

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

The Department of State Health Services (DSHS) and Hidalgo County (Contractor) agree to certain terms of Contract No. 2013-041204 (Contract), Program Attachment No. 005 (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 for authorization of a Budget Revision to the Immunization - Branch Locals grant contact. Requesting to move anticipated available monies from the Equipment budget category to the Other budget category 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 transfer available funds from the Equipment budget category. Also moving available monies between budget categories will provide a more accurate representation of the Immunization - Branch Locals grant costs. The available monies in the Equipment budget category are a result of building design issues that will prevent the installation and operation of the Thermo Scientific Revco Pharmaceutical refrigerator model RPR3004A, 29.2 Cu. Ft. (Item #1 in the Equipment List)

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

DEPARTMENT OF STATE HEALTH SERVICES Hidalgo County
Contractor

Signature of Authorized Official

Signature

Date

Date

Bob Burnette, C.P.M., CTPM
Director, Client Services Contracting Unit
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Ramon Garcia, Hidalgo County Judge
Printed Name and Title

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City, State, Zip

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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.

DEPARTMENT OF STATE HEALTH SERVICES

DSHS PROGRAM: IMMUNIZATION BRANCH - LOCALS
CONTRACTOR: HIDALGO COUNTY
CONTRACT TERM: 09/01/2012 **THRU** 08/31/2013
DSHS DOCUMENT NO.: 2013-041204-005

CONTRACT BUDGET/REVISED BUDGET

FINANCIAL ASSISTANCE			
Object Class Categories	Current Approved Budget	Change Requested	New or Revised Budget
a. Personnel	\$474,732.00	\$.00	\$474,732.00
b. Fringe Benefits (%)	\$151,941.00	\$.00	\$151,941.00
c. Travel	\$.00	\$.00	\$.00
d. Equipment (attach list)	\$ 17,497 .00	-\$ 7,623.00	\$ 9,874.00
e. Supplies	\$ 2,457.00	\$.00	\$ 2,457.00
f. Contractual	\$.00	\$.00	\$.00
g. Other	\$ 2,693..00	+\$ 7,623.00	\$ 10 ,316.00
h. TOTAL DIRECT	\$649,320.00	\$.00	\$ 649,320.00
i. Indirect Cost	\$.00	\$.00	\$.00
j. TOTAL	\$649,320.00	\$.00	\$ 649,320.00
k. DSHS Share	\$649,320.00	\$.00	\$ 649,320.00
l. Contracor Share	\$135,000.00	\$.00	\$ 135,000.00
m. Program Income			
Detail on Indirect Charges:		Type of Rate:	
Rate: _____ %	Base: \$ _____	Total: _____	
Budget Justification:			
<p>The purpose of this Budget Revision is to comply with TDSHS’s policy regarding obtaining prior approval to utilize available equipment category funding that exceeds 10% of the equipment budget category total in another budget category. Also, moving available monies between budget categories will provide a more accurate representation of the Immunization – Branch grant costs. The available monies in the Equipment Budget Category are a result of building design issues that surfaced that will prevent the installation and operation of the Thermo Scientific Revco Pharmaceutical refrigerator (RPR3004A, 29.2 Cu.Ft.). (Item #1 in the Equipment List) HCHHSD will not purchase this refrigerator after all.</p> <p>HCHHSD has identified a need to procure services intended to further the scope of the Immunization Branch- Locals grant. These services will be included in the “Other” budget category.</p>			

Equipment List

Equipment Total: \$ 17,497.00

Item #	Equipment Description	Units	Unit Cost	Total
1	Pharmaceutical Refrigerator - Thermo Scientific Revco Pharmaceutical Refrigerator RPR3004A, 29.2 Cu. Ft.	1	\$7,623.00	\$7,623.00
2	Pharmaceutical Refrigerator - Thermo Scientific Revco Pharmaceutical Refrigerator RPR5004A, 51.1 Cu. Ft.	1	\$9,874.00	\$9,874.00