTH SERVICES
Contractor's Request for Revision (CRR)**

The Department of State Health Services (DSHS) and Hidalgo County Health & Human Services Department (Contractor) agree to certain terms of Contract No. 2011-035282 (Contract), Program Attachment No. 001 (Program Attachment) in accordance with this CRR, effective the date this document is signed by DSHS or the date specified by DSHS, as follows:

Except as provided within this CRR, all other provisions of the Contract remain in effect. In the event of a conflict between the terms of the Contract and the terms of this CRR, this CRR shall control.

The Program Attachment is hereby revised as follows:

1. Revision Request - Section of Program Attachment to be revised: _____ DSHS Contract Manager Initials: _____

Description of the revision requested. Describe any attachments to this form, which shall be incorporated into this document as a part of the Contract: Submitting the CRR and Contract Budget / Revised Budget form along with the equipment list for consideration and authorization of a Budget Revision to the Tuberculosis Prevention and Control grant contact. Requesting to move anticipated available monies from the Personnel, Fringes & Contractual categories into the Equipment, Supplies & Other categories in order to maximize the use of these funds.

Purpose for change request: (if the effective date of the change will be retroactive, include a justification for the retroactive effective date): The purpose of this CRR is to comply with TDSHS's policy regarding obtaining prior approval to purchase any equipment item. Also moving available monies between Budget Categories will provide a more accurate representation of the Tuberculosis Prevention and Control grant costs. The available monies in the Personnel & Fringes categories are a result of a RN position that was vacant for the first six months of the grant period and a lower than anticipated fringe benefit rate. Also, anticipated Contractual Services did not materialize.

Effective date of revision, as specified by Department, is _____.

DEPARTMENT OF STATE HEALTH SERVICES

Hidalgo County
Contractor

Signature of Authorized Official

Signature

Date

Date

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Ramon Garcia, Hidalgo County Judge
Printed Name and Title

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The general rule is that any change to the Contract requires a written Amendment (GP §13.15 [subrecipient]). The only exceptions are those explicitly stated in §13.16 (Contractor's Notification of Change) and §13.17 (Contractor's Request for Revision).

Instructions: **Two originals** of the completed form must be signed by Contractor's representative who is authorized to sign contracts on behalf of Contractor, and both original, signed forms must be submitted to the Contract Manager in the Contract Management Unit assigned to the Program Attachment. A separate CRR is required for each Program Attachment to be revised. A fully executed original will be returned to Contractor if approved by the Department.

Note: Circumstances of a requested CRR may indicate the need for a Contract Amendment with written justification rather than a CRR.