

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. 2016-003808  
AMENDMENT NO. 5**

**THE DEPARTMENT OF STATE HEALTH SERVICES ("DSHS") AND CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT (CITY) ("Contractor"), each a "Party" and collectively the "Parties," to that certain grant contract effective October 1, 2015 and denominated DSHS Contract No. 2016-003808 ("Contract"), now desire to further amend the Contract.**

**WHEREAS, the System Agency has chosen to exercise its option to renew the Contract in accordance with Contract Section 4, Term of the Contract;**

**WHEREAS, the Parties desire to revise the Budget to add funds for the period beginning October 1, 2018 through September 30, 2019 (hereinafter referred to as "Fiscal Year 2019" or "FY2019");**

**WHEREAS, this revision will result in an addition of funds in the amount of FIFTY THOUSAND DOLLARS (\$50,000.00); and**

**WHEREAS, the Parties desire to revise the Statement of Work.**

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

- 1. SECTION 2 of the Contract, TOTAL AMOUNT, is amended to increase the total amount of the contract to TWO HUNDRED THOUSAND DOLLARS (\$200,000.00).**
- 2. SECTION 4 of the Contract, TERM OF THE CONTRACT, is hereby amended to reflect a new end date of September 30, 2019.**
- 3. Section 7 of the Contract, STATEMENT OF WORK, is amended to add the following:**

**For FY19 Contractor shall:**

- a. Develop, complete and submit a Project Work Plan in conjunction with DSHS. The Project Work plan must include objectives with supporting activities that address indicators identified in the FY 2018 TXHC assessment as needing improvement. A Project Work Plan Draft must be submitted, reviewed and approved by DSHS prior to the final version submission date. The Project Work Plan draft must be submitted to DSHS on or before October 17, 2018 and the final Project Work Plan submission is due to DSHS on or before October 31, 2018.**
- b. Develop and submit an Evaluation Plan to DSHS. An Evaluation Plan Draft must be reviewed and approved by DSHS prior to the final version submission date. The Evaluation Plan Draft must be submitted on or before November 16, 2018 and the final Evaluation Plan version is due to DSHS on or before November 30, 2018.**

- c. Submit an Interim Progress Report Draft to DSHS for review on or before March 19, 2019. The Report will include summary of all items/activities conducted to date; detailed description of progress toward achieving objectives and activities; and barriers. Submission of the final Interim Report must fully address any feedback from DSHS based on the draft Interim Report and must be submitted on or before March 29, 2019.
- d. Conduct, complete and submit the Texas Healthy Communities Assessment Draft in the Performance Management and Tracking System (PMATS) by May 16, 2019. DSHS will review and approve Draft submission prior to submission of final report in PMATS on or before May 31, 2019. Delinquent Assessments will not be accepted.
- e. Designate a member of the TXHC program to attend, in person, the TXHC Annual Meeting during the Contract term. If the member or designee is unable to attend the meeting in person, then the Contractor must notify DSHS in writing as to the reason for non-compliance.
- f. Submit a Final Progress Report Draft to DSHS for review and approval on or before August 30, 2019. Report will 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 13, 2019.
- g. Participate in twelve (12) monthly feedback calls (monthly project status reports) with DSHS Program to be conducted on or before the following dates: October 31<sup>st</sup>, November 28<sup>th</sup>, December 31<sup>st</sup>, January 30<sup>th</sup>, February 28<sup>th</sup>, March 29<sup>th</sup>, April 30<sup>th</sup>, May 29<sup>th</sup>, June 28<sup>th</sup>, July 31<sup>st</sup>, August 30<sup>th</sup>, and September 30<sup>th</sup>.
- h. Inform DSHS of delinquent submission within five (5) business days of the due date including a detailed justification and proposed submission date.
- i. Submit written monthly reports as directed by DSHS.

DSHS will monitor the Contractor's financial performance on a monthly basis to insure that the Contractor will not lapse more than 5% of the allotted funding for FY19.

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

4. **SECTION 7 of the Contract, STATEMENT OF WORK, BILLING INSTRUCTIONS**, is amended to reflect the following changes in financial documentation submission:

Department of State Health Services

Claims Processing Unit, MC 1940

P.O. Box 149347

Austin, TX 78714-9347

FAX: (512) 458-7442

EMAIL: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) & [CMSinvoices@dshs.texas.gov](mailto:CMSinvoices@dshs.texas.gov)

B-13 and supporting documentation should be sent to: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) & [CMSinvoices@dshs.texas.gov](mailto:CMSinvoices@dshs.texas.gov)

FSRs should be sent to: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov), [CMSinvoices@dshs.texas.gov](mailto:CMSinvoices@dshs.texas.gov) & [FSRGrants@dshs.texas.gov](mailto:FSRGrants@dshs.texas.gov)

5. **SECTION 11 of the Contract, RENEWALS**, is hereby amended to reflect that there are no renewals remaining under the Contract.
6. The categorical budget is deleted in its entirety and replaced with the following budget table:

Budget Categories	FY16 Allocation	FY17 Allocation	FY18 Allocation	FY19 Allocation	Category Total
Personnel	\$0.00	\$32,328.00	\$32,442.00	\$33,253.00	\$98,023.00
Fringe Benefits	\$0.00	\$9,537.00	\$13,892.00	\$14,239.00	\$37,668.00
Travel	\$1,790.00	\$2,529.00	\$1,465.00	\$1,147.00	\$6,931.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$2,400.00	\$5,606.00	\$2,201.00	\$1,361.00	\$11,568.00
Contractual	\$15,000.00	\$0.00	\$0.00	\$0.00	\$15,000.00
Other	\$30,810.00	\$0.00	\$0.00	\$0.00	\$30,810.00
Total Direct Costs	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$200,000.00
Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Totals	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$200,000.00

7. This Amendment No. 5 shall be effective as of the date upon which both Parties have signed this Amendment.

8. Except as amended and modified by this Amendment No. 5, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
9. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 5  
DSHS CONTRACT NO. 2016-003808**


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

\_\_\_\_\_  
Associate Commissioner  
Community Health Improvement  
Date of Execution: \_\_\_\_\_

By: \_\_\_\_\_  
Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date of Execution: \_\_\_\_\_

**THE FOLLOWING ATTACHMENTS ARE ATTACHED TO THIS AMENDMENT AND  
INCORPORATED INTO THE CONTRACT:**

**ATTACHMENT A: FFATA**

Approved as to form: 6/5/18  
  
Assistant City Attorney  
For City Attorney

## Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. **If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.**

Legal Name of Contractor:	FFATA Contact # 1 Name, Email and Phone Number:
Primary Address of Contractor:	FFATA Contact #2 Name, Email and Phone Number:
ZIP Code: 9-digits Required <a href="http://www.usps.com">www.usps.com</a> <div style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; margin-top: 5px;"></div>	DUNS Number: 9-digits Required <a href="http://www.sam.gov">www.sam.gov</a> <div style="border: 1px solid black; display: inline-block; width: 150px; height: 1.2em; margin-top: 5px;"></div>
State of Texas Comptroller Vendor Identification Number (VIN) 14 Digits <div style="border: 1px solid black; display: inline-block; width: 300px; height: 1.2em; margin-top: 5px;"></div>	

Printed Name of Authorized Representative	Signature of Authorized Representative
Title of Authorized Representative	Date

## **Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION**

**As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.**

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? ☐ Yes ☐ No

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification.

If your answer is "No", answer questions "A" and "B".

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**A. Certification Regarding % of Annual Gross from Federal Awards.**

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? ☐ Yes ☐ No

**B. Certification Regarding Amount of Annual Gross from Federal Awards.**

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year? ☐ Yes ☐ No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".

If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

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**C. Certification Regarding Public Access to Compensation Information.**

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? ☐ Yes ☐ No

**If your answer is "Yes" to this question, where can this information be accessed?**

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**If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.**

**Provide compensation information here:**

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## Certificate Of Completion

Envelope Id: 4371AF1C960D42989225324F051596BB

Status: Sent

Subject: Amending \$200,000; 2016-003808 Corpus Christi-Nueces County Public Health District A-5; DSHS/CMS

Source Envelope:

Document Pages: 16

Signatures: 0

Envelope Originator:

Certificate Pages: 2

Initials: 0

Texas Health and Human Services Commission

AutoNav: Enabled

1100 W. 49th St.

Envelope Stamping: Enabled

Austin, TX 78756

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

May 18, 2018

Holder: Texas Health and Human Services

Commission

Location: DocuSign

PCS\_DocuSign@hhsc.state.tx.us

## Signer Events

Annette Rodriguez

annetter@cctexas.com

Health Director

City of Corpus Christi

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

Manda Hall, M.D.

Manda.Hall@dshs.texas.gov

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

## Signature

## Timestamp

Sent: May 18, 2018

Resent: May 18, 2018

## 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

Margaret Schmidt

margaret.schmidt@hhsc.state.tx.us

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:

Not Offered via DocuSign

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### Carbon Copy Events

Jason Adams

jason.adams@dshs.state.tx.us

Contract Manager

Texas Health and Human Services Commission

Security Level: Email, Account Authentication  
(None)

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

### Status

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### Timestamp

Sent: May 18, 2018

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CMU Contract Inbox

cmucontracts@dshs.texas.gov

Security Level: Email, Account Authentication  
(None)

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

**COPIED**

Sent: May 18, 2018

William Uhlarik

williamu2@cctexas.com

Security Level: Email, Account Authentication  
(None)

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

**COPIED**

Sent: May 18, 2018

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### Notary Events

### Signature

### Timestamp

### Envelope Summary Events

### Status

### Timestamps

Envelope Sent

Hashed/Encrypted

May 18, 2018

### Payment Events

### Status

### Timestamps