

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 # 001 (Program Attachment) to Contract # 2009-031934 (Contract) in accordance with this **Amendment No. 001A: CPS-BIOTERRORISM PREPAREDNESS**, effective 03/16/2010.

This Amendment is necessary because: To extend term one year.

It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 2009-031934 as written below.

Therefore, DSHS and Contractor agree as follows:

Contract term is hereby revised as follows:

TERM: 08/01/2009 THRU: ~~07/31/2010~~ 07/31/2011

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.

Department of State Health Services

Bob Burnette

Signature of Authorized Official

Date: 5/7/2010

Bob Burnette, C.P.M., CTPM

Director, Client Services Contracting Unit

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

(512) 458-7470

Bob.Burnette@dshs.state.tx.us

Contractor

Keith Self

Signature of Authorized Official

Date: 4/26/10

Name: Keith Self

Title: Collin County Judge

Address: 2300 Bloomdale Road

Phone: McKinney, TX 75071

Email: _____

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS-BIOTERRORISM PREPAREDNESS
 CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES
 CONTRACT NO: 2009-031934
 CONTRACT TERM: 08/01/2009 THRU: 07/31/2011
 BUDGET PERIOD: 08/01/2009 THRU: 07/31/2011

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$384,878.76	\$384,878.76	\$0.00
Fringe Benefits	\$130,281.46	\$130,281.46	\$0.00
Travel	\$15,131.00	\$15,131.00	\$0.00
Equipment	\$9,601.15	\$9,601.15	\$0.00
Supplies	\$44,352.57	\$44,352.57	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$63,162.00	\$63,162.00	\$0.00
Total Direct Charges	\$647,406.94	\$647,406.94	\$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	\$647,406.94	\$647,406.94	\$0.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$647,406.94	\$647,406.94	\$0.00
Total Reimbursements Limit	\$647,406.94	\$647,406.94	\$0.00
JUSTIFICATION			
No change to categorical budget. Amendment is to reflect extension of contract end term and revised FSR due dates.			

Financial status reports are due: 11/30/2009, 03/02/2010, 05/31/2010, 08/31/2010, 11/30/2010, 03/03/2011, 05/30/2011, 09/29/2011

**Texas Department of State Health Services
Financial Status Report
FSR269A**

An Excel version of this form can be downloaded at: <http://www.dshs.state.tx.us/grants/forms.shtm>

P.O. Box 149347
Austin, Texas 78714-9347

Fiscal Division/Accounts Payable
Phone (512)458-7435

Contractor Name: Collin County Health Care Services		DSHS Program: CPS/BIOTERR		
		DSHS Contract #: 2009-031934		
Payee Account #:		Attachment #: 001A		
Payee Vendor ID: 17560008736026		Basis: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		
Payee Name: COLLIN COUNTY		Contract Term:		
Address: 2300 BLOOMDALE RD #3100		From: 08/01/2009 To: 07/31/2011		
City, ST, Zip: MCKINNEY, TX 75071-8517		Period Covered in Report:		
		From: 02/01/2010 To: 04/30/2010		
PO Number: 0000352217		Check if Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Cost per General Ledger				
(1) Budget Categories	(2) Approved Budget	(3) This Period	(4) Cumulative	(5) Remaining Budget Balance (2 minus 4)
a. Personnel	384,878.76			
b. Fringe Benefits	130,281.46			
c. Travel	15,131.00			
d. Equipment	9,601.15			
e. Supplies	44,352.57			
f. Contractual	0.00			
g. Other	63,162.00			
h. Total Direct Charges	647,406.94			
i. Indirect Charges	0.00			
j. Total Charges	647,406.94			
Less: k. Program Income Collected				
l. Non-DSHS Funding				
m. In-Kind (See Instructions)				
n. ADVANCE	Advance Received	Repaid this Period	Cumulative Repayments	Advance Balance
o. Total Reimbursement Requested (net of advances)				
p. Total Reimbursement Received				
Prepared By:		Title:		Phone #:
CERTIFICATION: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Signature of Authorized Certifying Official			Date Submitted	
			/ /	
Typed or Printed Name and Title of Certifying Official			Telephone:	

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City, ST, Zip: MCKINNEY, TX 75071-8517		Period Covered in Report:	
		From: 05/01/2010 To: 07/31/2010	
PO Number: 0000352217		Check if Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No	

Project Cost per General Ledger				
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Payee Name: COLLIN COUNTY	Contract Term: From: 08/01/2009 To: 07/31/2011
Address: 2300 BLOOMDALE RD #3100 City, ST, Zip: MCKINNEY, TX 75071-8517	Period Covered in Report: From: 08/01/2010 To: 10/31/2010
PO Number: 0000352217	Check if Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No

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City, ST, Zip: MCKINNEY, TX 75071-8517		Period Covered in Report:	To: 01/31/2011	
From: 11/01/2010				
PO Number: 0000352217		Check if Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		
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