

**SIGNATURE DOCUMENT FOR
HEALTH AND HUMAN SERVICES COMMISSION
CONTRACT NO. HHS000801700001
UNDER THE
WOMEN, INFANTS AND CHILDREN'S NUTRITION GRANT PROGRAM**

I. PURPOSE

The Health and Human Services Commission ("HHSC" or "System Agency"), a pass-through entity, and Collin County Health Care Services ("Grantee") (each a "Party" and collectively the "Parties") enter into the following grant contract to provide funding for the Women, Infants and Children's Nutrition Program (the "Contract").

II. LEGAL AUTHORITY

This Contract is authorized by and in compliance with the provisions of 42 U.S.C. § 1786, 7 CFR Part 246, and Chapter 32 of the Texas Health & Safety Code.

III. DURATION

The Contract is effective on October 01, 2020, and terminates on September 30, 2025, unless renewed, extended, or terminated pursuant to the terms and conditions of the Contract. Notwithstanding the limitation in the preceding sentence, System Agency, at its sole discretion, also may extend the Contract beyond five years as necessary to ensure continuity of service, for purposes of transition, or as otherwise determined by System Agency to serve the best interest of the State.

IV. BUDGET

HHSC will issue an annual funding letter ("Notice of Award") to Grantee by July 1 setting the award amount for the corresponding fiscal year. HHSC will notify Grantee of any changes to annual funding amounts by issuing a revised Notice of Award.

Grantee acknowledges and understands awards under this Contract are subject to federal funding to HHSC to facilitate the WIC program

All expenditures under the Contract will be in accordance with **ATTACHMENT A, STATEMENT OF WORK.**

Indirect Cost Rate: The Grantee's acknowledged or approved Indirect Cost Rate (ICR) and either the ICR Acknowledgement Letter, ICR Acknowledgement Letter – Ten Percent De Minimis, or the ICR Agreement Letter is incorporated into this contract by reference.

If the System Agency, at its sole discretion, approves or acknowledges an updated indirect cost rate, the new rate, together with the revised ICR Acknowledgement Letter, ICR Acknowledgement Letter – Ten Percent De Minimis, or the ICR Agreement Letter, will be incorporated into this contract by reference.

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V. CONTRACT REPRESENTATIVES

The following will act as the representative authorized to administer activities under this Contract on behalf of their respective Party.

System Agency	Grantee
Health and Human Services Commission P.O. Box 149347 Austin, TX 78714-9347 Attention: Cynthia Wright, HHSC Contract Manager cynthia.wright@hhsc.state.tx.us	Collin County Health Care Services 2300 Bloomdale Rd., Suite 4192 McKinney, TX 75071 Attention: Chris Hill, County Judge chill@co.collin.tx.us

VI. LEGAL NOTICES

Any legal notice required under this Contract shall be deemed delivered when deposited by the System Agency 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	Grantee
Health and Human Services Commission 4900 N. Lamar Blvd., Mail Code 1100 Austin, TX 78751-2316 Attention: Office of Chief Counsel	Collin County Health Care Services 2300 Bloomdale Rd., Suite 4192 McKinney, TX 75071 Attention: Chris Hill, County Judge

VII. NOTICE REQUIREMENTS

Notice given by Grantee will be deemed effective when received by the System Agency. Either Party may change its address for notices by providing written notice to the other Party. All notices submitted to System Agency must:

- A. include the Contract number;
- B. be sent to the person(s) identified in the Contract; and,
- C. comply with all terms and conditions of the Contract.

VIII. ADDITIONAL GRANT INFORMATION

- A. Grantee Data Universal Numbering System (DUNS) Number: 80-678-1373
- B. Catalog of Federal Domestic Assistance (CFDA) Name and Number:
 - Name - Number: 10-557 Special Supplemental Nutrition Program for Women, Infants & Children (FOOD, ADMIN and PEER)
 - Name - Number: 10-561 Supplemental Nutrition Assistance Program
- C. Federal Award Period: October 1, 2020 to September 30, 2021
- D. Name of Federal Awarding Agency: United States Department of Agriculture (USDA)
- Food and Nutrition Service (FNS)

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E. Awarding Official Contact Information: FNS Southwest Regional Office
Food and Nutrition Service
1100 Commerce Street Room 522
Dallas, TX 75242-9980
(214) 290-9810

SIGNATURE PAGE FOLLOWS

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**SIGNATURE PAGE FOR SYSTEM AGENCY
CONTRACT NO. HHS000801700001**

HEALTH & HUMAN SERVICES COMMISSION

COLLIN COUNTY HEALTH CARE SERVICES

Signature: _____

Printed Name: _____

Title: _____

Date of Signature: _____ Date of Signature: _____

**THE FOLLOWING ATTACHMENTS TO SYSTEM AGENCY CONTRACT NO. HHS000801700001 ARE
INCORPORATED BY REFERENCE:**

ATTACHMENT A – STATEMENT OF WORK

ATTACHMENT B – UNIFORM TERMS AND CONDITIONS - GRANT

ATTACHMENT C – CONTRACT AFFIRMATIONS

ATTACHMENT D – SPECIAL/SUPPLEMENTAL CONDITIONS

ATTACHMENT E – FEDERAL ASSURANCES AND CERTIFICATIONS

ATTACHMENT F – FFATA

ATTACHMENT G – DATA USE AGREEMENT

ATTACHMENTS FOLLOW

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