



TEXAS
Health and Human
Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

The Honorable Richard F. Cortez
County Judge, Hidalgo County
100 E. Cano Street, 2nd Floor
Edinburg, Texas 78539

Subject: CPS/PH Workforce Contract
Contract Number: HHS001077100001, Amendment No. 2
Contract Amount: \$2,000,000.00
Contract Term: August 31, 2021 through June 30, 2024

Dear Judge Cortez:

Enclosed is the CDC Public Health Crisis Response (PHCR) Co-Ag: Public Health Workforce contract between the Department of State Health Services and Hidalgo County.

The purpose of this amendment is to revise the Statement of Work (SOW) in support of activities to establish, expand, train and sustain public health workforce in alignment with the Centers for Disease Control and Prevention (CDC) Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802).

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

Sincerely,

Fred L. Waterman, CTCM
Contract Manager
512-776-6585
Fred.Waterman@dshs.texas.gov

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001077100001
AMENDMENT NO. 2**

The Department of State Health Services (System Agency) and Hidalgo County (Grantee), collectively the “Parties” to that certain Contract for activities to establish, expand, train and sustain public health workforce in alignment with the Centers for Disease Control and Prevention (CDC) Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802), effective August 31, 2021 and denominated DSHS Contract No. HHS001077100001 (the “Contract”), now elect to further amend the Contract.

WHEREAS, the Parties desire to revise the Statement of Work.

The Parties, therefore, agree as follows:

1. **ATTACHMENT A, STATEMENT OF WORK**, is amended and replaced in its entirety with **ATTACHMENT A-1, REVISED STATEMENT OF WORK**.
2. This Amendment shall be effective as of the date last signed below.
3. Except as modified by this Amendment, all terms and conditions of the Contract, as previously amended, shall remain in effect.
4. Any further revisions to the Contract shall be by written agreement of the Parties.
5. Each Party represents and warrants that the person executing this Amendment on its behalf has full power and authority to enter into this Amendment.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 2
SYSTEM AGENCY CONTRACT NO. HHS001077100001**

DEPARTMENT OF STATE HEALTH SERVICES HIDALGO COUNTY

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date of Signature: _____

Date of Signature: _____

THE FOLLOWING DOCUMENT IS ATTACHED TO THIS AMENDMENT AND INCORPORATED INTO THE CONTRACT:

ATTACHMENT A-1, REVISED STATEMENT OF WORK

ATTACHMENT A-1
REVISED STATEMENT OF WORK
COVID-19 – Public Health Workforce Expansion

I. GRANTEE RESPONSIBILITIES

Grantee will:

- A. Establish, expand, train and sustain public health workforce in alignment with the Centers for Disease Control and Prevention (CDC) Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802) and the activities allowable under this agreement.
- B. Complete all activities required and allowable under this Contract by June 30, 2024.
- C. Perform required activities intended to minimize morbidity and mortality, preserve function of healthcare workforce and infrastructure, and minimize social and economic impacts. Required activities include:
 - 1. Hire public health personnel (professional, clinical, disease investigation, program and/or administrative) in support of infectious disease preparedness and response. Personnel may be permanent full- or part-time staff, temporary or term-limited staff, fellows, interns and/or contracted employees.
 - 2. Establish a formal committee that will ensure Grantee's health programs, methods and outcomes meet the needs of the communities served.
 - a. Within 30 days of Contract execution, submit a roster of this committee that describes how members are reflective of the communities to be served and can best address community public health needs to WorkforceCoAg@dshs.texas.com and the assigned Contract Manager.
 - b. Within 60 days of Contract execution, submit proposed plan to address health disparities, and your training plan to WorkforceCoAg@dshs.texas.com and the assigned Contract Manager, using the template provided by System Agency.
 - 3. Provide training for staff to be equipped to address health disparities appropriately, as recommended by the committee, to existing and new staff, focusing on issues relevant to the local communities served.
- D. Funds cannot be used for research, clinical care, medical or clinical supplies, fundraising activities, construction or major renovations, to supplant existing state or federal funds for activities, purchase of vehicles of any kind (including mobile medical clinics), clothing to include uniforms or scrubs, or funding an award to another party or provider who is ineligible. Any furniture/cubicle purchases will require PRIOR approval by System Agency. Funds cannot be used for the preparation, distribution, or use of any material (publicity or propaganda) or to pay the salary or expenses of grant recipients, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body beyond normal, recognized executive relationships. In addition, funds shall not be used to advertise or promote COVID-19 vaccinations.
- E. Comply with all applicable regulations, standards, and guidelines in effect on the beginning

ATTACHMENT A-1
REVISED STATEMENT OF WORK
COVID-19 – Public Health Workforce Expansion

date of this Contract and as amended.

- F. The following documents and resources are incorporated herein by reference and made a part of this Contract as if fully set forth therein:
1. DSHS and CDC Public Health Crisis Response Cooperative Agreement, Funding Opportunity Number: CDC-RFA-TP18-1802
 2. Project workplan
- G. Maintain an inventory of equipment, supplies defined as Controlled Assets, and real property. Grantee shall submit an annual cumulative report of the equipment and other property on HHS System Agency Grantee's Property Inventory Report to the assigned System Agency Contract Manager by email not later than October 15 of each year. Controlled Assets include firearms, regardless of the acquisition cost, and the following assets with an acquisition cost of \$500 or more, but less than \$5,000: desktop and laptop computers (including notebooks, tablets and similar devices), non-portable printers and copiers, emergency management equipment, communication devices and systems, medical and laboratory equipment, and media equipment. Controlled Assets are considered Supplies.
- H. Expenses are eligible for reimbursement review and payment in alignment with the Grant Award effective date of July 1, 2021.

II. PERFORMANCE MEASURES

DSHS will monitor the Grantee's performance of the requirements in this Statement of Work and compliance with the Contract's terms and conditions.

DSHS will develop performance measures in collaboration with the Grantee.

III. REPORTING REQUIREMENTS

Grantee, at the request of the System Agency, may be required to submit additional reports determined necessary to accomplish the objectives of and monitor compliance with this Contract. Grantee must submit reports in a format specified by the System Agency. Grantee will provide System Agency financial reports as System Agency determines necessary to accomplish the objectives of this Contract and to monitor compliance. If Grantee is legally prohibited from providing any report under this Contract, Grantee will immediately notify System Agency in writing.

Grantee will provide and submit written reports, by electronic mail in the format specified by System Agency. Grantee will complete and submit the biannual program and financial reports by the 5th business day of each month. Grantee shall maintain the source documentation used to develop the reports. All written reports should be titled with the Grantee name, address, email address, telephone number, program name, contract or purchase order number, dates services were completed and/or products were delivered, the time period of the report, total invoice amount, and invoices paid to subgrantees for services received.

ATTACHMENT A-1
REVISED STATEMENT OF WORK
COVID-19 – Public Health Workforce Expansion

- A. Submit local health entity Workforce Expansion progress reports and spend plans within an established timeframe designated by the System Agency, using the template provided by System Agency. Progress reports will include status updates on meeting hiring goals, addressing health disparities and reporting progress through financial reports. Failure to submit a required report or additional requested information by the due date specified in this Contract listed below or upon request constitutes breach of contract and may result in delay of payment. Reports should be sent [via](#) the Qualtrics Survey. The System Agency will send the Contractor a link one month prior to the due date.

Biannual Progress Report due	7-Jan-22
Biannual Progress Report due	7-Jul-22
Biannual Progress Report due	9-Jan-23
Biannual Progress Report due	7-Jul-23

Due to the No-Cost Extension (NCE) two additional reports will be required:

Biannual Progress Report due	8-Jan-24
Biannual Progress Report due	8-Jul-24

- B. Submit a final performance report that describes progress toward achieving the objectives contained in the approved workplan and deliverables contained in this Contract, [via](#) the Qualtrics Survey. The System Agency will send the Contractor a link one month prior to the due date.

Final Performance Report Due	15-Aug-24
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IV. INVOICE AND PAYMENT

- A. Grantee shall submit requests for reimbursement of required services/deliverables monthly using the State of Texas Purchase Voucher (Form B-13), together with supporting documentation as directed by DSHS. Forms should be mailed, faxed or emailed to the addresses below.

ATTACHMENT A-1
REVISED STATEMENT OF WORK
COVID-19 – Public Health Workforce Expansion

- B.** Grantee shall submit a Financial Status Report (FSR) biannually each year beginning July 1, 2022 through August 15, 2024.

Year	1ST FSR Period	1ST FSR Due Date	2nd FSR Period	2nd FSR Due Date
2023	July 1, 2022 - December 31, 2022	January 31, 2023	January 1, 2023- June 30, 2023	July 31, 2023
2024	July 1, 2023 – December 31, 2023	January 31, 2024	January 1, 2024- June 30, 2024	August 15, 2024

- C.** All financial reporting documents must be submitted by email, fax, or mail. Email is preferred, but fax or mail are acceptable.

1. For submission by mail, use address below:

Department of State Health Services
 Claims Processing Unit
 P.O. Box 149347
 Austin, TX 78714-9347

2. For submission by fax, use number below:

(512) 458-7442

3. For submission by email, see requirements below:

- a. Form B-13 with supporting documentation must be sent to invoices@dshs.texas.gov & CMSInvoices@dshs.texas.gov, with a copy to the System Agency contract manager.
- b. FSR must be sent to: invoices@dshs.texas.gov; FSRGrants@dshs.texas.gov; and with a copy to the System Agency contract manager.

- D.** Grantee will be reimbursed on a monthly basis in accordance with the Budget in **Attachment B** of this Contract. Reimbursement shall be subject to the submission of required and appropriate documentation, and in accordance with applicable law and governing regulations.

Certificate Of Completion

Envelope Id: 0DC5735F2CDB417AA037C9B2D4DF3496	Status: Sent
Subject: HHS001077100001, Hidalgo County, Amendment 2, PH Workforce	
Source Envelope:	
Document Pages: 7	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	CMS Internal Routing Mailbox
Time Zone: (UTC-06:00) Central Time (US & Canada)	11493 Sunset Hills Road
	#100
	Reston, VA 20190
	CMS.InternalRouting@dshs.texas.gov
	IP Address: 160.42.209.140

Record Tracking

Status: Original	Holder: CMS Internal Routing Mailbox	Location: DocuSign
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Signer Events

Signature	Timestamp
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Richard F. Cortez	Sent: 7/20/2023 4:45:36 PM
countyjudge@co.hidalgo.tx.us	Viewed: 7/20/2023 4:49:36 PM
Hidalgo County Judge	
Hidalgo County	
Security Level: Email, Account Authentication (None)	

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Helen Whittington
helen.whittington@dshs.texas.gov
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

PATTY MELCHIOR
Patty.Melchior@dshs.texas.gov
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Kirk Cole
Kirk.Cole@dshs.texas.gov
Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
<p>Eduardo Olivarez eduardo.olivarez@hchd.org Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block; font-weight: bold; color: blue; font-size: 1.2em;">COPIED</div>	Sent: 7/20/2023 4:45:35 PM
<p>Miguel Escaname miguel.escaname@hchd.org Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block; font-weight: bold; color: blue; font-size: 1.2em;">COPIED</div>	<p>Sent: 7/20/2023 4:45:35 PM Viewed: 7/21/2023 7:56:19 AM</p>
<p>CMS Internal Routing Mailbox CMS.InternalRouting@dshs.texas.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>		
<p>Fred L. Waterman Fred.Waterman@dshs.texas.gov Security Level: Email, Account Authentication (None)</p> <p>Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>		

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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Payment Events	Status	Timestamps
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