

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. 2016-003876
AMENDMENT NO. 4**

THE DEPARTMENT OF STATE HEALTH SERVICES ("DSHS") AND HIDALGO COUNTY ("Contractor"), each a "Party" and collectively the "Parties," to that certain grant contract effective October 1, 2015 and denominated DSHS Contract No. 2016-003876 ("Contract"), now desire to further amend the Contract.

WHEREAS, the Parties desire to revise the Budget for the period beginning October 1, 2018 through September 30, 2019 (hereinafter referred to as "Fiscal Year 2019" or "FY2019") as follows:

1. The categorical budget is deleted in its entirety and replaced with the following budget table:

Budget Categories	FY16 Allocation	FY17 Allocation	FY18 Allocation	FY19 Allocation	Category Total
Personnel	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$1,057.00	\$2,242.00	\$3,384.00	\$6,156.00	\$12,839.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$23,943.00	\$5,215.00	\$12,566.00	\$2,844.00	\$44,568.00
Contractual	\$0.00	\$0.00	\$34,050.00	\$25,000.00	\$59,050.00
Other	\$25,000.00	\$42,543.00	\$0.00	\$16,000.00	\$83,543.00
Total Direct Costs	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$200,000.00
Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$200,000.00

2. This Amendment No. 4 shall be effective as of the date upon which both Parties have signed this Amendment.
3. Except as amended and modified by this Amendment No. 4, all terms and conditions of the Contract, as amended, shall remain in full force and effect.

4. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 4
DSHS CONTRACT NO. 2016-003876**

DEPARTMENT OF STATE HEALTH SERVICES HIDALGO COUNTY

_____ By: _____

Date of Execution: _____ Date of Execution: _____

**THE FOLLOWING ATTACHMENTS ARE ATTACHED TO THIS AMENDMENT AND INCORPORATED
INTO THE CONTRACT:**

ATTACHMENT A: FFATA

**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.**

Legal Name of Contractor:	FFATA Contact # 1 Name, Email and Phone Number:
Primary Address of Contractor:	FFATA Contact #2 Name, Email and Phone Number:
ZIP Code: 9-digits Required www.usps.com <input type="text"/>	DUNS Number: 9-digits Required www.sam.gov <input type="text"/>
State of Texas Comptroller Vendor Identification Number (VIN) 14 Digits <input type="text"/>	

Printed Name of Authorized Representative	Signature of Authorized Representative
Title of Authorized Representative	Date

Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? Yes No

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification.
If your answer is "No", answer questions "A" and "B".

A. 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

B. 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

If your answer is "Yes" to both question "A" and "B", you must answer question "C".
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

C. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes No

If your answer is "Yes" to this question, where can this information be accessed?

If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.

Provide compensation information here:

Certificate Of Completion

Envelope Id: 250A01C8866D48FA91A4D4DA0B5C8535	Status: Sent
Subject: Amending \$200,000; 2016-003876; Hidalgo Co A-4; DSHS/CMS	
Source Envelope:	
Document Pages: 11	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: 167.137.1.14

Record Tracking

Status: Original 2/8/2019 8:32:06 AM	Holder: Texas Health and Human Services Commission PCS_DocuSign@hhsc.state.tx.us	Location: DocuSign
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Signer Events

Signature	Timestamp
Richard Cortez countyjudge@co.hidalgo.tx.us Hidalgo County Judge Security Level: Email, Account Authentication (None)	Sent: 2/8/2019 8:38:08 AM Resent: 2/8/2019 8:51:08 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Manda Hall
manda.hall@dshs.texas.gov
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events

Signature	Timestamp
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Editor Delivery Events

Status	Timestamp
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Agent Delivery Events

Status	Timestamp
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Intermediary Delivery Events

Status	Timestamp
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Certified Delivery Events

Status	Timestamp
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Carbon Copy Events

Status	Timestamp
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Donna Ockletree
donna.ockletree06@hhsc.state.tx.us
Security Level: Email, Account Authentication (None)

COPIED

Sent: 2/8/2019 8:38:07 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Jason Adams
jason.adams@dshs.state.tx.us
Contract Manager
Texas Health and Human Services Commission
Security Level: Email, Account Authentication (None)

COPIED

Sent: 2/8/2019 8:38:07 AM
Viewed: 2/8/2019 8:39:57 AM

Electronic Record and Signature Disclosure:

Carbon Copy Events	Status	Timestamp
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Not Offered via DocuSign

CMS Mailbox
cmucontracts@dshs.texas.gov
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

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Sent: 2/8/2019 8:38:07 AM

Eduardo Olivarez
eddie.olivarez@hchd.org
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

COPIED

Sent: 2/8/2019 8:38:08 AM
Viewed: 2/8/2019 8:51:35 AM

Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	2/8/2019 8:51:08 AM
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Payment Events	Status	Timestamps
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