

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT No. HHS000047600001
AMENDMENT No. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** ("System Agency" or "DSHS") and **COLLIN COUNTY HEALTH CARE SERVICES** ("Grantee") who are collectively referred to herein as the "Parties," to that certain grant Contract effective January 1, 2018, and denominated DSHS Contract No. HHS000047600001, now desire to amend the Contract.

WHEREAS, the System Agency has chosen to exercise its option to renew the Contract in accordance with Section III of the Contract Signature Document;

WHEREAS, the Parties desire to revise the Budget to add funds for the period beginning January 1, 2019, through December 31, 2019 (hereinafter referred to as "Fiscal Year 2019" or "FY 2019");

WHEREAS, the Parties desire to revise the Statement of Work.

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. **SECTION IV** of the Signature Document, **BUDGET**, is hereby amended to add **ONE HUNDRED FOURTEEN THOUSAND THREE HUNDRED EIGHTY-SIX DOLLARS (\$114,386.00)** in DSHS funding with the grantee providing a total of **TWENTY-TWO THOUSAND EIGHT HUNDRED SEVENTY-SEVEN DOLLARS (\$22,877.00)** in matching funds, for a total Contract amount not to exceed **TWO HUNDRED SEVENTY-FOUR THOUSAND FIVE HUNDRED TWENTY-SIX DOLLARS (\$274,526.00)**.
2. **SECTION I.G.** of **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following: "During the term of this Contract, DSHS reserves the right to decrease funding amounts as a result of the Grantee's budgetary shortfalls and/or due to the Grantee lapsing more than 1% of total funds."
3. **SECTION III. A.** of **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following email address to which vouchers and any supporting documentation must also be submitted by electronic mail: CMSinvoices@dshs.texas.gov.
4. **Section III. B.** of **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following: "Contractor must submit final FSR and a reimbursement or final payment request no later than forty-five (45) calendar days following the end of the Contract term."
5. The Parties agree to add to the Contract **ATTACHMENT B-1, FY 2019 BUDGET**, which is attached to this Amendment and incorporated into the Contract as if fully set forth therein. All FY 2019 expenditures shall be made in accordance with **Attachment B-1**.

6. **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following **SECTION IV**:

IV. PROGRAMMATIC REPORTING REQUIREMENTS

| Report Name | Frequency | Period Begin | Period End | Due Date |
|---|------------------|---------------------|--------------------|-------------------|
| FY18 Narrative Report | Annually | January 1, 2018 | December 31, 2018 | April 1, 2019 |
| FY19 Narrative Report | Annually | January 1, 2019 | December 31, 2019 | April 1, 2020 |
| Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A) | Quarterly | January 1, 2019 | March 31, 2019 | April 30, 2019 |
| Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A) | Quarterly | April 1, 2019 | June 30, 2019 | July 31, 2019 |
| Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A) | Quarterly | July 1, 2019 | September 30, 2019 | October 31, 2019 |
| Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A) | Quarterly | October 1, 2019 | December 31, 2019 | February 17, 2020 |

7. **ATTACHMENT D, SUPPLEMENTAL AND SPECIAL CONDITIONS** is hereby amended to add the following new Section 1.16 under the Special Conditions:

SECTION 1.16 CONTRACTOR'S PROPERTY INVENTORY REPORT.

Grantee shall maintain an inventory of equipment, supplies defined as Controlled Assets, and real property and submit an annual cumulative report of the equipment and other property on HHS System Agency's Contractor's Property Inventory Report to the assigned DSHS Contract Manager and DSHS Contract Oversight and Support (email address: COSequip@dshtexas.gov) by electronic mail no later than October 15 of each year. The Contractor's Property Inventory Report may be found at: <http://www.dshs.texas.gov/contracts/forms.shtm>.

8. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract shall remain in full force and effect.
9. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 1
DSHS CONTRACT NO. HHS000047600001**

DEPARTMENT OF STATE HEALTH SERVICES GRANTEE

DocuSigned by:
Imelda Garcia
7B1D18EDD8CD493...
Imelda Garcia

Associate Commissioner, LIDS

DocuSigned by:
By: Keith Self
7C903EC0CD83417...
Name: Keith Self

Title: County Judge

Date of Execution: December 4, 2018

Date of Execution: December 4, 2018

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE
CONTRACT:**

ATTACHMENT B-1 FY 2019 BUDGET

**ATTACHMENT B-1
FY 2019 BUDGET**

Organization Name: Collin County Health Care Services

Program ID: TB/PC-Federal

Contract Number: HHS000047600001 – AMENDMENT 1

| Budget Categories | DSHS Funds | Cash Match | Category Total |
|--------------------------|---------------------|--------------------|-----------------------|
| Personnel | \$65,859.00 | \$16,258.00 | \$82,117.00 |
| Fringe Benefits | \$27,233.00 | \$6,619.00 | \$33,852.00 |
| Travel | \$3,736.00 | \$0.00 | \$3,736.00 |
| Equipment | \$0.00 | \$0.00 | \$0.00 |
| Supplies | \$5,738.00 | \$0.00 | \$5,738.00 |
| Contractual | \$2,500.00 | \$0.00 | \$2,500.00 |
| Other | \$9,320.00 | \$0.00 | \$9,320.00 |
| Total Direct Costs | \$114,386.00 | \$22,877.00 | \$137,263.00 |
| Indirect Costs | \$0.00 | \$0.00 | \$0.00 |
| Totals | \$114,386.00 | \$22,877.00 | \$137,263.00 |

Certificate Of Completion

Envelope Id: 8F5828CA31454C09A78078B159D0BF02

Status: Completed

Subject: Amending \$274,526; HHS000047600001; Collin County Health Care Services A-1; DSHS/CMS

Source Envelope:

Document Pages: 13

Signatures: 2

Envelope Originator:

Certificate Pages: 2

Initials: 0

Texas Health and Human Services Commission

AutoNav: Enabled

1100 W. 49th St.

Enveloped Stamping: Enabled

Austin, TX 78756

Time Zone: (UTC-06:00) Central Time (US & Canada)

PCS_DocuSign@hhsc.state.tx.us

IP Address: 167.137.1.15

Record Tracking

Status: Original

11/12/2018 10:42:40 AM

Holder: Texas Health and Human Services

Commission

Location: DocuSign

PCS_DocuSign@hhsc.state.tx.us

Signer Events

Keith Self

Kself@co.collin.tx.us

County Judge

Security Level: Email, Account Authentication
(None)

Signature

DocuSigned by:
Keith Self
7C903EC0CD83417...

Signature Adoption: Pre-selected Style
Using IP Address: 65.68.53.249

Timestamp

Sent: 11/12/2018 10:47:56 AM

Viewed: 11/19/2018 10:52:51 AM

Signed: 12/4/2018 10:32:50 AM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Imelda Garcia

ImeldaM.Garcia@dshs.texas.gov

Associate Commissioner, LIDS

Security Level: Email, Account Authentication
(None)

DocuSigned by:
Imelda Garcia
7B1D18EDD8CD493...

Signature Adoption: Pre-selected Style
Using IP Address: 160.42.85.8

Sent: 12/4/2018 10:32:51 AM

Viewed: 12/4/2018 12:18:45 PM

Signed: 12/4/2018 12:19:14 PM

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events

Status

Timestamp

Certified Delivery Events

Status

Timestamp

Carbon Copy Events

Status

Timestamp

CMU Mailbox

CMUContracts@dshs.texas.gov

Security Level: Email, Account Authentication
(None)

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Sent: 11/12/2018 10:47:56 AM

Viewed: 11/12/2018 10:50:24 AM

Electronic Record and Signature Disclosure:

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Carbon Copy Events**Status****Timestamp**

Mary Ann Graham

maryann.graham@hhsc.state.tx.us

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**
Not Offered via DocuSign**COPIED**

Sent: 11/12/2018 10:47:55 AM

Ebony White

Ebony.White@dshs.texas.gov

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**
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Viewed: 11/12/2018 1:27:01 PM

Eileen Prentice

Eprentice@co.collin.tx.us

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**
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Notary Events**Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

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Certified Delivered

Security Checked

12/4/2018 12:18:45 PM

Signing Complete

Security Checked

12/4/2018 12:19:14 PM

Completed

Security Checked

12/4/2018 12:19:14 PM

Payment Events**Status****Timestamps**