

CONTRACT NO. 2015-047255
PROGRAM ATTACHMENT NO. 001
PURCHASE ORDER NO.

CONTRACTOR: CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT

DSHS PROGRAM: Health Promotions & Chronic Disease Prevention - Texas Healthy
Communities

TERM: 10/1/2014 THRU: 09/30/2015

SECTION I. STATEMENT OF WORK:

The Texas Department of State Health Services (DSHS) will contract to implement targeted, evidence-based community systems and environmental change strategies that address one or more of the following Texas Healthy Communities (TXHC) priority indicators:

Indicator 1: Physical activity

Indicator 2: Nutrition

Indicator 3: Breastfeeding

Indicator 4: Schools

Indicator 5: Worksites

Indicator 6: Comprehensive Tobacco Control

Indicator 7: Cardiac and Stroke Response

Indicator 8: Health Care Quality

Contractor will work with a local public/private planning group to plan and implement the identified strategies.

Contractor will provide DSHS staff with monthly project status reports, via telephone call on the dates listed in Section II, Performance Measures of this Program Attachment (unless otherwise agreed to in writing by DSHS), to discuss the following:

- 1) Implementation status, 2) barriers and methods to address those barriers, 3) opportunities to enhance the activities, 4) lessons learned, and 5) next steps.

Other calls may be added as appropriate with Contractor and DSHS Program staff.

DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. DSHS will monitor Contractor's expenditures on a quarterly basis. If expenditures are below what is projected in Contractor's total Program Attachment amount, Contractor's budget may

be subject to a decrease for the remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

SECTION II. PERFORMANCE MEASURES:

The following performance measures will be used to assess, in part, Contractor's effectiveness in providing the services described in this Program Attachment without waiving the enforceability of any of the other terms of the Program Attachment.

Contractor shall:

1. Conduct and complete the Texas Healthy Communities Assessment (DSHS will review and approve the assessment prior to final submission in Performance Management and Tracking System (PMATS)) on or before November 15, 2014.
2. Develop and complete the Project Work Plan in conjunction with DSHS. The Project Work plan must be reviewed and approved by DSHS prior to the submission date. The Work plan must include objective with supporting activities that address indicators in the TXHC assessment identified as needing improvement on or before December 15, 2014.
3. Develop an Evaluation Plan and submit to DSHS on or before January 30, 2015 for DSHS Program review.
4. Provide an Interim Progress Report on or before March 31, 2015 to include: summary of all items/activities conducted to date; detailed description of progress toward achieving objectives and activities; and barriers.
5. Provide a Final Progress Report to include: summary of all items/activities conducted to date; detailed description of progress toward achieving objectives and activities; plans for sustaining activities once funding has ended; and barriers/lessons learned. Submission of Final Report must fully address any feedback from DSHS based on draft final report and must be submitted on or before September 15, 2015.
6. Participate in twelve (12) monthly feedback calls (monthly project status reports) with DSHS Program to be conducted on or before the following dates: October 31st, November 28th, December 31st, January 30th, February 27th, March 31st, April 30th, May 29th, June 30th, July 31st, August 31st, September 30th, and submit the collaborative monthly report to DSHS within one week of the call.

Contractor shall submit all reports, documentation, and other information as required to the following electronic email address: TXHC@dshs.state.tx.us.

SECTION III. SOLICITATION DOCUMENT:

Exempt-Governmental Agency

SECTION IV. RENEWALS:

No Renewals

SECTION V. PAYMENT METHOD:

Cost Reimbursement

Funding is further detailed in the attached Categorical Budget and, if applicable, Equipment List.

SECTION VI. BILLING INSTRUCTIONS:

Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation for reimbursement of the required services/deliverables. The B-13 can be found at the following link: <http://www.dshs.state.tx.us/grants/forms/b13form.doc> . Vouchers and supporting documents should be mailed or submitted by fax or electronic mail to the addresses/number below.

**Department of State Health Services
Claims Processing Unit, MC1940
PO Box 149347
Austin, TX 78714-9347**

The fax number for submitting State of Texas Purchase Voucher (Form B-13) to the Claims Processing Unit is (512) 776-7442. The email address is invoices@dshs.state.tx.us .

SECTION VII. BUDGET:

Cost Reimbursement

Funding is further detailed in the attached Categorical Budget and, if applicable, Equipment List

SOURCE OF FUNDS:

CFDA #:

DUNS Number: 069457786

SECTION VIII. SPECIAL PROVISIONS:

General Provisions, Article XV, General Terms, Section 15.15, Amendment, is amended to include the following:

Contractor must submit all amendment and revision requests in writing to the Division Contract Management Unit at least ninety (90) days prior to the end of the term of this program attachment.