

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

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The Department of State Health Services (DSHS) and Hidalgo County (Contractor) agree to amend Contract ID#2016-003876-00 (Contract), which was effective on October 1, 2015. This Contract has not been amended prior to this Amendment. This amendment is denominated as 2016-003876-01.

I. The Parties agree to amend Section 2 of this Contract to increase the total amount of Contract to ONE HUNDRED THOUSAND DOLLARS (\$100,000.00).

II. The Parties agree to amend Section 4 of this Contract to extend the end of the Contract term to September 30, 2017.

III. The Parties agree to amend Section 7 of this Contract to add the following:

Contractor Shall:

7. Develop, complete and submit a draft Project Work Plan for the period of October 1, 2016 through September 30, 2017, in conjunction with DSHS. The draft Work Plan must include objectives with supporting activities that address indicators identified in the FY 2016 TXHC assessment as needing improvement. A Project Work Plan Draft must be submitted, reviewed and approved by DSHS prior to the final version submission date. The draft Project Work Plan must be submitted to DSHS on or before October 17, 2016 and the final Project Work Plan submission is due to DSHS on or before October 31, 2016.

8. Develop and submit an Evaluation Plan to DSHS. A draft Evaluation Plan must be reviewed and approved by DSHS prior to the final version submission date. The draft Evaluation Plan must be submitted on or before November 16, 2016 and the final Evaluation Plan is due to DSHS on or before November 30, 2016.

9. Submit a draft Interim Progress Report for the period of October 1, 2016 – March 16, 2017 to DSHS for review on or before March 17, 2017. The Report will include summary of all items/activities conducted to date; detailed description of progress toward achieving objectives and activities; and barriers. Submission of the final Interim Report must fully address any feedback from DSHS based on the draft Interim Report and must be submitted on or before March 31, 2017.

10. Conduct, complete and submit the draft Texas Healthy Communities Assessment in the Performance Management and Tracking System by May 16, 2017. DSHS will review and approve the draft submission prior to submission of final report in Performance Management and Tracking System (PMATS) on or before May 31, 2017.

11. Submit a Final Progress Report Draft for the period of October 1, 2016 – August 31, 2017 to DSHS for review and approval on or before August 31, 2017. The report will include summary of all items/activities conducted to date; detailed description of progress toward achieving objectives and activities; plans for sustaining activities once funding has ended; and barriers/lessons learned. Submission of Final Report must fully address any feedback from DSHS based on draft final report and must be submitted on or before September 14, 2017.

12. Participate in twelve (12) monthly feedback calls (monthly project status reports) with DSHS Program to be conducted on or before the following dates: October 31st, November 28th, December 31st, January 30th, February 28th, March 31st, April 30th, May 29th, June 30th, July 31st, August 31st, and September 30th. Contractor will submit written monthly reports as requested by DSHS.

IV. The Parties agree to amend Section VIII. Special Provisions of this Contract to add the following: General Provisions, Article XXVII Non-Exclusive List of Applicable Laws is amended by deleting it in its entirety and replacing it with the following:

When applicable, federal statutes, regulations and/or federal grant requirements applicable to funding sources and any updates to such will apply to this Contract. Contractor agrees to comply with applicable

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laws, executive orders, regulations and policies, as well as Office of Management and Budget (OMB) Circulars (as codified in Title 2, 200 of the Code of Federal Regulations (CFR) and 45 CFR 75) the Uniform Grant and Contract Management Act of 1981 (UGMA), Tex. Gov. Code Chapter 783, and Uniform Grant Management Standards (UGMS), as revised by federal circulars and incorporated in UGMS by the Comptroller of Public Accounts, Texas Procurement and Support Services Division. UGMA and UGMS can be located through web links on the DSHS website at <http://www.dshs.state.tx.us/contracts/links.shtm>. Contractor also shall comply with all applicable federal and state assurances contained in UGMS, Part III, State Uniform Administrative Requirements for Grants and Cooperative Agreements §\_\_\_.14. If applicable, Contractor shall comply with the Federal awarding agency's Common Rule, and the U.S. Health and Human Services Grants Policy Statement, both of which may be located through web links on the DSHS website at <http://www.dshs.state.tx.us/contracts/links.shtm>. For contracts funded by block grants, Contractor shall comply with Tex. Gov. Code Chapter 2105.

V. Except as provided in this Amendment, all other terms and conditions in the Contract will remain and be in full effect.

VI. This Amendment is effective on October 1, 2016.

By signing this Amendment, the undersigned certify that they have the authority to bind their respective party to this Amendment's terms and conditions.

**Department Of State Health Services**

By:  
Title:  
Date:

**Contractor**

By:  
Title:  
Date:



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Parent Information: [DCPS-2016-HPCDP/TXHC-00012](#)

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**BUDGET SUMMARY**

Organization Name: Hidalgo County  
 Contract Number: 2016-003876-01  
 Proposal ID: DCPS-2017-HPCDP/TXHC-00008

Program ID: HPCDP/TXHC  
 Procurement ID: GST-2016-Solicitation-00014  
 Procurement Name: DCPS FY16 HPCDP/TXHC New 2016

**Budget Categories**

Budget Categories	DSHS Funds Requested	Cash Match	In Kind Match	Category Total
Personnel	\$0	\$0	\$0	\$0
Fringe Benefits	\$0	\$0	\$0	\$0
Travel	\$2,242	\$0	\$0	\$2,242
Equipment	\$0	\$0	\$0	\$0
Supplies	\$5,215	\$0	\$0	\$5,215
Contractual	\$0	\$0	\$0	\$0
Other	\$42,543	\$0	\$0	\$42,543
Total Direct Costs	\$50,000	\$0	\$0	\$50,000
Indirect Costs	\$0	\$0	\$0	\$0
<b>Totals:</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>

**Subcontracting**

Subcontracting Percentage: 0.00%

**Match Contributions**

Applicable Match Amount: \$0

Required Match Percentage: 0%

Required Match Amount: \$0

Calculated Match Amount: \$0

Source of Cash Match Funds

0 of 500

Source of In Kind Match Funds

0 of 500



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**FISCAL FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION**

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.

Organization Name Hidalgo County  
 Address 1304 S 25th St  
 City Edinburg State Texas Zip Code (9 digit) 78539

Payee Name Hidalgo County  
 Address Hidalgo County Treasurer  
 2810 S Business 281  
 City Edinburg State TX Zip Code (9 digit) 78539-6243

Vendor identification No. 17460007176 MailCode 060

Payee DUNS No. \* 103110834

1. Did your organization have a gross income, from all sources, of more than \$300,000 in your previous tax year? \*

Yes  No

2. Certification Regarding % of Annual Gross from Federal Awards.  
 Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year?

Yes  No

3. Certification Regarding Amount of Annual Gross from Federal Awards.  
 Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year?

Yes  No

Identify contact persons for FFATA Correspondence. \*

FFATA Contact Person #1

Name\*   
 Email\*   
 Telephone\*

FFATA Contact Person #2

Name\*   
 Email\*   
 Telephone\*


As the authorized representative of the Organization, I hereby certify that the statements made by me in this certification form are true, complete and

correct to the best of my knowledge.


E-Signature

Date

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