

DEPARTMENT OF STATE HEALTH SERVICES

CONTRACT No. 537-18-0032-00001

AMENDMENT No. 1

THE DEPARTMENT OF STATE HEALTH SERVICES ("System Agency" or DSHS") and **CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT (CITY)** ("Grantee") who are collectively referred to herein as the "Parties," to that certain grant Contract effective September 1, 2017 and denominated DSHS Contract No. 537-18-0032-00001, now desire to amend the Contract.

WHEREAS, the System Agency has chosen to exercise its option to renew the Contract in accordance with Section III of the Contract Signature Document;

WHEREAS, the Parties desire to revise the Budget to add funds for the period beginning September 1, 2018 through August 31, 2019 (hereinafter referred to as "Fiscal Year 2019" or "FY2019");

Whereas, the Parties desire to revise the Statement of Work; and

Whereas the Parties desire to add to the Supplemental and Special Conditions.

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

1. **SECTION III** of the Signature Document, **DURATION**, is hereby amended to reflect a revised termination date of August 31, 2019.
2. **SECTION IV** of the Signature Document, **BUDGET** is hereby amended to add **SIXTY-ONE THOUSAND SIX HUNDRED FORTY-FIVE DOLLARS (\$61,645.00)** in DSHS funding with the Grantee providing a total of **TWELVE THOUSAND THREE HUNDRED TWENTY-NINE DOLLARS (\$12,329.00)** in matching funds, for a total Contract amount not to exceed **ONE HUNDRED FORTY-SEVEN THOUSAND NINE HUNDRED FORTY-EIGHT DOLLARS (\$147,948.00)**.
3. **SECTION I.G. of ATTACHMENT A, STATEMENT OF WORK** is hereby deleted in its entirety and replaced with the following:

G. Not lapse more than 1% of the total funded amount of the Contract.

4. **SECTION III.A. of ATTACHMENT A, STATEMENT OF WORK** is hereby amended to add the following email address to which vouchers and any supporting documentation must also be submitted by electronic mail: CMSinvoices@dshs.texas.gov.
5. The Parties agree to add to the Contract **ATTACHMENT B-1, FY2019 BUDGET**, which is attached to this Amendment and incorporated into the Contract as if fully set forth therein. All FY2019 expenditures shall be made in accordance with **Attachment B-1**.
6. **ATTACHMENT D, SUPPLEMENTAL AND SPECIAL CONDITIONS** is hereby amended to add the following new Section 1.16 under the Special Conditions:

SECTION 1.16 GRANTEE'S CERTIFICATION OF MEETING OR EXCEEDING TOBACCO-FREE WORKPLACE POLICY MINIMUM STANDARDS.

Grantee certifies that it has adopted and enforces a Tobacco-Free Workplace Policy that meets or exceeds all of the following minimum standards of:

- a) Prohibiting the use of all forms of tobacco products, including but not limited to cigarettes, cigars, pipes, water pipes (hookah), bidis, kreteks, electronic cigarettes, smokeless tobacco, snuff and chewing tobacco;
- b) Designating the property to which this Policy applies as a "designated area," which must at least comprise all buildings and structures where activities funded under this Contract are taking place, as well as Grantee owned, leased, or controlled sidewalks, parking lots, walkways, and attached parking structures immediately adjacent to this designated area;
- c) Applying to all employees and visitors in this designated area; and
- d) Providing for or referring its employees to tobacco use cessation services.

If Grantee cannot meet these minimum standards, it must obtain a waiver from the System Agency.

7. This Amendment No. 1 shall be effective as of September 1, 2018.
8. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract, as amended, shall remain in full force and effect. In the event of a conflict between the Contract and the terms of this Amendment, the terms of this Amendment shall control.
9. Any further revisions to the Contract shall be by written agreement of the Parties.

Signature Page Follows.

**SIGNATURE PAGE FOR AMENDMENT NO. 1
SYSTEM AGENCY CONTRACT NO. 537-18-0032-00001**


DEPARTMENT OF STATE HEALTH SERVICES GRANTEE

_____ By: _____
Name: _____
Title: _____

Date of Execution: _____ Date of Execution: _____

**THE FOLLOWING ATTACHMENT IS ATTACHED AND INCORPORATED AS PART OF THE
CONTRACT:**

ATTACHMENT B-1 FY2019 BUDGET

Approved as to form:  5-11-18
Gabriel A. Rodriguez
Assistant City Attorney
For City Attorney

**ATTACHMENT B-1
FY2019 BUDGET**

Organization Name: Corpus Christi-Nueces County Public Health District

(City)

Program ID: TB/State

Contract Number: **537-18-0032-00001 – AMENDMENT 1**

Budget Categories	DSHS Funds	Cash Match	Category Total
Personnel	\$25,440.00	\$12,329.00	\$37,769.00
Fringe Benefits	\$10,893.00	\$0.00	\$10,893.00
Travel	\$1,812.00	\$0.00	\$1,812.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$18,000.00	\$0.00	\$18,000.00
Other	\$5,500.00	\$0.00	\$5,500.00
Total Direct Costs	\$61,645.00	\$12,329.00	\$73,974.00
Indirect Costs	\$0.00	\$0.00	\$0.00
Totals	\$61,645.00	\$12,329.00	\$73,974.00

Certificate Of Completion

Envelope Id: 118B7B23FDDE497D94DC96A0A71A9366

Status: Sent

Subject: Amending \$123,290; 537-18-0032-00001 Corpus Christi - Nueces A-1; DSHS/CMS

Source Envelope:

Document Pages: 9

Signatures: 0

Envelope Originator:

Certificate Pages: 2

Initials: 0

Texas Health and Human Services Commission

AutoNav: Enabled

1860 Michael Faraday Dr

Enveloped Stamping: Enabled

Reston, VA 20190

Time Zone: (UTC-06:00) Central Time (US & Canada)

PCS_DocuSign@hhsc.state.tx.us

IP Address: 167.137.1.16

Record Tracking

Status: Original

March 29, 2018

Holder: Texas Health and Human Services

Commission

Location: DocuSign

PCS_DocuSign@hhsc.state.tx.us

Signer Events

Signature

Timestamp

Annette Rodriguez

annetter@cctexas.com

Health Director

City of Corpus Christi

Security Level: Email, Account Authentication
(None)

Sent: March 29, 2018

Viewed: March 29, 2018

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Janna Zumbrun

janna.zumbrun@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

Stefanie Jackson

stefanie.jackson@hhsc.state.tx.us

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

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Sent: March 29, 2018

Ebony White

Ebony.White@dshs.texas.gov

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:

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Sent: March 29, 2018

Carbon Copy Events	Status	Timestamp
CMU Contract Inbox cmucontracts@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: March 29, 2018
William Uhlarik williamu2@cctexas.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: March 29, 2018 Viewed: March 30, 2018
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	March 29, 2018
Payment Events	Status	Timestamps