



TEXAS
Health and Human
Services

Texas Department of State Health Services

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

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

Subject: Vaccination Capacity Grant Contract
Contract Number: HHS001019500012, Amendment No. 1
Contract Amount: \$2,906,146.00
Contract Term: 05/19/2021 through 06/30/2024

Dear Judge Hill:

Enclosed is Amendment No. 1 to the Vaccination Capacity Contract between the Department of State Health Services and Collin County Health Care Services.

The purpose of this amendment is to revise the statement of work.

This amendment provides changes to the statement of work.

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

Sincerely,

Shelva Mays, CTCM
Contract Manager
512-776-6612
cms_covidimm@dshs.texas.gov

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001019500012
AMENDMENT NO. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**SYSTEM AGENCY**”), a pass-through entity, and **COLLIN COUNTY HEALTH CARE SERVICES** (“**GRANTEE**”), collectively referred to as the "Parties" to that certain grant contract to provide funding for the Vaccination Capacity Program, effective May 19, 2021, and denominated DSHS Contract No. HHS001019500012 (“the Contract”), now desire to further amend the Contract.

WHEREAS, DSHS desires to revise the Statement of Work.

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

1. **ATTACHMENT A, STATEMENT OF WORK**, is deleted and is replaced with **ATTACHMENT A-1, REVISED STATEMENT OF WORK**.
2. This Amendment No. 1 shall be effective upon the date of the last signature.
3. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract, as previously amended, shall remain in full force and effect.
4. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 1
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001019500012**

SYSTEM AGENCY

GRANTEE

Signature

Signature

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date of Execution: _____

Date of Execution: _____

**THE FOLLOWING ATTACHMENT IS ATTACHED AND INCORPORATED AS PART OF THE
CONTRACT:**

ATTACHMENT A-1 – REVISED STATEMENT OF WORK

ATTACHMENT FOLLOWS

ATTACHMENT A-1
REVISED STATEMENT OF WORK

I. GRANTEE RESPONSIBILITIES

Grantee will conduct any of the following eligible activities that is aligned with the approved workplan:

A. Round 3 Activities:

1. Increase vaccination capacity across the jurisdiction, including among high-risk and underserved populations.
 - i. Fund local health departments to expand their operations (e.g., providing vaccinations during evenings, overnight, and on weekends) and to increase their throughput.
 - ii. Support public health workforce recruitment and training including working with health providers from rural communities and communities of color.
 - iii. Implement vaccine strike teams, mobile vaccine clinics, satellite clinics, temporary, or off-site clinics to travel and provide vaccination services in non- traditional settings and/or to supplement the work of local health departments in underserved communities.
2. Ensure high quality and safe administration of all vaccines.
 - i. Implement site visits to vaccination clinics to provide monitoring and quality assurance support (supportive supervision) and to promote quality improvement.
 - ii. Support vaccine administration sites by responding to issues, questions, and ensuring training as needed for new products or changes to products.
 - iii. Provide supplies (including personal protective equipment (PPE)), equipment, and training to providers and partners for:
 - a. Vaccine storage and handling, including monitoring temperature of vaccines
 - b. Vaccine transport, including any vaccine-specific considerations, for temporary mass vaccination clinics
 - c. Vaccine administration
 - iv. Ensure vaccine administration sites have appropriate capabilities to address adverse events, including anaphylaxis.
 - v. Support provider training and reporting of vaccine adverse events to VAERS.
3. Ensure equitable distribution and administration of all vaccines.

- i. Monitor vaccination coverage among population subgroups, identifying populations and geographic areas with low coverage. Implement and evaluate interventions and direct vaccine and vaccination efforts to increase coverage.
 - ii. Have a written plan to address high-risk and specific populations (including older adults) and how to reach each group, including congregate settings (e.g., correctional facilities), homeless populations, essential workers, and others.
 - iii. Partner, plan, and implement vaccination activities with critical organizations. These organizations could include but are not limited to:
 - Colleges and Universities
 - Occupational health settings for large employers
 - Churches or religious institutions
 - Federally Qualified Health Centers (FQHCs), including Community Health Centers (CHCs)
 - Pharmacies
 - Long-term care facilities (LTCFs), including independent living facilities, assisted living centers, and nursing homes
 - Organizations and businesses that employ critical workforce
 - First responder organizations
 - Non-traditional providers and locations that serve high-risk populations
 - Other partners that serve underserved populations
 - iv. Plan and implement vaccination activities with organizations and businesses that employ frontline essential workers as defined by the Cybersecurity & Infrastructure Security Agency (CISA).
- B. Grantee shall not use funds to promote or advertise COVID-19 vaccinations.
- C. Grantee must obtain approval from System Agency on the workplan within 30 days of Contract execution.
- D. Grantee must submit a quarterly program report on the report template to be provided by System Agency by the last business day of the month following the end of each quarter of the Contract for System Agency review. Grantee must submit reports by electronic mail to ImmunizationContracts3@dshs.texas.gov and to CMS_COVIDIMM@dshs.texas.gov. The email "Subject Line" and the name of the attached file for all reports should be clearly identified with the Grantee's Name and Contract Number.
- E. Grantee may use Round 3 funds to pay pre-award costs which date back to December 1, 2020, that are directly related to the activities outlined in the Statement of Work. All pre-award costs must be approved in writing by System Agency.

- F. Grantee shall maintain an inventory of equipment, supplies defined as Controlled Assets, and real property. Submit an annual cumulative report of the equipment and other property on HHS System Agency Grantee's Property Inventory Report to the designated DSHS Contract Manager by email not later than October 15 of each year. Controlled Assets include firearms, regardless of the acquisition cost, and the following assets with an acquisition cost of \$500 or more, but less than \$5,000: desktop and laptop computers (including notebooks, tablets and similar devices), non-portable printers and copiers, emergency management equipment, communication devices and systems, medical and laboratory equipment, and media equipment. Controlled Assets are considered Supplies.
- G. Grantee shall provide notification of budget transfers by submission of a revised Categorical Budget Form to the designated DSHS Contract Manager, highlighting the areas affected by the budget transfer. Grantee is advised as follows:
1. Transferring funds between budget categories, other than the equipment and indirect cost categories, is allowable, but cannot exceed 25% of the total Contract value during a Contract budget period. If the budget transfer(s) exceeds 25% of the total Contract value, alone or cumulatively, a formal Contract amendment is required; and
 2. After review, the designated DSHS Contract Manager shall provide notification of acceptance to Grantee via email, upon receipt of which, the revised budget shall be incorporated into the Contract.
- H. Grantee may not use funds for research, clinical care, fundraising activities, or funding an award to another party or provider who is ineligible. No funds may be used for:
1. Publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body; or
 2. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative act or Executive order proposed or pending before any legislative body.

II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee's performance of the requirements in Attachment A-1 and compliance with the Contract's terms and conditions.

III. INVOICE AND PAYMENT

- A. Grantee will request payments using the State of Texas Purchase Voucher (Form B-13) at <https://www.dshs.texas.gov/hivstd/contractor/cmsforms.shtm?terms=B-13>. The Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below.

Department of State Health Services Claims Processing Unit, MC 1940

1100 West 49th Street
P.O. Box 149347
Austin, Texas 78714-9347
FAX: (512)-458-7442
Email: invoices@dshs.texas.gov and CMSInvoices@dshs.texas.gov

- B. Grantee will be paid on a cost reimbursement basis and in accordance with **Attachment B, BUDGET** to this Contract and shall maintain all documentation that substantiates invoices and make the documentation available to System Agency upon request. In the event a cost reimbursed under the Contract is later determined to be unallowable, then the Grantee will reimburse System Agency for that cost.
- C. Grantee will submit Financial Status Reports (FSRs) to System Agency by the last business day of the month following the end of each reporting period outlined below:
The quarters are as follows:
 - 1. July 1 through December 31
 - 2. January 1 through June 30
- D. Grantee will submit a request for reimbursement (HHS Form B-13) as a final close-out invoice not later than forty-five (45) calendar days following the end of the term of the Contract. Reimbursement requests received in the System Agency office more than forty-five (45) calendar days following the termination of the Contract may not be paid.
- E. Grantee will submit a final FSR as a final close-out FSR not later than forty-five (45) calendar days following the end of the term of the Contract.

Certificate Of Completion

Envelope Id: 53EB0597440749A4A4DEE89D9141DCDA	Status: Sent
Subject: Please DocuSign: HHS001019500012 Collin IMM COVID A1 Vaccination Capacity	
Source Envelope:	
Document Pages: 7	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelope Stamping: Enabled	CMS Internal Routing Mailbox
Time Zone: (UTC-06:00) Central Time (US & Canada)	11493 Sunset Hills Road
	#100
	Reston, VA 20190
	CMS.InternalRouting@dshs.texas.gov
	IP Address: 167.137.1.14

Record Tracking

Status: Original	Holder: CMS Internal Routing Mailbox	Location: DocuSign
7/31/2023 9:04:02 AM	CMS.InternalRouting@dshs.texas.gov	

Signer Events

Signature	Timestamp
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Chris Hill	Sent: 7/31/2023 9:09:24 AM
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CHILL@CO.COLLIN.TX.US

Collin County

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Helen Whittington

helen.whittington@dshs.texas.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Patricia Melchior

Patty.Melchior@dshs.texas.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Kirk Cole

Kirk.Cole@dshs.texas.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
<p>Christian Jimenez cjimenez@co.collin.tx.us Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block; font-weight: bold; color: blue; font-size: 1.2em;">COPIED</div>	<p>Sent: 7/31/2023 9:09:23 AM Viewed: 7/31/2023 12:37:17 PM</p>
<p>Joann Gilbride joann.gilbride@co.collin.tx.us Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<div style="border: 2px solid blue; padding: 5px; display: inline-block; font-weight: bold; color: blue; font-size: 1.2em;">COPIED</div>	<p>Sent: 7/31/2023 9:09:24 AM</p>
<p>Shelva Mays shelva.mays@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>		
<p>CMS Inbox cmucontracts@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>		

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Payment Events	Status	Timestamps
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