

**DEPARTMENT OF STATE HEALTH SERVICES
Contractor's Request for Revision (CRR)**

The Department of State Health Services (DSHS) and Collin County
(Contractor) agree to certain terms of Contract No. 2011-038807 (Contract), Program Attachment No. _____
(Program Attachment) in accordance with this CRR, effective the date this document is signed by DSHS or
the date specified by DSHS, as follows:

Except as provided within this CRR, all other provisions of the Contract remain in effect. In the event of a conflict
between the terms of the Contract and the terms of this CRR, this CRR shall control.

The Program Attachment is hereby revised as follows:

1. Revision Request - Section of Program Attachment to be revised:

DSHS Contract Manager Initials: *[Signature]*

Description of the revision requested. Describe any attachments to this form, which shall be incorporated into this
document as a part of the Contract: New line items need to be created in the travel, other, and supplies categories to
accommodate excess funding from personnel (<10%). See attached revised FY 12 PHEP budget

Purpose for change request: (if the effective date of the change will be retroactive, include a justification for the
retroactive effective date): Monies must be reallocated due to impending changes in personnel. Adjustments must be made in
order to move excess funds from leaving personnel salary and create new line items.

Effective date of revision, as specified by Department, is _____.

DEPARTMENT OF STATE HEALTH SERVICES

Bob Burnette
Signature of Authorized Official

1-13-12
Date

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

Keith Self
Contractor

Keith Self
Signature

12/19/11
Date

Keith Self, President
Printed Name and Title

2300 Bloomdale Road
Suite 4192
Address

McKinney, TX 75071
City, State, Zip

(972) 548-4631
Telephone Number

The general rule is that any change to the Contract requires a written Amendment (GP §13.15 [subrecipient]). The only exceptions are those explicitly stated in
§13.16 (Contractor's Notification of Change) and §13.17 (Contractor's Request for Revision).

Instructions: **Two originals** of the completed form must be signed by Contractor's representative who is authorized to sign contracts on behalf of Contractor,
and both original, signed forms must be submitted to the Contract Manager in the Contract Management Unit assigned to the Program Attachment. A separate
CRR is required for each Program Attachment to be revised. A fully executed original will be returned to Contractor if approved by the Department.

Note: Circumstances of a requested CRR may indicate the need for a Contract Amendment with written justification rather than a CRR.