

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS001311200038  
AMENDMENT NO. 2**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“DSHS” or “System Agency”) and **HIDALGO COUNTY HEALTH AND HUMAN SERVICES** (“Grantee”), each referred to as a “Party,” and collectively as the “Parties,” to that certain agreement for Public Health Emergency Preparedness (“PHEP”) services, effective July 1, 2023, and denominated as DSHS Contract No. HHS001311200038 (“Contract”), as amended, now desire to further amend the Contract.

**WHEREAS**, the Parties desire to revise the budget by (1) redistributing funds for authorized services to be provided by Grantee under the Contract term and (2) updating the list of external sources for grant requirements. The funds will be redistributed by budget categories. There will be no change to the total not-to-exceed amount of the Contract.

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

1. **ATTACHMENT B, FY2024 BUDGET**, of the Contract is deleted in its entirety and replaced with **ATTACHMENT B-1, REVISED FY2024 BUDGET**, which is attached to this Amendment No. 2 and incorporated into the Contract as if fully set forth therein. The total not-to-exceed amount of the Contract remains \$651,803.00. All expenditures under the Contract will be in accordance with **ATTACHMENT B-1, REVISED FY2024 BUDGET**.
2. All references to the budget under this Contract and all attachments as “**ATTACHMENT B, BUDGET**,” are hereby replaced with “**ATTACHMENT B-1, REVISED FY2024 BUDGET**.”
3. This Amendment No. 2 shall be effective as of the date last signed below.
4. Except as amended and modified by this Amendment No. 2, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
5. Any further revisions to the Contract shall be by written agreement of the Parties.
6. Each Party represents and warrants that the person executing this Amendment No. 2 on its respective behalf has full power and authority to enter into this Amendment No. 2.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 2  
DSHS CONTRACT NO. HHS001311200038**

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

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

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

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

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

**THE FOLLOWING DOCUMENT IS ATTACHED TO THIS AMENDMENT NO. 2 AND INCORPORATED  
AS PART OF THE CONTRACT:**

**ATTACHMENT B-1    REVISED FY2024 BUDGET**

**ATTACHMENT B-1**  
**Revised FY2024 Budget**  
**July 1, 2023, through June 30, 2024**

- A. Funding Source: Federal
- B. Compliance with the following Grant requirements is required:
1. Texas Grant Management Standards; and
  2. 2 C.F.R. Part 200.
- C. System Agency's total reimbursement for the grant term will not exceed \$651,803.00 for the period July 1, 2023, through June 30, 2024. Grantee is required to provide a match amount of ten percent (10%) of the total grant award. All expenditures under this Grant Agreement shall be in accordance with the following cost categories:

<b>Budget Categories</b>	<b>DSHS Funding</b>
Personnel	\$326,651.00
Fringe Benefits	\$153,722.00
Travel	\$28,252.00
Equipment	\$8,008.00
Supplies	\$35,040.00
Contractual	\$0.00
Other	\$40,875.00
<b>Sum of DSHS Direct Costs</b>	<b>\$592,548.00</b>
Indirect Costs	\$0.00
<b>Sum of DSHS Direct Costs and Indirect Costs</b>	<b>\$592,548.00</b>
Plus Required Match (Cash or In-Kind)	\$59,255.00
<b>Total Contract Amount</b>	<b>\$651,803.00</b>

- D. Cost Reimbursement Budget:
1. Grantee's approved cost reimbursement budget documents all approved and allowable expenditures.
  2. Grantee shall *only* utilize the funding for approved and allowable costs. If Grantee requests to utilize funds for an expense not documented on the approved cost reimbursement budget, Grantee shall notify System Agency assigned contract manager, in writing, and request approval prior to utilizing the funds. System Agency shall provide written notification if the requested expense is approved.
  3. If needed, Grantee may revise the System Agency-approved cost reimbursement budget. Revision requirements are as follows:
    - a. System Agency approves Grantee's transfer of up to twenty-five percent (25%) of funds from budgeted direct cost categories only, excluding the "Equipment" category. Budget revisions exceeding the twenty-five percent (25%) requirement require System Agency's written approval.

**ATTACHMENT B-1**  
**Revised FY2024 Budget**  
**July 1, 2023, through June 30, 2024**

- b. Grantee may request revisions to the approved annual cost reimbursement budget direct cost categories that exceed the twenty-five percent (25%) requirement, excluding “Equipment” and “Indirect Cost” categories, by submitting a written request to the System Agency assigned contract manager. This change will require a formal contract amendment. System Agency will amend the Contract if Grantee’s revision request is approved. Grantee’s budget revision is not authorized, and funds cannot be utilized until the contract amendment is executed.
- c. Grantee may revise the annual cost reimbursement budget “Equipment” and/or “Indirect Cost” categories, however a formal contract amendment is required. Grantee shall submit to the System Agency assigned contract manager a written request to revise the budget, which includes a justification for the revisions. System Agency will amend the Contract if Grantee’s revision request is approved. Grantee’s budget revision is *not* authorized, and funds *cannot* be utilized until the contract amendment is executed.

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Judge Richard F. Cortez

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countyjudge@co.hidalgo.tx.us

Hidalgo County

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(None)

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Carbon Copy Events	Status	Timestamp
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<p>Miguel Escaname  miguel.escaname@hchd.org  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  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: 4/16/2024 1:45:23 PM  Viewed: 4/16/2024 1:45:37 PM</p>
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<p>Fred L. Waterman  Fred.Waterman@dshs.texas.gov  Security Level: Email, Account Authentication (None)</p> <p><b>Electronic Record and Signature Disclosure:</b>  Not Offered via DocuSign</p>		

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