
From: Kirkpatrick,Tray (DSHS) <Tray.Kirkpatrick@dshs.texas.gov>
Sent: Thursday, January 10, 2019 7:37 AM
To: mike.escaname@hchd.org; ray.eufracio@auditor.co.hidalgo.tx.us;
nelda.mendez@hchd.org; eddie.olivarez@hchd.org; connie.sanchez@hchd.org
Subject: Immunization/Locals: FY20 Contract Packet-Hidalgo County
Attachments: FY20 ILA RENEWAL PACKET IMM LOCALS.docx; Copy of FY20 Budget Template.xls;
Copy of FY20 Budget Template Instructions.xls; FFATA Form G.docx; Texas Counties and
Regions.docx; FORM C1.Program Contacts.docx

Dear Contractor:

Good morning. I am the Contract Manager for the Immunization/Locals Program. Attached is the IMM/LOCAL FY20 ILA Packet (updated List of Regional Managers), FY20 Budget Template, FY20 Budget Template with instructions, FFATA Form, and a Texas Counties and Regions Form. Form C1 has been added for completion. The contract period for the FY19 IMM/LOCALS Contract is 9/01/2019 - 8/31/2020.

Please see important bullet points and instructions:

- *We will be mailing the FY20 Contract out 4/01/19 this coming year.*
- *ILA Renewal Packet Face Page/Contact Page: Please ensure you have identified the Point of Contact or Project Contact Person and the Emergency Contact Person.*
- ***DocuSign-Two email address' will receive the contract; The "Authorized Signatory" (for electronic signature) and a secondary "Project Contact Person".** The two you assign will be the only two that will have open access to the contract from their inbox. Please include these names in the body of the email as they could be different then what is listed on the Face Page.*
- *It is important we receive the completed attached documents as they were received separately and no later than **1/22/2019**.*
- *Please submit the Budget Template completed with your contract name at the top of the Budget Summary Page and in excel format.*
- *If necessary, please include as separate documents, the **Travel Policy** and **Indirect Cost Certificate or Proposal**.*
- *If necessary, please complete in full the Program Income Spending Plan (ILA Packet).*
- *Please include the **Job Descriptions-Personnel Detail** as separate documents.*

Your allocation is \$649,320.00

Please complete the attached forms as instructed and return to Tray Kirkpatrick, Contract Manager, at tray.kirkpatrick@dshs.texas.gov by January 22, 2019.

If you have any questions or concerns, please feel free to contact me.

Thank you,

Tray Kirkpatrick

***Tray Kirkpatrick, CTCM
Contract Manager
Contract Management Section
Room T-502
P.O. Box 149347
Austin, TX 78714-Mail Code 1990***

***Phone: 512-776-3448
Fax: 512-776-7391***

Please note My email address has changed to reflect @dshs.texas.gov domain. Please be sure to update your contact information with the new address.