

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

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October 17, 2013

Ramon Garcia
Hidalgo County
302 W. University Dr.
Edinburg, TX 78542

RE: Waiver of Contract Provision
Contract #: 2014-001134-00
Program: CPS/HAZARDS

Dear Contractor:

This letter shall serve as formal notice that the Department of State Health Services is waiving, until further notice, the requirement that Contractor must submit payment requests electronically as set forth in Contract # 2014-001134-00, Statement of Work, Section 7.

Until the Department of State Health Services notifies Contractor in writing to begin billing electronically as set forth in Section 7, Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation for reimbursement of the required services/deliverables. Vouchers and supporting documentation should be mailed or submitted by fax or electronic mail to the addresses/number below.

Claims Processing Unit, MC1940
Department of State Health Services
1100 West 49th Street
PO Box 149347
Austin, TX 78714-9347

The fax number for submitting State of Texas Purchase Voucher (Form B-13) to the Claims Processing Unit is (512) 776-7442. The email address is invoices@dshs.state.tx.us.

This letter shall further serve as formal notice that the Department of State Health Services is waiving, until further notice, the requirement that Contractor must submit

financial status reports (FSRs) electronically as set forth in Contract # 2014-001134-00, Statement of Work, Section 16, FY 2014 DSHS Contract General Provisions.

Until the Department of State Health Services notifies Contractor in writing to begin submitting FSRs electronically as set forth in Section 16, Contractor shall submit quarterly FSRs to Accounts Payable by the last business day of the month following the end of each quarter of the Program Attachment term for Department review and financial assessment. Contractor shall submit the final FSR no later than sixty (60) calendar days following the end of the applicable term.

Should you have any questions regarding this waiver, please contact your Assigned Contract Manager. Please have a representative from your Agency sign below indicating your receipt and acknowledgement of this waiver letter and return it to your DSHS Assigned Contract Manager via electronic mail at jason.adams@dshs.state.tx.us on or before November 1, 2013.

Sincerely,

David Gruber
Assistant Commissioner
Division for Regional Local Health Services
Texas Department of State Health Services

cc: DSHS Assigned Contract Manager
Vonda White, CTPM, Procurement & Contracting Services
Evangalina Rubio

By signature below, I acknowledge receipt of this waiver letter:

(Signature of Agency Representative)

(Date)