

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. 537-17-0287-00001  
AMENDMENT NO. 3  
RENEWAL**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**DSHS**” or “**SYSTEM AGENCY**”) and **HIDALGO COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT** (“**GRANTEE**”), which are collectively referred to herein as the “Parties,” parties to that certain Grant Contract effective April 1, 2017, and denominated DSHS Contract No. 537-17-0287-00001 (the “Contract”), as amended, now desire to further amend the Contract.

**WHEREAS**, the Parties desire to make additional funds available in support of the services provided under the Contract; and

**WHEREAS**, the Parties wish to extend the term of the Contract.

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

1. **SECTION IV** of the Contract, **BUDGET**, is amended to reflect a total amount that payments under the Contract will not exceed of **SIX HUNDRED FORTY-FIVE THOUSAND EIGHT HUNDRED THIRTY-THREE DOLLARS (\$645,833.00)**.

Total payments for the Contract period of October 1, 2019, through August 31, 2020, will not exceed **ONE HUNDRED TWENTY-FIVE THOUSAND DOLLARS (\$125,000.00)** and the total payments for the Contract period of September 1, 2020, through August 31, 2021, will not exceed **ONE HUNDRED TWENTY-FIVE THOUSAND DOLLARS (\$125,000.00)**, as reflected by activities in **ATTACHMENT A-2, REVISED STATEMENT OF WORK**.

2. **SECTION III** of the Contract, **DURATION**, is hereby amended to reflect a revised termination date of August 31, 2021.
3. **ATTACHMENT A-1** of the Contract, **SUPPLEMENTAL STATEMENT OF WORK**, is hereby supplemented with the addition of **ATTACHMENT A-2, REVISED STATEMENT OF WORK**.
4. **ATTACHMENT B-1** of the Contract, **REVISED BUDGET**, is hereby supplemented with the addition of **ATTACHMENT B-2, BUDGET**.
5. This Amendment No. 3 shall be effective as of October 1, 2019.
6. Except as amended and modified by this Amendment No. 3, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
7. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 3  
DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. 537-17-0287-00001**

**DEPARTMENT OF STATE HEALTH SERVICES      HIDALGO COUNTY HEALTH AND HUMAN  
SERVICES DEPARTMENT**

\_\_\_\_\_

By: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

**ARTICLE 1. THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART  
OF THE CONTRACT:**

**ATTACHMENT A-2- REVISED STATEMENT OF WORK  
ATTACHMENT B-2 -BUDGET  
ATTACHMENT E - FFATA  
ATTACHMENT F - FEDERAL ASSURANCES AND CERTIFICATIONS**

**ATTACHMENT A-2  
REVISED STATEMENT OF WORK**

**I. GRANTEE RESPONSIBILITIES**

Grantee will:

- A. Provide System Agency with evidence of activity implementation related to the Community and Clinical Health Bridge (CCHB) project. The CCHB project aims to reduce the impact of obesity and related chronic diseases in the State of Texas by focusing on locally driven clinical and community systems-level enhancements.
1. Grantee is responsible for coordinating with clinical and community partners within their service area to implement a minimum of three total strategies for the CCHB project.
  2. Grantee is responsible for implementing at least two priority strategies. Grantee selected:
    - a. Priority Strategy 2: Develop community-clinical referral mechanisms for improved obesity and related chronic disease systems of care; and
    - b. Priority Strategy 3: Facilitate evidence-based education and training for providers, patients and the community to ensure consistent messaging of reliable health information and collaboration.
  3. Grantee is responsible for implementing at least one optional strategy. Grantee selected:
    - a. Optional Strategy 1: Reduce barriers to accessing healthcare for prevention of disease, increased early detection, and reduction of complications;
    - b. Optional Strategy 3: Engage community and clinical partners to strengthen partnerships and increase sustainability; and
    - c. Optional Strategy 4: Encourage healthy lifestyles for individuals, families, and communities through health promotion, outreach, and marketing.
- B. Conduct activities based on the FY19 Work Plan that was previously approved by DSHS. Approved activities include:
1. Engage and partner with eight (8) health systems/agencies and other clinical/community stakeholders on overweight and obesity management (Priority Strategy #2).
  2. Develop and implement a standardized referral system with Salud y Vida for diabetes education and case management services (Priority Strategy #2).
  3. Conduct Eating Smart-Being Active program (Priority Strategy #3).
  4. Inform clinical and community providers about the Eating Smart-Being Active program as a local resource (Priority Strategy #3).
  5. Promote healthy messages and local resources through Hidalgo County Health website, social media, and community events (Optional Strategy #4).

6. Promote the use of parks and recreation sites, including the milestone markers and bicycle racks (Optional Strategy #4).

The FY20 Work Plan must be reviewed and approved by DSHS prior to conducting activities. System Agency will provide written approval and confirmation that FY20 activities may be completed.

- C. Conduct evaluation activities based on the FY19 Evaluation Plan that was previously approved by DSHS. Approved activities must assess progress in the following focus areas:
  1. Partnerships: The quality, contributions and impacts of the partnerships created or enhanced through this funding opportunity.
  2. Process: The extent to which the work plan was implemented as planned.
  3. Program Outcomes: The extent to which activities outlined in the work plan yielded the intended results.

The FY20 Evaluation Plan must be reviewed and approved by DSHS prior to conducting activities. System Agency will provide written approval and confirmation that FY20 activities may be completed.

- D. Develop and submit an annual Success Story with two (2) photographs and two (2) photograph release forms to DSHS. A Success Story draft must be reviewed and approved by DSHS prior to the final version submission date. Success story draft and final due dates are as follows:

<b>Success Story</b>	<b>Period Covered</b>	<b>Due Date</b>
FY20 Draft, with 2 photographs and 2 photo release forms	10/01/19 – 08/31/20	07/01/20
FY20 Final	10/01/19 – 08/31/20	08/31/20
FY21 Draft, with 2 photographs and 2 photo release forms	09/01/20 – 08/31/21	07/01/21
FY21 Final	09/01/20 – 08/31/21	08/31/21

- E. Develop and submit an annual Project Work Plan in preparation for fiscal years 2020 and 2021 to DSHS. The Work Plan must contain activities that support the priority and optional strategies selected as well as staff/organizational responsibility and timeframe. A Project Work Plan Draft must be reviewed and approved by DSHS prior to the final version submission date. Work Plan draft and final due dates are as follows:

<b>Work Plan</b>	<b>Period Covered by the Work Plan</b>	<b>Due Date</b>
FY20 Draft	10/01/19 – 08/31/20	06/30/20
FY20 Final	10/01/19 – 08/31/20	08/31/20
FY21 Draft	09/01/20 – 08/31/21	06/30/21
FY21 Final	09/01/20 – 08/31/21	08/31/21

- F. Develop and submit an annual Evaluation Plan in preparation for fiscal years 2020 and 2021 to DSHS. The Evaluation Plan must contain activities that evaluate progress toward the priority and optional strategies and activities submitted in the Work Plan. An Evaluation Plan draft must be reviewed and approved by DSHS prior to the final version submission date. Evaluation Plan draft and final due dates are as follows:

<b>Evaluation Plan</b>	<b>Period Covered by the Evaluation Plan</b>	<b>Due Date</b>
FY20 Draft	10/01/19 – 08/31/20	06/30/20
FY20 Final	10/01/19 – 08/31/20	08/31/20
FY21 Draft	09/01/20 – 08/31/21	06/30/21
FY21 Final	09/01/20 – 08/31/21	08/31/21

- G. Participate in monthly feedback calls (i.e., monthly project status reports) with DSHS Program to be conducted on or before the 15<sup>th</sup> of each month of the Contract term, unless otherwise agreed to in writing by DSHS. On the calls, Grantee will discuss the following: 1) implementation status, 2) barriers and methods to address those barriers, 3) opportunities to enhance the activities, 4) lessons learned, and 5) next steps. Other calls may be added, as appropriate, with Grantee and DSHS Program.
- H. Submit quarterly Progress Reports to DSHS via the electronic Performance Management and Tracking System (PMATS). The information and documentation required in the Progress Reports will be based on the CCHB priority and optional strategies selected. Progress report due dates are as follows:

<b>Progress Report #</b>	<b>Period Covered</b>	<b>Due Date</b>
FY20 Quarter 1	10/01/19 - 12/31/19	01/15/20
FY20 Quarter 2	01/01/20 – 03/31/20	04/16/20
FY20 Quarter 3	04/01/20 – 06/30/20	07/16/20
FY20 Quarter 4	07/01/20 – 08/31/20	09/15/20
FY21 Quarter 1	09/01/20 - 11/30/20	12/15/20
FY21 Quarter 2	12/01/20 – 02/28/21	03/15/21
FY21 Quarter 3	03/01/21 – 05/31/21	06/15/21
FY21 Quarter 4	06/01/21 – 08/31/21	08/31/21

## **II. PERFORMANCE MEASURES**

The System Agency will monitor the Grantee's performance of the requirements in Attachment A-2 and compliance with the Contract's terms and conditions.

## **III. INVOICE AND PAYMENT**

- A. Grantee will request payments using the State of Texas Purchase Voucher (Form B-13) at <https://www.dshs.texas.gov/grants/forms/b13form.doc>. Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below.

Department of State Health Services

Claims Processing Unit, MC 1940  
1100 West 49<sup>th</sup> Street  
P.O. Box 149347  
Austin, TX 78714-9347  
FAX: (512) 458-7442  
EMAIL: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) and [cmsinvoices@dshs.texas.gov](mailto:cmsinvoices@dshs.texas.gov)

- B. Grantee will be paid in accordance with the Budget in Attachment B-2 of this Contract.
- C. All invoices must reference Contract #537-17-0287-00001 and PO# once issued.

**ATTACHMENT B-2  
BUDGET  
10/1/19-8/31/21**

<b>PERSONNEL</b>	<b>\$176,180.00</b>
FRINGE BENEFITS	\$65,750.00
TRAVEL	\$1,576.00
EQUIPMENT	\$0.00
SUPPLIES	\$5,609.00
CONTRACTUAL	\$0.00
OTHER	\$885.00
<b>TOTAL DIRECT CHARGES</b>	<b>\$250,000.00</b>
INDIRECT CHARGES	\$0.00
<b>TOTAL</b>	<b>\$250,000.00</b>
Match	\$0.00
<b>Total Budget</b>	<b>\$250,000.00</b>

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### CERTIFICATION REGARDING LOBBYING

#### Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* APPLICANT'S ORGANIZATION	
<input type="text"/>	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
* Title: <input type="text"/>	
* SIGNATURE: <input type="text"/>	* DATE: <input type="text"/>

[View Burden Statement](#)OMB Number: 4040-0007  
Expiration Date: 01/31/2019**ASSURANCES - NON-CONSTRUCTION PROGRAMS**

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

**NOTE:** Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

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9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  	TITLE  
APPLICANT ORGANIZATION  	DATE SUBMITTED  

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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.**

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

<b>Printed Name of Authorized Representative</b>	<b>Signature of Authorized Representative</b>
<b>Title of Authorized Representative</b>	<b>Date</b>

**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".

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**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.

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**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?**

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**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:**

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## Certificate Of Completion

Envelope Id: BF124A1A47BF4A9AB53A29385F00F340	Status: Sent
Subject: Amending \$645,833.00; 537-17-0287-00001; Hidalgo County A-3; DSHS/CMS/HPCDP/OCDS	
Source Envelope:	
Document Pages: 19	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
5/13/2019 10:50:49 AM	Commission	
	PCS_DocuSign@hhsc.state.tx.us	

## Signer Events

Signature	Timestamp
Richard Cortez countyjudge@co.hidalgo.tx.us Hidalgo County Judge Security Level: Email, Account Authentication (None)	Sent: 5/13/2019 11:06:09 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	

John Hellerstedt  
john.hellerstedt@dshs.texas.gov  
Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
<b>Editor Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Agent Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Intermediary Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Certified Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>

Carbon Copy Events	Status	Timestamp
CMU Mailbox cmucontracts@dshs.texas.gov Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 5/13/2019 11:06:08 AM Viewed: 5/13/2019 11:27:08 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

Amanda Fay amanda.fay@hhsc.state.tx.us Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 5/13/2019 11:06:08 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

Carbon Copy Events	Status	Timestamp
Kim Ruemke Kim.Ruemke@dshs.texas.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"><b>COPIED</b></div>	Sent: 5/13/2019 11:06:08 AM Viewed: 5/13/2019 11:56:24 AM
Mike Escaname mike.escaname@hchd.org Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	<div style="border: 2px solid blue; padding: 5px; display: inline-block;"><b>COPIED</b></div>	Sent: 5/13/2019 11:06:09 AM Viewed: 5/13/2019 11:16:59 AM

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	5/13/2019 11:06:09 AM
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Payment Events	Status	Timestamps
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