

Mike Escaname

From: Eva Rubio <evangelina.rubio@hchd.org>
Sent: Monday, April 15, 2013 11:15 AM
To: 'Mike Escaname'
Subject: FW: 2013-041204-003B, PPCPS/BTDFP1, HIDALGO COUNTY
Attachments: HIDALGO COUNTY-AMENDMENT B.pdf; HIDALGO COUNTY-BUDGET.pdf; HIDALGO COUNTY-EQUIPMENT LIST.pdf

Evangelina Rubio

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From: Ockletree, Donna (DSHS) [<mailto:Donna.Ockletree@dshs.state.tx.us>]
Sent: Monday, April 15, 2013 10:07 AM
To: Eddie.Olivarez@hchd.org; Evangelina.Rubio@hchd.org; Nancy.trevino@hchd.org
Cc: Lundry, Lucia (DSHS)
Subject: 2013-041204-003B, PPCPS/BTDFP1, HIDALGO COUNTY

Hello Contractor,

Attached are files containing your Department of State Health Services (DSHS) amendment. Please print two copies of each, in the order they appear in this e-mail, 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 amendment documents 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>.

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

Mailing Address for Regular Mail	Physical Address for Overnight Mail
Client Services Contracting Unit MC 1886 Department of State Health Services PO Box 149347 Austin, TX 78714-9347	Client Services Contracting Unit MC 1886 Department of State Health Services 1100 W. 49 th Street Austin, TX 78756

Please reference the DSHS contract and attachment number in all future correspondence. If you have questions, please contact Donna Ockletree at 512-776-3683 or via email at donna.ockletree@dshs.state.tx.us

Donna Ockletree, CTPM
Department of State Health Services
Client Services Contracting Unit, Tower Bldg.
1100 West 49th Street
Austin, TX 78756

US Mail: **PO Box 149347**
Austin, TX. 78714-9347

Phone: 512-776-3683
Fax: 512-776-7351
Click here for Contracting Resources:
<http://online.dshs.state.tx.us/finance/cscu.htm>

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and HIDALGO COUNTY (Contractor) agree to amend the Program Attachment #003A (Program Attachment) to Contract #2013-041204 (Contract) in accordance with this Amendment No. 003B: Preparedness and Prevention Community Preparedness Section / Bioterrorism Discre, effective 04/05/2013.

The purpose of this Amendment is to revise the budget to reflect the correct amount for the Equipment budget category and the Match cost.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment number is revised as follows:

PROGRAM ATTACHMENT NO. ~~003A~~ 003B

The Categorical budget and the equipment list are 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: _____

David Gruber

Name: _____

Assistant Commissioner for Regional
and Local Health Services

Title: _____

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

Address: _____

512.834.4555

Phone: _____

David.Gruber@dshs.state.tx.us

Email: _____

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: Preparedness and Prevention Community Preparedness Section / Bioterrorism Discre

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: 003B

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$139,519.00	\$151,467.00	\$11,948.00
Supplies	\$56,065.00	\$44,317.00	\$(11,748.00)
Contractual	\$103,121.00	\$103,121.00	\$0.00
Other	\$7,444.00	\$7,244.00	\$(200.00)
Total Direct Charges	\$306,149.00	\$306,149.00	\$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	\$30,616.00	\$30,616.00	\$0.00
Income Total	\$30,616.00	\$30,616.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$306,149.00	\$306,149.00	\$0.00
Performing Agency Share	\$30,616.00	\$30,616.00	\$0.00
Receiving Agency Share	\$275,533.00	\$275,533.00	\$0.00
Total Reimbursements Limit	\$275,533.00	\$275,533.00	\$0.00
JUSTIFICATION			
To correct the equipment cost and match cost center.			

Financial status reports are due: 12/31/2012, 03/29/2013, 07/30/2013, 10/30/2013

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: Preparedness and Prevention Community Preparedness Section / Bioterrorism Discre

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: 003B

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	GTR 8000 Base Radio repeater	1	\$89,520.00	\$89,520.00
2	HAM Radio YAESU FRDX9000/CONTEST 200W TRANSCEIVER, SINGLE RCVR	2	\$5,049.50	\$10,099.00
3	a morgue trailer	1	\$39,900.00	\$39,900.00
			\$	\$

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	GTR 8000 Base Radio repeater	1	\$99,468.00	\$99,468.00
2	HAM Radio YAESU FRDX9000/CONTEST 200W TRANSCEIVER, SINGLE RCVR	2	\$5,049.50	\$10,099.00
3	a morgue trailer	1	\$41,900.00	\$41,900.00
			\$	\$