



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
Tarrant County Judge
Tarrant County
1101 S. Main Street
Fort Worth, Texas 76104

Subject: CPS/PH Workforce Contract
Contract Number: HHS001084300001, Amendment No. 1
Contract Amount: \$1,500,000.00
Contract Term: August 23, 2021 through June 30, 2024

Dear Judge O'Hare:

Enclosed is the CDC Public Health Crisis Response (PHCR) Co-Ag: Public Health Workforce contract between the Department of State Health Services and Tarrant County.

The purpose of this amendment is to add a no-cost extension to continue to establish, expand, train and sustain public health workforce in support of Coronavirus 2019 (COVID-19) response and in alignment with the Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802) from the Centers for Disease Control and Prevention (CDC).

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

Sincerely,

Jennifer Boggs, CTCM
Contract Manager
776-3967
Jennifer.Boggs@dshs.texas.gov

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001084300001
AMENDMENT NO. 1**

The Department of State Health Services (System Agency) and Tarrant County (Grantee), collectively the Parties to that certain contract for activities to establish, expand, train and sustain public health workforce in support of Coronavirus 2019 (COVID-19) response and in alignment with the Public Health Crisis Response Cooperative Agreement for Emergency Response (Funding Opportunity Number CDC-RFA-TP18-1802) from the Centers for Disease Control and Prevention (CDC), effective August 23, 2021 and denominated DSHS Contract No. HHS001084300001 (the Contract), now elect to amend the Contract.

WHEREAS, System Agency has elected to extend the term of the Contract in accordance with Contract **SECTION III, CONTRACT PERIOD AND RENEWAL**, to allow for continued support of the Public Health Work Force activities; and

WHEREAS, the Parties desire to revise the financial reporting requirements in the Statement of Work to align with updated processes.

The Parties therefore agree as follows:

1. **SECTION III, CONTRACT PERIOD AND RENEWAL**, is hereby amended to reflect a revised termination date of June 30, 2024.
2. **SECTION IV, INVOICE AND PAYMENT**, in **ATTACHMENT A, FY2023 STATEMENT OF WORK**, of the Contract is hereby amended and restated in its entirety:
 - A. Grantee shall submit requests for reimbursement of required services/deliverables monthly using the State of Texas Purchase Voucher (Form B-13), together with supporting documentation as directed by DSHS. Forms should be mailed, faxed or e-mailed to the addresses below.
 - B. Grantee shall submit a Financial Status Report (FSR) biannually each year beginning July 1, 2022 through August 15, 2024.

Year	1ST FSR Period	1ST FSR Due Date	2ND FSR Period	2ND FSR Due Date
2023	July 1, 2022 - December 31, 2022	January 31, 2023	January 1, 2023- June 30, 2023	July 31, 2023
2024	July 1, 2023 – December 31, 2023	January 31, 2024	January 1, 2024- June 30, 2024	August 15, 2024

- C. All financial reporting documents must be submitted by e-mail, fax, or mail. E-mail is preferred, but fax or mail are acceptable.

1. For submission by mail, use address below:
Department of State Health Services
Claims Processing Unit
P.O. Box 149347
Austin, TX 78714-9347
2. For submission by fax, use number below:
(512) 458-7442
3. For submission by e-mail, see requirements below:
 - a. Form B-13 with supporting documentation must be sent to invoices@dshs.texas.gov & CMSInvoices@dshs.texas.gov, with a copy to the System Agency contract manager.
 - b. FSR must be sent to: invoices@dshs.texas.gov; FSRGrants@dshs.texas.gov; and with a copy to the System Agency contract manager.

Grantee will be reimbursed on a monthly basis in accordance with the Budget in **Attachment B** of this Contract. Reimbursement shall be subject to the submission of required and appropriate documentation, and in accordance with applicable law and governing regulations.

3. This Amendment shall be effective as of the date last signed below.
4. Except as modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in effect.
5. 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. HHS001084300001**

DEPARTMENT OF STATE HEALTH SERVICES GRANTEE - TARRANT COUNTY

By: _____

By: _____

Name: _____

Name: Tim O'Hare

Title: _____

Title: County Judge

Date of Signature: _____

Date of Signature: _____

APPROVED AS TO FORM:

Kimberly C. Wesley
Criminal District Attorney's Office*

*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.