

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and **COLLIN COUNTY HEALTH CARE SERVICES** (Contractor) agree to amend the Program Attachment # 001A (Program Attachment) to Contract # 2010-033502 (Contract) in accordance with this Amendment No. 001B: Public Health Emergency Response – Focus Area 1, effective 10/01/2009.

This Amendment is necessary because: Revising SOW to clarify overtime premium reimbursement in emergency situations which was effective 10/01/09.

This Amendment has a retroactive effective date because: Revising SOW to clarify overtime premium reimbursement in emergency situations which was effective 10/01/09.

It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 2010-033502 as written below. All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of this contract and the terms of this Amendment, this Amendment shall control.

Therefore, DSHS and Contractor agree as follows:

SECTION VIII. SPECIAL PROVISIONS: the following paragraph 4 is hereby deleted:

~~General Provisions, General Business Operations of Contractor Article, Overtime Compensation Section, is not applicable to this Program Attachment.~~

Department of State Health Services

Signature of Authorized Official

Date:

Adolfo M. Valadez, M.D., M.P.H.

Assistant Commissioner for Prevention and Preparedness Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

512.458.7111

adolfo.valadez@dshs.state.tx.us

Contractor

Signature of Authorized Official

Date:

Name: Keith Self

Title: HCF President

Address: 2300 Bloomdale Road
McKinney, TX 75071

Phone:

Email:

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: Public Health Emergency Response - Focus Area 1

CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES

CONTRACT NO: 2010-033502

CONTRACT TERM: 09/15/2009 THRU: 07/31/2010

BUDGET PERIOD: 09/15/2009 THRU: 07/31/2010

CHG: 001B

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$387,347.00	\$387,347.00	\$0.00
Fringe Benefits	\$44,502.00	\$44,502.00	\$0.00
Travel	\$3,850.00	\$3,850.00	\$0.00
Equipment	\$37,145.00	\$37,145.00	\$0.00
Supplies	\$38,653.00	\$38,653.00	\$0.00
Contractual	\$1,288,908.00	\$1,288,908.00	\$0.00
Other	\$73,449.00	\$73,449.00	\$0.00
Total Direct Charges	\$1,873,854.00	\$1,873,854.00	\$0.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$0.00	\$0.00	\$0.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$1,873,854.00	\$1,873,854.00	\$0.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$1,873,854.00	\$1,873,854.00	\$0.00
Total Reimbursements Limit	\$1,873,854.00	\$1,873,854.00	\$0.00
JUSTIFICATION			
No change to categorical budget.			

Financial status reports are due: 12/30/2009, 03/30/2010, 06/30/2010, 09/29/2010