

HEALTH CARE FOUNDATION

HCF RESOLUTION NO. 2012- 2066 -06-04

THE STATE OF TEXAS

COUNTY OF COLLIN

Subject: Amendment No.1 001A, Department of State Health Services (DSHS), CPS – Cities Readiness Initiative – 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. 001 to Contract No. 2011-038526, Amendment No. 001A: CPS – Cities Readiness Initiative 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

1100 West 49th Street • Austin, Texas 78756
P.O. Box 149347 • Austin, Texas 78714-9347
1-888-963-7111 • www.dshs.state.tx.us
TTY: 1-800-735-2989

June 11, 2012

Dear Contractor:

Enclosed is an approved copy of your Department of State Health Services (DSHS) contract amendment. 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 Lisa Massock at 512-458-7111 ext. 6943 or via email at lisa.massock@dshs.state.tx.us

Sincerely,

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

Bob Burnette, Director
Client Service Contracting Unit

Enclosures

RECEIVED
COMMISSIONER'S COURT
2012 JUN 15 AM 9:33

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/CRI		
		DSHS Contract #: 2011-038526		
Payee Account #:		Attachment #: 001A		
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: 07/31/2012		
PO Number: 0000375293		Check if Final Report <input type="checkbox"/> Yes <input type="checkbox"/> No		
Project Cost per General Ledger				
(1) Budget Categories	(2) Approved Budget	(3) This Period	(4) Cumulative	(5) Remaining Budget Balance (2 minus 4)
a. Personnel	78,656.00			
b. Fringe Benefits	22,087.00			
c. Travel	4,572.00			
d. Equipment	625.00			
e. Supplies	4,241.00			
f. Contractual	0.00			
g. Other	48,771.00			
h. Total Direct Charges	158,952.00			
i. Indirect Charges	0.00			
j. Total Charges	158,952.00			
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 #:
CERTIFICATION: 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 Department of State Health Services (DSHS) and COLLIN COUNTY HEALTH CARE SERVICES (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2011-038526 (Contract) in accordance with this Amendment No. 001A : CPS - CITIES READINESS INITIATIVE, effective 04/20/2012.

This Amendment is necessary to extend the contract end date and to extend the equipment purchase deadline date. Add additional funds to cover the extension for the month of August.

Therefore, DSHS and Contractor agree as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

TERM: 08/01/2011 _ THRU: ~~07/31/2012~~ 08/31/2012

General Provisions, General Business Operations of Contractor Article, Equipment Purchases, is revised as follows:

Contractor is required to initiate the purchase of equipment approved under this Program Attachment no later than August 31, 2012 as documented by issue of a purchase order or written order confirmation from the vendor on or before August 31, 2012. In addition, all equipment must be received no later than 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: 6/11/12

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: CPS - CITIES READINESS INITIATIVE

CONTRATOR: COLLIN COUNTY HEALTH CARE SERVICES

CONTRACT NO: 2011-038526

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

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

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$76,403.00	\$78,656.00	\$2,253.00
Fringe Benefits	\$21,451.00	\$22,087.00	\$636.00
Travel	\$4,572.00	\$4,572.00	\$0.00
Equipment	\$625.00	\$625.00	\$0.00
Supplies	\$4,241.00	\$4,241.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$47,560.00	\$48,771.00	\$1,211.00
Total Direct Charges	\$154,852.00	\$158,952.00	\$4,100.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$0.00	\$0.00	\$0.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$14,097.00	\$14,801.00	\$704.00
Income Total	\$14,097.00	\$14,801.00	\$-704.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$154,852.00	\$158,952.00	\$4,100.00
Performing Agency Share	\$14,097.00	\$14,801.00	\$704.00
Receiving Agency Share	\$140,755.00	\$144,151.00	\$3,396.00
Total Reimbursements Limit	\$140,755.00	\$144,151.00	\$3,396.00
JUSTIFICATION			
This amendment is to extend the contract end date and to extend the equipment purchase deadline date.			

Financial status reports are due: 11/30/2011, 03/01/2012, 05/30/2012, 08/31/2012, 10/30/2012

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

EQUIPMENT LIST CHANGE REQUEST

DSHS PROGRAM: **CPS - CITIES READINESS INITIATIVE**
 CONTRACTOR: **COLLIN COUNTY HEALTH CARE SERVICES**
 CONTRACT TERM: **08/01/2011** THRU: **08/31/2012**
 BUDGET PERIOD: **08/01/2011** THRU: **08/31/2012**
 CONTRACT NO: **2011-038526** CHG: **001A**

PREVIOUS EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Amateur Radio - IC-2820H FM, AM, DV, 522 channels, SO-239 x 2, 13.8V DC -10C = 60 C	1	\$625.00	\$625.00
			\$	\$
			\$	\$
			\$	\$

NEW EQUIPMENT LIST

Item #	Equipment Description	Units	Unit Cost	Total
1	Amateur Radio - IC-2820H FM, AM, DV, 522 channels, SO-239 x 2, 13.8V DC -10C = 60 C	1	\$625.00	\$625.00
			\$	\$
			\$	\$
			\$	\$