



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

1100 West 49th Street • Austin, Texas 78756
P.O. Box 149347 • Austin, Texas 78714-9347
1-888-963-7111 • www.dshs.state.tx.us
TTY: 1-800-735-2989

Kelley Stone, Director of Homeland Security
Collin County Health Care Services
200 S St, STE 300
McKinney, TX 75069

Dear Mr. Stone:

Enclosed is an approved copy of your Department of State Health Services (DSHS) contract. Please file it with the office of record for your agency.

The provisions of this contract require submittal of quarterly financial reports no later than 30 days after the end of the first three quarters and a final report no later than 60 days after the end of the contract term. Attached are preprinted Financial Status Reports (FSR 269a) for the entire term of your contract. **Please forward the FSR forms to the person in your agency responsible for completion of financial reports.** If this is a contract amendment, FSRs are provided only for the remaining term of your contract. These reports are required regardless of whether or not expenses are incurred.

DSHS will not pay for reimbursements submitted/postmarked more than 60 days after the end of the contract Attachment term. Additional information regarding this policy is available on the DSHS website at <http://www.dshs.state.tx.us>.

Please reference the DSHS contract and attachment number in all future correspondence. If you have questions, please contact Janet Childers at 512-458-7111 ext. 6386 or via email at janet.childers@dshs.state.tx.us

Sincerely,

A handwritten signature in black ink that reads "Bob Burnette".

Bob Burnette, Director
Client Service Contracting Unit

Enclosures

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:	To: 04/30/2010	
From: 02/01/2010				
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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Financial Status Report
FSR269A

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City, ST, Zip: MCKINNEY, TX 75071-8517		Period Covered in Report:	To: 07/31/2010	
From: 05/01/2010				
PO Number: 0000352217		Check if Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Cost per General Ledger				
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City, ST, Zip: MCKINNEY, TX 75071-8517		Period Covered in Report:	To: 10/31/2010	
From: 08/01/2010				
PO Number: 0000352217		Check if Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		
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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 A. 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



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