

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000904900001
AMENDMENT NO. 2**

The Department of State Health Services (System Agency) and **Corpus** Christi-Nueces County Public Health District (Grantee), collectively the Parties to that certain contract for activities in support of Coronavirus 2019 (COVID-19) response and in alignment with the Public Health Crisis Response Cooperative Agreement for Emergency Response September 24, 2020 and denominated System Agency Contract No. HHS000904900001 (the Contract), as amended, now want to further amend the Contract.

WHEREAS, the Parties want to revise the categorical budget to move funds from the Supplies category to the Equipment category; and revises **ATTACHMENT B, BUDGET** accordingly, and

WHEREAS, the reallocation of funds does not change the total amount of the Contract.

The Parties therefore agree as follows:

1. ATTACHMENT B, BUDGET, of the Contract, is deleted and replaced as follows:

Budget Categories	COVID 19 Pre- Award Cost from January 20, 2020	COVID 19 Funding Allocation (Revised July 2021)	Total
Personnel	\$0	\$66,510.00	\$66,510.00
Fringe Benefits	\$0	\$0	\$0
Travel	\$0	\$13,000.00	\$13,000.00
Equipment	\$0	\$229,500.00	\$229,500.00
Supplies	\$0	\$220,461.00	\$220,461.00
Contractual	\$0	\$19,000.00	\$19,000.00
Other	\$0	\$30,379.00	\$30,379.00
Total Direct Costs	\$0	\$578,850.00	\$578,850.00
Indirect Cost Rate Amount	\$0	\$0	\$0
Total Contract Amount	\$0	\$578,850.00	\$578,850.00

All expenditures under the Contract will be in accordance with the Budget stated herein.

1. This Amendment shall be effective as of the date last signed below.
2. Except as modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in effect.
3. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

System Agency Contract No. HHS000904900001

Page 1 of 2

**SIGNATURE PAGE FOR AMENDMENT NO. 2
SYSTEM AGENCY CONTRACT NO. HHS000904900001**

**DEPARTMENT OF STATE HEALTH SERVICES CORPUS CHRISTI-NUECES COUNTY PUBLIC
HEALTH DISTRICT**

By: _____

Name: Annette Rodriguez

Title: Health Director

Date of Signature: _____

Date of Signature: _____

Certificate Of Completion

Envelope Id: A29C651C63354F778691970DA96801AF	Status: Sent
Subject: Amending \$578,850.00; HHS000904900001; Corpus Christi-Nueces County Health A-2; DSHS CPS/COVID 19	
Source Envelope:	
Document Pages: 13	Signatures: 0
Certificate Pages: 2	Initials: 0
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Time Zone: (UTC-06:00) Central Time (US & Canada)	1100 W. 49th St.
	Austin, TX 78756
	PCS_DocuSign@hhsc.state.tx.us
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7/29/2021 12:13:07 PM	Commission	
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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: 7/29/2021 12:39:40 PM Viewed: 8/17/2021 11:27:18 AM
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

CMS inbox cmucontracts@dshs.texas.gov Security Level: Email, Account Authentication (None)	COPIED	Sent: 7/29/2021 12:39:39 PM
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Quynh-Nhi Ge quynhnhige@dshs.texas.gov Contract Specialist V Security Level: Email, Account Authentication (None)	COPIED	Sent: 7/29/2021 12:39:39 PM
Electronic Record and Signature Disclosure:		

Carbon Copy Events	Status	Timestamp
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Jennifer Boggs Jennifer.Boggs@dshs.texas.gov Contract Manager Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/29/2021 2:17:49 PM

Dina Chavez DinaC@cctexas.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 7/29/2021 12:39:40 PM Viewed: 7/29/2021 2:24:26 PM
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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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Payment Events	Status	Timestamps
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