

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001439300001
AMENDMENT NO. 3**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“DSHS” or “System Agency”) and **COLLIN COUNTY HEALTH DEPARTMENT** (“Grantee”), each a “Party” and collectively the “Parties” to that certain Cities Readiness Initiative (“CRI”) grant agreement effective July 1, 2024, and denominated DSHS Contract No. HHS001439300001 (the “Contract” or “Grant Agreement”), as amended, now desire to further amend the Grant Agreement.

WHEREAS, the Parties desire to update the Indirect Cost Rate Letter and revise categorical budget accordingly;

WHEREAS, System Agency desires to update the Budget provision to clarify indirect cost requirements; and

WHEREAS, the Parties desire to revise the FY2026 Statement of Work to update reporting submission methods and certain references and incorporate other modifications to the Grant Agreement as set forth herein.

NOW, THEREFORE, the Parties amend and modify the Grant Agreement as follows:

1. **SECTION IV, STATEMENT OF WORK**, of the Grant Agreement is deleted in its entirety and replaced with the following:

IV. STATEMENT OF WORK

A. The Scope of Grant Project to which Grantee is bound comprises the following:

1. **ATTACHMENT A.1: PROJECT FY2025 STATEMENT OF WORK**
2. **ATTACHMENT A.3: REVISED PROJECT FY2026 STATEMENT OF WORK**

B. Project Fiscal Year (“Project FY”) means the period beginning July 1 and ending June 30 of the following year.

2. **SECTION V, BUDGET AND INDIRECT COST RATE**, of the Grant Agreement is deleted in its entirety and replaced with the following:

V. BUDGET AND INDIRECT COST RATE

A. The total amount of this Grant Agreement will not exceed **THREE HUNDRED TWENTY-FIVE THOUSAND SEVEN HUNDRED EIGHTY-EIGHT-DOLLARS (\$325,788.00)**, which includes the following:

1. For Project FY2025, the DSHS share of \$162,740.00 and Grantee’s required match amount of \$16,274.00, and
2. For Project FY2026, the DSHS share of \$133,431.00 and Grantee’s required match

amount of \$13,343.00.

- B. The total not-to-exceed amount includes the following:
 - Total Federal Funds: \$296,171.00
 - Total State Funds: \$0.00
 - C. All expenditures under the Grant Agreement must be expended within the allocated Project FY and in accordance with the corresponding Project FY budget under this Grant Agreement.
 - D. **Indirect Cost Rate:** Grantee must have an approved or acknowledged indirect cost rate in order to recover indirect costs. If Grantee has an acknowledged or approved Indirect Cost Rate (ICR), it will be incorporated into the budget and the Indirect Cost Rate Letter is attached to and incorporated into the Grant Agreement.
 - E. If the System Agency approves or acknowledges an indirect cost rate, whether updated or issued after Grant Agreement execution, the Grant Agreement will be amended to incorporate the rate (and the new indirect cost rate letter, if applicable) and the budget revised accordingly.
3. **SECTION X, FEDERAL AWARD INFORMATION**, of the Grant Agreement is deleted in its entirety and replaced with the following:

X. FEDERAL AWARD INFORMATION

GRANTEE'S UNIQUE ENTITY IDENTIFIER IS: S1ETLA9BNCC5

Federal Award Identification Number (FAIN): 5 NU90TU000053-02-00

- A. Assistance Listings Title, Number, and Dollar Amount: Centers for Disease Control and Prevention, Public Health Emergency Preparedness (PHEP) Cooperative Agreement, 93.069, \$35,995,796.00, Federal Award Date: 06/30/2025
 - B. Federal Award Period: July 1, 2025 – June 30, 2026
 - C. Name of Federal Awarding Agency: Centers for Disease Control and Prevention
 - D. Federal Award Project Description: Texas DSHS Public Health Emergency Preparedness (PHEP) Cooperative Agreement.
 - E. Awarding Official Contact Information: Ms. Kimberly Champion, Grants Management Specialist, (404) 498-4229, qrf9@cdc.gov
 - F. Total Amount of Federal Funds Awarded to System Agency: \$35,995,796.00
 - G. Amount of Funds Awarded to Grantee: \$133,431.00
 - H. Identification of Whether the Award is for Research and Development: No
4. **ATTACHMENT A.2, PROJECT FY2026 STATEMENT OF WORK**, of the Grant Agreement is deleted in its entirety and replaced with **ATTACHMENT A.3, REVISED PROJECT FY2026 STATEMENT OF WORK**, which is attached to this Amendment and incorporated into and made part of the Grant Agreement for all purposes.

5. **ATTACHMENT B.1, REVISED BUDGET (FEBRUARY 2025)**, of the Grant Agreement is deleted in its entirety and replaced with **ATTACHMENT B.2, REVISED BUDGET (SEPTEMBER 2025)**, which is attached to this Amendment and incorporated into and made part of the Grant Agreement for all purposes.
6. The Grant Agreement is amended by adding **ATTACHMENT I.2, INDIRECT COST RATE ACKNOWLEDGEMENT LETTER – DE MINIMIS**, which is attached to this Amendment and incorporated into and made part of the Grant Agreement for all purposes.
7. This Amendment is effective upon execution by the last Party to sign below.
8. Except as amended and modified by this Amendment, all terms and conditions of the Grant Agreement, as previously amended, shall remain in full force and effect.
9. Any further revisions to the Grant Agreement shall be by written agreement of the Parties.
10. 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. 3
DSHS CONTRACT NO. HHS001439300001**

DEPARTMENT OF STATE HEALTH SERVICES

COLLIN COUNTY HEALTH DEPARTMENT

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date of Signature: _____

Date of Signature: _____

**ATTACHMENT A.3
REVISED PROJECT FY2026 STATEMENT OF WORK**

July 1, 2025 through June 30, 2026

I. GRANTEE RESPONSIBILITIES

- A. Grantee shall deliver services funded by the Public Health Emergency Preparedness (“PHEP”) Cooperative Agreement from the Centers for Disease Control and Prevention (“CDC”) to advance public health preparedness for the Cities Readiness Initiative (“CRI”).
- B. Grantee shall perform the activities required under this Grant Agreement in the following county(ies): Collin County; the county(ies) make(s) up the Grantee’s geographical jurisdiction.
- C. Grantee shall provide DSHS with situational awareness data generated through interoperable networks of electronic data systems.
- D. Grantee shall address the following public health emergency preparedness capabilities:
 - 1. Capability 1 – Community preparedness is the ability of communities to prepare for, withstand, and recover from public health incidents in both the short and long term;
 - 2. Capability 2 – Community recovery is the ability of communities to identify critical assets, facilities, and other services within public health, emergency management, health care, human services, mental/behavioral health, and environmental health sectors that can guide and prioritize recovery operations;
 - 3. Capability 3 – Emergency operations coordination is the ability to coordinate with emergency management and to direct and support an incident or event with public health or health care implications by establishing a standardized, scalable system of oversight, organization, and supervision that is consistent with jurisdictional standards and practices and the National Incident Management System (“NIMS”);
 - 4. Capability 4 – Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management personnel;
 - 5. Capability 5 – Fatality management is the ability to coordinate with partner organizations and agencies to provide fatality management services to ensure the proper recovery and preservation of remains; identification of the deceased; determination of cause and manner of death; release of remains to an authorized individual; and provision of mental/behavioral health assistance for the grieving. The role also may include supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue;
 - 6. Capability 6 – Information sharing is the ability to conduct multijurisdictional and multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, tribal, and territorial levels of

**ATTACHMENT A.3
REVISED PROJECT FY2026 STATEMENT OF WORK**

July 1, 2025 through June 30, 2026

government and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to all levels of government and the private sector in preparation for and in response to events or incidents of public health significance;

7. Capability 7 – Mass care is the ability of public health agencies to coordinate with and support partner agencies to address, within a congregate location (excluding shelter-in-place locations), the public health, health care, mental/behavioral health, and human services needs of those impacted by an incident. This capability includes coordinating ongoing surveillance and public health assessments to ensure that health needs continue to be met as the incident evolves;
8. Capability 8 – Medical countermeasure dispensation and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins;
9. Capability 9 – Medical materiel management and distribution is the ability to acquire, manage, transport, and track medical materiel during a public health incident or event and the ability to recover and account for unused medical materiel, such as pharmaceuticals, vaccines, gloves, masks, ventilators, or medical equipment after an incident;
10. Capability 10 – Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the health care system to endure a hazard impact, maintain or rapidly recover operations that were compromised, and support the delivery of medical care and associated public health services, including disease surveillance, epidemiological inquiry, laboratory diagnostic services, and environmental health assessments;
11. Capability 11 – Nonpharmaceutical interventions are actions that people and communities can take to help slow the spread of illness or reduce the adverse impact of public health emergencies. This capability focuses on communities, community partners, and stakeholders recommending and implementing nonpharmaceutical interventions in response to the needs of an incident, event, or threat. Nonpharmaceutical interventions may include isolation, quarantine, restrictions on movement and travel advisories or warnings, social distancing, external decontamination, hygiene, and precautionary protective behaviors;
12. Capability 12 – Public health laboratory testing is the ability to implement and perform methods that may be used to detect, characterize, and confirm public health threats. It also includes the ability to report timely data, provide investigative support, and use partnerships to address actual or potential exposure to threat agents in multiple matrices, including clinical specimens and food,

**ATTACHMENT A.3
REVISED PROJECT FY2026 STATEMENT OF WORK**

July 1, 2025 through June 30, 2026

water, and other environmental samples. This capability supports passive and active surveillance when preparing for, responding to, and recovering from biological, chemical, and radiological (if a Radiological Laboratory Response Network is established) public health threats and emergencies;

13. Capability 13 – Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes. It also includes the ability to expand these systems and processes in response to incidents of public health significance;
 14. Capability 14 – Responder safety and health is the ability to protect public health and other emergency responders during pre-deployment, deployment, and post-deployment; and
 15. Capability 15 – Volunteer management is the ability to coordinate with emergency management and partner agencies to identify, recruit, register, verify, train, and engage volunteers to support the jurisdictional public health agency’s preparedness, response, and recovery activities during pre-deployment, deployment, and post-deployment.
- E. Grantee shall coordinate with DSHS to develop a preparedness activity plan for the Grantee’s geographic jurisdiction. Grantee shall utilize the CDC’s Public Health Response Readiness Framework (currently available at: <https://www.cdc.gov/readiness/php/cr/index.html>, which defines excellence in response operations) and ensure those CDC priority areas are addressed throughout the deliverables:
1. Prioritize a risk-based approach to all-hazards planning that addresses evolving threats and supports medical countermeasure logistics;
 2. Enhance partnerships (federal and nongovernmental organizations) to effectively support community preparedness efforts;
 3. Expand local support to improve jurisdictional readiness to effectively manage public health emergencies;
 4. Improve administrative and budget preparedness systems to ensure timely access to resources for supporting jurisdictional responses;
 5. Build workforce capacity to meet jurisdictional surge management needs and support staff recruitment, retention, resilience, and mental health;
 6. Modernize data collection and systems to improve situational awareness and information sharing with healthcare systems and other partners;
 7. Strengthen risk communications activities to improve proficiency in disseminating critical public health information and warnings and address mis/disinformation;
 8. Incorporate practices to enhance preparedness and response support for communities experiencing differences in health status due to structural barriers;

**ATTACHMENT A.3
REVISED PROJECT FY2026 STATEMENT OF WORK**

July 1, 2025 through June 30, 2026

9. Advance capacity and capability of public health laboratories to characterize emerging public health threats through testing and surveillance; and
 10. Prioritize community recovery efforts to support health department reconstitution and incorporate lessons learned from public health emergency responses.
- F.** Grantee shall provide matching funds in the amount of ten percent (10%) of the DSHS Direct Costs and Indirect Costs amount as outlined in the budget under the Grant Agreement.
- G.** The non-federal contributions (“Match”) may be provided directly or through donations from public or private entities and may be cash or in-kind donations, fairly evaluated, including plant, equipment, or services. The costs that the Grantee incurs in fulfilling the matching or cost-sharing requirement are subject to the same requirements, including the cost principles, that apply to the use of federal funds, including prior approval requirements and other rules for allowable costs as described in 45 Code of Federal Regulations (CFR) 74.23 and 45 CFR 92.24, as amended.

“Cash match” is defined as an expenditure of cash by the Grantee on allowable costs under this Grant Agreement that are borne by the Grantee. “In-kind match” is defined as the dollar value of non-cash contributions by a third party given in goods, commodities, or services that are used in activities that benefit this Grant Agreement’s project and that are contributed by non-federal third parties without charge to the Grantee. The Match must:

1. Be an allowable cost under the applicable federal cost principle;
 2. Be necessary and reasonable for the efficient accomplishment of project or program objectives;
 3. Be verifiable within the Grantee’s (or subgrantee’s) records;
 4. Be documented, including methods and sources, in the approved budget (applies only to cost reimbursement contracts);
 5. Not be included as contributions toward any other federally assisted project or program (match can count only once);
 6. Not be paid by the federal government under another award, except where authorized by federal statute to be used for cost-sharing or match;
 7. Conform to other provisions of governing circulars/statutes/regulations as applicable for the Grant Agreement;
 8. Be adequately documented;
 9. Follow procedures for generally accepted accounting practices as well as meet audit requirements; and
 10. Value the in-kind contributions reported and be supported by documentation reflecting the use of goods and/or services during the Grant Agreement term.
- H.** In the event of a public health emergency involving a portion of the state, Grantee shall

**ATTACHMENT A.3
REVISED PROJECT FY2026 STATEMENT OF WORK**

July 1, 2025 through June 30, 2026

mobilize and dispatch staff or equipment purchased with funds from previous PHEP cooperative agreements, and not currently performing critical duties in the jurisdiction served, to the affected area of the state upon receipt of a written request from DSHS.

- I. Grantee shall coordinate activities and response plans within its geographical jurisdiction with the state, regional, and other local jurisdictions, among local agencies, and with hospitals and major health care entities, jurisdictional Metropolitan Medical Response Systems, and Councils of Government.
- J. Grantee shall inform DSHS in writing if Grantee will not continue performance under this Grant Agreement within thirty (30) calendar days of receipt of DSHS's notification of an amended standard(s) or guideline(s). In such event, DSHS may terminate this Grant Agreement immediately or within a reasonable period of time as determined by DSHS.
- K. Grantee shall develop, implement, and maintain a timekeeping system for accurately documenting staff time and salary expenditures for all staff funded through this Grant Agreement, including partial full-time employees and temporary staff.
- L. Grantee shall complete and submit programmatic reports as directed by DSHS in a format specified by DSHS and as needed to satisfy information-sharing requirements set forth in Sections 421.071 and 421.072(b)-(c) of the Texas Government Code, as amended. Grantee shall provide DSHS other reports, including financial reports, that DSHS determines necessary to accomplish the objectives of this Grant Agreement and to monitor compliance.
- M. Grantee shall conduct all exercises and training in accordance with Homeland Security Exercise Evaluation Program ("HSEEP") guidance and have plans, processes, and training in place to meet NIMS compliance requirements.
- N. When using volunteers during the Grant Agreement term, Grantee shall designate a Texas Disaster Volunteer Registry ("TDVR") State Emergency System for the Advanced Registration of Volunteer Health Professionals ("ESAR-VHP") System Administrator, participate in required administrator trainings, and utilize the system to identify volunteers.
- O. Grantee shall work with the DSHS Public Health Region and their Regional Health Care Coalition to develop comprehensive preparedness strategies by participating in meetings, trainings, and exercises.
- P. Grantee shall comply with all state and DSHS guidance and standards, including the Texas Grant Management Standards (currently available at: <https://comptroller.texas.gov/purchasing/grant-management/>.)
- Q. At the expiration or termination of this Grant Agreement for any reason, title to any remaining equipment and supplies purchased with funds under this Grant Agreement will

**ATTACHMENT A.3
REVISED PROJECT FY2026 STATEMENT OF WORK**

July 1, 2025 through June 30, 2026

revert to DSHS. Title may be transferred to any other party designated by DSHS. DSHS may, at its option and to the extent allowed by law, transfer the reversionary interest to such property to Grantee.

- R.** Grantee shall fill any vacant positions within ninety (90) calendar days. Grantee shall report all position vacancies to their assigned DSHS Contract Representative each month until all positions are filled. DSHS may reduce Grantee's budget if Grantee has vacant positions existing for more than ninety (90) consecutive calendar days.
- S.** Grantee shall comply with all applicable federal and state laws, rules, and regulations, as amended, including, but not limited to, the following:
1. Chapter 418 of the Texas Government Code;
 2. Public Law 116-22, Pandemic and All-Hazards Preparedness and Advancing Innovation Act ("PAHPAI");
 3. Public Law 109-417 Pandemic and All-Hazards Preparedness Act ("PAHPA");
 4. Chapter 81 of the Texas Health and Safety Code;
 5. Section 319 C-1 of the Public Health Service (PHS) Act (47 USC § 247d-3a), as amended; and
 6. 2 CFR Part 200.
- T.** Grantee shall comply with all requirements related to the cost reimbursement budget, purchases made with grant funds, and uses of grant funds under this Grant Agreement, which include the following:
1. Grantee's approved cost reimbursement budget must document all approved and allowable expenditures;
 2. Grantee shall only utilize funding under this Grant Agreement for approved and allowable costs. If Grantee requests to utilize funds for an expense not documented in the approved cost reimbursement budget, Grantee shall notify the DSHS Contract Representative, in writing, and request approval prior to utilizing the funds. DSHS shall provide written notification whether the requested expense is approved or denied;
 3. Grantee shall maintain an inventory of equipment, supplies defined as Controlled Assets, and real property. Grantee shall submit an annual cumulative report of the equipment and other property on HHS System Agency Grantee's Property Inventory Report to FSOequip@dshs.texas.gov, with a copy to the assigned DSHS Contract Representative 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 \$10,000: 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;

**ATTACHMENT A.3
REVISED PROJECT FY2026 STATEMENT OF WORK**

July 1, 2025 through June 30, 2026

4. Grantee may not use funds for research, clinical care, fundraising activities or lobbying, construction or major renovations, reimbursement of pre-award costs, to supplant existing state or federal funds for activities, payment or reimbursement of backfilling costs for staff, purchase of vehicles of any kind, uniforms, buildings or real property, or funding an award to another party or provider who is ineligible;
 5. Grantee may not use funds made available under this Grant Agreement to promote or advocate the legalization or practice of prostitution or sex trafficking. Nothing in the preceding sentence shall be construed to preclude the provision to individuals of palliative care, treatment, or post-exposure pharmaceutical prophylaxis, and necessary pharmaceuticals and commodities, including test kits, condoms, and, when proven effective, microbicides;
 6. Grantee shall initiate the purchase of all equipment approved in writing by DSHS, as applicable. Failure to timely initiate the purchase of equipment may result in the loss of availability of funds for the purchase of equipment. Requests to purchase equipment must be submitted to the assigned DSHS Contract Representative; and
 7. Grantee shall not use DSHS funds to lease buildings or real property without prior written approval from DSHS. Further, Grantee shall not use DSHS funds for the purchase of buildings or real property under any circumstance.
- U. DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls by Grantee.
- V. DSHS will monitor Grantee's expenditures on a monthly basis. If expenditures are below the amount projected in Grantee's total Project FY amount, Grantee's budget may be subject to a decrease for the remainder of the Project FY.

II. REPORTING REQUIREMENTS

- A. Grantee shall submit all reporting requirements in accordance with the deadlines set forth in **Section VII, Reporting Requirements**, of the Grant Agreement.
- B. Grantee shall prepare and electronically submit a current Multi-Year Integrated Preparedness Plan ("MYIPP") each Project FY, which must include at least five (5) years of progressive exercise, planning and training, via email to phep@dshs.texas.gov with a copy to the DSHS Contract Representative identified in **Section VIII, Contract Representatives**, of the Grant Agreement. The MYIPP must be based on the results of the Grantee's training needs assessment and the evaluations of previous exercises and responses, including the After-Action Review/Improvement Plan. The MYIPP must include a description of:
 1. Summary of the MYIPP Workshop;
 2. The proposed location, month(s), and year(s) of future exercise(s);

**ATTACHMENT A.3
REVISED PROJECT FY2026 STATEMENT OF WORK**

July 1, 2025 through June 30, 2026

3. The type(s) of future exercise(s) that will take place; and
4. The partnering entities.

MYIPP must include at least one access and functional needs or underserved populations (FEMA Definition), training to support a ready responder workforce (WHF-B, AHA-G, LOC-B), and recovery operations (REC-A). Data elements listed in CDC's Supplemental Guidance must also be provided to DSHS.

- C. Grantee shall prepare and submit a self-assessment on Capacity Indicators each Project FY via Qualtrics or as otherwise directed by DSHS. For Project FY2026, Grantee shall submit the Capacity Indicators Form to DSHS on the template prescribed by DSHS.
- D. Grantee shall prepare and electronically submit a Jurisdictional Risk Assessment (JRA) to phep@dshs.texas.gov with a copy to the DSHS Contract Representative identified in **Section VIII, Contract Representatives**, of the Grant Agreement using a weblink provided by DSHS. Grantee may submit previously completed JRAs if they are not more than 5 years old. The JRA must include:
 1. Disproportionately impacted populations or access and functional needs populations and any additional information provided by CDC's Supplemental Guidance.
 2. Data elements listed in CDC's Supplemental Guidance must be provided to DSHS.
- E. Grantee shall conduct, at minimum, one exercise following CDC's guidance during the Project FY2026. (Exercises are listed on pages 55 to 58 of the PHEP Cooperative Agreement Notice of Funding Opportunity (CDC-FRA-TU24-0137), currently available at: <https://www.cdc.gov/readiness/php/phep/2024-phep-cooperative-agreement-guidance-budget-period-1.html>.) Grantee shall conduct exercises in accordance with CDC and DSHS requirements, including all supplemental guidance, and submit documentation to DSHS. Data elements listed in CDC's Supplemental Guidance must be provided to DSHS.
- F. Grantee shall submit a Financial Status Report (FSR) twice per Federal Fiscal Year ("FFY") (July 1 through June 30 of the following year). Grantee shall electronically submit FSRs to invoices@dshs.texas.gov and FSRGrants@dshs.texas.gov with a copy to the DSHS Contract Representative.

At DSHS' direction, Grantee shall submit the reports by mail or fax and send the required information to one of the following:

1. For submission by mail, use address below:
Department of State Health Services
Claims Processing Unit
P.O. Box 149347, MC 1940

**ATTACHMENT B.2
REVISED BUDGET (SEPTEMBER 2025)**

Budget Categories	Project FY2025	Project FY2026	Total Funding
Personnel	\$93,660.00	\$82,549.00	\$176,209.00
Fringe Benefits	\$37,285.00	\$34,195.00	\$71,480.00
Travel	\$16,140.00	\$0.00	\$16,140.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$9,875.00	\$3,757.00	\$13,632.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$5,780.00	\$800.00	\$6,580.00
Sum of DSHS Direct Costs	\$162,740.00	\$121,301.00	\$284,041.00
Indirect Costs	\$0.00	\$12,130.00	\$12,130.00
Sum of DSHS Direct Costs and Indirect Costs	\$162,740.00	\$133,431.00	\$296,171.00
Plus Required Match (Cash or In-Kind)	\$16,274.00	\$13,343.00	\$29,617.00
Total Contract Amount	\$179,014.00	\$146,774.00	\$325,788.00

**ATTACHMENT A.3
REVISED PROJECT FY2026 STATEMENT OF WORK**

July 1, 2025 through June 30, 2026

Austin, TX 78714-9347

2. For submission by fax, use number below:
(512) 458-7442

G. Grantee shall immediately notify DSHS in writing if Grantee is legally prohibited from providing any report required under this Grant Agreement.

III. INVOICE AND PAYMENT

- A.** Grantee shall request monthly payments following the month in which expenses were incurred and use the State of Texas Purchase Voucher (Form B-13 and Form B-13A), currently available at <https://www.dshs.texas.gov/contractor-forms>. Grantee's final invoice is due thirty (30) calendar days following the expiration or termination date of the Grant Agreement.
- B.** Grantee shall electronically submit requests for reimbursements by electronic mail to invoices@dshs.texas.gov and CMSInvoices@dshs.texas.gov, with a copy to the DSHS Contract Representative. Invoice approval and payment by DSHS is contingent upon receipt of adequate and acceptable supporting documentation timely.
- C.** At a minimum, every invoice must include:
 1. Grantee name, address, email address, vendor identification number, and telephone number;
 2. DSHS Contract and Purchase Order number;
 3. Identification of service(s) provided; including line-item budget justifications;
 4. The total invoice amount; and
 5. Any additional supporting documentation that is required by this Statement of Work or as requested by DSHS.
- D.** DSHS will reimburse Grantee on a cost reimbursement basis and in accordance with the corresponding budget period under this Grant Agreement. DSHS will reimburse Grantee only for allowable and reported expenses incurred within the Project FY.



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:

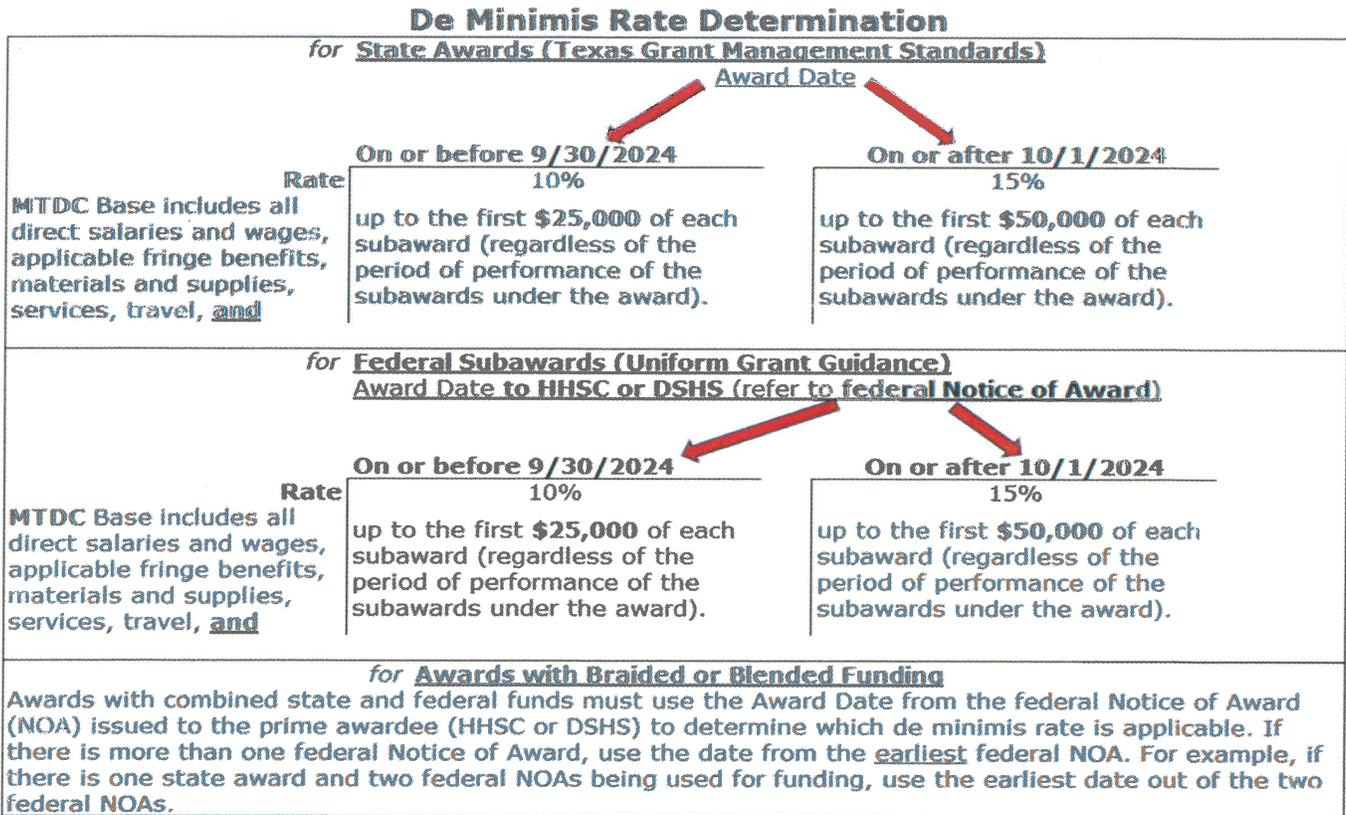
Thank you for your submission of the Indirect Cost Rate Questionnaire and related documentation for review and consideration by the Health and Human Services (HHS) Indirect Cost Rate Group.

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. 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 |

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	
Organization Name:	Collin, County Of
Texas Identification Number (TIN):	17560008730
Fiscal Year End Date:	September 30
Mailing Address:	2300 Bloomdale Road, Suite 3100
City, State, Zip code:	McKinney, TX 75071
Phone Number:	972-548-4638
Email Address:	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



TEXAS
Health and Human Services

Grant Technical Assistance Guide

Certificate of Indirect (F&A) Costs
(for use by nonprofit organizations)

Section 1: Nonprofit Organization Information	
Nonprofit Organization Name:	Collin County Government
Address:	2300 Bloomdale Road, Ste 3100
Address:	McKinney, TX 75071
Address:	
Phone Number:	972-548-4657

Section 2: Indirect (F&A) Cost Proposal Details			
Proposal Date:	03/07/2025		
Effective Period	From: 07/01/2025	To: 06/30/2026	
Rate (%):	10%		

Section 3: Certification of Indirect (F&A) Costs

This is to certify that to the best of my knowledge and belief::

- (1) I have reviewed the indirect (F&A) cost proposal submitted herewith;
- (2) All costs included in this proposal to establish billing or final indirect (F&A) costs rate for are allowable in accordance with the requirements of the Federal awards to which they apply and with Subpart E - Cost Principles of Part 200.
- (3) This proposal does not include any costs which are unallowable under Subpart E— Cost Principles of Part 200 such as (without limitation): public relations costs, contributions and donations, entertainment costs, fines and penalties, lobbying costs, and defense of fraud proceedings; and
- (4) All costs included in this proposal are properly allocable to Federal awards on the basis of a beneficial or causal relationship between the expenses incurred and the Federal awards to which they are allocated in accordance with applicable requirements.

X I declare that the foregoing is true and correct.

Signature:	<i>Kristine Malone</i>	Date of Execution:	<i>3/7/2025</i>
Printed Name of Official:	Kristine Malone		
Title of Official:	1st Assistant County Auditor - Interim County Auditor		

Certificate Of Completion

Envelope Id: BED4B065-0A23-4E3C-9315-1FBB4BD6E911
 Subject: \$325,788.00; HHS001439300001; Collin County; A.3; CPS/CRI
 Source Envelope:
 Document Pages: 20 Signatures: 0
 Certificate Pages: 2 Initials: 0
 AutoNav: Enabled
 EnvelopeId Stamping: Enabled
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Sent

 Envelope Originator:
 CMS Internal Routing Mailbox
 11493 Sunset Hills Road
 #100
 Reston, VA 20190
 CMS.InternalRouting@dshs.texas.gov
 IP Address: 167.137.1.15

Record Tracking

Status: Original 9/12/2025 7:47:02 AM
 Holder: CMS Internal Routing Mailbox
 CMS.InternalRouting@dshs.texas.gov
 Location: DocuSign

Signer Events

Signature	Timestamp
Chris Hill, County Judge chill@co.collin.tx.us Collin County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via Docusign	Sent: 9/12/2025 7:54:33 AM

Lucia kelley
 Lucia.Kelley@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

David Gruber
 David.Gruber@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

Carbon Copy Events	Status	Timestamp
<p>Andrea Pease apease@co.collin.tx.us County Judge COLLIN COUNTY Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 9/12/2025 7:54:33 AM
<p>Bethany MacDonald bmacdonald@co.collin.tx.us Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 9/12/2025 7:54:34 AM Viewed: 9/12/2025 8:01:24 AM
<p>Christian Jimenez cjimenez@co.collin.tx.us Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 9/12/2025 7:54:34 AM
<p>Taylor Burton tburton@co.collin.tx.us Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	COPIED	Sent: 9/12/2025 7:54:34 AM
<p>Jennifer Boggs jennifer.boggs@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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Envelope Sent	Hashed/Encrypted	9/12/2025 7:54:34 AM
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Payment Events	Status	Timestamps
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