

DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000119700018
AMENDMENT NO. 2

The Department of State Health Services (“DSHS” or “System Agency”) and Collin County Health Care Services (“Grantee”), collectively referred to as the “Parties” to DSHS Contract No. HHS000119700018, effective September 1, 2018 (the “Contract”), now want to amend the Contract further. The Contract was established under the Immunization/Locals (“IMM/LOCALS”) Grant Program.

Whereas, DSHS wants to renew the Contract for an additional one-year term;

Whereas, DSHS wants to add funds to the Contract, to pay for services provided during the renewal term;

Whereas, DSHS wants to revise the Statement of Work;

Whereas, DSHS wants to add an updated **Federal Funding Accountability and Transparency (“FFATA”) certification**; and

Whereas, DSHS wants to amend the Guidance Document that delineates Grantee’s responsibilities under the Contract.

The Parties therefore agree as follows:

1. The Contract is hereby renewed. The new term of the Contract begins on September 1, 2020 and ends on August 31, 2021 (the “Second Renewal Term”).
2. Article IV (“Budget”) is hereby amended to add \$354,062.00 to the Contract to pay for services provided in the Second Renewal Term. The total Contract amount is therefore increased from \$708,124.00 to \$1,062,186.00. All expenditures must conform with “Attachment B-2 – Fiscal Year 2021 Budget.”
3. Attachment A-1 to Amendment No.1, Revised Statement of Work, is hereby supplemented by adding, after the fiscal year 2020 reporting schedule, the following new schedule for required quarterly reports due in the Second Renewal Term:

Report Type	Reporting Period	Report Due Date
Programmatic	09/01/2020 to 11/30/2020	12/31/2020
Programmatic	12/01/2020 to 02/28/2021	03/31/2021
Programmatic	03/01/2021 to 05/30/2021	06/30/2021
Programmatic	06/01/2021 to 08/31/2021	10/31/2021

4. **Attachment B-2 – Fiscal Year 2021 Budget** is hereby added to the Contract.

ATTACHMENT B-2
Fiscal Year 2021 Budget

Organization Name: Collin County Health Care Services

Program ID: IMM/LOCALS

Contract Number: HHS000119700018

Budget Categories	Budget for FY 2021
Personnel	\$254,311.00
Fringe Benefits	\$78,328.00
Travel	\$8,525.00
Equipment	\$0.00
Supplies	\$11,398.00
Contractual	\$0.00
Other	\$1,500.00
Total Direct Costs	\$354,062.00
Indirect Costs	\$0.00
Total	\$354,062.00

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