



TEXAS
Health and Human
Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Interim Commissioner

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

Subject: Public Health Emergency Preparedness Contract
Contract Number: 537-18-0128-00001, Amendment No. 7
Contract Amount: \$3,669,973.00
Contract Term: July 1, 2017 through June 30, 2023

Dear Judge Hill:

Enclosed is the Public Health Emergency Preparedness Amendment No. 7 between the Department of State Health Services and Collin County.

The purpose of this amendment is to revise certain reporting requirements in the Statement of Work to continue performing activities in support of the Public Health Emergency Preparedness (PHEP) Cooperative Agreement from the Centers for Disease Control and Prevention (CDC) in support of public health emergency preparedness. There is no change to the contract value.

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

DEPARTMENT OF STATE HEALTH SERVICES

CONTRACT NO. 537-18-0128-00001

AMENDMENT NO. 7

The **DEPARTMENT OF STATE HEALTH SERVICES** ("System Agency") and **COLLIN COUNTY** ("Grantee"), each a "Party" and collectively the "Parties" to that certain Public Health Emergency Preparedness ("PHEP") contract effective July 1, 2017, and denominated as System Agency Contract No. 537-18-0128-00001 (the "Contract"), as amended, now desire to further amend the Contract.

WHEREAS, the Parties desire to revise the financial reporting requirements in the Statement of Work to align with updated processes.

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

1. **SECTION III, INVOICE AND PAYMENT, in ATTACHMENT A.7, FY2023 STATEMENT OF WORK,** of the Contract is revised to read:
 - A. Grantee shall submit requests for reimbursement of required services/deliverables monthly using the State of Texas Purchase Voucher (Form B-13), together with supporting documentation as directed by DSHS. Forms should be mailed, faxed or e-mailed to the addresses below.
 - B. Grantee shall submit the Match Certification Form (B-13A) by August 15, 2023. Forms should be mailed, faxed or e-mailed to the addresses below.
 - C. Grantee shall submit a Financial Status Report (FSR) twice per fiscal year. The first FSR (for the period July 1, 2022 through December 31, 2022) is due by January 31, 2023. The second FSR (for the period January 1, 2023 through June 30, 2023) is due by August 15, 2023.
 - D. All reporting documents must be submitted by e-mail, fax, or mail. E-mail is preferred, but fax or mail are acceptable.
 1. For submission by mail, use address below:
Department of State Health Services
Claims Processing Unit
P.O. Box 149347
Austin, TX 78714-9347
 2. For submission by fax, use number below:
(512) 458-7442

3. For submission by e-mail, see requirements below:
 - a. Form B-13 with supporting documentation and Form B-13A must be sent to invoices@dshs.texas.gov & CMSInvoices@dshs.texas.gov, with a copy to the System Agency contract manager.
 - b. FSR must be sent to: invoices@dshs.texas.gov; FSRGrants@dshs.texas.gov; and with a copy to the System Agency contract manager.

 - E. Grantee will be reimbursed on a monthly basis in accordance with the Budget in **Attachment B** of this Contract.

 - F. System Agency reserves the right to redirect grant funds in the event of financial shortfall by Grantee. System Agency will monitor Grantee's expenditures on a quarterly basis. If Grantee expenditures are below projections, System Agency, in its sole discretion, may reduce Grantee's budget for the remainder of the contract term. System Agency also may reduce Grantee's budget if Grantee has vacant positions existing for more than ninety (90) consecutive calendar days.
2. This Amendment shall be effective as of the date last signed below.
 3. Except as amended 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.
 5. Each Party represents and warrants that the person executing this Amendment on its behalf has full power and authority to enter into this Amendment.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 7
SYSTEM AGENCY CONTRACT NO. 537-18-0128-00001**

DEPARTMENT OF STATE HEALTH SERVICES COLLIN COUNTY

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date of Signature: _____

Date of Signature: _____

Certificate Of Completion

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Chris Hill, County Judge

chill@co.collin.tx.us

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Resent: 12/8/2022 9:28:22 AM

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Helen Whittington

helen.whittington@dshs.texas.gov

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Accepted: 12/9/2022 1:48:50 PM

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Patty Melchior

Patty.Melchior@dshs.texas.gov

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Accepted: 5/5/2022 10:43:08 AM

ID: f01589da-43a7-481e-996a-7c50409e5d48

Kirk Cole

Kirk.Cole@dshs.texas.gov

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

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Eric Dickey

edickey@co.collin.tx.us

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Jennifer Boggs

jennifer.boggs@dshs.texas.gov

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

CMS Internal Routing Mailbox

cms.internalrouting@dshs.texas.gov

Security Level: Email, Account Authentication
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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

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Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact DSHS Contract Management Section:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: alison.joffrion@hhsc.state.tx.us

To advise DSHS Contract Management Section of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at alison.joffrion@hhsc.state.tx.us and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

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To request paper copies from DSHS Contract Management Section

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to alison.joffrion@hhsc.state.tx.us and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

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To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to ‘I agree to use electronic records and signatures’ before clicking ‘CONTINUE’ within the DocuSign system.

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- Until or unless you notify DSHS Contract Management Section as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by DSHS Contract Management Section during the course of your relationship with DSHS Contract Management Section.