

**TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS000442100001  
AMENDMENT NO. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**System Agency**” or “**DSHS**”) and **CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT** (“**Grantee**”), collectively the “**Parties**” to that certain laboratory response network influenza surveillance and epidemiology grant Contract effective September 1, 2019, and denominated as DSHS Contract No. HHS000442100001 (the “**Contract**”), now want to amend the Contract.

**WHEREAS**, the Parties want to extend the Contract duration; make additional funds available in support of the services provided during the extended term; and modify the Statement of Work.

**NOW, THEREFORE**, the Parties amend the Contract as follows:

1. **SECTION III, DURATION, of the Contract** is amended to reflect a revised termination date of August 31, 2023.
2. **SECTION IV, BUDGET, of the Contract** is amended by adding \$5,000.00 for the period of September 1, 2021 through August 31, 2022, and an additional \$5,000.00 for the period of September 1, 2022 through August 31, 2023. The total not-to-exceed amount of the Contract is increased to \$20,000.00.
3. **ATTACHMENT A, STATEMENT OF WORK, of the Contract** is deleted in its entirety and replaced with **ATTACHMENT A-1 REVISED STATEMENT OF WORK**.
4. **ATTACHMENT B, BUDGET, of the Contract** is supplemented with the addition of **ATTACHMENT B-1 REVISED BUDGET**.
5. This Amendment shall be effective as of September 1, 2021.
6. Except as amended and modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in effect.
7. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 1  
CONTRACT NO. HHS000442100001**

**DEPARTMENT OF STATE HEALTH SERVICES**

**CORPUS CHRISTI-NUECES COUNTY PUBLIC  
HEALTH DISTRICT**

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

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

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

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

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

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

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

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

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE  
CONTRACT:**

**ATTACHMENT A-1    REVISED STATEMENT OF WORK  
ATTACHMENT B-1    REVISED BUDGET**

**ATTACHMENT A-1  
REVISED STATEMENT OF WORK**

**I. GRANTEE RESPONSIBILITIES**

Grantee will:

- A.** Identify and recruit submitters of clinical specimens through discussions and an agreement with local health departments in the Grantee's service area. Grantee may contact Emerging and Acute Infectious Disease Unit (EAIDU) at [FLUTEXAS@dshs.texas.gov](mailto:FLUTEXAS@dshs.texas.gov) for guidance on appropriate submitters;
- B.** Receive clinical specimens Monday through Friday from designated submitters within the Grantee's service area;
- C.** Test up to two hundred (200) clinical specimens in compliance with the Clinical Laboratory Improvement Act (CLIA'88) specifications for the period: September 1, 2021 to August 31, 2022;
- D.** Test up to two hundred (200) clinical specimens in compliance with the Clinical Laboratory Improvement Act (CLIA'88) specifications for the period: September 1, 2022 to August 31, 2023;
- E.** Perform on each specimen, the Centers for Disease Control and Prevention (CDC) Real Time (RT) Polymerase Chain Reaction Method (PCR) for typing of influenza viruses;
- F.** Retain positive influenza specimens through the end of the Contract term;
- G.** When directed by the Viral Isolation Team Lead and Medical Virology Group Manager within the Department of State Health Services (DSHS) Laboratory Services Section, appropriately submit the requested number of positive influenza specimens to the Laboratory Services Section, Texas Department of State Health Services, Austin, Texas or to another public health laboratory designated by DSHS within ten (10) business days of request. These specimens are not intended to be diagnostic and are submitted as part of a public health surveillance program;
- H.** Comply with DSHS EAIDU program established influenza surveillance protocol located at <https://www.dshs.state.tx.us/IDCU/disease/influenza/Texas-Influenza-Surveillance-Handbook.aspx>;
- I.** Comply with Texas Health and Safety Code Chapter §81.046 located at <https://statutes.capitol.texas.gov/Docs/HS/pdf/HS.81.pdf>;
- J.** Receive a copy of the current influenza surveillance protocol from DSHS no later than the week-ending October 9, 2021 (Morbidity and Mortality Weekly Report (MMWR) week 40);

- K.** For the contract period September 1, 2022 to August 31, 2023, receive a copy of the current influenza surveillance protocol from DSHS no later than the week-ending October 8, 2022 (Morbidity and Mortality Weekly Report (MMWR) week 40);
- L.** Ensure that at least one (1) healthcare provider, clinic, or hospital submits influenza surveillance specimens to the Grantee. Grantee will notify DSHS when a submitter is not submitting specimens routinely;
- M.** Develop and submit a list of providers or facilities that routinely submit specimens to Grantee on or before November 30, 2021. List shall be submitted to DSHS by electronic mail to [EAIDB@dshs.texas.gov](mailto:EAIDB@dshs.texas.gov) and [FLUTEXAS@dshs.texas.gov](mailto:FLUTEXAS@dshs.texas.gov);
- N.** For the contract period September 1, 2022 to August 31, 2023, develop and submit a list of providers or facilities that routinely submit specimens to Grantee on or before November 30, 2022. List shall be submitted by electronic mail to [EAIDB@dshs.texas.gov](mailto:EAIDB@dshs.texas.gov) and [FLUTEXAS@dshs.texas.gov](mailto:FLUTEXAS@dshs.texas.gov);
- O.** Perform testing weekly unless no samples were received that week;
- P.** In the format provided by DSHS, develop and submit written weekly reports on the RT-PCR influenza testing results from the previous week, each Monday, or if a holiday, the next business day beginning September 6, 2021 and continuing through the end of the Contract term. Reports should be sent by electronic mail to [EAIDB@dshs.texas.gov](mailto:EAIDB@dshs.texas.gov) and [FLUTEXAS@dshs.texas.gov](mailto:FLUTEXAS@dshs.texas.gov). All reports should be titled with the Contractor Name, Contract Number, IDCU/FLU LAB and the week of the report;
- Q.** To receive payment from DSHS, Grantee must ensure compliance with reporting as follows:

  - a.** Compliant Grantees submit weekly RT-PCR influenza testing result reports in accordance with the format specified by DSHS; and
  - b.** Non-compliant Grantees submit less than 80% of the weekly RT-PCR influenza testing reports in accordance with the format specified by DSHS;
- R.** Grantee shall initiate the purchase of all equipment approved in writing by the DSHS in the first quarter of the Contract term, 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 previously approved equipment after the first quarter of the Contract term must be submitted to the assigned DSHS contract manager.
- S.** 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.

- T. Grantee shall maintain an inventory of equipment and supplies defined as controlled assets, and real property. Grantee must submit, to the assigned DSHS Contract Manager, an annual cumulative report of the equipment and other property. The annual report must be submitted on DSHS Contractor's Property Inventory Report form which can be located at <http://www.dshs.texas.gov/grants/forms.shtm>. The annual report must be submitted to the assigned DSHS contract manager by e-mail not later than October 15th of each contract year.
- U. DSHS funds must not be used to purchase buildings or real property without prior written approval from the DSHS. Any costs related to the initial acquisition of the buildings or real property are not allowable without prior written approval.

## II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee's performance of the requirements in **ATTACHMENT A-1 REVISED STATEMENT OF WORK** and compliance with the Contract's terms and conditions.

## III. INVOICE AND PAYMENT

- A. Grantee will submit requests for payment using the State of Texas Purchase Voucher (Form B-13) at <https://www.dshs.state.tx.us/grants/forms.shtm> and financial expenditure template monthly by the last business day of the month following the month in which expenses were incurred or services provided. Voucher and supporting documentation will be mailed or submitted by fax or electronic mail to the addresses/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) 776-7442  
EMAIL: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) and [CMSinvoices@dshs.texas.gov](mailto:CMSinvoices@dshs.texas.gov)

- B. In the event a cost reimbursed under the Contract is later determined by DSHS to be disallowed, the Grantee will reimburse DSHS. DSHS has sole discretion to determine disallowed costs.
- C. Grantee will be paid on a cost reimbursement basis and in accordance with the Budget in Attachment B-1 of this Contract.
- D. For DSHS review and financial assessment, Grantee will submit quarterly Financial Status Reports (FSRs) by the last business day of the month following the end of each quarter of the Contract term.
- E. Grantee will submit request for reimbursement (Form B-13) as a final close-out invoice

not later than forty-five (45) calendar days following the end of the Contract term. Reimbursement requests received at the DSHS office specified in Section III (A) of Attachment A-1 more than forty-five (45) calendar days following the termination date of the Contract may not be paid.

- F.** Grantee will submit a final FSR to DSHS as a final close-out FSR not later than forty-five (45) calendar days following the end of the Contract term.

**ATTACHMENT B-1  
REVISED BUDGET**

**Corpus Christi-Nueces County (City)  
Contract No. HHS000442100001**

<b>Categorical Budget</b>	<b>September 1, 2021 to August 31, 2022</b>	<b>September 1, 2022 to August 31, 2023</b>	<b>Total Contract Amount</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$5,000.00	\$5,000.00	\$10,000.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total Direct Charges	\$5,000.00	\$5,000.00	\$10,000.00
Indirect Charges	\$0.00	\$0.00	\$0.00
Total	\$5,000.00	\$5,000.00	\$10,000.00

### Certificate Of Completion

Envelope Id: 596FB56405DE467C8C3EDDF35F97CC01	Status: Sent
Subject: Amending \$20,000.00; HHS000442100001; Corpus Christi-Nueces County A-1; DSHS/CMU IDCU/FLU LAB	
Source Envelope:	
Document Pages: 14	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Texas Health and Human Services Commission
Time Zone: (UTC-06:00) Central Time (US & Canada)	1100 W. 49th St.
	Austin, TX 78756
	PCS_DocuSign@hhsc.state.tx.us
	IP Address: 167.137.1.14

### Record Tracking

Status: Original	Holder: Texas Health and Human Services	Location: DocuSign
4/22/2021 4:04:14 PM	Commission	
	PCS_DocuSign@hhsc.state.tx.us	

### Signer Events

Signature	Timestamp
Annette Rodriguez annetter@cctexas.com Health Director Corpus Christi-Nueces County Public Health District Security Level: Email, Account Authentication (None)	Sent: 4/24/2021 10:26:01 PM

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Jennifer Sims  
jennifer.sims@dshs.texas.gov  
Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

### In Person Signer Events

### Editor Delivery Events

### Agent Delivery Events

### Intermediary Delivery Events

### Certified Delivery Events

### Carbon Copy Events

CMS Inbox  
cmucontracts@dshs.texas.gov  
Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

Caeli Paradise  
caeli.paradise@dshs.texas.gov  
Contract Manager

Security Level: Email, Account Authentication (None)

**Electronic Record and Signature Disclosure:**

**COPIED**

Sent: 4/24/2021 10:26:01 PM

**COPIED**

Sent: 4/24/2021 10:26:01 PM



Carbon Copy Events	Status	Timestamp
Not Offered via DocuSign		
Dante Gonzalez danteg@cctexas.com Assistant Director of Public Health Security Level: Email, Account Authentication (None)	<b>COPIED</b>	Sent: 4/24/2021 10:26:02 PM Viewed: 4/26/2021 10:36:13 AM
<b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign		

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	4/24/2021 10:26:01 PM
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Payment Events	Status	Timestamps
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