

Texas Department of State Health Services

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

Commissioner

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

Subject: CPS/PH Workforce Contract

Contract Number: HHS001074700001, Amendment No. 1

Contract Amount: \$1,250,000.00

Contract Term: September 2, 2021 through June 30, 2024

Dear Judge Hill:

Enclosed is the CDC Public Health Crisis Response (PHCR) Co-Ag: Public Health Workforce contract between the Department of State Health Services and Collin County.

The purpose of this amendment is to add a no-cost extension to continue to establish, expand, train and sustain public health workforce in support of Coronavirus 2019 (COVID-19) response and in alignment with the Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802) from the Centers for Disease Control and Prevention (CDC).

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

Sincerely,

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

DEPARTMENT OF STATE HEALTH SERVICES CONTRACT NO. HHS001074700001 AMENDMENT NO. 1

The Department of State Health Services (System Agency) and Collin County (Grantee), collectively the Parties to that certain contract for activities to establish, expand, train and sustain public health workforce in support of Coronavirus 2019 (COVID-19) response and in alignment with the Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802) from the Centers for Disease Control and Prevention (CDC), effective September 2, 2021 and denominated DSHS Contract No. HHS001074700001 (the Contract), now elect to amend the Contract.

WHEREAS, System Agency has elected to extend the term of the Contract in accordance with Contract Section III, Contract Period and Renewal, to allow for continued support of the Public Health Work Force activities; and

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

The Parties therefore agree as follows:

- 1. **SECTION III, CONTRACT PERIOD AND RENEWAL**, is hereby amended to reflect a revised termination date of June 30, 2024.
- 2. SECTION IV, INVOICE AND PAYMENT, in ATTACHMENT A, FY2023 STATEMENT OF WORK, of the Contract is hereby amended and restated in its entirety:
 - **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 a Financial Status Report (FSR) biannually each year beginning July 1, 2022 through August 15, 2024.

Year	1 ST FSR Period	1 ST FSR Due Date	2 nd FSR Period	2 nd FSR Due Date
2023	July 1, 2022 - December 31, 2022	January 31, 2023	January 1, 2023- June 30, 2023	July 31, 2023
2024	July 1, 2023 – December 31, 2023	January 31, 2024	January 1, 2024- June 30, 2024	August 15, 2024

C. All financial reporting documents must be submitted by e-mail, fax, or mail. E-mail is preferred, but fax or mail are acceptable.

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 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: <u>invoices@dshs.texas.gov</u>; <u>FSRGrants@dshs.texas.gov</u>; and with a copy to the System Agency contract manager.

Grantee will be reimbursed on a monthly basis in accordance with the Budget in **Attachment B** of this Contract. Reimbursement shall be subject to the submission of required and appropriate documentation, and in accordance with applicable law and governing regulations.

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

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 1 SYSTEM AGENCY CONTRACT NO. HHS001074700001

DEPARTMENT OF STATE HEALTH SERVICES GRANTEE - COLLIN COUNTY

By:	By:
Name:	Name:
Title:	Title:
Date of Signature	Date of Signature:

Certificate Of Completion

Envelope Id: 2FCA3B8E3008437FAC2C2E18A7702BAB

Subject: HHS001074700001 Collin County A.1

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#100

Reston, VA 20190

CMS. Internal Routing@dshs. texas.gov

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Chris Hill, County Judge chill@co.collin.tx.us

Security Level: Email, Account Authentication

2/9/2023 2:17:58 PM

(None)

Electronic Record and Signature Disclosure:

Accepted: 1/11/2023 3:37:38 PM

ID: 3f75b755-3d20-4a6a-9e9f-0d3e275ab2ec

Helen Whittington

helen.whittington@dshs.texas.gov

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Accepted: 3/3/2023 3:59:24 PM

ID: 7187890a-4859-474d-bd88-4319acc8e913

Patty Melchior

Patty.Melchior@dshs.texas.gov

Security Level: Email, Account Authentication

(None)

Electronic Record and Signature Disclosure:

Accepted: 5/5/2022 12:43:08 PM

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

Kirk Cole

Kirk.Cole@dshs.texas.gov

Security Level: Email, Account Authentication

Electronic Record and Signature Disclosure:

Accepted: 3/3/2023 4:47:03 PM

ID: feceeaf4-2f22-46f0-be17-61e8f6dd660c

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Security Level: Email, Account Authentication (None)

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Jarrad Winman JWINMAN@CO.COLLIN.TX.US

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:

Accepted: 9/14/2021 10:03:15 AM

ID: 14d60052-67fd-4a5e-a35a-ff4250c32810

CMS Internal Routing Mailbox cms.internalrouting@dshs.texas.gov

Security Level: Email, Account Authentication

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

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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.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

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.

To withdraw your consent with DSHS Contract Management Section

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

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to alison.joffrion@hhsc.state.tx.us and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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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
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 your relationship with DSHS Contract Management Section.