

HEALTH CARE FOUNDATION

HCF RESOLUTION NO. 2012- 2067 -06-04

THE STATE OF TEXAS

COUNTY OF COLLIN

**Subject: Amendment No. 001C, Department of State Health Services (DSHS), Public Health Emergency Preparedness (PHEP) – Homeland Security**

On **June 4, 2012**, the Health Care Foundation Board of Trustees of Collin County, Texas, met in **regular session** with the following members present and participating to wit:

**Keith Self**  
**Matt Shaheen**  
**Cheryl Williams**  
**Joe Jaynes Not Present**  
**Duncan Webb**

**President**  
**Trustee**  
**Trustee**  
**Trustee/Secretary**  
**Trustee**

During such session the Health Care Foundation Board of Trustees considered a request for approval of a contract amendment with the Department of State Health Services (DSHS).

Thereupon, a motion was made, seconded and carried with a majority vote of the Board for approval of a contract amendment with the Department of State Health Services (DSHS) for Program Attachment No. 001B to Contract No. 2011-038807, Amendment No. 001C: Public Health Emergency Preparedness (PHEP) to extend the contract end date through and including August 31, 2012, add additional funds and further authorize the Board President to finalize and execute same. Same is hereby approved in accordance with the attached documentation.

  
\_\_\_\_\_  
**Keith Self, President**

**ATTEST:**

  
\_\_\_\_\_  
**Matt Shaheen, Trustee**



## TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.  
COMMISSIONER

P.O. Box 149347  
Austin, Texas 78714-9347  
1-888-963-7111  
TTY: 1-800-735-2989  
[www.dshs.state.tx.us](http://www.dshs.state.tx.us)

RECEIVED  
COMMISSIONER'S COURT  
2012 JUN 19 AM 9:35

June 11, 2012

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 Charlotte Jackson at 512-776-6418 or via email at [charlotte.jackson@dshs.state.tx.us](mailto:charlotte.jackson@dshs.state.tx.us)

Sincerely,

A handwritten signature in cursive script that reads "Bob Burnette".

Bob Burnette, Director  
Client Service Contracting Unit

Enclosures

Texas Department of State Health Services  
Financial Status Report  
FSR269A

An Excel version of this form can be downloaded at: <http://www.dshs.state.tx.us/grants/forms.shtm>

P.O. Box 149347  
Austin, Texas 78714-9347

Fiscal Division/Accounts Payable  
Phone (512)458-7435

Contractor Name: COLLIN COUNTY HEALTH CARE SERVICES		DSHS Program: PPCPS/HAZARDS		
		DSHS Contract #: 2011-038807		
Payee Account #:		Attachment #: 001C		
Payee Vendor ID: 17560008736026		Basis: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual		
Payee Name: COLLIN COUNTY Address: 2300 BLOOMDALE RD #3100 City, ST, Zip: MCKINNEY, TX 75071-8517		Contract Term: From: 08/01/2011 To: 08/31/2012 Period Covered in Report: From: 05/01/2012 To: 08/31/2012		
PO Number: 0000375889		Check if Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Project Cost per General Ledger</b>				
(1) Budget Categories	(2) Approved Budget	(3) This Period	(4) Cumulative	(5) Remaining Budget Balance (2 minus 4)
a. Personnel	380,976.00			
b. Fringe Benefits	139,809.00			
c. Travel	7,721.00			
d. Equipment	0.00			
e. Supplies	8,406.00			
f. Contractual	75,000.00			
g. Other	94,142.00			
h. Total Direct Charges	706,054.00			
i. Indirect Charges	0.00			
j. Total Charges	706,054.00			
Less: k. Program Income Collected				
l. Non-DSHS Funding				
m. In-Kind (See Instructions)				
n. ADVANCE	Advance Received	Repaid this Period	Cumulative Repayments	Advance Balance
o. Total Reimbursement Requested (net of advances)				
p. Total Reimbursement Received				
Prepared By:		Title:		Phone #:
<b>CERTIFICATION:</b> I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.				
Signature of Authorized Certifying Official				Date Submitted
				/ /
Typed or Printed Name and Title of Certifying Official				Telephone:

DEPARTMENT OF STATE HEALTH SERVICES



Amendment  
To

The ~~D~~epartment of State Health Services (DSHS) and COLLIN COUNTY HEALTH CARE SERVICES (Contractor) agree to amend the Program Attachment # 001B (Program Attachment) to Contract # 2011-038807 (Contract) in accordance with this Amendment No. 001C : Public Health Emergency Preparedness (PHEP), effective 04/20/2012.

The purpose of this Amendment is to extend the contract end date, add additional funds, reallocate funds to reflect actual expenditures, and to extend the equipment purchase deadline date.

Therefore, DSHS and Contractor agree as follows:  
**PROGRAM ATTACHMENT NO. ~~001B~~ 001C**

Contract Term is revised as follows:  
**TERM: 08/01/2011 THRU: ~~07/31/2012~~ 08/31/2012**

**SECTION VII. BUDGET**, is revised as per attached Categorical Budget.

**SECTION VIII. SPECIAL PROVISIONS**, is revised as follows:

Contractor is required to initiate the purchase of equipment approved under ~~the March 2012 amendment~~ **this Program Attachment** no later than **April 30, August 31, 2012** as documented by issue of a purchase order or written order confirmation from the vendor on or before ~~April 30, August 31, 2012~~. In addition, all equipment must be received no later than ~~60~~ **sixty (60)** calendar days following the end of the Program Attachment term.

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

Bob Burnette  
Signature of Authorized Official

Date: 4/12/12

Bob Burnette, C.P.M., CTPM

Director, Client Services Contracting Unit

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756  
(512) 458-7470

Bob.Burnette@dshs.state.tx.us

Contractor

Keith Self  
Signature of Authorized Official

Date: 6/5/12

Name: Keith Self

Title: President

Address: 2300 Bloomdale Road  
Suite 4192  
McKinney, TX 75071

Phone: (972) 548-4631

Email: \_\_\_\_\_

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: Public Health Emergency Preparedness (PHEP)

CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES

CONTRACT NO: 2011-038807

CONTRACT TERM: 08/01/2011 THRU: 08/31/2012

BUDGET PERIOD: 08/01/2011 THRU: 08/31/2012

CHG: 001C

<b>DIRECT COST (OBJECT CLASS CATEGORIES)</b>			
	<b>Current Approved Budget (A)</b>	<b>Revised Budget (B)</b>	<b>Change Requested</b>
Personnel	\$384,247.00	\$380,976.00	\$(3,271.00)
Fringe Benefits	\$148,737.00	\$139,809.00	\$(8,928.00)
Travel	\$5,480.00	\$7,721.00	\$2,241.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$4,299.00	\$8,406.00	\$4,107.00
Contractual	\$0.00	\$75,000.00	\$75,000.00
Other	\$159,722.00	\$94,142.00	\$(65,580.00)
<b>Total Direct Charges</b>	<b>\$702,485.00</b>	<b>\$706,054.00</b>	<b>\$3,569.00</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	\$68,279.00	\$65,028.00	\$(3,251.00)
<b>Income Total</b>	<b>\$68,279.00</b>	<b>\$65,028.00</b>	<b>\$3,251.00</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	\$702,485.00	\$706,054.00	\$3,569.00
Performing Agency Share	\$68,279.00	\$65,028.00	\$(3,251.00)
Receiving Agency Share	\$634,206.00	\$641,026.00	\$6,820.00
<b>Total Reimbursements Limit</b>	<b>\$634,206.00</b>	<b>\$641,026.00</b>	<b>\$6,820.00</b>
<b>JUSTIFICATION</b>			
This amendment is to extend the contract end date, add additional funds, reallocate funds to reflect actual expenditures, and to extend the equipment purchase deadline date.			

Financial status reports are due: 11/30/2011, 03/01/2012, 05/30/2012, 10/30/2012