

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

The Department of State Health Services (DSHS) and Collin County (Contractor) agree to amend Contract No. 2016-003785-00 (Contract), which was effective on September 1, 2015. This Contract has not been amended prior to this Amendment. The amended Contract will be denominated Contract No. 2016-003785-01 for administrative purposes.

I. The Parties agree to amend Section 2 of this Contract to add an additional SEVENTY-EIGHT THOUSAND SEVEN HUNDRED SEVENTY-EIGHT DOLLARS (\$78,778.00), to increase the total Contract not to exceed amount to ONE HUNDRED FIFTY-SEVEN THOUSAND TWO HUNDRED FIFTY-THREE DOLLARS (\$157,253).

II. The Parties agree to amend Section 4 of this Contract to extend the end of the Contract term to August 31, 2017.

III. The Parties agree to amend Section 7 of this Contract by deleting the first paragraph and replace with the following:

Contractor must perform surveillance and epidemiology activities for all notifiable conditions that can be reported through the National Electronic Disease Surveillance System (NEDSS) even if the Contractor does not use NEDSS for disease reporting. The NEDSS notifiable conditions can be found in the file named, "Program Areas in NBS Rev 0814.xlsx" at the website: <https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources>. Contractor will assign the Epidemiologist funded by this contract to be responsible for all conditions reportable through NEDSS, or will assign certain conditions for infectious disease preparedness and outbreak response activities and investigations.

IV. The Parties agree to delete Section 7.8 of this Contract and replace it with the following:

8. Submit completed questionnaires related to notifiable conditions and outbreak investigations to DSHS through a secure electronic method to the designated EAIDB epidemiologist or to fax number (512) 776-7616 no later than one (1) business day after completion of interview;

V. The Parties agree to delete Section 7.10 of this Contract and replace with the following:

10. Coordinate with hospitals and clinics within their jurisdiction to have at least ninety percent (90%) of laboratory specimens for the notifiable conditions that can be reported through NEDSS and/or those related to assigned outbreak investigations sent to the Laboratory Services Section, Texas Department of State Health Services, Austin, Texas or to another specified contract laboratory for confirmatory and/or molecular testing as designated by DSHS;

VI. The Parties agree to amend Section 7, Performance Measures, number 5, of this Contract by deleting number 5 and replace with the following:

5. Assure and monitor that at least ninety percent (90%) of isolates from reported positive cases of conditions that can be reported through NEDSS for which isolates are required from hospitals and clinics within the jurisdiction and/or those related to outbreak investigations are sent to the Laboratory Services Section, Texas Department of State Health Services, Austin, Texas or to another specified public health laboratory for confirmatory and/or molecular testing as designated by DSHS;

VII. The Parties agree to amend Section 7, Performance Measures, number 7, of this Contract by deleting

DCPS FY17 IDCU/SUR RENEWAL

Organization: Collin County

DCPS-2017-IDCU/SUR-00007

Budget Summary

Organization Name: Collin County

Program ID: IDCU/SUR

Contract Number:

Procurement ID: GST-2016-Solicitation-0019

Proposal ID: DCPS-2017-IDCU/SUR-00007

Procurement Name: DCPS FY16 IDCU/SUR NEW CONTRACT

Budget Categories

Budget Categories	DSHS Funds Requested	Cash Match	In Kind Match	Category Total
Personnel	\$58,228	\$0	\$0	\$58,228
Fringe Benefits	\$20,550	\$0	\$0	\$20,550
Travel	\$0	\$0	\$0	\$0
Equipment	\$0	\$0	\$0	\$0
Supplies	\$0	\$0	\$0	\$0
Contractual	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total Direct Costs	\$78,778	\$0	\$0	\$78,778
Indirect Costs	\$0	\$0	\$0	\$0
Totals:	\$78,778	\$0	\$0	\$78,778

Subcontracting

Subcontracting Percentage: 0.00%

Match Contributions

Applicable Match Amount: \$0

Required Match Percentage: 0.00%

Required Match Amount: \$0 Calculated Match Amount: \$0

Source of Cash Match Funds

Source of In Kind Match Funds

Program Income

Projected Earnings: \$0

Source of Earnings