

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS00004760001
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. HHS00004760001, 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**.

**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