



TEXAS
Health and Human
Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

The Honorable Tim O'Hare, County Judge
Tarrant County
100 E. Weatherford, Rm. 506
Fort Worth, Texas 76196-0103

Subject: Milk and Dairy (M&D)
Contract Number: HHS001316800001, Amendment No. 1
Contract Amount: \$296,875.00
Contract Term: September 1, 2023 through August 31, 2024

Dear Judge O'Hare:

Attached is the Milk and Dairy amendment between the Department of State Health Services and Tarrant County.

The purpose of this contract is to provide laboratory analysis of milk samples submitted by DSHS.

This amendment increases the Fee-for-Service/Unit Rates listed in Attachment A-1, Revised Statement of Work, of the contract.

Please let me know if you have any questions or need additional information.

Sincerely,

Ebony White, CTCM
Contract Manager
512/776-2225
Ebony.White@dshs.texas.gov

**INTERLOCAL COOPERATION CONTRACT
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001316800001**

AMENDMENT No. 1

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**SYSTEM AGENCY**” or “**DSHS**”) and **TARRANT COUNTY** (“**PERFORMING AGENCY**” or “**CONTRACTOR**”), each a “Party” and collectively the “Parties,” to that certain Contract for laboratory analysis of milk sampling services, effective September 1, 2023 and denominated as DSHS Contract No. HHS001316800001 (the “Contract”), now desire to amend the Contract.

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

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

- 1. ATTACHMENT A, STATEMENT OF WORK**, is hereby deleted in its entirety and replaced with **ATTACHMENT A-1, REVISED STATEMENT OF WORK**.
- 2.** This Amendment shall be effective as of the date last signed below.
- 3.** Except as modified by this Amendment, all terms and conditions of the Contract shall remain in full force and effect.
- 4.** Any further revisions to the Contract shall be by written agreement of the Parties.
- 5.** Each Party represents and warrants that the person executing this Amendment on its behalf has full power and authority to enter into this Amendment.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 1
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001316800001**

DEPARTMENT OF STATE HEALTH SERVICES

TARRANT COUNTY

By: _____

By: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date of Signature: _____

Date of Signature: _____

**THE FOLLOWING DOCUMENT IS HEREBY ATTACHED AND INCORPORATED BY REFERENCE
TO THE CONTRACT FOR ALL PURPOSES:**

ATTACHMENT A-1: REVISED STATEMENT OF WORK

10042023

APPROVED AS TO FORM:

CERTIFICATION OF
AVAILABLE FUNDS: \$ _____

Kimberly Colliet Wesley
Criminal District Attorney's Office*

Tarrant County Auditor

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.

ATTACHMENT A-1

REVISED STATEMENT OF WORK

I. DSHS RESPONSIBILITY

DSHS will submit milk samples to Performing Agency.

II. PERFORMING AGENCY RESPONSIBILITIES

A. Performing Agency shall:

1. Provide accurate laboratory analyses of the milk samples and submit the analysis results to DSHS;
2. The analyses of the milk samples shall:
 - a. meet laboratory proficiency standards as established by the National Conference of Interstate Milk Shipments and the current U.S. Public Health Service Grade "A" Pasteurized Milk Ordinance;
 - b. comply with *Texas Health and Safety Code* Chapters 435 and 440;
 - c. comply with *Texas Administrative Code* Title 25, Chapter 217;

B. Immediately notify DSHS staff in the event a milk sample is in violation of applicable law, regulation, or ordinance regarding milk and dairy safety standards; and

C. Send final milk testing results to System Agency's Contract Representative and the following address within 24 hours of System Agency's submittal of a milk sample to Performing Agency:

Department of State Health Services
Food & Drug Section
Milk Operations Branch
PO Box 149347, MC 1987
Austin, Texas 78714-9347

III. PERFORMANCE MEASURES

System Agency will actively monitor Performing Agency's performance under the Contract including, but not limited to, the requirements set forth in this **ATTACHMENT A-1, REVISED STATEMENT OF WORK** to the Contract. All Work under the Contract shall be provided at a quality level acceptable to System Agency, as determined by System Agency in its sole discretion, and in a manner consistent with acceptable industry standard, custom, and practice.

IV. INVOICE AND PAYMENT

A. Performing Agency shall request monthly payments using the State of Texas Purchase Voucher (Form B-13) at <http://www.SystemAgency.state.tx.us/grants/forms/b13form.doc>. The State of Texas Purchase Voucher and any supporting documentation shall be mailed or submitted by fax or electronic mail to the number/address below:

Contract No. HHS001316800001

ATTACHMENT A-1
REVISED STATEMENT OF WORK

Department of State Health Services
Claims Processing Unit, MC 1911
1100 West 49th Street
P.O. Box 149347
Austin, TX 78714-9347
FAX: (512) 458-7442
EMAIL: invoices@dshs.state.tx.us

- B.** All invoices must reference the Purchase Order dispatched for the current State Fiscal Year.
- C.** Performing Agency shall be paid on a Fee-for-Service/Unit Rate basis and in accordance with the following rate schedule:

Analysis	Test or Method	Max. Price
Standard Plate Count	SPC/PCA	16.87
Direct Microscopic Somatic Cell Count	DMSCC	22.50
Electronic Somatic Cell Count	ESCC	22.50
Added Water	Cryoscope	5.62
Antibiotics Inhibitor (Disk Assay)	Disc/Inhibitor (Delvo)	12.64
Antibiotics Confirmation Rapid Test	Charm I, II, SNAP, etc.	67.50
Aflatoxin	Aflatoxin	67.50
Phosphatase	Fluorophos	21.07
Coliform	Coli	15.46
Water Supply	Water	42.18
Cooling Water	Glycol-Sweet Water	42.18

Certificate Of Completion

Envelope Id: D9E391B553B1485DB8EC3577D81DE9FB

Status: Sent

Subject: Please DocuSign: HHS001316800001, Tarrant County, Amend 1 (MandD)

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Signatures: 0

Envelope Originator:

Certificate Pages: 2

Initials: 0

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AutoNav: Enabled

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Enveloped Stamping: Enabled

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Reston, VA 20190

CMS.InternalRouting@dshs.texas.gov

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Signer Events**Signature****Timestamp**

Judge Tim O'Hare

Sent: 9/29/2023 4:19:42 PM

countyjudgegrants@tarrantcountytx.gov

Resent: 10/4/2023 9:13:55 AM

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Jonah Wiczynski

jonah.wiczynski@dshs.texas.gov

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Patty Melchior

Patty.Melchior@dshs.texas.gov

Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

Not Offered via DocuSign

Kirk Cole

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Security Level: Email, Account Authentication
(None)**Electronic Record and Signature Disclosure:**

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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**

Carbon Copy Events	Status	Timestamp
Millie J. McManus PHcontracts@tarrantcounty.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 9/29/2023 4:19:41 PM Viewed: 10/3/2023 9:39:38 AM
Rune-Par I Nilsson RINilsson@tarrantcounty.com Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 10/4/2023 9:13:54 AM Viewed: 10/4/2023 9:14:36 AM
CMS Internal Routing Mailbox CMS.InternalRouting@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Ebony White ebony.white@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign		
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	9/29/2023 4:19:41 PM
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Envelope Updated	Security Checked	10/4/2023 9:13:53 AM
Envelope Updated	Security Checked	10/4/2023 9:13:53 AM
Envelope Updated	Security Checked	10/4/2023 9:13:53 AM
Payment Events	Status	Timestamps