

**DEPARTMENT OF STATE HEALTH SERVICES**

**CONTRACT NO. 537-18-0031-00001**

**AMENDMENT NO. 1**

**THE DEPARTMENT OF STATE HEALTH SERVICES** (“System Agency” or “DSHS”) and **COLLIN COUNTY HEALTH CARE SERVICES** (“Grantee”) who are collectively referred to herein as the "Parties," to that certain grant Contract effective September 1, 2017 and denominated DSHS Contract No. 537-18-0031-00001, now desire to amend the Contract.

**WHEREAS**, the System Agency has chosen to exercise its option to renew the Contract in accordance with Section III of the Contract Signature Document;

**WHEREAS**, the Parties desire to revise the Budget to add funds for the period beginning September 1, 2018 through August 31, 2019 (hereinafter referred to as “Fiscal Year 2019” or “FY2019”);

Whereas, the Parties desire to revise the Statement of Work; and

Whereas the Parties desire to add to the Supplemental and Special Conditions.

**NOW, THEREFORE**, the Parties hereby amend and modify the Contract as follows:

1. **SECTION III** of the Signature Document, **DURATION**, is hereby amended to reflect a revised termination date of August 31, 2019.
2. **SECTION IV** of the Signature Document, **BUDGET** is hereby amended to add **ONE HUNDRED FIFTY – TWO THOUSAND EIGHT HUNDRED TWENTY - EIGHT DOLLARS (\$152,828.00)** in DSHS funding with the Grantee providing a total of **THIRTY THOUSAND FIVE HUNDRED SIXTY- SIX DOLLARS (\$30,566.00)** in matching funds, for a total Contract amount not to exceed **THREE HUNDRED SIXTY- SIX THOUSAND SEVEN HUNDRED EIGHTY- EIGHT DOLLARS (\$366,788.00)**.
3. **SECTION I.G.** of **ATTACHMENT A, STATEMENT OF WORK** is hereby deleted in its entirety and replaced with the following:

G. Not lapse more than 1% of the total funded amount of the Contract.

**ATTACHMENT B-1  
FY2019 BUDGET**

Organization Name: Collin County Health Care Services

Program ID: TB/State

Contract Number: **537-18-0031-00001– AMENDMENT 1**

<b>Budget Categories</b>	<b>DSHS Funds</b>	<b>Cash Match</b>	<b>Category Total</b>
Personnel	\$85,718.00	\$22,359.00	\$108,077.00
Fringe Benefits	\$36,859.00	\$8,207.00	\$45,066.00
Travel	\$1,728.00	\$0.00	\$1,728.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$11,147.00	\$0.00	\$11,147.00
Contractual	\$17,376.00	\$0.00	\$17,376.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Costs	\$152,828.00	\$30,566.00	\$183,394.00
Indirect Costs	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$152,828.00</b>	<b>\$30,566.00</b>	<b>\$183,394.00</b>