

#### **Texas Department of State Health Services**

John Hellerstedt, M.D.

Commissioner

The Honorable Chris Hill Collin County Judge 825 N. McDonald Street, Suite 130 McKinney, Texas 75069

Subject: Coronavirus 2019 (COVID-19)

Contract Number: HHS000769800001, Amendment 3

Contract Amount: \$1,357,355.00

Contract Term: April 21, 2020 through March 15, 2022

Dear Judge Hill:

Enclosed is the Public Health Emergency Preparedness Coronavirus 2019 (COVID-19) contract between the Department of State Health Services and Collin County.

The purpose of this amendment is to realign the budget, to allow for continued support of the Coronavirus 2019 (COVID-19) response and in alignment with the Public Health Crisis Response Cooperative Agreement for Emergency Response from the Centers for Disease Control and Prevention (CDC) in support of public health emergency preparedness.

Please let me know if you have any questions or need additional information.

Sincerely,

Jennifer Boggs, CTCM Contract Manager 512-776-3967 Jennifer.Boggs@dshs.texas.gov

# TEXAS DEPARTMENT OF STATE HEALTH SERVICES COLLIN COUNTY, TEXAS

(DSHS CONTRACT NO. HHS000769800001)

#### AMENDMENT NO. 3

The Department of State Health Services ("DSHS" or "System Agency") and Collin County, Texas ("Local Government" or "Grantee"), collectively referred to herein as the "Parties," to that certain Interlocal Cooperation 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 that was effective April 21, 2020 and denominated DSHS Contract No. HHS000769800001 (the "Contract"), as amended, now desire to further amend the Contract...

**Whereas,** the Parties desire to revise the budget categories amounts to allow for continued support of COVID-19 response activities; and

**Whereas,** the Parties have chosen to exercise their option to amend the Contract in accordance with Section IV of the Contract.

**Now, therefore,** the Parties amend and modify the Contract as follows:

1. **Attachment B, Budget,** of the Contract is amended by deleting the budget table in its entirety and replacing it with two new sections as follows:

#### 1. Budget Categories:

<b>Budget Categories</b>	COVID 19 Pre-award Cost from Jan. 20, 2020	COVID 19 Funding Allocation- Base	COVID 19 Funding Allocation- A.1	Totals
Personnel	\$0.00	\$475,859.00	\$386,193.00	\$862,052.00
Fringe Benefits	\$0.00	\$156,367.00	\$126,903.00	\$283,270.00
Travel	\$0.00	\$110.00	\$0.00	\$110.00
Equipment	\$0.00	\$0.00	\$133,655.00	\$133,655.00
Supplies	\$0.00	\$30,654.00	\$33,808.00	\$64,462.00
Contractual	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$6,903.00	\$6,903.00	\$13,806.00
<b>Total Direct Costs</b>	\$0.00	\$669,893.00	\$687,462.00	\$1,357,355.00
<b>Indirect Cost Rate Amount</b>	\$0.00	\$0.00	\$0.00	\$0.00
Contract Total	\$0.00	\$669,893.00	\$687,462.00	\$1,357,355.00

2. Transfers between Budget Categories. DSHS, in its sole discretion, may approve fund transfers between budget categories upon Grantee's written request that must

**Department of State Health** 

include a detailed explanation that supports the need for the fund transfer. Grantee must seek DSHS' written approval prior to making any fund transfers.

Collin County, Texas

- 2. This Amendment shall be effective the date last signed below.
- 3. Except as modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in effect.
- 4. Any further revisions to the Contract shall be by written agreement of the Parties.

Services		
By:	By:	_
Date of Execution:	Date of Execution:	

**PCS 515** 

## REVIEW AND CERTIFICATION OF SOLICITATION, AND ROUTING REQUEST OF PROPOSED CONTRACT



								9000	TOTAL SELVICES
Sect	ion 1: Contract Information								
Nev	v Contract Number			Amendment	Nu	mher			
	HHS000769800001		<b>V</b>	3				nergei	<b>1CY</b> Government Code (TGC) Ch.
Nev	v Work Order Number			Amendment	Nu	mber	418	; §2155.	.137 and Texas Administrative §20.41)
П							Cod	e (TAC)	920.41)
Cont	ractor Legal Business Name:								
	n County								
Tota	al Contract Value (Including Re	enewals)	Note	2 - Total Contra	ct \	/alue			
	57,355	ĺ	Enter :		in c	comma format e.g. \$1,000.00	or paste a	a copied	d value into the field.
Req	uesting Agency/Program								
DSH	S: CPS/ COVID-19								
Con	tract Manager Name			Contract Man	ag	er Email		Con	tract Manager Phone
Jenni	ifer Boggs			jennifer.Boggs@	dsł	ns.texas.gov		512-7	76-3967
Pur	chaser/Buyer Name			Purchaser/B	uy	er Email		Purc	chaser/Buyer Phone
Sec	tion 2: CAPPS Approvals	- The indivi	iduals li	sted shall be pro	gra	am specific contract appro	vers as d	esigna	ted by the program area
	Approver Title	Α	pprov	er Name		Approver E-mail	Addres	s	See Attached Proof of Approval
1.	Contract Manager	Jennife	r Bogg	js .		Jennifer.Boggs@dshs	s.texas.g	OV	
2.	Program Area Approver	Helen W	hittingt'	on		helen.whittington@dshs	.texas.go	V	
3.	Section Director	Patty Me	elchior			patty.melchior@dshs.tex	xas.gov		
4.	Associate Commissioner	David Gru	uber			David.Gruber@dshs.texas.	gov		
5.	Budget	Amanda	Hudsor	า		amanda.hudson@dshs.t	exas.gov		
6.	Deputy Commissioner	Jennifer	Sims			jennifer.sims@dshs.texa	as.gov		
7.	Legal	Shadd Pe	gram			Shadd.Pegram@hhs.texas.	gov		<b>✓</b>
8.									
9.									
10.									
11.									
12.									
13.									
14.									
15.									

Effective 10/23/2017 Revised 04/08/2020



## REVIEW AND CERTIFICATION OF SOLICITATION, AND ROUTING REQUEST OF PROPOSED CONTRACT



### **DocuSign Routing Path Begins**

<b>Section 3: Internal DocuSig</b>	n Review and Anni	oval for Agency B	udget Legal and DCS
Section 5: internal Docusing	ii neview aliu Appi	oval for Agency, D	oudget, Legal allu PC3

Signatory	Name	E-mail Address
HHS Budget (\$1M and over only)	Trey Wood	Trey.Wood@HHSC.State.TX.US
Legal Director (\$1M and over only)	Andy Marker	Andy.Marker@HHSC.State.TX.US
Office of Chief Counsel (\$1M and over only)	Karen Ray	Karen.Ray@HHSC.State.TX.US
PCS Deputy Associate Commissioner (DAC) (under \$1M only) Appropriate DAC Team		
PCS Associate Commissioner (\$1M and over only)	Chad Riley	Chad.Riley@HHSC.State.TX.US

#### **Section 4: DocuSign Signatories**

Signatory	Name	E-mail Address
Contractor Signature Authority	Chris Hill	chill@co.collin.tx.us
Additional Contractor Signature Authority*		
Contractor Signature cc	Janna Benson-Caponera; Jarrad Winm	jbenson-caponera@co.collin.tx.us; jwinman@co.collin.tx.us
HHS Signature Authority	Jennifer Sims	jennifer.sims@dshs.texas.gov
HHS Signature Authority cc		
General Inbox cc	CMS Inbox	cmucontracts@dshs.texas.gov

Effective 10/23/2017 Revised 04/08/2020

### FCS 515

## REVIEW AND CERTIFICATION OF SOLICITATION, AND ROUTING REQUEST OF PROPOSED CONTRACT



#### INSTRUCTIONS

#### **PURPOSE**

To direct HHS contracts, work orders, amendments, renewals, and extensions through approval routing and for review of the solicitation process and proposed contract documents.

#### WHEN TO PREPARE THIS FORM

This form shall be completed for any document requiring CAPPS FIN approval routing and for all DocuSign signature routing. The requestor shall adhere to any HHS Circular-046 requirements in addition to consulting with program to complete the form prior to submission to Procurement and Contracting Services Quality Assurance ("PCS QA"). The information provided on the routing request form will be used by PCS QA to create the document routing approval path in CAPPS FIN as well as creating the DocuSign path for contractor signatory and HHS signatory execution.

A signature on the PCS 515 or approval of the PCS 515 in CAPPS by the Procurement Director or designee, certifies that:

- i. HHSC complied with the HHS Contract Management Handbook, the CPA's Texas Procurement and Contract Management Guide;
- ii. the assessment of each vendor response was based on the evaluation criteria published in the solicitation or the written evaluation criteria established by the Agency/Program;
- iii. the final calculation of scoring of responses was accurate; and any vendor scoring change was reviewed and justified.

#### PROCEDURE TO COMPLETE PCS 515

#### Section 1: To be completed by Buyer/Purchaser and Program.

This section contains necessary contract information.

#### **Section 2: To be completed by Program.**

This section contains all required program specific approvers. These individuals will be inserted into the CAPPS approval process. For contracts valued at \$1M and over, approval is required by the program Deputy Executive Commissioner.

#### **DocuSign Routing Path Begins**

#### Section 3: To be completed by Agency, Budget, Legal and PCS.

This section contains all required Agency, Budget, Legal and PCS reviewers and approvers. For contracts valued under \$1M, approval is required by the appropriate PCS team Deputy Associate Commissioner (DAC). For contracts valued at \$1M and over, approval is required by the Deputy Executive Commissioner of Budget, System Contracting Director, Chief Counsel and Associate Commissioner of PCS.

#### Section 4: To be completed by Program area.

This section shall contain all required contract signatory information. These individuals will be inserted into the DocuSign routing path.

\*\*There are certain aspects of this form that do not apply to DFPS.\*\*

* If adding	an additional contractor signature authori	ty, please provide instructions on v	which documents need to be completed by	y this individual.

Effective 10/23/2017 Revised 04/08/2020

### Document Approval Status

SetID HHSTX Contract ID HHS000769800001
Supplier COLLIN COUNTY

Review/Edit Approvers

#### Contract Document Approval



Return to Document Management

Pegram, Shadd (HHSC) From: Boggs, Jennifer (DSHS) To: Pegram, Shadd (HHSC) Cc:

Collin County - FY21 ILC Amendment 3 (HHS00013500001)(DSHS COVID-19) - Matter Closed Subject:

Date: Wednesday, March 10, 2021 1:12:42 PM

Attachments: FY21 HHS000769800001 DSHS ILC Amendment No 3 with Collin County (COVID-19) 3-10-21sp.docx

Importance:

#### Dear Jennifer,

I have completed my review for the above referenced project and have no further input at this time. The attached amendment is approved as to legal form only, as modified. Additionally, this amendment is based upon the Brownwood-Brown County Health Department amendment reviewed and approved as to legal form only by Andy Marker.

Please review this amendment thoroughly with Program management to confirm their agreement with all contract modifications therein, and to verify that the document is accurate, adequate, and complete, before finalizing with the county.

If you have any questions or additional revisions, please do not hesitate to contact me directly.

This HHS Legal System Contracting matter is closed.

#### Regards, Shadd

Shadd Pegram, J.D., M.S.Ed. | Attorney Office of Chief Counsel | System Contracting 4900 N. Lamar Blvd. | Mail Code: 1100 Austin, Texas 78751-6500

Office: (512) 462-6243 | Fax: (512) 730-7497

shadd.pegram@hhs.texas.gov

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**Certificate Of Completion** 

Envelope Id: 898E56BC1D5E428EA2E60F7CAB8F3158

Subject: Amending \$1,357,355; HHS000769800001; Collin County A-3; DSHS/CPS/COVID-19

Source Envelope:

Document Pages: 9 Signatures: 0

Certificate Pages: 2 Initials: 0 Texas Health and Human Services Commission

AutoNav: Enabled 1100 W. 49th St.
Envelopeld Stamping: Enabled Austin, TX 78756

Time Zone: (UTC-06:00) Central Time (US & Canada) PCS\_DocuSign@hhsc.state.tx.us

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Location: DocuSign

Status: Sent

Signer Events

**Signature** 

**Timestamp** 

chill@co.collin.tx.us

County Judge

Security Level: Email, Account Authentication

(None)

Chris Hill

**Electronic Record and Signature Disclosure:** 

Not Offered via DocuSign

Andy Marker

Edward.Marker@hhsc.state.tx.us

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via DocuSign

Karen Ray

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Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

Not Offered via DocuSign

Jennifer Sims

Jennifer.Sims@dshs.texas.gov

Security Level: Email, Account Authentication

(None)

**Electronic Record and Signature Disclosure:** 

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Editor Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp

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