

Mike Escaname

From: Eddie Olivarez <eddie.olivarez@hchd.org>
Sent: Wednesday, May 02, 2012 8:50 AM
To: Mike Escaname
Subject: FW: contract amendment
Attachments: Hildalgo budgst.pdf; Hildalgo co amend.pdf

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

From: Massock,Lisa (DSHS) [<mailto:Lisa.Massock@dshs.state.tx.us>]
Sent: Tuesday, May 01, 2012 2:02 PM
To: 'Eddie.Olivarez@hchd.org'; 'Evangalina.Rubio@hchd.org'; 'nancy.trevino@hchd.org'
Cc: Lundry,Lucia (DSHS)
Subject: contract amendment

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 512.776.6943 or via email at lisa.massock@dshs.state.tx.us

Lisa Massock
Team Lead Preparedness Programs

Client Services Contracting Unit
1100 W. 49th St.
Austin, TX 78756
Office: 512-458-7470 ext 6943
lisa.massock@dshs.state.tx.us

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and HIDALGO COUNTY (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2011-038577 (Contract) in accordance with this Amendment No. 001A : Office of Border Health, effective 04/21/2012.

This Amendment is necessary to extend contractor's current contract to August 31, 2012 to align with state fiscal year (FY) and extend the equipment purchase date.

Therefore, DSHS and Contractor agree as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

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

All activities in the Exhibit A, FY 2012 Public Health Emergency Preparedness Work Plan for Local Health Departments Project Period EWIDS, must be completed by ~~July~~ August -31, 2012.

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: Office of Border Health

CONTRATOR: HIDALGO COUNTY

CONTRACT NO: 2011-038577

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

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

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$50,309.00	\$50,309.00	\$0.00
Fringe Benefits	\$13,341.00	\$13,341.00	\$0.00
Travel	\$3,492.00	\$3,492.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$5,208.00	\$5,208.00	\$0.00
Contractual	\$8,250.00	\$8,250.00	\$0.00
Other	\$1,900.00	\$1,900.00	\$0.00
Total Direct Charges	\$82,500.00	\$82,500.00	\$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	\$7,500.00	\$7,500.00	\$0.00
Income Total	\$7,500.00	\$7,500.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$82,500.00	\$82,500.00	\$0.00
Performing Agency Share	\$7,500.00	\$7,500.00	\$0.00
Receiving Agency Share	\$75,000.00	\$75,000.00	\$0.00
Total Reimbursements Limit	\$75,000.00	\$75,000.00	\$0.00
JUSTIFICATION			
Extending contractor's current contract to August 31, 2012 to align with state fiscal year (FY) 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