

Mike Escaname

From: Eddie Olivarez <eddie.olivarez@hchd.org>
Sent: Tuesday, May 01, 2012 9:31 AM
To: Mike Escaname
Subject: FW: 2012 PPCPS HAZARDS - DSHS CONTRACT AMENDMENT NO. 2011-038671-001B
Attachments: PPCPS HAZARDS HIDALGO SIGN PAGES 001B.pdf; HAZARDS HIDALGO BUDGET 001B.pdf; HAZARDS HIDALGO EQUIP 001B.pdf

IMPORTANT

Eduardo Olivarez
Chief Administrative Officer
Hidalgo County Health and Human Services
956-383-8858 Office
www.twitter.com/hidalgohealth

From: Jackson,Charlotte (DSHS) [<mailto:Charlotte.Jackson@dshs.state.tx.us>]
Sent: Monday, April 30, 2012 5:31 PM
To: 'EDDIE.OLIVAREZ@HCHD.ORG'; 'EVANGELINA.RUBIO@HCHD.ORG'; 'NANCY.TREVINO@HCHD.ORG'
Cc: Lundry,Lucia (DSHS)
Subject: FW: 2012 PPCPS HAZARDS - DSHS CONTRACT AMENDMENT NO. 2011-038671-001B

Hello Contractor,

Attached are files containing your Department of State Health Services (DSHS) contract AMENDMENT. Please print two copies of each, in the order they appear in this email, sign and return both copies to this unit as soon as possible. Your contract will be signed by DSHS and returned to your agency.

Changes made to any portion of the contract document (s) are considered a counter-offer and are not valid without DSHS written concurrence.

DSHS will not pay for reimbursements submitted/postmarked more than 60 days after the end of the contract term. Additional information regarding this policy is available on the DSHS website at <http://www.dshs.state.tx.us>.

NOTE: Return both copies of the contract in their entirety to one of the two addresses below. Contracts returned to any other address may result in contract delays.

Physical Address for Overnight Mail	Mailing Address for Regular Mail
Client Services Contracting Unit MC 1886 Department of State Health Services 1100 W.49 th Street Austin, TX 78756	Client Services Contracting Unit MC 1886 Department of State Health Services PO Box 149347 Austin, TX 78714- 9347

Please reference the DSHS contract and attachment number in all future correspondence. If you have questions, contact Charlotte Jackson at 512.776.6418 or via email at charlotte.jackson@dshs.state.tx.us.

Thank you.

Charlotte Jackson, CTPM, Contract Coordinator
Department of State Health Services
Client Services Contracting Unit, Tower Bldg. - Rm 502
1100 West 49th Street
Austin, TX 78756
US Mail: PO Box 149347, Austin TX 78714-9347

512-776-6418
512-776-7470
Fax: 512-776-7351
charlotte.jackson@dshs.state.tx.us

Click here for Contracting Resources: <http://online.dshs.state.tx.us/finance/cscu.htm>

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and HIDALGO COUNTY (Contractor) agree to amend the Program Attachment # 001A (Program Attachment) to Contract # 2011-038671 (Contract) in accordance with this Amendment No. 001B : Public Health Emergency Preparedness (PHEP), effective 04/21/2012.

The purpose of this Amendment is to extend contractor's current contract to August 31, 2012 to align with the state Fiscal Year (FY), extend equipment encumbrance date, reallocate funds to reflect actual expenditures, add additional equipment, and to change Contractor name.

Therefore, DSHS and Contractor agree as follows:

PROGRAM ATTACHMENT NO. ~~001A~~ 001B

Contract Term is revised as follows:

TERM: 08/01/2011 THRU: ~~07/31/2012~~ 08/31/2012

SECTION VII. BUDGET, is revised as per attached Categorical Budget and Equipment List.

SECTION VIII. SPECIAL PROVISIONS, is revised as follows:

Contractor is required to initiate the purchase of equipment approved under ~~the March 2012 amendment this Program Attachment~~ no later than ~~April 30,~~ August 31, 2012 as documented by issue of a purchase order or written order confirmation from the vendor on or before ~~April 30,~~ August 31, 2012. In addition, all equipment must be received no later than ~~60~~ sixty (60) calendar days following the end of the Program Attachment term.

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
(512) 458-7470

Address: _____

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: Public Health Emergency Preparedness (PHEP)

CONTRACTOR: HIDALGO COUNTY

CONTRACT NO: 2011-038671

CONTRACT TERM: 08/01/2011 THRU: 08/31/2012

BUDGET PERIOD: 08/01/2011 THRU: 08/31/2012

CHG: 001B

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$453,474.00	\$426,694.00	\$(26,780.00)
Fringe Benefits	\$120,604.00	\$116,333.00	\$(4,271.00)
Travel	\$20,917.00	\$17,392.00	\$(3,525.00)
Equipment	\$3,886.00	\$8,830.00	\$4,944.00
Supplies	\$3,377.00	\$15,554.00	\$12,177.00
Contractual	\$126,312.00	\$126,312.00	\$0.00
Other	\$21,692.00	\$39,147.00	\$17,455.00
Total Direct Charges	\$750,262.00	\$750,262.00	\$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	\$68,206.00	\$68,206.00	\$0.00
Income Total	\$68,206.00	\$68,206.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$750,262.00	\$750,262.00	\$0.00
Performing Agency Share	\$68,206.00	\$68,206.00	\$0.00
Receiving Agency Share	\$682,056.00	\$682,056.00	\$0.00
Total Reimbursements Limit	\$682,056.00	\$682,056.00	\$0.00
JUSTIFICATION			
Extending contractor's current contract to August 31, 2012 to align with state fiscal year (FY), reallocate funds to reflect actual expenditures, add additional equipment, change in Contractor name, and extend the equipment purchase date.			

Financial status reports are due: 11/30/2011, 03/01/2012, 05/30/2012, 08/31/2012, 10/30/2012

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: Public Health Emergency Preparedness (PHEP)

CONTRACTOR: HIDALGO COUNTY

CONTRACT TERM: 08/01/2011 THRU: 08/31/2012

BUDGET PERIOD: 08/01/2011 THRU: 08/31/2012

CONTRACT NO: 2011-038671 CHG: 001B

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	TCPN TECHNOLOGY SOLUTIONS-- AXISP5522-EPTZ Dome Network CAMERA - Mfg.#AXI-0422-004	2	\$1,943.00	\$3,886.00
			\$	\$
			\$	\$
			\$	\$

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	HP ProLiant DL380 G7 - Xeon E5620 2.4 Server (mainframe)	2	\$2,472.00	\$4,944.00
2	TCPN TECHNOLOGY SOLUTIONS-- AXISP5522-EPTZ Dome Network CAMERA - Mfg.#AXI-0422-004	2	\$1,943.00	\$3,886.00
			\$	\$
			\$	\$