



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

1100 West 49th Street • Austin, Texas 78756  
P.O. Box 149347 • Austin, Texas 78714-9347  
1-888-963-7111 • [www.dshs.state.tx.us](http://www.dshs.state.tx.us)  
TTY: 1-800-735-2989

January 11, 2013

RECEIVED

JAN 22 2013

COUNTY JUDGE

Dear Contractor:

Enclosed is an approved copy of your Department of State Health Services (DSHS) amendment. Please file it with the office of record for your agency.

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>.

Please reference the DSHS contract and attachment number in all future correspondence. If you have questions, please contact Deanna Kinsfather at 512-776-2319 via email at [deanna.kinsfather@dshs.state.tx.us](mailto:deanna.kinsfather@dshs.state.tx.us)

Sincerely,

A handwritten signature in cursive script that reads "Bob Burnette".

Bob Burnette, Director  
Client Services Contracting Unit

Enclosures

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 1/8/2013

DEPARTMENT OF STATE HEALTH SERVICES

Bob Burnette  
Signature of Authorized Official  
1/16/13  
Date

Bob Burnette, C.P.M., CTPM  
Director, Client Services Contracting Unit  
1100 West 49<sup>th</sup> Street  
Austin, Texas 78756  
(512) 458-7470

Bob.Burnette@dshs.state.tx.us

Hidalgo County  
Contractor  
Ramon Garcia  
Signature  
12/4/12  
Date

Ramon Garcia, Hidalgo County Judge  
Printed Name and Title

302 W. University Dr  
Address

Edinburg, Texas 78539  
City, State, Zip

(956) 318-2600  
Telephone Number

ramon.garcia@co.hidalgo.tx.us  
E-mail Address for Official Correspondence

APPROVED BY  
COMMISSIONER'S COURT  
12/4/12

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



1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: IMMUNIZATION BRANCH - LOCALS

CONTRATOR: HIDALGO COUNTY

CONTRACT NO: 2013-041204

CONTRACT TERM: 09/01/2012 THRU: 08/31/2013

BUDGET PERIOD: 09/01/2012 THRU: 08/31/2013

CHG: 005A

| <b>DIRECT COST (OBJECT CLASS CATEGORIES)</b>                                                                                                 |                                    |                           |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|
|                                                                                                                                              | <b>Current Approved Budget (A)</b> | <b>Revised Budget (B)</b> | <b>Change Requested</b> |
| Personnel                                                                                                                                    | \$474,732.00                       | \$474,732.00              | \$0.00                  |
| Fringe Benefits                                                                                                                              | \$151,941.00                       | \$151,941.00              | \$0.00                  |
| Travel                                                                                                                                       | \$0.00                             | \$0.00                    | \$0.00                  |
| Equipment                                                                                                                                    | \$17,497.00                        | \$9,874.00                | \$(7,623.00)            |
| Supplies                                                                                                                                     | \$2,457.00                         | \$2,457.00                | \$0.00                  |
| Contractual                                                                                                                                  | \$0.00                             | \$0.00                    | \$0.00                  |
| Other                                                                                                                                        | \$2,693.00                         | \$10,316.00               | \$7,623.00              |
| <b>Total Direct Charges</b>                                                                                                                  | <b>\$649,320.00</b>                | <b>\$649,320.00</b>       | <b>\$0.00</b>           |
| <b>INDIRECT COST</b>                                                                                                                         |                                    |                           |                         |
| 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>           |
| <b>PROGRAM INCOME</b>                                                                                                                        |                                    |                           |                         |
| Program Income                                                                                                                               | \$135,000.00                       | \$135,000.00              | \$0.00                  |
| Other Match                                                                                                                                  | \$0.00                             | \$0.00                    | \$0.00                  |
| <b>Income Total</b>                                                                                                                          | <b>\$135,000.00</b>                | <b>\$135,000.00</b>       | <b>\$0.00</b>           |
| <b>LIMITS/RESTRICTIONS</b>                                                                                                                   |                                    |                           |                         |
| Advance Limit                                                                                                                                | \$0.00                             | \$0.00                    | \$0.00                  |
| Restricted Budget                                                                                                                            | \$0.00                             | \$0.00                    | \$0.00                  |
| <b>SUMMARY</b>                                                                                                                               |                                    |                           |                         |
| Cost Total                                                                                                                                   | \$649,320.00                       | \$649,320.00              | \$0.00                  |
| Performing Agency Share                                                                                                                      | \$135,000.00                       | \$135,000.00              | \$0.00                  |
| Receiving Agency Share                                                                                                                       | \$649,320.00                       | \$649,320.00              | \$0.00                  |
| <b>Total Reimbursements Limit</b>                                                                                                            | <b>\$649,320.00</b>                | <b>\$649,320.00</b>       | <b>\$0.00</b>           |
| <b>JUSTIFICATION</b>                                                                                                                         |                                    |                           |                         |
| Building design issues that have prevented the installation and operation of the Thermo Revco Pharmaceutical Refrigerator. Equipment Item #2 |                                    |                           |                         |

Financial status reports are due: 12/31/2012, 03/29/2013, 06/28/2013, 10/30/2013

**DEPARTMENT OF STATE HEALTH SERVICES**



**1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199**

**EQUIPMENT LIST CHANGE REQUEST**

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

**PREVIOUS EQUIPMENT LIST**

| <b>Item #</b> | <b>Equipment Description</b>                                                                             | <b>Units</b> | <b>Unit Cost</b> | <b>Total</b> |
|---------------|----------------------------------------------------------------------------------------------------------|--------------|------------------|--------------|
| 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   |
|               |                                                                                                          |              | \$               | \$           |
|               |                                                                                                          |              | \$               | \$           |

**NEW EQUIPMENT LIST**

| <b>Item #</b> | <b>Equipment Description</b>                                                                             | <b>Units</b> | <b>Unit Cost</b> | <b>Total</b> |
|---------------|----------------------------------------------------------------------------------------------------------|--------------|------------------|--------------|
| 1             | Pharmaceutical Refrigerator - Thermo Scientific Revco Pharmaceutical Refrigerator RPR5004A, 51.1 Cu. Ft. | 1            | \$9,874.00       | \$9,874.00   |
|               |                                                                                                          |              | \$               | \$           |
|               |                                                                                                          |              | \$               | \$           |
|               |                                                                                                          |              | \$               | \$           |