



## 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](http://www.dshs.state.tx.us)  
TTY: 1-800-735-2989

June 11, 2013

Dear Contractor:

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 Stefanie Jackson at 512-776-2075 or via email at [Stefanie.Jackson@dshs.state.tx.us](mailto:Stefanie.Jackson@dshs.state.tx.us).

Sincerely,

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

Bob Burnette, Director  
Client Service Contracting Unit

Enclosures

13 JUN 17 AM 10:25

DEPARTMENT OF STATE HEALTH SERVICES



Amendment  
To

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The Department of State Health Services (DSHS) and COLLIN COUNTY HEALTH CARE (Contractor) agree to amend the Program Attachment # 006 (Program Attachment) to Contract # 2013-041110 (Contract) in accordance with this Amendment No. 006A:RLSS/LPHS-PnP, effective 02/11/2013.

The purpose of this Amendment is to increase the contract by \$5,076.00 due to restoration of PHHS block grant funds. The Categorical Budget categories are increased as follows: Personnel from \$16,518.00 to \$19,512.00, Fringe Benefits from \$5,121.00 to \$6,238.00 and Supplies from \$0.00 to \$965.00.

**Therefore, DSHS and Contractor agree as follows:**

**The Program Attachment is revised as follows:**

PROGRAM ATTACHMENT NO. ~~006~~ 006A

SECTION VIII. SPECIAL PROVISIONS, is revised to add the following:

**General Provisions, ARTICLE II SERVICES, Section 2.02 Disaster Services, is revised to include the following:**

**In the event of a local, state, or federal emergency the Contractor has the authority to utilize approximately 5% of staff's time supporting this Program Attachment for response efforts. DSHS shall reimburse Contractor up to 5% of this Program Attachment funded by Center for Disease Control and Prevention (CDC) for personnel costs responding to an emergency event. Contractor shall maintain records to document the time spent on response efforts for auditing purposes. Allowable activities also include participation of drills and exercises in the pre-event time period. Contractor shall notify the Assigned Contract Manager in writing when this provision is implemented.**

The Categorical Budget is 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

Collin County Health Care

Anita Buck for David Gruber  
Signature of Authorized Official

[Signature]  
Signature of Authorized Official

Date: 06/04/2013

Date: 5-14-13

David Gruber

Name: Keith Self

Assistant Commissioner for Regional  
and Local Health Services

Title: County Judge

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

Address: 2300 Bloomdale Rd.,

512.834.4555

Suite 4192, McKinney, TX. 75071

David.Gruber@dshs.state.tx.us

Phone: (972) 548-4623

Email: Keith.Self@collin.tx.us

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: RLSS/LOCAL PUBLIC HEALTH SYSTEM-PnP

CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES

CONTRACT NO: 2013-041110

CONTRACT TERM: 09/01/2012 THRU: 08/31/2013

BUDGET PERIOD: 09/01/2012 THRU: 08/31/2013

CHG: 006A

<b>DIRECT COST (OBJECT CLASS CATEGORIES)</b>			
	<b>Current Approved Budget (A)</b>	<b>Revised Budget (B)</b>	<b>Change Requested</b>
Personnel	\$16,518.00	\$19,512.00	\$2,994.00
Fringe Benefits	\$5,121.00	\$6,238.00	\$1,117.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$965.00	\$965.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total Direct Charges</b>	<b>\$21,639.00</b>	<b>\$26,715.00</b>	<b>\$5,076.00</b>
<b>INDIRECT COST</b>			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
<b>Indirect Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>PROGRAM INCOME</b>			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
<b>Income Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>LIMITS/RESTRICTIONS</b>			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
<b>SUMMARY</b>			
Cost Total	\$21,639.00	\$26,715.00	\$5,076.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$21,639.00	\$26,715.00	\$5,076.00
<b>Total Reimbursements Limit</b>	<b>\$21,639.00</b>	<b>\$26,715.00</b>	<b>\$5,076.00</b>
<b>JUSTIFICATION</b>			
Restore Original salary and fringes, and allocation for supplies for the nurse program manager position.			

Financial status reports are due: 12/31/2012, 03/29/2013, 06/28/2013, 10/30/2013