

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 # 2009-031670** (Contract) in accordance with this **Amendment No. 001A: CPS - CITIES READINESS INITIATIVE**, effective 03/17/2010.

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. 2009-031670 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: 5/1/2010

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 A. Self
Signature of Authorized Official

Date: 4/26/10

Name: Keith Self

Title: Collin County Judge

Address: 2300 Bloomdale Road

McKinney, TX 75071

Phone: _____

Email: _____

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/CRI		
		DSHS Contract #: 2009-031670		
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: 0000352107		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	39,312.84			
b. Fringe Benefits	14,191.94			
c. Travel	2,050.00			
d. Equipment	0.00			
e. Supplies	13,308.22			
f. Contractual	0.00			
g. Other	93,088.00			
h. Total Direct Charges	161,951.00			
i. Indirect Charges	0.00			
j. Total Charges	161,951.00			
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:		
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PO Number: 0000352107		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:
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PO Number: 0000352107	Check if Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No

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