



**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: IMM/LOCALS  
Contract Number: HHS001331300036, Amendment No. 2  
Contract Amount: \$1,062,186.00  
Contract Term: September 1, 2023, through August 31, 2026

Dear Judge Hill:

Enclosed is Amendment No. 2 to the IMM/LOCALS contract between the Department of State Health Services and Collin County Health Care Services.

The purpose of this contract is to prevent and control the transmission of vaccine-preventable diseases in children and adults, with emphasis on accelerating strategic interventions to improve their vaccine coverage levels.

This amendment increases the contract by \$354,062.00, extends the end of the contract term to August 31, 2026, and revises certain attachments to the contract.

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

Sincerely,

Rachel McBride, CTCM  
Contract Manager  
(512) 776-2999  
[rachel.mcbride@dshs.texas.gov](mailto:rachel.mcbride@dshs.texas.gov)

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS001331300036  
AMENDMENT NO. 2**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“DSHS” or “System Agency”) and **COLLIN COUNTY HEALTH CARE SERVICES** (“Grantee”), Parties to that certain Immunization/Locals Grant Program Contract, effective September 1, 2023, and denominated DSHS Contract No. HHS001331300036 (the “Contract”), now desire to further amend the Contract.

**WHEREAS**, DSHS desires to exercise the second of four (4) one year renewal options available under the Contract;

**WHEREAS**, DSHS desires to add funds to the Contract associated with the SFY 2026 extension period;

**WHEREAS**, DSHS desires to amend the Contract to incorporate Attachment A, Statement of Work, which was inadvertently deleted in a prior amendment; and

**WHEREAS**, the Parties desire to add certain terms for compliance with applicable law and DSHS policy.

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

1. **SECTION III** of the Contract, **DURATION**, is hereby amended to reflect a revised termination date of August 31, 2026.
2. **SECTION IV** of the Contract, **STATEMENT OF WORK**, is deleted in its entirety and replaced with the following:  
  
The Scope of Grant Project to which Grantee is bound is incorporated into and made a part of this Grant Agreement for all purposes and included as **ATTACHMENT A, STATEMENT OF WORK, ATTACHMENT A-1, FY 2025 STATEMENT OF WORK** and **ATTACHMENT A-2, FY 2026 STATEMENT OF WORK**.
3. **SECTION V** of the Contract, **BUDGET AND INDIRECT COST RATE**, is amended to increase funding in the amount of \$354,062.00 for SFY 2026. The total not to exceed amount of this Contract is increased to \$1,062,186.00. All expenditures under the Contract shall be in accordance with **ATTACHMENT B-2, REVISED BUDGET**.

Grantee is not required to provide matching funds. The total not-to-exceed amount includes the following:

Increase in Federal Funds: \$157,534.00	Total Federal Funds: \$472,602.00
Increase in State Funds: \$196,528.00	Total State Funds: \$589,584.00

**Indirect Cost Rate:** The Grantee's acknowledged Indirect Cost Rate (ICR) is contained within **ATTACHMENT B-2, REVISED BUDGET** and the **DE MINIMIS INDIRECT COST RATE ACKNOWLEDGEMENT LETTER** is attached to this Contract and incorporated as **ATTACHMENT K**. Grantee must have an approved or acknowledged indirect cost rate in order to recover indirect costs.

If the System Agency approves or acknowledges an updated indirect cost rate, the Grant Agreement will be amended to incorporate the new rate (and the new indirect cost rate letter, if applicable) and the budget revised accordingly.

4. The Contract is amended to add **ATTACHMENT A, STATEMENT OF WORK**, which is incorporated by reference into the Contract for all purposes.
5. The Contract is amended to add **ATTACHMENT A-2, FY 2026 STATEMENT OF WORK**, which is attached to this Amendment and incorporated into the Contract for all purposes.
6. **ATTACHMENT B, BUDGET**, and **ATTACHMENT B-1, FY 2025 BUDGET**, are deleted in their entirety and replaced with **ATTACHMENT B-2, REVISED BUDGET**, which is attached to this Amendment and incorporated into the Contract for all purposes.
7. The Contract is amended to add **ATTACHMENT J-2, FISCAL FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION FORM**, which is attached to this Amendment and incorporated into the Contract for all purposes.
8. This Amendment is effective immediately upon execution by the last party to sign below. Operations and funding for Fiscal Year 2026 begins on September 1, 2025. Except as modified by this Amendment, all existing terms of the Contract, including the current Statement of Work, shall remain in full force and effect until and unless modified by written agreement of the Parties.
9. Except as modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
10. Any further revisions to the Contract shall be by written agreement of the Parties.
11. Each Party represents and warrants that the person executing this Amendment No. 2 on its behalf has full power and authority to enter into this Amendment.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 2**  
**DSHS CONTRACT NO. HHS001331300036**

**DEPARTMENT OF STATE HEALTH  
SERVICES**

**COLLIN COUNTY HEALTH CARE SERVICES**

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

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

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

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

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

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

Date of Signature: \_\_\_\_\_

Date of Signature \_\_\_\_\_

## **ATTACHMENT A-2 FY 2026 STATEMENT OF WORK**

### **I. GRANTEE RESPONSIBILITIES**

Grantee shall:

- A. Implement and operate an immunization program for children, adolescents, and adults, with special emphasis on accelerating interventions to improve the immunization coverage of children under five years of age (birth to 59 months of age). Grantee shall incorporate traditional and non-traditional systematic approaches designed to eliminate barriers, expand immunization capacity, and establish uniform operating policies, as described herein.
- B. Be enrolled as a provider in the Texas Vaccines for Children (TVFC) and the Adult Safety Net (ASN) programs by the effective date of this Contract. This includes a signed *Deputization Addendum Form*.
- C. Maintain staffing levels to meet required activities of the Contract and ensure staff funded by this Contract attend required training.
- D. Report all notifiable conditions as specified in Chapter 97, Title 25 Texas Administrative Code, as amended, and as otherwise required by law.
- E. Report all vaccine adverse events in accordance with the 1986 National Childhood Vaccine Injury Act 42 U.S.C. § 300aa-25, located at [vaers.hhs.gov](https://vaers.hhs.gov) or 800-822-7967, as amended.
- F. Sustain a network of TVFC and ASN providers to administer vaccines to program-eligible populations through the following activities:
  - 1. Ensuring New Provider Checklist is completed;
  - 2. Conducting quality assurance reviews;
  - 3. Ensuring annual influenza pre-book survey is completed;
  - 4. Conducting compliance site visits;
  - 5. Conducting unannounced storage and handling visits; and
  - 6. Ensuring providers adhere to the vaccine borrowing procedure.
- G. Participate in audits and assessments through the following activities:
  - 1. Completing and submitting through Child Health Reporting System all audits and assessments conducted on childcare facilities and Head Start Centers;
  - 2. Completing audits, assessments, and retrospective surveys of public and private schools;
  - 3. Reviewing monthly reports to ensure data quality;
  - 4. Reviewing monthly Provider Activity Reports;

5. Reviewing quarterly Consent Accepted Rate Evaluations; and
  6. Conducting ImmTrac2 Support Reviews of Texas Immunization Registry organizations.
- H. Provide education and outreach activities regarding vaccines and vaccine-preventable diseases, Texas Immunization Registry, and TVFC and ASN Programs to the following:
1. American Indian Tribes;
  2. Schools and childcare facilities;
  3. Healthcare workers; and
  4. Community and general public.
- I. Not deny vaccinations to recipients because they do not reside within Grantee's jurisdiction, because of an inability to pay an administration fee, or because of denial to consent to Texas Immunization Registry.
- J. Be responsible for identification and case management of infants born to hepatitis B surface antigen-positive pregnant women and pregnant women of unknown hepatitis B status through ensuring the following activities:
1. Newborn post-exposure prophylaxis with hepatitis B vaccine and hepatitis B immune globulin administered to infants within 12 hours of birth;
  2. Timely administration of doses two and three of hepatitis B vaccine according to Advisory Committee on Immunization Practices recommendations for the infant;
  3. Timely completion of post-vaccination serologic testing according to Centers for Disease Control and Prevention recommendations for the infant; and
  4. Immediately documenting mother and infant information in database and completing all "In Progress" or "Not Started" tasks.
- K. Be responsible for assessing and auditing vaccination rates and compliance with vaccine requirements at assigned schools and childcare facilities in accordance with the Population Assessment Manual, which is distributed annually by DSHS.
- L. Transfer overstocked vaccines and vaccines approaching expiration within the next ninety (90) days to alternate providers for immediate use when instructed to do so by the DSHS Public Health Region Immunizations Program Manager or designee to avoid vaccine waste.
- M. Comply with the following DSHS guides and manuals:
1. DSHS Immunizations Contractor's Guide for Local Health Departments and Public Health Regions located at:  
[dshs.texas.gov/immunizations/health-departments/contracts](https://dshs.texas.gov/immunizations/health-departments/contracts)

2. TVFC and ASN Operations Manual located at: [dshs.texas.gov/immunizations/health-departments/materials](https://dshs.texas.gov/immunizations/health-departments/materials)
  3. TVFC and ASN Provider Manual located at: [dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf\\_stock/11-13602.pdf](https://dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf_stock/11-13602.pdf)
  4. Immunization Quality Improvement for Provider Manual and Resources located at: [dshs.texas.gov/immunizations/health-departments/materials](https://dshs.texas.gov/immunizations/health-departments/materials)
  5. Population Assessment Manual located at: [dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf\\_stock/11-12550.pdf](https://dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf_stock/11-12550.pdf)
  6. Texas Perinatal Hepatitis B Prevention Program Manual located at: [dshs.texas.gov/immunizations/health-departments/materials](https://dshs.texas.gov/immunizations/health-departments/materials)
  7. Guidelines for Increasing the Use of the Texas Immunization Registry located at: <https://dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/FY25-GIUTIR.pdf>
- N. Receive written approval from DSHS before varying from applicable policies, procedures, protocols, or work plans outlined above. Update and disseminate implementation documentation to staff involved in activities under this Contract within forty-eight (48) hours of making approved changes.
- O. Review monthly Contract funding expenditures and salary savings from any Contract-paid staff vacancies. Revise spending plan to ensure that all funds under this Contract will be expended in alignment with approved budgets before the end of the Contract term.
- P. DSHS-approved budget may be revised by Grantee in accordance with the following requirements:
1. For any transfer between budget categories, Grantee shall submit a revised Categorical Budget using the Budget Template to the DSHS Contract Representative, highlighting the areas affected by the budget transfer and written justification for the transfer request. After DSHS review, the designated DSHS Contract Representative will provide notification of acceptance, rejection, or the need for a Contract Amendment to the Grantee by email.
  2. For transfer of funds between direct budget categories, other than the 'Equipment' and 'Indirect Cost' categories, for less than or equal to a cumulative twenty-five (25) percent of the total value of the respective Contract budget period, Grantee shall submit timely written notification to DSHS Contract Representative using the Revised Budget Form and request DSHS approval. If a budget revision for less than or equal to the cumulative twenty-five (25) percent is approved for transfer of funds between direct budget categories, DSHS Contract Representative will provide notification of acceptance to Grantee by email, upon receipt of which, the funds can be utilized by the Grantee.

3. For transfer of funds between direct budget categories, other than the 'Equipment' and 'Indirect Cost' categories, that cumulatively exceeds twenty-five (25) percent of the total value of the respective Contract budget period, Grantee shall submit timely written notification to DSHS Contract Representative using the Revised Budget Form and request DSHS approval. If the revision is approved, the budget revision is not authorized, and the funds cannot be utilized until an amendment is executed by the Parties.
  4. Any transfer between budget categories that includes 'Equipment' and/or 'Indirect Cost' categories must approved by amendment to the Contract. Grantee shall submit timely written notification to DSHS Contract Representative using the Revised Budget Form and request DSHS approval. If the revision is approved, the budget revision is not authorized, and the funds cannot be utilized until an amendment is executed by the Parties.
- Q. Grantee shall not use funds allocated under this Contract to purchase buildings or real property without prior written approval from DSHS. Also, any costs related to the acquisition of buildings or real property are not allowable without DSHS written pre-approval.
- R. At the expiration or termination of this Contract for any reason, title to any remaining equipment and supplies purchased with funds under this Contract will revert to DSHS. Title may be transferred to another party as designated in writing by DSHS. DSHS may, at its option and to the extent allowed by law, transfer the reversionary interest to such property to Grantee. For any real property, Grantee shall dispose of the property in accordance with written instructions provided by DSHS.

## **II. REPORTING REQUIREMENTS**

Grantee shall:

- A. Report the number of doses administered to underinsured children monthly, as directed by DSHS.
- B. Report the number of unduplicated underinsured clients served, as directed by DSHS.
- C. Complete and submit the Immunizations Interlocal Agreement Quarterly Report by the report due date, utilizing the format provided by DSHS and available at [dshs.texas.gov/immunizations/health-departments/contracts](https://dshs.texas.gov/immunizations/health-departments/contracts). If the due date falls on a weekend or state approved holiday, the report is due the next business day.

<b>Report Type</b>	<b>Reporting Period</b>	<b>Report Due Date</b>
Programmatic	09/01/2025 to 11/30/2025	12/31/2025
Programmatic	12/01/2025 to 02/28/2026	03/31/2026
Programmatic	03/01/2026 to 05/31/2026	06/30/2026
Programmatic	06/01/2026 to 08/31/2026	09/30/2026



- D. Submit quarterly reports electronically through an online tool according to the timeframes stated above. Supplemental report documents must be sent to [dshsimmunizationcontracts@dshs.texas.gov](mailto:dshsimmunizationcontracts@dshs.texas.gov). If there are any changes to the reporting process, DSHS will provide updated instructions by either email or phone call.
- E. Submit the Financial Status Report (FSR-269A) biannually as outlined below. Grantee shall email the FSR-269A to the following email address: [FSRgrants@dshs.texas.gov](mailto:FSRgrants@dshs.texas.gov).

Period Covered	Due Date
September 1, 2025 – February 28, 2026	March 31, 2026
March 1, 2026 – August 31, 2026	September 30, 2026

- F. Maintain an inventory of equipment, supplies, and real property. Grantee shall submit an annual cumulative report on DSHS Grantee's Property Inventory Report to the DSHS Contract Representative and [FSOequip@dshs.texas.gov](mailto:FSOequip@dshs.texas.gov) by email not later than October 15 of each year.
1. Controlled Assets include firearms, regardless of the acquisition cost, and the following assets with an acquisition cost of \$500.00 or more, but less than \$10,000.00: 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 do not include a capitalized asset, real property, an improvement to real property, or infrastructure. Controlled Assets are considered Supplies.
  2. Equipment includes items with an acquisition cost \$10,000.00 or more.
- G. Submit out-of-state travel requests to the DSHS Contract Management Section (CMS) for approval when utilizing Contract funds or program income.

### III. PERFORMANCE MEASURES

DSHS will monitor the Grantee's performance of the requirements in this ATTACHMENT A-2 and compliance with the Contract's terms and conditions.

### IV. INVOICE AND PAYMENT

Grantee shall request monthly payments by the 30<sup>th</sup> day following the service month using the State of Texas Purchase Voucher (Form B-13) located at <http://www.dshs.texas.gov/grants/forms.shtm>. DSHS will issue reimbursement payments to Grantees on a monthly basis for reported actual cash disbursements which are supported by adequate documentation. Invoices must be submitted monthly to prevent delays in subsequent months. Grantees that do not incur expenses within a month are required to

submit a “zero dollar” invoice on a monthly basis. Grantee must submit a final close-out invoice and final financial status report no later than thirty (30) days following the end of the Contract term. Invoices received more than thirty (30) days after the end of the Contract term are subject to denial of payment. Grantee shall electronically submit all invoices with supporting documentation to: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) and [CMSinvoices@dshs.texas.gov](mailto:CMSinvoices@dshs.texas.gov) with a copy to the assigned DSHS Contract Representative identified in the Signature Document.

At a minimum, voucher must include:

1. Grantee name, address, email address, vendor identification number, and telephone number;
2. DSHS Contract or Purchase Order number;
3. Dates services were completed and/or products were delivered;
4. The total invoice amount; and
5. Any additional supporting documentation which is required by the Statement of Work or as requested by DSHS.

DSHS will pay Grantee monthly on a cost reimbursement basis and in accordance with **ATTACHMENT B-2, REVISED BUDGET**, of this Contract. DSHS will reimburse Grantee only for allowable and reported expenses incurred within the grant term.

Failure to submit required information may result in delay of payment or return of invoice. Billing invoices must be legible. Illegible or incomplete invoices which cannot be verified will be disallowed for payment.

**ATTACHMENT B-2**  
**REVISED BUDGET**

<b>Budget Categories</b>	<b>Budget for FY 2024</b> September 1, 2023- August 31, 2024	<b>Budget for FY 2025</b> September 1, 2024 - August 31, 2025	<b>Budget for FY 2026</b> September 1, 2025 - August 31, 2026	<b>Category Totals</b>
Personnel	\$234,960.00	\$234,705.00	\$209,482.00	\$679,147.00
Fringe	\$115,464.00	\$117,857.00	\$101,267.00	\$334,588.00
Travel	\$1,828.00	\$1,500.00	\$4,326.00	\$7,654.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$1,810.00	\$0.00	\$1,471.00	\$3,281.00
Contractual	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$2,110.00	\$2,110.00
Total Direct	\$354,062.00	\$354,062.00	\$318,656.00	\$1,026,780.00
Indirect	\$0.00	\$0.00	\$35,406.00	\$35,406.00
<b>Total</b>	<b>\$354,062.00</b>	<b>\$354,062.00</b>	<b>\$354,062.00</b>	<b>\$1,062,186.00</b>

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# Fiscal Federal Funding Accountability and Transparency Act (FFATA)

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. ***If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.***

<b>Legal Name of Contractor:</b>	<b>FFATA Contact: (Name, Email and Phone Number):</b>
<b>Primary Address of Contractor:</b>	<b>Zip Code: 9-digits required <a href="http://www.usps.com">www.usps.com</a></b>
<b>Unique Entity ID (UEI): This number replaces the DUNS <a href="http://www.sam.gov">www.sam.gov</a></b>	<b>State of Texas Comptroller Vendor Identification Number (VIN) – 14 digits:</b>

<b>Printed Name of Authorized Representative:</b>	<b>Signature of Authorized Representative</b>
<b>Title of Authorized Representative</b>	<b>Date Signed</b>

## Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

**As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete, and correct to the best of my knowledge.**

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? Yes ☐ No ☐

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification. If your answer is "No", answer questions "A" and "B".

**A. Certification Regarding % of Annual Gross from Federal Awards.**

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? Yes ☐ No ☐

**B. Certification Regarding Amount of Annual Gross from Federal Awards.**

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year? Yes ☐ No ☐

If your answer is "Yes" to both question "A" and "B", you must answer question "C".

If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

**C. Certification Regarding Public Access to Compensation Information.**

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes ☐ No ☐

**If your answer is "Yes" to this question, where can this information be accessed?**

**If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.**

**Provide compensation information here:**



**TEXAS**  
Health and Human  
Services

**Cecile Erwin Young**  
Executive Commissioner

April 1, 2025

Collin County  
Janna Benson-Caponera  
2300 Bloomdale Road, Suite 3100  
McKinney, TX 75071  
Email: jcaponera@co.collin.tx.us

Texas Identification Number: 17560008730

Re: De Minimis Indirect Cost Rate

Greetings:

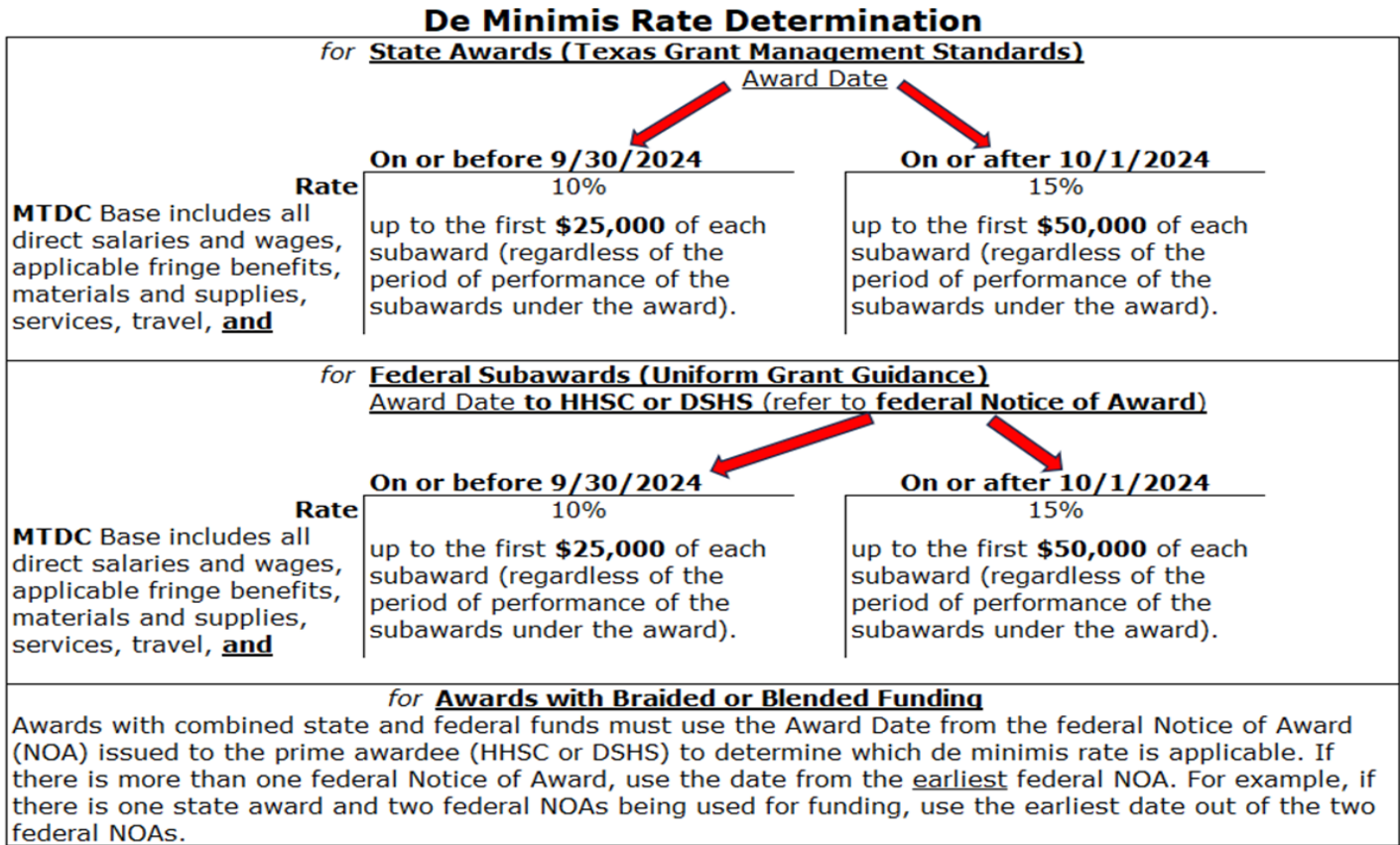
Thank you for your submission of the Indirect Cost Rate Questionnaire and related documentation for review and consideration by the Health and Human Services (HHS) Indirect Cost Rate Group.

HHS approves the use of the de minimis indirect cost rate based on your certification that your organization does not have a current federal or state negotiated indirect cost rate. Acknowledgment of the rate is based on the condition that the information provided by your organization is accurate.

Please note that grants utilizing federal funds are federal subawards. For federal subawards, the effective date of the award refers to the date on which the federal award was awarded to HHSC/DSHS. Regarding federal awards to HHSC/DSHS that occurred prior to October 1, 2024, HHSC/DSHS is prohibited from applying the October 1, 2024 provisions until the federal awarding agency has taken action to apply the changes to that preexisting award. This may result in your subaward remaining subject to the previous requirements, even if your subaward was issued on or after October 1, 2024. Please refer to your grant agreement for the federal award date.

The de minimis indirect cost rate must be applied consistently across all awards unless there are grant or statutory restrictions. Any changes which may affect the eligibility to use the rate must be reported to HHS within 30 days of the change (i.e., obtaining a federally or other state agency negotiated indirect cost rate).

The table below outlines the applicable de minimis rate and Modified Total Direct Costs (MTDC) base determined by the award date and funding type (state, federal or combined braided/blended funding).



The De Minimis rate is effective indefinitely, or until your organization switches to a negotiated rate (with us or another state or federal agency) or declines indirect cost recovery. Your organization must notify the HHS Indirect Cost Rate Group should this occur.

For answers to frequently asked questions, please see the attached FAQ document.

If you have questions regarding the date of the award issued to HHSC/DSHS from the federal awarding agency, please contact your contract manager.

If you have any other questions, you may email the Indirect Cost Rate Group at [IndirectCostRateGroup@hhs.texas.gov](mailto:IndirectCostRateGroup@hhs.texas.gov). You may also submit a Technical Assistance request via the [Indirect Cost Rate Group Landing Page](#).

Sincerely,



Ariana Torres  
Manager

Indirect Cost Rate Group | Federal Funds |  
 Health & Human Services Commission |  
 4601 W. Guadalupe Street | Austin, TX 78751 | Mail Code 1475 |  
 Office: 737-867-7138 | Cell: 512-497-1419 |  
 Email: [Ariana.Torres@hhs.texas.gov](mailto:Ariana.Torres@hhs.texas.gov) |

## FAQ's: New De Minimis Rate

**Q-1.** My organization utilizes the de minimis rate and was issued a federal subaward on October 1, 2024. The federal Notice of Award to HHSC/DSHS is from July 1, 2024. Do I use the old de minimis rate or the new de minimis rate?

**A-1.** The old de minimis rate would apply. Unless the federal awarding agency has given specific guidance allowing the new de minimis rate to be used for awards issued prior to October 1, 2024, then the old de minimis rate must be used. Most federal awarding agencies – including the U.S. Department of Health and Human Services - did NOT apply the new regs to awards issued before October 1, 2024.

**Q-2.** My organization utilizes the de minimis rate and was issued a federal subaward for a five-year term. The federal Notice of Award that my subaward was issued under is before October 1, 2024.

**A-2.** The old de minimis rate would apply unless the federal awarding agency has given specific guidance allowing the new de minimis rate to be used for awards issued prior to October 1, 2024. Most federal awarding agencies – including the U.S. Department of Health and Human Services - did NOT apply the new regs to awards issued before October 1, 2024. However, if a new federal Notice of Award is issued to HHSC/DSHS for your subaward renewal, then the renewal may qualify, depending on the date of the new Notice of Award to HHSC/DSHS.

**Q-3.** My federal Notice of Award Date is October 2024, but my budget period begins in September 2023. Which de minimis applies in this situation?

**A-3.** The old de minimis rate applies in this situation since your budget period begins before October 1, 2024, unless the federal awarding agency has amended the grant terms to specifically adopt the new rate.





**TEXAS**  
Health and Human Services

## Certificate of Indirect Costs

De Minimis Indirect Cost Rate

### Section 1: Organization Information

<b>Organization Name:</b>	Collin, County Of
<b>Texas Identification Number (TIN):</b>	17560008730
<b>Fiscal Year End Date:</b>	September 30
<b>Mailing Address:</b>	2300 Bloomdale Road, Suite 3100
<b>City, State, Zip code:</b>	McKinney, TX 75071
<b>Phone Number:</b>	972-548-4638
<b>Email Address:</b>	jcaponera@co.collin.tx.us

### Section 2: Certification of de minimis Indirect Cost Rate and Eligibility

An award recipient that proposes to use federal grant funds to pay for indirect costs but does not have a negotiated indirect cost rate may elect to charge the de minimis rate which may be used indefinitely. (2 CFR § 200.414) In order to charge the de minimis rate, the award recipient should submit this certification form to the Texas Health and Human Services (HHS) Indirect Cost Rate Group.

I certify that this Organization:Collin, County Of meets the following eligibility criteria and agrees to the following conditions in order to use the de minimis indirect cost rate:

- 1.The award recipient does not have a current negotiated indirect cost rate with any federal or state agency.
- 2.The award recipient will not use any unrecovered indirect costs as cost-sharing or match, unless prior approval is granted by the HHS Indirect Cost Rate Group and a negotiated indirect cost rate is established.
- 3.The award recipient will not earn or keep any profit resulting from federal financial assistance, unless explicitly authorized by the terms and conditions of the award.
- 4.If the award recipient is a governmental entity, the award recipient has received less than \$35 million in direct federal funding for the fiscal year requested. A governmental award recipient will inform the HHS Indirect Cost Rate Group any time more than \$35 million is anticipated to be received during a single fiscal year.
- 5.The award recipient will inform HHS Indirect Cost Rate Group upon submission of an indirect cost rate proposal to a federal or state awarding agency, or upon the receipt of a negotiated indirect cost rate from a federal or state awarding agency.



**TEXAS**  
Health and Human Services

## Certificate of Indirect Costs

De Minimis Indirect Cost Rate

### Section 2: Certification of de minimis Indirect Cost Rate and Eligibility

6. The de minimis rate will be applied to the Modified Total Direct Costs (MTDC) base.
7. The MTDC base includes all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first \$25,000 or \$50,000 of each subaward (regardless of the period of performance of the subawards under the award); excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000 or \$50,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.
8. The applicable de minimis rate and portion of subawards (\$25,000 or \$50,000) to be included in the MTDC calculation is dependent on the fund source and date of award. Your de minimis acknowledgement letter will outline the de minimis regulations and applicability.
9. The project costs will be consistently charged as either indirect or direct and will not be double charged to state or federal awards.
10. The proper use and application of the de minimis rate is the responsibility of the award recipient. Health and Human Services may perform a financial monitoring review to ensure compliance with 2 CFR Part 200.

Signature:

Signature Date: 28-Mar-2025

Printed Name of Official: Robert D. Cone

Title of Official: County Auditor

## Certificate Of Completion

Envelope Id: 7EF2E3B7-46B4-4A42-9BE8-E3E2B17F675D

Status: Sent

Subject: Please DocuSign: HHS001331300036 - Collin County IMM Locals - A-2

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11493 Sunset Hills Road

#100

Reston, VA 20190

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## Signer Events

### Signature

### Timestamp

Andrea Pease

apease@co.collin.tx.us

COLLIN COUNTY

Security Level: Email, Account Authentication  
(None)

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Sent: 5/1/2025 1:54:01 PM

Chris Hill

chill@co.collin.tx.us

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

Patty Melchior

Patty.Melchior@dshs.texas.gov

Security Level: Email, Account Authentication  
(None)

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Imelda Garcia

imeldam.garcia@dshs.texas.gov

Security Level: Email, Account Authentication  
(None)

**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

## In Person Signer Events

### Signature

### Timestamp

## Editor Delivery Events

### Status

### Timestamp

## Agent Delivery Events

### Status

### Timestamp

Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Torres McNeal tmcneal@co.collin.tx.us Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 5/1/2025 1:54:00 PM Viewed: 5/1/2025 2:09:50 PM
Forrest Lunday forrest.lunday@dshs.texas.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 5/1/2025 1:54:00 PM
Christian Jimenez cjimenez@co.collin.tx.us Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	COPIED	Sent: 5/1/2025 1:54:00 PM Viewed: 5/2/2025 9:30:58 AM
CMS Inbox cmucontracts@dshs.texas.gov Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/1/2025 1:54:00 PM
Payment Events	Status	Timestamps