

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. 537-17-0287-00001  
AMENDMENT NO. 5**

The **Department of State Health Services (DSHS)** and **Hidalgo County Health and Human Services Department** (Grantee), collectively “Parties” to that certain agreement providing services designed to reduce the impact of obesity and related chronic diseases in the state of Texas, denominated as Contract No. 537-17-0287-00001 (Contract), now want to further amend the Contract.

**Whereas**, DSHS has chosen to exercise its option to renew the Contract (the “Final Renewal Term”);

**Whereas**, the Parties want to add funds to the Contract Budget for authorized services performed; and

Whereas, the Parties want to amend and replace Attachment A-2, Statement of Work, with Attachment A-5, Statement of Work.

**Therefore**, the Parties agree as follows:

1. The Contract is hereby renewed. The Final Renewal Term shall begin on October 1, 2021 and will terminate on September 30, 2022, unless terminated sooner or extended.
2. **Section IV** of the Contract, **Budget**, is hereby amended by adding: (1) \$10,416.67 to the Federal Fiscal Year (FFY) 2021 budget; and (2) \$125,000.00 for authorized services performed in the Final Renewal Term. The added funds therefore increase the total contract value from \$645,833.00 to \$781,249.67.
3. **Attachment A-2**, of the Contract, **Revised Statement of Work**, is hereby amended and replaced with **Attachment A-5, Statement of Work**.
4. Attachment B-2 of the Contract, **Budget**, is hereby amended and restated with Attachment B-5, FY22 Budget.
5. This Amendment shall be effective on the date of the last signature below.
6. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in effect.
7. Any further revision to the Contract shall be by written agreement of the Parties.

*Signature Page follows*

**SIGNATURE PAGE  
AMENDMENT NO. 5  
DSHS CONTRACT NO. 537-17-0287-00001**

**DEPARTMENT OF STATE HEALTH SERVICES**

**HIDALGO COUNTY**

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

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

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

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

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

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

Date of Signature: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

**THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT AND INCORPORATED AS PART OF THE CONTRACT:**

**ATTACHMENT A-5: STATEMENT OF WORK**

**ATTACHMENT B-5: FY22 BUDGET**

**ATTACHMENTS FOLLOW**

**ATTACHMENT A-5**  
**STATEMENT OF WORK**  
**DSHS CONTRACT NO. 537-17-0287-00001**

**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.

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.

Grantee is responsible for implementing at least two priority strategies. Grantee selected:

1. Develop community-clinical referral mechanisms for improved obesity and related chronic disease systems of care (Priority Strategy #2); and
2. Facilitate evidence-based education and training for providers, patients and the community to ensure consistent messaging of reliable health information and collaboration (Priority Strategy #3).

Grantee is responsible for implementing at least one optional strategy. Grantee selected:

1. Encourage healthy lifestyles for individuals, families, and communities through health promotion, outreach, and marketing (Optional Strategy #4).

- B. Conduct activities based on the approved DSHS Work Plan that was previously approved by DSHS. Approved activities include:

1. Utilize the bi-directional referral mechanism to connect residents with appropriate community health organizations (Priority Strategy #2).
2. Conduct follow-up phone calls and emails to program participants (Priority Strategy #2).
3. Conduct virtual Eating Smart-Being Active program (Priority Strategy #3).
4. Conduct virtual workout classes (Priority Strategy #3).
5. Inform clinical and community providers about the Eating Smart-Being Active program as a local resource (Priority Strategy #3).
6. Promote healthy messages and local resources through Hidalgo County Health website, social media, and community events (Optional Strategy #4).

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

- C. Conduct evaluation activities based on the FY22 Evaluation Plan 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 Evaluation Plans must be reviewed and approved by DSHS prior to conducting activities. System Agency will provide written approval and confirmation that 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>
FY22 Draft, with 2 photographs and 2 photo release forms	10/01/21 – 09/30/22	07/01/22
FY22 Final	10/01/21 – 09/30/22	09/30/22

- E. Develop and submit an annual Project Work Plan in preparation for fiscal year 2023 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>
FY23 Draft	10/01/22 – 09/30/23	07/01/22
FY23 Final	10/01/22 – 09/30/23	09/30/22

- F. Develop and submit an annual Evaluation Plan in preparation for fiscal years 2023 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>
FY23 Draft	10/01/22 – 09/30/23	07/01/22
FY23 Final	10/01/22 – 09/30/23	09/30/22

- G. Participate in monthly feedback calls (i.e., monthly project status reports) with DSHS Program to be conducted on or before the 15th 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:

Progress Report #	Period Covered	Due Date
FY22 Quarter 1	10/01/21-12/31/21	01/15/22
FY22 Quarter 2	01/01/22-03/31/22	04/15/22
FY22 Quarter 3	04/01/22-06/30/22	07/15/22
FY22 Quarter 4	07/01/22-09/30/22	10/15/22

## II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee's performance of the requirements in Attachment A-5 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 <http://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) & [cmsinvoices@dshs.texas.gov](mailto:cmsinvoices@dshs.texas.gov)

- B. Grantee will be paid in accordance with the Budget in Attachment B-5 of this Contract.
- C. All invoices must reference Contract # and Purchase Order#.

**ATTACHMENT B-5**  
**FY22 BUDGET**  
**DSHS CONTRACT NO. 537-17-0287-00001**

Categorical Budget: September 1, 2020 – September 30, 2022

	9/1/2020-9/30/2021	10/1/2021-9/30/2022
PERSONNEL	\$75,738.00	\$71,568.00
FRINGE BENEFITS	\$34,665.28	\$31,025.00
TRAVEL	\$2,364.00	\$5,966.00
EQUIPMENT	\$0.00	\$0.00
SUPPLIES	\$16,781.39	\$15,841.00
CONTRACTUAL	\$0.00	\$0.00
OTHER	\$5,868.00	\$600.00
TOTAL DIRECT CHARGES	\$135,416.67	\$125,000.00
INDIRECT CHARGES	\$0.00	\$0.00
TOTAL BUDGET	\$135,416.67	\$125,000.00