

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and COLLIN COUNTY (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2011-037476 (Contract) in accordance with this Amendment No. 001A: TB/PC FED effective 09/28/2011.

The purpose of this Amendment is to reallocate funds.

Therefore, DSHS and Contractor agree as follows:

Program attachment number is revised to read as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

The categorical budget and equipment list are revised as attached.

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

Signature of Authorized Official

Date: 11/28/11

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

Signature of Authorized Official

Date: 11/8/11

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: Tuberculosis Prevention and Control - Federal

CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES

CONTRACT NO: 2011-037476

CONTRACT TERM: 01/01/2011 THRU: 12/31/2011

BUDGET PERIOD: 01/01/2011 THRU: 12/31/2011

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$70,236.00	\$70,236.00	\$0.00
Fringe Benefits	\$31,641.00	\$31,641.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$1,085.00	\$885.00	\$(200.00)
Supplies	\$2,187.00	\$2,187.00	\$0.00
Contractual	\$15,953.00	\$16,153.00	\$200.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$121,102.00	\$121,102.00	\$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	\$121,102.00	\$121,102.00	\$0.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$121,102.00	\$121,102.00	\$0.00
Total Reimbursements Limit	\$121,102.00	\$121,102.00	\$0.00
JUSTIFICATION			
This amendment is due to cost savings on equipment allowing the movement of funds from Equipment to Contractual for direct patient care and treatment services.			

Financial status reports are due: 05/02/2011, 08/01/2011, 10/31/2011, 02/29/2012

DEPARTMENT OF STATE HEALTH SERVICES



**1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199**

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: Tuberculosis Prevention and Control - Federal
CONTRACTOR: Collin County Health Care Services
CONTRACT TERM: 01/01/2011 THRU: 12/31/2011
BUDGET PERIOD: 01/01/2011 THRU: 12/31/2011
CONTRACT NO: 2011-037476 **CHG:** 001A

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Personal Computer (include monitor, keyboard, mouse, CDRW, MS Office Professional (Word, Excel, Access, Outlook & PowerPoint). Computer for proposed Medical Assistant.	1	\$1,085.00	\$1,085.00
			\$	\$
			\$	\$
			\$	\$

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Personal Computer (include monitor, keyboard, mouse, CDRW, MS Office Professional (Word, Excel, Access, Outlook & PowerPoint). Computer for proposed Medical Assistant.	1	\$885.00	\$885.00
			\$	\$
			\$	\$
			\$	\$