

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001186200001
AMENDMENT NO. 4**

THE DEPARTMENT OF STATE HEALTH SERVICES (“System Agency”) and **HIDALGO COUNTY HEALTH AND HUMAN SERVICES** (“Grantee”), who are collectively referred to herein as the "Parties," to that certain Health Promotion and Chronic Disease Prevention/ Obesity and Chronic Disease Strategies (HPDCP/OCDS) contract effective October 1, 2022, and denominated DSHS Contract No. HHS001186200001, as amended, now desire to further amend the Contract. The services provided under the Contract are designed to reduce the impact of obesity and related chronic diseases in the State of Texas.

WHEREAS, the Parties have chosen to renew the Contract for an additional one-year term, add funding for activities performed during the renewal term, and revise the budget accordingly; and

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

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

1. **SECTION III, CONTRACT PERIOD AND RENEWAL**, of the Contract is amended to reflect a revised termination date of August 31, 2026.
2. **SECTION V, BUDGET AND INDIRECT COST RATE**, of the Contract is amended by adding \$125,000.00 for services provided from September 1, 2025, through August 31, 2026. The total not-to-exceed amount of this Contract is increased to \$500,000.00.
3. **ATTACHMENT A-3, REVISED FY25 STATEMENT OF WORK**, is hereby deleted in its entirety and replaced with **ATTACHMENT A-4, FY26 STATEMENT OF WORK**, which is hereby incorporated into the Contract.
4. **ATTACHMENT B-2, FY25 BUDGET**, is hereby deleted in its entirety and replaced with **ATTACHMENT B-3, FY26 BUDGET**, which is hereby incorporated into the Contract.
5. This Contract is hereby amended to include Attachment I-2, FFATA Certification, which is attached to this amendment and hereby fully incorporated into the Contract.
6. This Amendment is effective immediately upon execution by the last party to sign below. Operations and funding for Fiscal Year 2026 begins on September 1, 2025. Except as modified by this Amendment, all existing terms of the Contract, including the current Statement of Work, shall remain in full force and effect until and unless modified by written agreement of the Parties.
7. Except as modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in effect.


8. Any further revisions to the Contract shall be by written agreement of the Parties.
9. 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 IMMEDIATELY FOLLOWS.

**SIGNATURE PAGE FOR AMENDMENT NO. 4
DSHS CONTRACT NO. HHS001186200001**

DEPARTMENT OF STATE HEALTH SERVICES

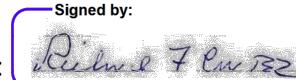
HIDALGO COUNTY HEALTH AND HUMAN SERVICES

By: 
202CEA5A9C164E2...

Name: Manda Hall, M.D

Title: Deputy Commissioner, Community Health Improvement

Date of Signature: May 9, 2025

By: 
48B14348AA3D4D3...

Name: Richard F Cortez

Title: Hidalgo County Judge

Date of Signature: April 30, 2025

THE FOLLOWING DOCUMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE CONTRACT:

- **ATTACHMENT A-4: FY26 STATEMENT OF WORK**
- **ATTACHMENT B-3: FY26 BUDGET**
- **ATTACHMENT I-2: FFATA CERTIFICATION**

ATTACHMENT A-4 FY26 STATEMENT OF WORK

I. **GRANTEE RESPONSIBILITIES**

Grantee will perform the following services in accordance with Section III, Project Reporting Requirements.

- 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.
- B. Coordinate with clinical and community partners within their service area to implement a minimum of three total strategies for the CCHB project.
- C. Implement at least two of the following priority strategies. The strategies selected for implementation must be provided in writing by the Grantee on their approved FY26 Work Plan.
 - 1. **Priority Strategy #1**: Enhance health information technology for healthcare system quality improvement.
 - 2. **Priority Strategy #2**: Develop community-clinical referral mechanisms for improved obesity and related chronic disease systems of care.
 - 3. **Priority Strategy #3**: Facilitate evidence-based education and training for providers, patients and the community to ensure consistent messaging of reliable health information and collaboration.
- D. Select and implement at least one of the following five strategies. The strategy(ies) selected for implementation must be provided in writing by the Grantee on their approved FY26 Work Plan.
 - 1. **Optional Strategy #4**: Encourage healthy lifestyles for individuals, families, and communities through health promotion, outreach, and marketing.
 - 2. **Texas State Physical Activity and Nutrition (TXPAN) Strategy A**: Implement food service guidelines in worksites and community settings.
 - 3. **TXPAN Strategy B**: Implement interventions supportive of breastfeeding that address birthing facilities, continuity of care/community support, and worksites.
 - 4. **TXPAN Strategy C**: Implement and integrate physical activity and nutrition standards in statewide early care and education systems.
 - 5. **TXPAN Strategy D**: Establish new or improved pedestrian, bicycle, or transit transportation systems that are combined with new or improved land use or environmental design.
- E. Conduct activities based on the FY26 Work Plan that was previously approved by DSHS and any TXPAN strategies approved by DSHS. Approved activities include:

1. Facilitate meetings with health systems, agencies, and/or primary care providers to discuss integration of mobile app technology into the health system/agency's electronic health record (EHR) system and/or Health Information Exchange (Priority Strategy #1).
2. Contract with one local health system/agency to integrate mobile app technology into the health system/agency's EHR system (Priority Strategy #1).
3. Develop a database of clinical providers who are accepting new patients and the insurance products they accept (Priority Strategy #2).
4. Develop a database of community providers and what services they offer for the target population (Priority Strategy #2).
5. Engage and partner with health systems/agencies and other clinical/community stakeholders on overweight and obesity management (Priority Strategy #2).
6. Review current referral procedures between Grantees and local health systems, agencies, and/or primary care providers and identify opportunities to integrate bidirectional feedback loops (Priority Strategy #2).
7. Develop and implement a standardized, bi-directional referral system for clinical and community providers (Priority Strategy #2).
8. Conduct training for clinical/community providers on the referral and bi-directional feedback loop process (Priority Strategy #2).
9. Engage clinical providers to incorporate non-pharmaceutical prescriptions into their practice (e.g., exercise prescriptions) (Priority Strategy #3).
10. Inform clinical and community providers about local resources and encourage cross collaboration where gaps exist (Priority Strategy #3).
11. Engage clinical providers and community members to become certified disease self-management peer educators (Priority Strategy #3).
12. Identify a health information training module (Priority Strategy #3).
13. Conduct a health education training program (Priority Strategy #3).
14. Develop a healthy lifestyle messages plan that includes the target audience, framed messages, media type, and setting (Optional Strategy #4).
15. Promote healthy lifestyle messages through traditional media and social media (Optional Strategy #4). Work with worksite cafeterias to offer healthier options that align with Food Service Guidelines for Federal Facilities (TXPAN Strategy A).
16. Work with worksite cafeterias to display and highlight healthier options and other point-of-decision prompts, such as Food To Encourage (TXPAN Strategy A).
17. Work with regional and local community food banks to institute food service guidelines that align with Food Service Guidelines for Federal Facilities within policies and practices (TXPAN Strategy A).
18. Work with local hospitals to explore and apply for Texas Ten Step Program to implement interventions supportive of breastfeeding (TXPAN Strategy B).
19. Educate and assist worksites in learning about and applying for the Texas Mother-Friendly Worksite recognition program (TXPAN Strategy B).
20. Educate community partners in Early Care Education about the Texas Childcare Standards/Texas Healthy Building Blocks recognition program to improve physical and nutrition standards and outdoor learning (TXPAN Strategy C).
21. Work with community partners to develop local physical activity plans that support physical activity (TXPAN Strategy D).

22. Develop, tailor, and distribute messages supporting active lifestyles (TXPAN Strategy D).
 23. Provide or promote training to educate local staff, local coalition members, and opinion leaders on combined built environment approaches to increase physical activity (TXPAN Strategy D).
- F. 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.
 - G. Develop and submit an annual project work plan in preparation for fiscal year 2027 to DSHS. The project work plan must contain approved activities from Subsection E that support the selected priority and optional strategies, as well as staff/organizational responsibility and timeframe. Grantee will use a project work plan template provided by DSHS. The project work plan draft must be reviewed and approved by DSHS prior to the final version submission date.
 - H. Submit monthly progress reports in the approved FY26 Work Plan template on or before the 15th of each month via the OPP external SharePoint and via email to bringinghealthyback@dshs.texas.gov.
 - I. Participate in quarterly feedback calls (i.e., quarterly project status reports) with DSHS Program once per quarter during the Contract term, unless otherwise agreed to in writing by DSHS. Additional calls may be added, as appropriate, by Grantee and DSHS Program. Quarterly feedback calls will be scheduled on a date mutually agreed upon by the Grantee and 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.
 - J. Submit quarterly progress updates via the electronic Performance Management and Tracking System (PMATS). Updates are due by the 15th of the month following the quarter being reported. Grantee will notify the designated DSHS program consultant via email upon completion of PMATS submittal. If Grantee is unable to provide an update in PMATS by the due date, Grantee will notify DSHS program consultant via email no later than a week prior to the due date. Updates will be based on the CCHB project strategies and work performed each month.

II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee's performance of the requirements in Attachment A-3 and compliance with the Contract's terms and conditions.

III. PROJECT REPORTING REQUIREMENTS

Grantee will submit the following reports to the designated external OPP SharePoint folder and via email to bringinghealthyback@dshs.texas.gov.

Report Title	Period Covered	Due Date
FY26 Progress Updates - Quarter 1	09/01/2025 – 11/30/2025	12/15/2025
FY26 Progress Updates - Quarter 2	12/01/2025 – 02/28/2026	03/15/2026
FY26 Progress Updates - Quarter 3	03/01/2026 – 05/31/2026	06/15/2026
FY26 Success Story - Draft	09/01/2025 – 08/31/2026	07/01/2026
FY27 Draft Work Plan	09/01/2026 – 08/31/2027	07/01/2026
FY26 Progress Updates - Quarter 4	06/01/2026 – 08/31/2026	08/31/2026
FY26 Success Story - Final	09/01/2025 – 08/31/2026	08/31/2026
FY27 Final Work Plan	09/01/2026 – 08/31/2027	08/31/2026
Monthly Work Plan Progress Report	09/01/2025 – 08/31/2026	15 th of each Contract month

IV. INVOICE AND PAYMENT

- A. Invoices must be submitted timely on a monthly basis to prevent delays to 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. For each monthly invoice, Grantee shall submit (1) the B-13 Voucher, and (2) the Voucher Support Form (VSF) provided by DSHS.
- B. Final close-out invoice and report: Grantee must submit a final close-out invoice and final financial status report no later than thirty (30) days following the end of the Contract term. Invoices received more than thirty (30) days after the end of the Contract term are subject to denial of payment.
- C. The Grantee will submit Financial Status Reports (FSR-269A) biannually during the Contract term. The FSRs will be submitted twice per year by email to Invoices@dshs.texas.gov and FSRGrants@dshs.texas.gov as follows:

PERIOD COVERED	DUE DATE
September 1, 2025– February 28, 2026	March 30, 2026
March 1, 2026 – August 31, 2026	September 30, 2026

- D. DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. DSHS will monitor Grantee’s expenditures on a biannual basis. If expenditures are below the amount in Grantee’s total Contract, Grantee’s budget may be subject to a decrease for the remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.
- E. Grantee shall maintain an inventory of equipment, supplies defined as Controlled Assets, and real property. Submit an annual cumulative report of the equipment and other property on HHS System Agency Grantee’s Property Inventory Report by email

to FSOequip@dshs.texas.gov 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 \$500.00 or more, but less than \$10,000.00: 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.

- F. Grantee shall provide advance notification of budget transfers. Grantee shall submit to the designated DSHS Contract Manager (1) a Budget Change Request (BCR) form, as provided by the DSHS Contract Manager, and (2) a revised Categorical Budget, highlighting the areas affected by the budget transfer. Grantee is advised as follows:
1. If the budget transfer(s) changes the Equipment or Indirect Cost categories, or exceeds the allowable percentage of the total Contract value, alone or cumulatively, a formal Contract amendment is required; and
 2. After review of the budget transfer(s), the designated DSHS Contract Manager shall provide notification of acceptance to Grantee via email, upon receipt of which, the revised budget shall become part of the Contract file.

**ATTACHMENT B-3
FY26 BUDGET**

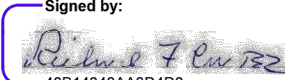
PERSONNEL	\$72,823.00
FRINGE BENEFITS	\$37,118.00
TRAVEL	\$0.00
EQUIPMENT	\$0.00
SUPPLIES	\$14,209.00
CONTRACTUAL	\$0.00
OTHER	\$850.00
TOTAL DIRECT CHARGES	\$125,000.00
INDIRECT CHARGES	\$0.00
TOTAL	\$125,000.00



Fiscal Federal Funding Accountability and Transparency Act (FFATA)

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. ***If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.***

Legal Name of Contractor: Hidalgo County	FFATA Contact: (Name, Email and Phone Number): Richard F Cortez
Primary Address of Contractor: 100 E. Cano Second Floor Edinburg, Texas 78539	Zip Code: 9-digits required www.usps.com 78539-4533
Unique Entity ID (UEI): This number replaces the DUNS www.sam.gov LHACK1UL6NR3	State of Texas Comptroller Vendor Identification Number (VIN) – 14 digits: 17460007176060

Printed Name of Authorized Representative: Richard F. Cortez	Signature of Authorized Representative Signed by:  48B14348AA3D4D3...
Title of Authorized Representative Hidalgo County Judge	Date Signed 04/30/2025

Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete, and correct to the best of my knowledge.

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? Yes No

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification. If your answer is "No", answer questions "A" and "B".

A. Certification Regarding % of Annual Gross from Federal Awards.

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? Yes No

B. Certification Regarding Amount of Annual Gross from Federal Awards.

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year? Yes No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

C. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes No

If your answer is "Yes" to this question, where can this information be accessed?

If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.

Provide compensation information here: