

**SIGNATURE DOCUMENT FOR
DEPARTMENT OF STATE HEALTH SERVICES CONTRACT NO. HHS001021000001
UNDER THE
REGIONAL LOCAL SERVICES SYSTEM/LOCAL PUBLIC HEALTH SERVICES
GRANT PROGRAM**

I. PURPOSE

The Department of State Health Services (“**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 Local Public Health Services to improve or strengthen local public health infrastructure within the State of Texas (the “**Contract**”).

II. LEGAL AUTHORITY

This Contract is authorized by and in compliance with the provisions of Texas Government Code Chapter 791 and The Texas Health and Safety Code Chapter 12.

III. DURATION

The Contract is effective on September 1, 2021 and terminates on August 31, 2023, unless renewed, extended, or terminated pursuant to the terms and conditions of the Contract. System Agency, at its sole discretion, may extend this Contract for any period(s) of time, provided the Contract term, including all extensions or renewals, does not exceed five years. 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

The total amount of this Contract will not exceed **FORTY-THREE THOUSAND TWO HUNDRED SEVENTY-EIGHT DOLLARS (\$43,278.00)**. Grantee is not required to provide matching funds. All expenditures under the Contract will be in accordance with **ATTACHMENT B, BUDGET**.

The total allocation amount for FY22 (September 1, 2021 through August 31, 2022) is **TWENTY-ONE THOUSAND SIX HUNDRED THIRTY-NINE DOLLARS (\$21,639.00)**.

The total allocation amount for FY23 (September 1, 2022 through August 31, 2023) is **TWENTY-ONE THOUSAND SIX HUNDRED THIRTY-NINE DOLLARS (\$21,639.00)**.

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

Department of State Health Services
1100 West 49th Street, MC 1990
Austin, Texas 78756
Attention: Elma Medina
elma.medina@dshs.state.tx.us

Grantee

Collin County Health Care Services
825 N. McDonald Street, Suite 130
McKinney, TX 75069
Attention: Sam Grader
sgrader@co.collin.tx.us

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

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

Grantee

Collin County Health Care Services
825 N. McDonald Street, Suite 130
McKinney, TX 75069
Attention: Chris Hill
chill@co.collin.tx.us

VI. 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.

VII. ADDITIONAL GRANT INFORMATION

Grantee Data Universal Numbering System (DUNS) Number: 74873449
Federal Award Identification Number (FAIN): NB01OT009365
Catalog of Federal Domestic Assistance (CFDA) Name and Number (list all that apply):
Preventive Health and Health Services Block Grant -93.991
Federal Award Date: 09/14/2020
Federal Award Period: 10/01/2019 through 09/30/2021
Name of Federal Awarding Agency: Centers for Disease Control and Prevention (CDC)
Awarding Official Contact Information: Shirley K Byrd, Grants Management Officer
2939 Flowers Rd, Mailstop TV-2, Atlanta, GA 30341-5509, Phone: (770) 488-2591

Any updates to the Additional Federal Grant Information will be incorporated into the Contract as of the effective date of the change. DSHS will send written notice of any updates to the Grantee. Any written updates provided by DSHS will control in the event of conflict with the grant information in the Contract.

SIGNATURE PAGE FOLLOWS

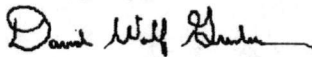
Contract No. HHS001021000001

Page 2 of 3

**SIGNATURE PAGE FOR SYSTEM AGENCY
CONTRACT NO. HHS001021000001**

DEPARTMENT OF STATE HEALTH SERVICES

COLLIN COUNTY HEALTH CARE SERVICES

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Signature

David Gruber

Associate Commissioner for RLHS

Date of Execution: May 26, 2021

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Signature

Chris Hill

County Judge

Date of Execution: May 20, 2021

**THE FOLLOWING ATTACHMENTS TO SYSTEM AGENCY CONTRACT NO.
HHS001021000001 ARE INCORPORATED BY REFERENCE:**

ATTACHMENT A – STATEMENT OF WORK

ATTACHMENT B – BUDGET

ATTACHMENT C – UNIFORM TERMS AND CONDITIONS - GRANT

ATTACHMENT D – CONTRACT AFFIRMATIONS

ATTACHMENT E – SUPPLEMENTAL AND SPECIAL CONDITIONS

ATTACHMENT F – FEDERAL ASSURANCES

ATTACHMENT G – FFATA CERTIFICATION FORM

ATTACHMENT H – DATA USE AGREEMENT

ATTACHMENTS FOLLOW