

Mike Escaname

From: Lazare-Payne,Rosalyn (DSHS) <Rosalyn.Lazare-Payne@dshs.state.tx.us>
Sent: Monday, July 16, 2012 7:46 AM
To: 'eddie.olivarez@hchd.org'; Gloria.salinas@hchd.org; 'Miguel.escaname@hchd.org'
Subject: FW: 2012-039064-001B HIDALGO COUNTY TB/PC STATE
Attachments: 2012-039064-001B HIDALGO COUNTY CORE DOCUMENT.pdf; 2012-039064-001B HIDALGO COUNTY CATEGORICAL BUDGET.pdf

Importance: High

Hello Contractor,

Attached are files containing your Department of State Health Services (DSHS) contract. 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.

<u>Physical Address for Overnight Mail</u>	<u>Mailing Address for Regular Mail</u>
Client Services Contracting Unit MC 1886 Department of State Health Services 1100 W.49 th Street Austin, TX 787756	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 Rosalyn Lazare-Payne at 512.458.7111 ext. 2684 or via email at rosalyn.lazare-payne@dshs.state.tx.us.

Rosalyn Lazare -Payne, CTP
Client Services Contracting Unit -MC 1886
Department of State Health Services
1100 West 49th Street
PO BOX 149347
Austin, TX 78714-9347
512-458-7111-2684

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 #2012-039064 (Contract) in accordance with this Amendment No. 001B: TB/PC-STATE, effective 06/26/2012.

The purpose of this Amendment is to decrease the contract funds due to expenditures being below the projected budget totals and to change the narrative report addresses. Details of the decrease are shown in the Contractor's revised budget.

Therefore, DSHS and Contractor agree as follows:

The program attachment number is changed as follows:

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

SECTION I. STATEMENT OF WORK paragraph 13 is revised to read as follows:

The narrative report shall be sent to the Department of State Health Services, Tuberculosis Services Branch, ~~1100 West 49th Street~~ 4110 Guadalupe Street, Mail Code ~~1939~~ 1873, PO Box 149347, Austin, Texas 78714-9347- via regular mail, or by fax to ~~(512)776-7787~~ (512)533-3167, or e-mail to charles.wallace@dshs.state.tx.us and mitra.kookma@dshs.state.tx.us.
TBContractReporting@dshs.state.tx.us.

SECTION I. STATEMENT OF WORK paragraph 16 is revised to read as follows:

Updates to initial DSHS Report of Cases and Patient Services Form (TB-400) (e.g., diagnosis, medication changes, x-rays, and bacteriology) and case closures shall be sent within thirty (30) calendar days from when a change in information in a required reporting field occurs to DSHS at ~~1100 West 49th~~ 4110 Guadalupe Street, Mail Code ~~1939~~ 1873, PO Box 149347, Austin, Texas 78714-9347.

The Categorical Budget is revised as attached.

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: Tuberculosis Prevention and Control - State

CONTRACTOR: HIDALGO COUNTY

CONTRACT NO: 2012-039064

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

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

CHG: 001B

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$325,692.00	\$319,068.00	\$(6,624.00)
Fringe Benefits	\$100,020.00	\$97,986.00	\$(2,034.00)
Travel	\$1,650.00	\$1,650.00	\$0.00
Equipment	\$3,240.00	\$3,240.00	\$0.00
Supplies	\$7,145.00	\$7,145.00	\$0.00
Contractual	\$24,000.00	\$24,000.00	\$0.00
Other	\$45,454.00	\$45,454.00	\$0.00
Total Direct Charges	\$507,201.00	\$498,543.00	\$(8,658.00)
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	\$13,366.00	\$13,366.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$13,366.00	\$13,366.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$507,201.00	\$498,543.00	\$(8,658.00)
Performing Agency Share	\$13,366.00	\$13,366.00	\$0.00
Receiving Agency Share	\$507,201.00	\$498,543.00	\$(8,658.00)
Total Reimbursements Limit	\$507,201.00	\$498,543.00	\$(8,658.00)
JUSTIFICATION			
This June 2012 amendment is to decrease contract funds due to expenditures being below the projected budget totals. Details of the decrease are shown in the Contractor's revised budget.			

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