



TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

The Honorable Ramon Garcia, County Judge
Hidalgo County
1304 S. 25th Avenue
Edinburg, Texas 78542

Subject: Tuberculosis Prevention and Control Contract Amendment
Contract Number: HHS000036000012, Amendment No. 1
Contract Amount: \$1,050,650.00
Contract Term: 01/01/2018 – 12/31/2019

Dear Judge Garcia:

Enclosed is the TB Prevention and Control amendment between the Department of State Health Services and Hidalgo County.

The purpose of this contract amendment is to use state funds, along with the Contractor's cash match funds, to support TB prevention and control services in the Contractor's jurisdiction.

This amendment increases the contract by \$525,325.00 for FY 2019 and extends the contract end term to December 31, 2019.

Please let me know if you have any questions or need additional information.

Sincerely,

Ebony White, CTCM
Contract Manager
(512) 776-2152
ebony.white@dshs.texas.gov

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000036000012
AMENDMENT NO. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** ("System Agency" or "DSHS") and **HIDALGO COUNTY** ("Grantee") who are collectively referred to herein as the "Parties," to that certain grant Contract effective January 1, 2018, and denominated DSHS Contract No. HHS000036000012, now desire to amend the Contract.

WHEREAS, the System Agency has chosen to exercise its option to renew the Contract in accordance with Section III of the Contract Signature Document;

WHEREAS, the Parties desire to revise the Budget to add funds for the period beginning January 1, 2019, through December 31, 2019 (hereinafter referred to as "Fiscal Year 2019" or "FY 2019");

WHEREAS, the Parties desire to revise the Statement of Work.

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. **SECTION IV** of the Signature Document, **BUDGET**, is hereby amended to add **FOUR HUNDRED THIRTY-SEVEN THOUSAND SEVEN HUNDRED SEVENTY-ONE DOLLARS (\$437,771.00)** in DSHS funding with the grantee providing a total of **EIGHTY-SEVEN THOUSAND FIVE HUNDRED FIFTY-FOUR DOLLARS (\$87,554.00)** in matching funds, for a total Contract amount not to exceed **ONE MILLION FIFTY THOUSAND SIX HUNDRED FIFTY DOLLARS (\$1,050,650.00)**.
2. **SECTION I.G.** of **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following: "During the term of this Contract, DSHS reserves the right to decrease funding amounts as a result of the Grantee's budgetary shortfalls and/or due to the Grantee lapsing more than 1% of total funds."
3. **SECTION III. A.** of **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following email address to which vouchers and any supporting documentation must also be submitted by electronic mail: CMSinvoices@dshs.texas.gov.
4. **Section III. B.** of **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following: "Contractor must submit final FSR and a reimbursement or final payment request no later than forty-five (45) calendar days following the end of the Contract term."
5. The Parties agree to add to the Contract **ATTACHMENT B-1, FY 2019 BUDGET**, which is attached to this Amendment and incorporated into the Contract as if fully set forth therein. All FY 2019 expenditures shall be made in accordance with **Attachment B-1**.

6. **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following **SECTION IV**:

IV. PROGRAMMATIC REPORTING REQUIREMENTS

Report Name	Frequency	Period Begin	Period End	Due Date
FY18 Narrative Report	Annually	January 1, 2018	December 31, 2018	April 1, 2019
FY19 Narrative Report	Annually	January 1, 2019	December 31, 2019	April 1, 2020
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	January 1, 2019	March 31, 2019	April 30, 2019
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	April 1, 2019	June 30, 2019	July 31, 2019
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	July 1, 2019	September 30, 2019	October 31, 2019
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	October 1, 2019	December 31, 2019	February 17, 2020

7. **ATTACHMENT D, SUPPLEMENTAL AND SPECIAL CONDITIONS** is hereby amended to add the following new Section 1.16 under the Special Conditions:

SECTION 1.16 CONTRACTOR'S PROPERTY INVENTORY REPORT.

Grantee shall maintain an inventory of equipment, supplies defined as Controlled Assets, and real property and submit an annual cumulative report of the equipment and other property on HHS System Agency's Contractor's Property Inventory Report to the assigned DSHS Contract Manager and DSHS Contract Oversight and Support (email address: COSequip@dshs.texas.gov) by electronic mail no later than October 15 of each year. The Contractor's Property Inventory Report may be found at: <http://www.dshs.texas.gov/contracts/forms.shtm>.

8. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract shall remain in full force and effect.
9. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 1
DSHS CONTRACT NO. HHS000036000012**

DEPARTMENT OF STATE HEALTH SERVICES GRANTEE

By: _____

Name: _____

Title: _____

Date of Execution: _____

Date of Execution: _____

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE
CONTRACT:**

ATTACHMENT B-1 FY 2019 BUDGET

**ATTACHMENT B-1
FY 2019 BUDGET**

Organization Name: Hidalgo County

Program ID: TB/PC-Federal

Contract Number: HHS000036000012- AMENDMENT 1

Budget Categories	DSHS Funds	Cash Match	Category Total
Personnel	\$308,464.00	\$61,914.00	\$370,378.00
Fringe Benefits	\$124,064.00	\$24,902.00	\$148,966.00
Travel	\$3,777.00	\$0.00	\$3,777.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$1,310.00	\$738.00	\$2,048.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$156.00	\$0.00	\$156.00
Total Direct Costs	\$437,771.00	\$87,554.00	\$525,325.00
Indirect Costs	\$0.00	\$0.00	\$0.00
Totals	\$437,771.00	\$87,554.00	\$525,325.00

Certificate Of Completion

Envelope Id: 1239E5F2CDF849868CC0795DFCB13966	Status: Sent
Subject: New \$1,050,650; HHS000036000012; Hidalgo County A-1; DSHS/CMS	
Source Envelope:	
Document Pages: 15	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Texas Health and Human Services Commission
Time Zone: (UTC-06:00) Central Time (US & Canada)	1100 W. 49th St.
	Austin, TX 78756
	PCS_DocuSign@hhsc.state.tx.us
	IP Address: 167.137.1.15

Record Tracking

Status: Original	Holder: Texas Health and Human Services	Location: DocuSign
11/2/2018 7:48:20 AM	Commission	
	PCS_DocuSign@hhsc.state.tx.us	

Signer Events

Signer Events	Signature	Timestamp
Greta Rymal	Completed	Sent: 11/2/2018 7:55:40 AM
Greta.Rymal@hhsc.state.tx.us		Viewed: 11/2/2018 8:21:00 AM
Texas Health and Human Services Commission		Signed: 11/2/2018 8:22:31 AM
Security Level: Email, Account Authentication (None)	Using IP Address: 167.137.1.17	
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Ramon Garcia		Sent: 11/2/2018 8:22:33 AM
ramon.garcia@co.hidalgo.tx.us		
Hidalgo County Judge		
Hidalgo County		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Andy Marker		
Edward.Marker@hhsc.state.tx.us		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Karen Ray		
Karen.Ray@hhsc.state.tx.us		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Cecile Young		
cecile.young@hhsc.state.tx.us		
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure: Not Offered via DocuSign		

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events CMU Mailbox CMUContracts@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 11/2/2018 7:55:41 AM
Certified Delivery Events Stefanie Jackson stefanie.jackson@hhsc.state.tx.us Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 11/2/2018 7:55:40 AM
Carbon Copy Events Ebony White Ebony.White@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 11/2/2018 7:55:41 AM Viewed: 11/2/2018 7:56:00 AM
Mike Escaname mike.escaname@hchd.org Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 11/2/2018 8:22:33 AM Viewed: 11/2/2018 9:03:22 AM
Pam Wells pam.wells@hhsc.state.tx.us Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		

Notary Events	Signature	Timestamp
Envelope Summary Events Envelope Sent	Hashed/Encrypted	11/2/2018 8:22:33 AM
Payment Events	Status	Timestamps