

**SIGNATURE DOCUMENT FOR
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000436300030
UNDER THE
TEXAS EPIDEMIOLOGY CAPACITY EXPANSION GRANT PROGRAM**

I. PURPOSE

The Department of State Health Services (System Agency), and Collin County Health Care Services (Grantee) (each a Party and, collectively, the Parties) enter into the following grant contract to provide funding for infectious disease surveillance and epidemiology activities (the Contract).

II. LEGAL AUTHORITY

This Contract is authorized by and in compliance with the provisions of Texas Government Code Chapter 791, and Chapters 12 and 121 of the Texas Health and Safety Code.

III. DURATION

The Contract is effective on September 1, 2019 and terminates on August 31, 2021 (Contract Period), unless renewed, extended, or terminated pursuant to the terms and conditions of the Contract. The System Agency, at its own discretion, may extend this Contract subject to terms and conditions mutually agreeable to both Parties.

IV. BUDGET

The total amount of this Contract will not exceed **THREE HUNDRED FORTY-TWO THOUSAND FOUR HUNDRED FORTY-FIVE DOLLARS (\$342,445.00)**. Grantee is allocated **ONE HUNDRED SEVENTY-ONE THOUSAND TWO HUNDRED TWENTY-THREE DOLLARS (\$171,223.00)** from September 1, 2019 to August 31, 2020 (FY 2020) and **ONE HUNDRED SEVENTY-ONE THOUSAND TWO HUNDRED TWENTY-TWO DOLLARS (\$171,222.00)** from September 1, 2020 to August 31, 2021 (FY 2021).

Expenditures may not exceed the above allocated amounts within the specified timeframes.

All expenditures under the Contract will be in accordance with **ATTACHMENT B - BUDGET**.

V. NOTICE TO PROCEED

Funding for this Contract is dependent on final legislative appropriations. No FY 2020 work may begin and no charges may be incurred until the System Agency issues a written notice to proceed (NTP) to Grantee. This NTP may include an amended or ratified budget which will be incorporated into this Contract by a subsequent amendment, as necessary. Notwithstanding the preceding, at the discretion of the System Agency, Grantee may be eligible to receive reimbursement for eligible expenses incurred during the Contract Period as defined herein and by 2 CFR §200.309.

ATTACHMENT B BUDGET

COLLIN COUNTY HEALTH CARE SERVICES
Contract No. HHS000436300030

Categorical Budget	September 1, 2019 to August 31, 2020	September 1, 2020 to August 31, 2021	Total Contract Amount
PERSONNEL	\$125,106.00	\$125,105.00	\$250,211.00
FRINGE BENEFITS	\$42,624.00	\$42,623.00	\$85,247.00
TRAVEL	\$1,100.00	\$1,100.00	\$2,200.00
EQUIPMENT	\$0.00	\$0.00	\$0.00
SUPPLIES	\$523.00	\$524.00	\$1,047.00
CONTRACTUAL	\$0.00	\$0.00	\$0.00
OTHER	\$1,870.00	\$1,870.00	\$3,740.00
TOTAL DIRECT CHARGES	\$171,223.00	\$171,222.00	\$342,445.00
INDIRECT CHARGES	\$0.00	\$0.00	\$0.00
TOTAL	\$171,223.00	\$171,222.00	\$342,445.00