

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS000036000002  
AMENDMENT NO. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** ("System Agency" or "DSHS") and **CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT** ("Grantee") who are collectively referred to herein as the "Parties," to that certain grant Contract effective January 1, 2018, and denominated DSHS Contract No. HHS000036000002, 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 January 1, 2019, through December 31, 2019 (hereinafter referred to as "Fiscal Year 2019" or "FY 2019");

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

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

1. **SECTION IV** of the Signature Document, **BUDGET**, is hereby amended to add **FORTY-EIGHT THOUSAND THREE HUNDRED FORTY-FIVE DOLLARS (\$48,345.00)** in DSHS funding with the grantee providing a total of **NINE THOUSAND SIX HUNDRED SIXTY-NINE DOLLARS (\$9,669.00)** in matching funds, for a total Contract amount not to exceed **ONE HUNDRED SIXTEEN THOUSAND TWENTY-EIGHT DOLLARS (\$116,028.00)**.
2. **SECTION I.G. of ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following: "During the term of this Contract, DSHS reserves the right to decrease funding amounts as a result of the Grantee's budgetary shortfalls and/or due to the Grantee lapsing more than 1% of total funds."
3. **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](mailto:CMSinvoices@dshs.texas.gov).
4. **Section III. B. of ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following: "Contractor must submit final FSR and a reimbursement or final payment request no later than forty-five (45) calendar days following the end of the Contract term."
5. The Parties agree to add to the Contract **ATTACHMENT B-1, FY 2019 BUDGET**, which is attached to this Amendment and incorporated into the Contract as if fully set forth therein. All FY 2019 expenditures shall be made in accordance with **Attachment B-1**.

6. **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following **SECTION IV**:

**IV. PROGRAMMATIC REPORTING REQUIREMENTS**

<b>Report Name</b>	<b>Frequency</b>	<b>Period Begin</b>	<b>Period End</b>	<b>Due Date</b>
FY18 Narrative Report	Annually	January 1, 2018	December 31, 2018	April 1, 2019
FY19 Narrative Report	Annually	January 1, 2019	December 31, 2019	April 1, 2020
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	January 1, 2019	March 31, 2019	April 30, 2019
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	April 1, 2019	June 30, 2019	July 31, 2019
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	July 1, 2019	September 30, 2019	October 31, 2019
Financial Status Report (FSR) & Match Reimbursement/ Certification Form (B-13A)	Quarterly	October 1, 2019	December 31, 2019	February 17, 2020

7. **ATTACHMENT D, SUPPLEMENTAL AND SPECIAL CONDITIONS** is hereby amended to add the following new Section 1.16 under the Special Conditions:

**SECTION 1.16 CONTRACTOR'S PROPERTY INVENTORY REPORT.**

Grantee shall maintain an inventory of equipment, supplies defined as Controlled Assets, and real property and submit an annual cumulative report of the equipment and other property on HHS System Agency's Contractor's Property Inventory Report to the assigned DSHS Contract Manager and DSHS Contract Oversight and Support (email address: [COSequip@dshtexas.gov](mailto:COSequip@dshtexas.gov)) by electronic mail no later than October 15 of each year. The Contractor's Property Inventory Report may be found at: <http://www.dshs.texas.gov/contracts/forms.shtm>.

8. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract 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. 1  
DSHS CONTRACT NO. HHS000036000002**

**DEPARTMENT OF STATE HEALTH SERVICES    GRANTEE**

\_\_\_\_\_

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

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

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

Date of Execution: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

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

**ATTACHMENT B-1 FY 2019 BUDGET**

Approved as to form: 11/12/18



Assistant City Attorney  
For City Attorney

**ATTACHMENT B-1  
FY 2019 BUDGET**

**Organization Name: Corpus Christi-Nueces County Public Health District**

**Program ID: TB/PC-Federal**

**Contract Number: HHS000036000002– AMENDMENT 1**

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<b>Budget Categories</b>	<b>DSHS Funds</b>	<b>Cash Match</b>	<b>Category Total</b>
Personnel	\$25,407.00	\$9,669.00	\$35,076.00
Fringe Benefits	\$10,879.00	\$0.00	\$10,879.00
Travel	\$2,959.00	\$0.00	\$2,959.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$4,006.00	\$0.00	\$4,006.00
Contractual	\$2,877.00	\$0.00	\$2,877.00
Other	\$2,217.00	\$0.00	\$2,217.00
Total Direct Costs	\$48,345.00	\$9,669.00	\$58,014.00
Indirect Costs	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$48,345.00</b>	<b>\$9,669.00</b>	<b>\$58,014.00</b>