

**SIGNATURE DOCUMENT FOR
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000483500001
UNDER THE
TUBERCULOSIS PREVENTION AND CONTROL - STATE GRANT PROGRAM**

I. PURPOSE

The Department of State Health Services (“**DSHS**” or “**System Agency**”) and Collin County Health Care Service (“**Grantee**”), each a “**Party**” and collectively the “**Parties**”, enter into the following grant contract to provide funding for Tuberculosis Prevention and Control - State Grant Program (the “**Contract**”).

II. LEGAL AUTHORITY

This Contract is authorized by and in compliance with the provisions of *Texas Government Code* Chapter 791, and *Texas Health and Safety Code* Chapters 12 and 1001.

III. STATEMENT OF SERVICES TO BE PROVIDED

Grantee shall perform services related to the Tuberculosis Prevention and Control - State (“**TB/PC-State**”) Program in accordance with the Statement of Work, and Payment for Services Provided, attached and incorporated as **Attachments A** and **B**, respectively.

IV. DURATION

The Contract is effective on September 1, 2019, and terminates on **August 31, 2020**, unless renewed, extended, or terminated pursuant to the terms and conditions of the Contract. DSHS, at its sole discretion, may extend this Contract for any period(s) of time, provided the Contract term, including all extensions or renewals, does not exceed two years.

V. PAYMENT FOR SERVICES PERFORMED

The total amount of this Contract will not exceed **\$152,828.00** in state funding with the Grantee providing a total of **\$30,566.00** in matching funds, for a combined total of **\$183,394.00**. Grantee will provide a cash match of no less than 20% of DSHS’ share of actual expenditures up to the budgeted match amount. All expenditures under the Contract will be in accordance with **Attachment B, Payment for Services Provided**.

VI. CONTRACT REPRESENTATIVES

The following will act as the designated representative authorized to administer activities, communications, and non-legal notices under this Contract on behalf of their respective Party.

DSHS
Ebony White, CTCM
1100 West 49th Street, MC 1990
Austin, Texas 78756
(512) 776-2152

Grantee
Collin County Health Care Services
825 N. McDonald St. Ste. 130
McKinney, Texas 75069
(972) 548-5503

Attachment B

Payment for Services Provided

Organization Name: Collin County Health Care Services

Program ID: TB/PC-State

Contract Number: HHS000483500001

Budget Categories	DSHS Funds	Cash Match	Category Total
Personnel	\$84,875.00	\$22,222.00	\$107,097.00
Fringe Benefits	\$36,666.00	\$8,344.00	\$45,010.00
Travel	\$2,280.00	\$0.00	\$2,280.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$11,331.00	\$0.00	\$11,331.00
Contractual	\$17,376.00	\$0.00	\$17,376.00
Other	\$300.00	\$0.00	\$300.00
Total Direct Costs	\$152,828.00	\$30,566.00	\$183,394.00
Indirect Costs	\$0.00	\$0.00	\$0.00
Totals:	\$152,828.00	\$30,566.00	\$183,394.00

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