

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 # 2010-035576 (Contract) in accordance with this Amendment No. 001B : CPS - CITIES READINESS INITIATIVE, effective 01/18/2011.

The purpose of this Amendment is to: Revising contract end date to align with the end of the federal project period per federal guidance.

Therefore, DSHS and Contractor agree as follows:

PROGRAM ATTACHMENT NO. ~~001A~~ 001B

TERM: 08/01/2010 THRU: ~~07/31/2012~~ 07/31/2011

SECTION VI. BILLING INSTRUCTIONS, is replaced in its entirety with the following:

Contractor shall request payment by submitting the State of Texas Purchase Voucher (Form B-13) on a monthly basis and acceptable supporting documentation for reimbursement of the required services/deliverables. Additionally, the Contractor shall submit the Match/Reimbursement Certification (Form B-13A) and the Financial Status Report (FSR-269A) on a quarterly basis. Vouchers and supporting documentation should be mailed or submitted by fax or electronic mail to the addresses/number below.

Claims Processing Unit, MC1940
Texas Department of State Health Services
1100 West 49th Street
PO Box 149347
Austin, TX 78714-9347

The fax number for submitting State of Texas Purchase Voucher (Form B-13), Match/Reimbursement Certification Form (Form B-13A), and Financial Status Report to the Claims Processing Unit is (512) 458-7442. The email address is invoices@dshs.state.tx.us.

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: 2/24/11

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: 2/8/11

Name: Keith Self

Title: President

Address: 2300 Bloomdale Road
Suite 4192

McKinney, TX 75071

Phone: (972) 548-4631

Email: _____

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: CPS - CITIES READINESS INITIATIVE

CONTRACTOR: COLLIN COUNTY HEALTH CARE SERVICES

CONTRACT NO: 2010-035576

CONTRACT TERM: 08/01/2010 THRU: 07/31/2011

BUDGET PERIOD: 08/01/2010 THRU: 07/31/2011

CHG: 001B

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$76,995.00	\$76,995.00	\$0.00
Fringe Benefits	\$24,176.00	\$24,176.00	\$0.00
Travel	\$6,170.00	\$6,170.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$15,107.00	\$15,107.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$65,553.00	\$65,553.00	\$0.00
Total Direct Charges	\$188,001.00	\$188,001.00	\$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	\$17,110.00	\$17,110.00	\$0.00
Income Total	\$17,110.00	\$17,110.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$188,001.00	\$188,001.00	\$0.00
Performing Agency Share	\$17,110.00	\$17,110.00	\$0.00
Receiving Agency Share	\$170,891.00	\$170,891.00	\$0.00
Total Reimbursements Limit	\$170,891.00	\$170,891.00	\$0.00
JUSTIFICATION			
This amendment is to reallocate funds to reflect changes in Personnel, Fringe Benefits, Travel, Supplies, and Other categories.			

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