

## Mike Escaname

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**From:** Leos,Christine (DSHS) <Christine.Leos@dshs.state.tx.us>  
**Sent:** Thursday, May 03, 2012 1:57 PM  
**To:** 'mike.escaname@hchd.org'  
**Cc:** Pearson,Amy (DSHS)  
**Subject:** Hidalgo County Amendment # 55652  
**Attachments:** Hidalgo Co Amendment 2012-039525-001A.pdf; Hidalgo Co Budget 2012-039525-001A.pdf

Dear Contractor,

Attached is your Department of State Health Services (DSHS) contract amendment. **Please print 2 copies, sign and return both copies to this unit as soon as possible.** Your amendment will be signed by DSHS and returned to your agency. Changes made to any portion of the documents are considered a counter-offer and are not valid without DSHS written concurrence.

**PLEASE NOTE:** Return both copies of the amendment in their entirety to the address below. Contract amendment returned to any other address may result in contract delays.

**Mailing Address for Regular Mail:**

Client Services Contracting Unit MC 1886  
Department of State Health Services  
PO Box 149347  
Austin, TX 78714-9347  
Attention: Tu-Anh Perez

**Physical Address for Overnight Mail:**

Client Services Contracting Unit MC 1886  
Department of State Health Services  
1100 West 49<sup>th</sup> Street  
Austin, TX 78756  
Attention: Tu-Anh Perez

Please reference the DSHS contract and attachment number in all future correspondence. If you have questions, please contact Tu-Anh Perez at 512-776-2182 or via email at [Tuanh.perez@dshs.state.tx.us](mailto:Tuanh.perez@dshs.state.tx.us)

Thank you,

*Christine Leos*

Contract Specialist  
Client Services Contracting Unit  
Department of State Health Services  
☎: (512) 776-6933 | 📠: (512) 776-7351

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 # 2012-039525 (Contract) in accordance with this Amendment No. 001A : RLSS/LPHS, effective 04/23/2012.

The purpose of this Amendment is to increase the contract Categorical Budget amount by \$24,020.56. Supplies is increased by \$10,420.56 and Property Equipment is increased by \$13,600.00. The Total revised amount of the contract is \$126,424.00.

Therefore, DSHS and Contractor agree as follows:

**The Program Attachment number is revised as follows:**

PROGRAM ATTACHMENT NO. ~~001~~ 001A

**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

Hidalgo County

\_\_\_\_\_  
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: RLSS-LOCAL PUBLIC HEALTH SYSTEM

CONTRATOR: HIDALGO COUNTY HEALTH & HUMAN SERVICES

CONTRACT NO: 2012-039525

CONTRACT TERM: 09/01/2011 THRU: 08/31/2012

BUDGET PERIOD: 09/01/2011 THRU: 08/31/2012

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$63,025.00	\$63,025.00	\$0.00
Fringe Benefits	\$19,569.00	\$19,569.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$13,600.00	\$13,600.00
Supplies	\$19,809.44	\$30,230.00	\$10,420.56
Contractual	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total Direct Charges</b>	<b>\$102,403.44</b>	<b>\$126,424.00</b>	<b>\$24,020.56</b>
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
<b>Indirect Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
<b>Income Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$102,403.44	\$126,424.00	\$24,020.56
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$102,403.44	\$126,424.00	\$24,020.56
<b>Total Reimbursements Limit</b>	<b>\$102,403.44</b>	<b>\$126,424.00</b>	<b>\$24,020.56</b>
JUSTIFICATION			

Financial status reports are due: 12/30/2011, 03/30/2012, 07/02/2012, 10/30/2012