



**TEXAS**  
Health and Human  
Services

**Texas Department of State Health Services**

**John Hellerstedt, M.D.**  
*Commissioner*

The Honorable Richard Cortez, County Judge  
Hidalgo County  
1304 S. 25<sup>th</sup> Avenue  
Edinburg, Texas 78542

Subject: Public Health Zika Response contract  
Contract Number: 537-18-0355-00001  
Contract Amount: \$1,100,642.00  
Contract Term: March 1, 2017 through July 31, 2020

Dear Judge Cortez:

Enclosed is the Public Health Zika Response contract amendment between the Department of State Health Services and Hidalgo County.

The purpose of this contract is to perform activities in support of the Public Health Preparedness Response (PHPR) Cooperative Agreement, Epidemiology and Laboratory Capacity for Infectious Disease (ELC) Supplement for Zika Virus Surveillance and Control from the Centers for Disease Control and Prevention (CDC) in support of public health Zika response activities.

This amendment realigns the ELC portion of the budget and extends the contract end term to July 31, 2020.

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

Sincerely,

Lauren Miller, CTCM  
Contract Manager  
512-776-3574  
Lauren.Miller@dshs.texas.gov

## Department of State Health Services

### CONTRACT NO. 537-18-0355-00001

#### AMENDMENT NO. 3

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**System Agency**”) and **HIDALGO COUNTY** (“**Grantee**”), who are collectively referred to herein as the "**Parties**," to that certain grant contract effective March 1, 2017, and denominated DSHS Contract No. 537-18-0355-00001 (the “**Contract**”), as amended, now desire to further amend the Contract.

**WHEREAS**, System Agency has elected to extend the term of the Contract in accordance with Contract **Section III, Duration**, to allow for continued support of the Public Health Zika Response activities;

**WHEREAS**, the Parties desire to revise Contract **Attachment B, ELC Statement of Work**;

**WHEREAS**, the Parties desire to revise Contract **Attachment C, Budget**.

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

1. **SECTION III, DURATION**, is hereby amended to reflect a revised termination date of July 31, 2020.
2. **SECTION (I)(G) of ATTACHMENT B - ELC STATEMENT OF WORK**, is hereby amended to add the following programmatic reporting periods and reporting dates:

<b>PERIOD COVERED</b>	<b>REPORT DUE DATE</b>
August, September, October	November 30, 2019
November, December, January	February 28, 2020
February, March, April	May 31, 2020
May, June, July	August 31, 2020

3. **SECTION (I)(H) of ATTACHMENT B - ELC STATEMENT OF WORK**, is hereby deleted in its entirety and replaced with the following:
  - I. Complete and submit an end-of-year performance report to System Agency in a format specified by System Agency in accordance with the below schedule:

<b>PERIOD COVERED</b>	<b>REPORT DUE DATE</b>
March 1, 2017 through July 31, 2019	August 15, 2019
August 1, 2018 through July 31, 2020	August 15, 2020

4. **ATTACHMENT C - BUDGET**, is hereby amending the budget table with the changes below:

<b>Budget Categories</b>	<b>ELC 03/01/2017 – 07/31/2020</b>
Personnel	\$260,367.00
Fringe Benefits	\$107,427.00
Travel	\$6,137.00
Equipment	\$0.00
Supplies	\$72,075.00
Contractual	\$0
Other	\$246,269.00
Sum of Direct Costs	\$692,275.00
Indirect Costs	\$0.00
Sum of Total Direct Costs and Indirect Costs	\$692,275.00
<b>TOTAL</b>	<b>\$692,275.00</b>

5. This Amendment No. 03 shall be effective as of August 1, 2019.
6. Except as amended and modified by this Amendment No. 03, all terms and conditions of the Contract shall remain in full force and effect. In the event of a conflict between the terms of the Contract and the terms of this Amendment, the terms of this Amendment shall prevail.
7. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 03**  
**DEPARTMENT OF STATE HEALTH SERVICES CONTRACT NO. 537-18-0355-00001**

System Agency Contract No. 537-18-0355-00001

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**DEPARTMENT OF STATE HEALTH SERVICES    HIDALGO COUNTY**

\_\_\_\_\_

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

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

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

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

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