



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

DAVID L. LAKEY, M.D.
COMMISSIONER

P.O. Box 149347
Austin, Texas 78714-9347
1-888-963-7111
TTY: 1-800-735-2989
www.dshs.state.tx.us

April 23, 2013

Dear Contractor:

Enclosed is an approved copy of your amended Department of State Health Services (DSHS) contract. Your contract will now have an "A" at the end. New contract number is **2012-040254-001A**. Please file it with the office of record for your agency.

DSHS will not pay for reimbursements submitted/postmarked more than 60 days after the end of the contract term. Additional information regarding this policy is available on the DSHS website at <http://www.dshs.state.tx.us>.

Please reference the DSHS contract and attachment number in all future correspondence. If you have questions, please contact Christine Leos at 512-776-6933 or via email at Christine.Leos@dshs.state.tx.us.

Sincerely,

A handwritten signature in cursive script that reads "Bob Burnette".

Bob Burnette, Director
Client Services Contracting Unit

Enclosures



DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To



The Department of State Health Services (DSHS) and TOM GREEN COUNTY (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2012-040254 (Contract) in accordance with this Amendment No. 001A:EXEC/PPH, effective 04/10/2013.

The purpose of this Amendment is to reallocate funds of \$8,487.00 from the Personnel Category, \$661.00 from the Fringe Benefits Category, \$2,778.00 from the Travel Category, \$1,890.00 from the Contractual Category and \$19,592.00 from the Other Category to the Supplies Category. The total contract amount of \$150,000.00 remains unchanged.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment number is revised as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

Categorical Budget is changed per attached.

All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of this contract and the terms of this Amendment, this Amendment shall control.

Department of State Health Services

Tom Green County

Signature of Authorized Official

Signature of Authorized Official

Date: 4/23/13

Date: APR 19 2013

Bob Burnette, C.P.M., CTPM

Name: Michael D. "Mike" Brown
Tom Green County Judge

Director, Client Services Contracting Unit

Title: _____

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

Address: 122 W. HARRIS
SAN ANGELO, TX 76903

(512) 458-7470

Phone: 325-653-3318

Bob.Burnette@dshs.state.tx.us

Email: Mike.brown@co.tom-green.tx.us

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199



CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: Potentially Preventable Hospitalizations Initiative (Office of State Epidemiolog

CONTRATOR: TOM GREEN COUNTY

CONTRACT NO: 2012-040254

CONTRACT TERM: 01/01/2012 THRU: 08/31/2013

BUDGET PERIOD: 01/01/2012 THRU: 08/31/2013

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$9,000.00	\$513.00	\$(8,487.00)
Fringe Benefits	\$700.00	\$39.00	\$(661.00)
Travel	\$7,000.00	\$4,222.00	\$(2,778.00)
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$83,300.00	\$116,708.00	\$33,408.00
Contractual	\$10,000.00	\$8,110.00	\$(1,890.00)
Other	\$40,000.00	\$20,408.00	\$(19,592.00)
Total Direct Charges	\$150,000.00	\$150,000.00	\$0.00
INDIRECT COST			
Base (\$)	\$0.00	\$0.00	\$0.00
Rate (%)	0.00%	0.00%	0.00%
Indirect Total	\$0.00	\$0.00	\$0.00
PROGRAM INCOME			
Program Income	\$0.00	\$0.00	\$0.00
Other Match	\$0.00	\$0.00	\$0.00
Income Total	\$0.00	\$0.00	\$0.00
LIMITS/RESTRICTIONS			
Advance Limit	\$0.00	\$0.00	\$0.00
Restricted Budget	\$0.00	\$0.00	\$0.00
SUMMARY			
Cost Total	\$150,000.00	\$150,000.00	\$0.00
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$150,000.00	\$150,000.00	\$0.00
Total Reimbursements Limit	\$150,000.00	\$150,000.00	\$0.00
JUSTIFICATION			
Amendment needed to align budget more appropriate to the activities currently being performed. Funds are needed in the Supplies category to cover costs associated with Bacterial Pneumonia, UTI, and COPD.			

Financial status reports are due: 04/30/2012, 07/30/2012, 10/30/2012, 01/30/2013, 04/30/2013, 07/30/2013, 09/30/2013