

**Covid-19 Disaster Response**

FY 2020 Budget

12/01/2019-8/31/2020

HHS000769800001

Grant Award: \$1,357,355

PAS

753

**FYI GRANT BUDGET**

**EXPENDITURES:**

**From:**

HC GT-----FUND BALNC 2108-00000-0000-00-00-0000-300251 \$1,357,355

**To:**

HC GT-COVID-19-REG FT GT280A-2108-600019169-504010 601,012

HC GT-COVID-19-CT BUYOUT GT280B-2108-600019169-514107 -

HC GT-COVID-19-FICA/MED GT280B-2108-600019169-524220 45,977

HC GT-COVID-19-EE H/IN GT280B-2108-600019169-524230 139,542

HC GT-COVID-19-LT DISAB GT280B-2108-600019169-524235 1,442

HC GT-COVID-19-ST DISAB GT280B-2108-600019169-524236 252

HC GT-COVID-19-LT CARE GT280B-2108-600019169-524237 3,610

HC GT-COVID-19-RETIR GT280B-2108-600019169-524240 48,081

HC GT-COVID-19-UE INS GT280B-2108-600019169-524260 601

HC GT-COVID-19-TRAVL GT280C-2108-600019169-604901 5,716

HC GT-COVID-19-ED&CONF GT280C-2108-600019169-604910 -

HC GT-COVID-19-IN/H TRN GT280C-2108-600019169-604920 -

HC GT-COVID-19-SEM REGIS GT280C-2108-600019169-604990 -

HC GT-COVID-19-OFFICE GT280E-2108-600019169-615101 3,000

HC GT-COVID-19-COMP CUPPL GT280E-2108-600019169-615102 -

HC GT-COVID-19-PHONE SUPP GT280E-2108-600019169-615105 11,966

HC GT-COVID-19-EDUC SUPL GT280E-2108-600019169-626107 -

HC GT-COVID-19-MED SUP GT280E-2108-600019169-626117 240,550

HC GT-COVID-19-PRINT MAT GT280E-2108-600019169-626562 3,000

HC GT-COVID-19-ADVERTISING GT280F-2108-600019169-626561 40,000

HC GT-COVID-19-PHNE/MEDIA GT280G-2108-600019169-648011 5,328

HC GT-COVID-19-CELL GT280G-2108-600019169-648015 6,912

HC GT-COVID-19-NC COMP EQ GT280D-2108-600019169-798902 45,556

HC GT-COVID-19-NC SOFTWARE GT280D-2108-600019169-798903 15,540

HC GT-COVID-19-NC OFFICE EQ GT280D-2108-600019169-798901 -

HC GT-COVID19-CAP MED EQ GT280D-2108-600019169-809009 114,270

HC GT-COVID19-CAP AUTOEQ GT280D-2108-600019169-809070 25,000

10/7/2020

State of Texas

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Court Order

Collin County

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2020-2049-04-20

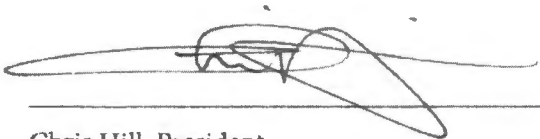
Health Care Foundation

§

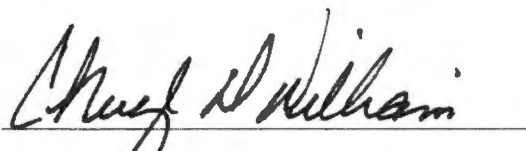
**An order of the Collin County Health Care Foundation Board of Trustees accepting a grant.**

The Collin County Health Care Foundation Board of Trustees hereby accepts the FY 2020 COVID-19 Grant with the Texas Department of State Health Services, and further finalizes and executes the interlocal cooperation agreement for same, as detailed in the documentation.

A motion was made, seconded, and carried by a majority of the Board members in attendance during a regular session on Monday, April 20, 2020.



Chris Hill, President



ATTEST: Cheryl Williams, Trustee/Secretary

**INTERLOCAL COOPERATION CONTRACT  
THE DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS000769800001**

**THE DEPARTMENT OF STATE HEALTH SERVICES** (“System Agency” or “DSHS”) and **COLLIN COUNTY** (“Local Government,” “Grantee,” “Performing Agency,” or “Contractor”), each a “Party” and collectively the “Parties,” enter into the following contract for activities in support of Coronavirus 2019 (COVID-19) response and in alignment with the Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802) from the Centers for Disease Control and Prevention (CDC) (the “Contract” or the “Base Contract”) pursuant to the provisions of the “Interlocal Cooperation Act,” Chapter 791 of the Texas Government Code.

**I. PARTIES**

The following will act as the Representative authorized to act on behalf of their respective Party.

System Agency

Name: Department of State Health Services  
Address: 1100 W. 49<sup>th</sup> Street, MC 1990  
City and Zip: Austin, TX 78756  
Contact Person: Jennifer Boggs  
Telephone: 512-776-3967  
Fax number: 512-776-7391  
E-Mail Address: [Jennifer.Boggs@dshs.texas.gov](mailto:Jennifer.Boggs@dshs.texas.gov)  
Agency Number: 537

Local Government

Name: Collin County  
Address: 825 N. McDonald, Suite 130  
City and Zip: McKinney, TX 75069  
Contact Person: Joann L. Gilbride  
Telephone: 972-548-5503  
Fax number: 972-548-4441  
E-Mail Address: [jgillbride@co.collin.tx.us](mailto:jgillbride@co.collin.tx.us)

**II. STATEMENT OF SERVICES TO BE PROVIDED**

The Parties agree to cooperate to provide necessary and authorized services and resources in accordance with the terms of this Contract. Specific services provided are described in **Attachment A – Statement of Work**.

**III. CONTRACT PERIOD AND RENEWAL**

The Contract is effective on the signature date of the latter of the Parties to sign this agreement and terminates on March 15, 2021, unless renewed, extended, or terminated pursuant to the terms and conditions of the Contract. The Parties may extend this Contract subject to mutually agreeable terms and conditions.

**IV. AMENDMENT**

The Parties to this Contract may modify this Contract only through the execution of a written amendment signed by both Parties.

**V. CONTRACT AMOUNT AND PAYMENT FOR SERVICES**

The total amount of this Contract shall not exceed \$669,893.00, as provided for in **Attachment B – Budget**.

## **VI. LEGAL NOTICES**

Legal Notices under this Contract shall be deemed delivered when deposited either in the United States mail, postage paid, certified, return receipt requested; or with a common carrier, overnight, signature required, to the appropriate address below:

**System Agency**  
Department of State Health Services  
1100 W. 49th Street, MC 1911  
Austin, TX 78756  
Attention: Office of General Counsel

**Local Government**  
Collin County  
825 N. McDonald, Suite 130  
McKinney, TX 75069  
Attention: Joann L. Gilbride

Notice given in any other manner shall be deemed effective only if and when received by the Party to be notified. Either Party may change its address for receiving legal notice by notifying the other Party in writing.

## **VII. CERTIFICATIONS**

The undersigned contracting Parties certify that:

- (1) The services specified above are necessary and essential for activities that are properly within the statutory functions and programs of the affected agencies of state government;
- (2) Each Party executing this Contract on its behalf has full power and authority to enter into this Contract;
- (3) The proposed arrangements serve the interest of efficient and economical administration of state government; and
- (4) The services contracted for are not required by Section 21, Article XVI of the Constitution of Texas to be supplied under a contract awarded to the lowest responsible bidder.

The System Agency further certifies that it has statutory authority to contract for the services described in this Contract under Texas Government Code, Chapter 791, Texas Health and Safety Code, Chapter 81, and Texas Government, Code 531.

The Local Government further certifies that it has statutory authority to contract for the services described in this Contract under Texas Government Code, Chapter 791.

**SIGNATURE PAGE FOR SYSTEM AGENCY CONTRACT NO. HHS000769800001**

**DEPARTMENT OF STATE HEALTH SERVICES**

**COLLIN COUNTY**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**THE FOLLOWING ATTACHMENTS TO THIS CONTRACT ARE HEREBY  
INCORPORATED BY REFERENCE AND MADE PART OF THIS CONTRACT:**

- ATTACHMENT A – STATEMENT OF WORK**
- ATTACHMENT B – BUDGET**
- ATTACHMENT C – HHS UNIFORM TERMS AND CONDITIONS – GOVERNMENTAL ENTITY,  
VERSION 3.0**
- ATTACHMENT D – DATA USE AGREEMENT**
- ATTACHMENT E – FEDERAL ASSURANCES AND CERTIFICATIONS**

**ATTACHMENT A**  
**STATEMENT OF WORK**  
**COVID-19 – Component B**

**I. GRANTEE RESPONSIBILITIES**

Grantee will:

- A. Perform activities in support of Coronavirus 2019 (COVID-19) response and in alignment with the Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802) from the Centers for Disease Control and Prevention (CDC).
- B. Perform required activities intended to slow the of transmission of the disease, minimize morbidity and mortality, preserve function of healthcare workforce and infrastructure, and minimize social and economic impacts. Required activities include:
  1. Surveillance, Laboratory Testing, and Reporting  
Recipients are required to implement and scale up laboratory testing and data collection to enable identification and tracking of COVID-19 cases in the community and are responsible for immediate implementation of real-time reporting to CDC. Specifically, jurisdictions should focus on the following activities, in accordance with CDC guidelines:
    - a. Conduct surveillance to identify cases, report case data in a timely manner, identify contacts, characterize disease transmission, and track relevant epidemiologic characteristics including hospitalization and death.
    - b. Conduct surveillance to monitor virologic and disease activity in the community and healthcare settings.
    - c. Implement routine and enhanced surveillance to support the science base that informs public health interventions that mitigate the impact of COVID-19, including understanding of clinical characteristics; infection prevention and control practices; and other mitigation requirements.
    - d. Establish or enhance core epidemiological activities to support response such as risk assessment, case classification, analysis, visualization, and reporting.
    - e. Conduct surveillance to monitor disruption in the community caused by COVID-19 and related mitigation activities (e.g., school closures and cancellation of mass gatherings).
    - f. Conduct surveillance to monitor disruption in healthcare systems caused by COVID-19 (e.g., shortages of personal protective equipment).
  2. Community Intervention Implementation Plan

- a. Recipients must develop a brief COVID-19 community intervention implementation plan that describes how the state and local jurisdictions will achieve the response's three mitigation goals: 1) Slow transmission of disease; 2) Minimize morbidity and mortality; and 3) Preserve healthcare, workforce, and infrastructure functions and minimize social and economic impacts. The plan should address how the recipient will:
    - i. Minimize potential spread and reduce morbidity and mortality of COVID-19 in communities.
    - ii. Plan and adapt for disruption caused by community spread and interventions to prevent further spread.
    - iii. Ensure healthcare system response is an integrated part of community interventions.
    - iv. Ensure integration of community mitigation interventions with health system preparedness and response plans and interventions.
- C. May use funds to pay pre-award costs which date back to January 20, 2020, and directly relate to the outbreak.
- D. Complete all required and allowable activities by March 15, 2021.
- E. Develop a work plan outlining allowable activities. Grantee will submit a workplan thirty (30) days after execution of this document and on a template provided by the System Agency.
- F. Submit a final performance report that describes progress toward achieving the objectives contained in the approved workplan within an established timeframe designated by the Contractual Requirements Schedule, using the template provided by System Agency.
- G. Not use funds for research, clinical care, fund-raising activities, construction or major renovations, to supplant existing state or federal funds for activities, purchase of vehicles of any kind, uniforms or furniture, or funding an award to another party or provider who is ineligible. Funds cannot be used for the preparation, distribution, or use of any material (publicity or propaganda) or to pay the salary or expenses of grant recipients, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body beyond normal, recognized executive relationships.
- H. Submit monthly local health department COVID-19 spend plans and progress reports within an established timeframe designated by the Contractual Requirements Schedule, using the template provided by System Agency. Failure to submit a required report or additional requested information by the due date specified in this Contract or upon request constitutes breach of contract and may result in delay of payment. Reports should be sent electronically to [PHEP@dshs.texas.gov](mailto:PHEP@dshs.texas.gov) and the assigned Contract Manger.

- I. Comply with all applicable regulations, standards, and guidelines in effect on the beginning date of this Contract and as amended.
- J. The following documents and resources are incorporated herein by reference and made a part of this Contract as if fully set forth therein:
  1. DSHS and CDC Public Health Crisis Response Cooperative Agreement, Funding Opportunity Number: CDC-RFA-TP18-1802;
  2. Project workplan; and
  3. Local Health Department COVID Monthly Spend Plan(s).

## **II. PERFORMANCE MEASURES**

DSHS will monitor the Grantee's performance of the requirements in this Statement of Work and compliance with the Contract's terms and conditions.

## **III. REPORTING REQUIREMENTS**

Grantee, at the request of the System Agency, may be required to submit additional reports determined necessary to accomplish the objectives of and monitor compliance with this Contract. Grantee must submit reports in a format specified by the System Agency. Grantee will provide System Agency financial reports as System Agency determines necessary to accomplish the objectives of this Contract and to monitor compliance. If Grantee is legally prohibited from providing any report under this Contract, Grantee will immediately notify System Agency in writing.

Grantee will provide and submit written reports, by electronic mail in the format specified by System Agency. Grantee will complete and submit the Local Health Department COVID-19 Monthly Spend Plans by the 5<sup>th</sup> business day of each month. Grantee shall maintain the source documentation used to develop the reports. All written reports should be titled with the Grantee name, address, email address, telephone number, program name, contract or purchase order number, dates services were completed and/or products were delivered, the time period of the report, total invoice amount, and invoices paid to subgrantees for services received.

DSHS will develop performance measures in collaboration with the Grantee. DSHS will monitor the Grantee's performance of the requirements in this Statement of Work and compliance with the Contract's terms and conditions.

## **IV. INVOICE AND PAYMENT**

- A. Grantee will request payment monthly using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation for reimbursement of the required services/deliverables. The Grantee will submit the Financial Status Report (FSR-269A). Vouchers, supporting documentation, and Financial Status Reports should be mailed or emailed to the addresses below.



Department of State Health Services  
Claims Processing Unit, MC 1940  
1100 West 49th Street  
P.O. Box 149347  
Austin, TX 78714-9347  
FAX: (512) 458-7442

EMAIL: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) & [CMSInvoices@dshs.texas.gov](mailto:CMSInvoices@dshs.texas.gov)

B-13s and supporting documentation should be sent to: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) & [CMSInvoices@dshs.texas.gov](mailto:CMSInvoices@dshs.texas.gov).

FSRs should be sent to: [FSRGrants@dshs.texas.gov](mailto:FSRGrants@dshs.texas.gov) & [CMSInvoices@dshs.texas.gov](mailto:CMSInvoices@dshs.texas.gov).

- B. Subject to submission of required and appropriate documentation, and in accordance with applicable law and governing regulations, Grantee will be reimbursed monthly and in accordance with **Attachment B, Budget**.

**Attachment B  
Budget**

<b>COVID 19 Funding Allocation</b>	
<b>Budget Categories</b>	<b>DSHS Funding</b>
<b>Personnel</b>	\$328,512
<b>Fringe Benefits</b>	\$121,812
<b>Travel</b>	\$2,858
<b>Equipment</b>	\$0
<b>Supplies</b>	\$206,277
<b>Contractual</b>	\$0
<b>Other</b>	\$10,434
<b>Total Direct Costs</b>	\$669,893
<b>Indirect Cost Rate Amount</b>	\$0
<b>Contract Total</b>	<b>\$669,893</b>