

**DEPARTMENT OF STATE HEALTH SERVICES GRANT AGREEMENT,  
CONTRACT NO. HHS001409300015  
AMENDMENT No. 1**

THE DEPARTMENT OF STATE HEALTH SERVICES (“System Agency” or “Receiving Agency”), and COLLIN COUNTY (“Performing Agency” or “Contractor”), who are collectively referred to herein as the "Parties," to that certain Medical Reserve Corps Grant Contract effective December 27, 2023 and denominated DSHS Contract No. HHS001409300015 (the “Contract”), now desire to amend the Contract.

WHEREAS, the Parties desire to revise **Attachment A, Statement of Work**:

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

1. **ATTACHMENT A – STATEMENT OF WORK, ARTICLE V, INVOICE AND PAYMENT**, of this Contract is revised to add the following subsection at the end of the Article:

“E. Grantee must submit a final close-out invoice at the end of each contract fiscal term. Invoices received more than thirty (30) days after each fiscal year are subject to denial of payment.” The remainder of the Article remains unchanged.

2. **ATTACHMENT A – STATEMENT OF WORK, ARTICLE II, REPORTING REQUIREMENTS, SUBSECTION B** is revised to add new language as follows:

| Report                                   | Frequency   | Due Date                      | DSHS Email Addresses to Submit Report   |
|--|---|-------------------------------|---|
| Financial Status Report (FSR) – Biannual | The last business day of the month following the end of each second fiscal quarter AND thirty (30) calendar days following the end of each fourth fiscal quarter. *The final FSR is due thirty (30) calendar days | 7/31/24<br>1/31/25<br>6/30/25 | <a href="mailto:Invoices@dshs.texas.gov">Invoices@dshs.texas.gov</a> ; <a href="mailto:FSRGrants@dshs.texas.gov">FSRGrants@dshs.texas.gov</a> ; copy to the System Agency representative identified in <b>Section VII, Contract Representatives</b> , of this Grant Agreement |

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|--|---------------------------------------|--|--|
|  | following<br>fiscal contract<br>term. |  |  |
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3. This Amendment No. 1 shall be effective as of the date last signed below.
4. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract, as amended, shall remain in full force and 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  
DSHS CONTRACT NO. HHS001409300015**

**DEPARTMENT OF STATE HEALTH SERVICES    COLLIN COUNTY**

By: \_\_\_\_\_

By: \_\_\_\_\_

Name:

Name: \_\_\_\_\_

Title:

Title: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

Date of Execution: \_\_\_\_\_