

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001057600025
AMENDMENT NO. 3**

The Department of State Health Services (“DSHS”) and **HIDALGO COUNTY** (“Grantee”), Parties to that certain Health Disparities Program Contract, effective September 10, 2021, and denominated as DSHS Contract No. HHS001057600025 (the “Contract”), now want to amend the Contract.

Whereas, the Parties want to revise the statement of work.

The Parties therefore agree as follows:

1. **ATTACHMENT A-1** of the Contract, **REVISED STATEMENT OF WORK**, is deleted and replaced in its entirety with **ATTACHMENT A-2, 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 shall remain in effect.
4. Any further revision to the Contract shall be by written agreement of the Parties.

Signature Page to follow

**SIGNATURE PAGE FOR AMENDMENT NO. 3
DSHS CONTRACT NO. HHS001057600025**

DEPARTMENT OF STATE HEALTH SERVICES

HIDALGO COUNTY

By: _____

By: _____

Name: _____

Title: _____

Date of Signature: _____

Date of Signature: _____

THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT AND INCORPORATED INTO THE CONTRACT BY REFERENCE:

ATTACHMENT A-2 - REVISED STATEMENT OF WORK

ATTACHMENTS FOLLOW

ATTACHMENT A-2 REVISED STATEMENT OF WORK

I. PURPOSE

System Agency will work with Grantee to address health disparities through community engagement and building sustainable relationships.

II. GRANTEE RESPONSIBILITIES

A. Grantee must align project activities to address the following.

1. **Infrastructure:** Identify the staffing (workforce) infrastructure already in place or to be hired, to engage targeted communities disproportionately impacted by health disparities and build sustainable relationships in those targeted communities.
2. **Community Engagement:** Identify and engage with the communities in the Grantee's jurisdiction most severely impacted by health disparities.
 - i. Establish rapport and develop relationships by spending time in the targeted community and building trust.
 - ii. Listen to community needs by attending community events (e.g., town halls, listening sessions, interviews, and focus groups). The frequency of those meetings will be identified in the Grantee workplan.
 - iii. Develop a sustainability plan to stay engaged with the community after funding ends. Sustainability plan must be submitted to System Agency no later than April 30, 2024.
3. **Partnership Directory:** Build sustainable relationships in targeted communities disproportionately impacted by health disparities.
 - i. Identify and engage with new and existing community partners to address health disparities (e.g., hospitals, clinics, federally qualified health centers, community and faith-based organizations, and social service agencies).
 - ii. Build cross-sector partnerships (e.g., public health, health care, and social services) by meeting with identified partners. The frequency of those meetings will be identified in the grantee work plan.
 - iii. Document community partners by creating a list of partners interested in working on and addressing health disparities initiatives. This list will be shared with System Agency through the Smartsheet-based Partnership Directory Intake Form.

B. Grantee will submit a workplan within 30 days of Amendment effective date to System Agency outlining activities to be conducted through May 31, 2024, and how they will be accomplished. System Agency will provide templates and technical assistance.

C. Identify Grantee staff (new and existing) who will be leads for the Contract. Any changes to these staff members must be reported to System Agency in the monthly program report.

- D. Participate in and attend System Agency meetings and trainings as deemed necessary by System Agency after Contract execution. This includes brief evaluation activities, such as surveys and short interviews.
- E. Submit a monthly program report on the report template to be provided by System Agency by the 15th of each month for the previous month's activities. Submit reports through the Smartsheet form provided by System Agency.
- F. Submit at least one success story no later than May 31, 2024. First drafts of the success story will be due no later than March 1, 2024. System Agency will provide templates and technical assistance.
- G. Grantee must consult with System Agency on peer-reviewed publications resulting from this contract prior to submission and provide opportunity for review. Note: Publications are not a requirement of this scope of work.
- H. Grantee may not use funds for the following:
 - 1. Construction, research, clinical care, fundraising activities, or funding an award to another party or provider who is ineligible;
 - 2. Advertising or promoting the COVID-19 vaccine;
 - 3. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; or
 - 4. The salary or expenses of any grant or Contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative act or Executive order proposed or pending before any legislative body.

III. 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.

IV. INVOICE AND PAYMENT

- A. Grantee will request payments by using the State of Texas Purchase Voucher (Form B-13) at <https://www.dshs.texas.gov/hivstd/contractor/cmsforms.shtm?terms=B-13>. The 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 49th Street
P.O. Box 149347
Austin, TX 78714-9347
FAX: (512) 458-7442
EMAIL: invoices@dshs.texas.gov and cmsinvoice@dshs.texas.gov

- B.** Grantee will be paid on a cost reimbursement basis and in accordance with **ATTACHMENT B-2, REVISED BUDGET** to this Contract.
- C.** Grantee shall maintain all documentation that substantiates invoices and make the documentation available to System Agency upon request. In the event a cost reimbursed under the Contract is later determined to be unallowable, then the Grantee will reimburse System Agency for that cost.
- D.** Grantee will submit the Financial Status Report (FSR-269A) at two reporting intervals during the contract term. The FSR's will be submitted bi-annually as outlined below and in alignment with the contract term of this renewal. The bi-annual periods are as follows:

<u>Reporting Period</u>	<u>Due Date</u>
June 1 through November 30	December 31, 2023
December 1 through May 31	July 15, 2024

Invoices must be submitted monthly to prevent delays in subsequent months. Grantees that do not incur expenses for a month are required to submit timely “zero” dollar invoices. Invoices and all supporting documentation must be emailed to invoices@dshs.texas.gov and cmsinvoices@dshs.texas.gov simultaneously. Grantee must submit a final close out invoice and final FSR no later than 45 days following the end of the term of the contract. Invoices received more than 45 days following the end of the term of the contract are subject to denial of payment.

Certificate Of Completion

Envelope Id: C143B57E42654DACADC4B3D9B44BB4A4	Status: Sent
Subject: Please DocuSign: HHS001057600025, Hidalgo County, Amend No. 3 OHDP/LHD	
Source Envelope:	
Document Pages: 5	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: 160.42.179.88

Record Tracking

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7/31/2023 10:05:00 AM	CMS.InternalRouting@dshs.texas.gov	

Signer Events

Signature	Timestamp
Richard Cortez	Sent: 7/31/2023 10:08:23 AM

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Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

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 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**

Eduardo Olivarez
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 Security Level: Email, Account Authentication
 (None)

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CMS Internal Routing Mailbox
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 (None)

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 (None)

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Witness Events**Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

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Payment Events**Status****Timestamps**