

**SIGNATURE DOCUMENT FOR  
DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT No. 537-18-0205-00001  
UNDER THE  
REGIONAL LOCAL SERVICES SYSTEM/LOCAL PUBLIC HEALTH SERVICES GRANT  
PROGRAM**

**I. PURPOSE**

The Department of State Health Services ("System Agency") pass-through entity and Collin County Health Care Services ("Grantee") (each a "Party" and collectively the "Parties") enter into the following grant contract to provide funding for Local Public Health Services to improve or strengthen local public health infrastructure within the State of Texas (the "Contract").

**II. LEGAL AUTHORITY**

This Contract is authorized by and in compliance with the provisions of Texas Government Code Chapter 791.

**II. DURATION**

The Contract is effective on **September 1, 2017** and terminates on **August 31, 2019**, unless renewed 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.

**III. BUDGET**

The total amount of this Contract will not exceed **FORTY-THREE THOUSAND TWO HUNDRED SEVENTY-EIGHT DOLLARS (\$43,278.00)**. All expenditures under the Contract will be in accordance with **ATTACHMENT B, BUDGET**.

Funding for this Contract is dependent on State Appropriations and Federal Grant funds. No work may begin and no charges may be incurred until the System Agency issues a written notice to proceed to Grantee. This Notice to Proceed may include an Amended or Ratified Budget which will be incorporated into this Contract by a subsequent Amendment, as necessary.

**IV. CONTRACT REPRESENTATIVES**

The following will act as the Representative authorized to administer activities under this Contract on behalf of their respective Party.

**System Agency**

Department of State Health Services  
1100 West 49<sup>th</sup> Street, MC 1990

## ATTACHMENT B BUDGET

<b>Budget Categories</b>	<b>FY18 Budget Summary</b>	<b>FY19 Budget Summary</b>
Personnel	\$16,283.00	\$16,283.00
Fringe Benefits	\$5,265.50	\$5,265.50
Travel	\$90.50	\$90.50
Equipment	\$0	\$0
Supplies	\$0	\$0
Contractual	\$0	\$0
Other	\$0	\$0
<b>Sum of Direct Costs</b>	<b>\$21,639.00</b>	<b>\$21,639.00</b>
Indirect Costs	\$0	\$0
<b>Sum of Total Direct Costs and Indirect Costs</b>	<b>\$21,639.00</b>	<b>\$21,639.00</b>
Less Match (Cash or In-Kind)	\$0	\$0
<b>TOTAL</b>	<b>\$21,639.00</b>	<b>\$21,639.00</b>