

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT No. HHS000483500001
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 September 1, 2019 and denominated DSHS Contract No. HHS000483500001, now want to amend the Contract.

WHEREAS, DSHS has chosen to exercise its option to renew the Contract term;

WHEREAS, the Parties want to add funds for the period beginning September 1, 2019 through August 31, 2020 (hereinafter referred to as “**Fiscal Year 2020**” or “**FY2020**”); As well as add funds for the period beginning September 1, 2020 through August 31, 2021 (hereinafter referred to as “**Fiscal Year 2021**” or “**FY2021**”).

WHEREAS, the Parties want to revise the signature document to change the DSHS Contract Representative’s name; and

WHEREAS, the Parties want to revise the Statement of Work for Fiscal Year 2021.

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

1. **ARTICLE IV** of the Signature Document, **DURATION**, is hereby amended to reflect a revised termination date of August 31, 2021.
2. **ARTICLE V OF THE SIGNATURE DOCUMENT, BUDGET** is hereby amended to add **\$47,523.00** in DSHS funding to the FY2020 Budget of **\$152,828.00** with the Grantee providing **\$30,566.00** in matching funds for a combined total of **\$230,917.00**. The FY2021 Budget is amended by adding **\$200,351.00** in DSHS funding with the Grantee providing **\$30,566.00** in matching funds for a combined total of **\$230,917.00**. The total contract will not to exceed **\$461,834.00**. All expenditures under the Contract will be in accordance with **Attachment B-1, FY2020 and FY2021 Budget**.
3. **ARTICLE VI** of the **Signature Document** is hereby amended to replace the DSHS Contract Representative’s name from Ebony White, CTCM to Samantha Lavoie, CTCM.
4. **ARTICLE IV OF ATTACHMENT A, PROGRAMMATIC REPORTING REQUIREMENTS** is hereby amended to include the following FY2021 table below the FY2020 table:

Report Name	Frequency	Period Begin	Period End	Due Date
FY21 Narrative Report	Annually	Sept. 1, 2020	August 31, 2021	March 25, 2021
FSR & Match Reimbursement/Certification Form ("Form B-13A")	Quarterly	Sept. 1, 2020	Nov. 30, 2020	Dec. 31, 2020
FSR & Form B-13A	Quarterly	Dec. 1, 2020	Feb. 28, 2021	March 31, 2021
FSR & Form B-13A	Quarterly	March 1, 2021	May 31, 2021	June 30, 2021
FSR & Form B-13A	Quarterly	June 1, 2021	August 31, 2021	October 17, 2021

5. **Attachment B, Payment for Services Provided**, is hereby supplemented with the addition of **Attachment B-1, FY2020 and FY2021 Budget**, which is attached and incorporated into the Contract.
6. This Amendment shall be effective on the last date of signature.
7. Except as amended and modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
8. Any further revisions to the Contract shall be by written agreement of the Parties.

Signature Page Follows.

**SIGNATURE PAGE FOR AMENDMENT NO. 1
SYSTEM AGENCY CONTRACT No. HHS000483500001**

DEPARTMENT OF STATE HEALTH SERVICES COLLIN COUNTY HEALTH CARE SERVICES

By: _____

Name: _____

Title: _____

Date of Signature: _____

Date of Signature: _____

THE FOLLOWING DOCUMENT IS ATTACHED AND INCORPORATED AS PART OF THE CONTRACT:

ATTACHMENT B-1 FY2020 AND FY2021 BUDGET

**ATTACHMENT B-1
FY2020 and FY2021 BUDGET**

Organization Name: Collin County Health Care Services

Program ID: TB/PC-State

Contract Number: **HHS000483500001- AMENDMENT 1**

**FY2020 BUDGET
(September 1, 2019 – August 31, 2020)**

Budget Categories	DSHS Funds	Cash Match	Category Total
Personnel	\$116,981	\$22,221	\$139,202
Fringe Benefits	\$52,875	\$8,345	\$61,220
Travel	\$2,281	\$0	\$2,281
Equipment	\$0	\$0	\$0
Supplies	\$10,838	\$0	\$10,838
Contractual	\$17,376	\$0	\$17,376
Other	\$0	\$0	\$0
Total Direct Costs	\$200,351	\$30,566	\$230,917
Indirect Costs	\$0	\$0	\$0
Totals	\$200,351	\$30,566	\$230,917

FY2021 BUDGET
(September 1, 2020 – August 31, 2021)

Budget Categories	DSHS Funds	Cash Match	Category Total
Personnel	\$115,103	\$22,224	\$137,327
Fringe Benefits	\$53,960	\$8,342	\$62,302
Travel	\$2,281	\$0	\$2,281
Equipment	\$0	\$0	\$0
Supplies	\$11,631	\$0	\$11,631
Contractual	\$17,376	\$0	\$17,376
Other	\$0	\$0	\$0
Total Direct Costs	\$200,351	\$30,566	\$230,917
Indirect Costs	\$0	\$0	\$0
Totals	\$200,351	\$30,566	\$230,917

Certificate Of Completion

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Chris Hill

chill@co.collin.tx.us

County Judge

Collin County

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Imelda Garcia

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Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

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Samantha Lavoie

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