

STATE OF TEXAS  
COUNTY OF TRAVIS

AMENDMENT FIVE  
TO THE  
INTER-LOCAL AGREEMENT  
BETWEEN THE  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION  
AND  
CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT  
FOR THE  
NURSE-FAMILY PARTNERSHIP PROGRAM

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**Article I. INTRODUCTION**

Contractor acknowledges the transfer; pursuant to applicable provisions of Senate Bill 200, 84th Regular Session (2015); of this contract from the Texas Health and Human Services Commission (HHSC) to the Texas Department of Family and Protective Services (DFPS). HHSC or DFPS will, as deemed necessary by HHSC or DFPS, provide Contractor with any contract-related information changed or revised as a result of the transfer.

This Amendment Five to the HHSC Contract No 529-12-0066-00005 (the “Agreement”) is between the Health and Human Services Commission (“HHSC”), an administrative agency within the executive department of the State of Texas, having its principal office at 4900 North Lamar Boulevard, Austin, Texas, 78751, and Corpus Christi-Nueces County Public Health District (“CONTRACTOR”), having its principal office at 1702 Horne Rd, Corpus Christi, Texas, 78406. HHSC and CONTRACTOR may be referred to in this Agreement individually as “Party” and collectively as the “Parties.”

The Parties agree to amend the Agreement, as amended, subject to the following terms and conditions. The Parties agree that the modified terms and conditions will apply to the Services and Deliverables to be provided by CONTRACTOR unless further modified or amended by the Parties. This Amendment may be referred to as “Amendment” or “Amendment Five” herein.

**Article II. AUTHORITY AND OBJECTIVES**

**Section 2.01 Authority.**

In accordance with Section 6.03(b)(3) of the Agreement, the Parties execute this Amendment Five.

**Section 2.02 Objectives.**

It is the intent of HHSC to support the Nurse-Family Partnership Program in Nueces County, Texas through the Agreement. The source of funding for this Agreement is Health Resources and Services Administration (HRSA) Grant No: X02MC28249; CFDA 93.505. CONTRACTOR (DUNS 078495025) is considered a sub-recipient for the purposes of the Agreement. The purpose of this Amendment is to modify certain terms of the original Agreement.

**Section 2.03 Modifications to Agreement.**

The Agreement is modified for the following purposes:

- To modify Section 2.07 “Term of the Agreement”;
- To modify Section 4.01 “Total Cost”;
- To modify Section 4.02(a) “General Payment Terms”;
- To incorporate “Additional Contract Requirements” (Exhibit A to this Amendment);
- To incorporate “Reporting Requirements” (Exhibit B to this Amendment);
- To incorporate “Performance Measures” (Exhibit C to this Amendment);
- To incorporate “Contract Budget” (Exhibit D to this Amendment); and
- To incorporate the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) “Notice of Award” (Exhibit E to this Amendment).

**Section 2.04     *Effective Date.***

This Amendment is effective on September 1, 2016.

**Article III. AMENDMENT TO THE OBLIGATIONS OF THE PARTIES**

**Section 3.01     *Modifications.***

The original Agreement, as modified by prior Amendments, remains in effect except as modified as listed below under this Amendment Five.

- (a) Section 2.07 “Term of Agreement” is deleted in its entirety and replaced with the following language:

The term of this Agreement begins July 23, 2012 and will expire on August 31, 2017 (the “Expiration Date”) unless terminated sooner or extended pursuant to the terms and conditions of this Agreement.

- (b) Section 4.01 “Total Cost” is deleted in its entirety and replaced with the following language:

Under Amendment Five, DFPS will add \$616,017.00 to the previous contract amount of \$2,502,428.69. The total cost of Services and Deliverables supplied by CONTRACTOR to DFPS during the Term of the Agreement will not exceed \$3,118,445.69.

- (c) Section 4.02(a) “General Payment Terms” is deleted in its entirety and replaced with the following language:

DFPS will reimburse actual costs of CONTRACTOR, based on approved performance, an amount up to but not to exceed \$616,017.00 for the term of the funding period beginning September 1, 2016 and ending August 31, 2017. Payments will be made on a monthly cost reimbursement basis, in response to an invoice, purchase voucher and monthly deliverables being received and approved by DFPS. DFPS shall pay the CONTRACTOR an amount not to exceed the total agreed upon amount in the CONTRACTOR’s approved budget as represented in Exhibit D of this Amendment.

- (d) Exhibit E to the Agreement, “Additional Contract Requirements,” as amended by Amendment Four is replaced in its entirety by Exhibit A, “Additional Contract Requirements,” to this Amendment.
- (e) Exhibit F to the Agreement, “Reporting Requirements,” as amended by Amendment Four is replaced in its entirety by Exhibit B, “Reporting Requirements,” to this Amendment.

- (f) Exhibit G to the Agreement, "Performance Measures," as amended by Amendment Four is replaced in its entirety by Exhibit C, "Performance Measures," to this Amendment.
- (g) Exhibit D to this Amendment incorporates the modified "Contract Budget" into the Agreement.
- (h) Exhibit E to this Amendment incorporates the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) "Notice of Award" into the Agreement.

**Article IV. AUTHORITY TO EXECUTE**

The Parties have executed this contract in their capacities as stated below with authority to bind their organizations on the dates set forth by their signatures.

**TEXAS DEPARTMENT OF FAMILY AND  
PROTECTIVE SERVICES**

**CORPUS CHRISTI-NUECES COUNTY  
PUBLIC HEALTH DISTRICT**

\_\_\_\_\_  
**SASHA RASCO  
PREVENTION AND EARLY INTERVENTION  
(PEI) ASSISTANT COMMISSIONER**

\_\_\_\_\_  
**ANNETTE RODRIGUEZ  
DIRECTOR OF PUBLIC HEALTH**

**DATE:**

**DATE:**

\_\_\_\_\_

\_\_\_\_\_

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**EXHIBIT A  
ADDITIONAL CONTRACT REQUIREMENTS**

The CONTRACTOR is responsible for and must ensure that each of the contract requirements stated below are met:

CONTRACTOR will implement the evidence-based home visiting program model(s) outlined in its approved budget according to the national model elements and requirements for each. Curricula, assessments, screening tools, data collection and home visit guidelines required by the program model(s) must be used.

CONTRACTOR's implementing Nurse-Family Partnership must contract directly with the Nurse-Family Partnership National Service Office (NFPNSO) and pay all applicable fees directly to NFPNSO.

CONTRACTOR's implementing Nurse-Family Partnership assumes responsibility for knowledge of and compliance with the Texas Nurse Practice Act, state laws, regulations, and licensing requirements pertaining to nursing practice and state laws and regulations pertaining to mandatory reporting.

CONTRACTOR must use the recommended data collection system required by the model developer. All required data must be entered directly into the applicable system and the CONTRACTOR must perform a quality check to ensure all data required by Texas Home Visiting (THV) is included and the data is accurate. This quality check must include timely review and response to THV-generated quality assurance reports. Data must be entered each month according to the program model(s) requirements and THV's guidance.

CONTRACTOR is required to participate in HRSA-required evaluation activities administered through THV and any contracted partners (if applicable).

CONTRACTOR is prohibited from engaging in research on program staff and/or client population without prior written authorization from THV, and the program model(s). This excludes THV required program evaluation.

CONTRACTOR will take all appropriate steps to maintain client confidentiality and obtain any necessary written client consents for data analysis or disclosure of protected health information, in accordance with applicable federal and state laws, including, but not limited to, authorizations, data use agreements, and business associate agreements, as necessary.

CONTRACTOR must provide flexible schedules to Home Visitors and Supervisors to allow for evening and weekend work to accommodate clients' schedules.

CONTRACTOR will monitor subcontractors according to program model(s) and/or THV guidance to ensure that subcontractors are adhering to the essential elements as it relates to this Agreement.

All CONTRACTOR staff that interacts with clients is required to complete the THV-approved training on reporting child maltreatment within 30 days of date of hire. CONTRACTOR is also responsible for ensuring that all staff is aware of their duty to report as outlined in the [Texas Family Code, Chapter 261](#). Records acknowledging successful completion of the training by each staff member must be maintained by CONTRACTOR.

CONTRACTOR's staff vacancies must be filled within three months. Vacancies of over three (3) months will require a staffing plan approved by THV.

In order to ensure client health and safety, CONTRACTOR must follow THV requirements regarding conducting criminal background checks and maintaining records.

CONTRACTOR must complete ongoing trainings or meetings that are required by the program model(s) and/or THV.

CONTRACTOR must implement and complete Continuous Quality Improvement (CQI) projects as defined by THV guidance requirements.

If the CONTRACTOR is receiving HRSA funding they are required to use the following acknowledgement and disclaimer on all products produced by HRSA/THV grant funds: "This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government." CONTRACTORS are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.

CONTRACTOR is prohibited from using the DFPS name, logo or insignia on forms or other materials related to THV funded services. This includes forms (e.g. consent forms) and materials that are distributed to the CONTRACTOR's clients.

CONTRACTOR's match goal for this budget period is 10% (cash and/or in-kind) of their total reimbursable expenditures. Full reimbursement is dependent on reaching this match goal.

**Corrective Action:**

Texas Home Visiting staff will provide continued support and consultation to CONTRACTOR throughout the term of the Agreement. At the discretion of the THV Program Manager, Corrective Action Plans may be requested if the CONTRACTOR fails to meet contract requirements.

All Corrective Action Plans must be approved by THV, prior to being implemented by the CONTRACTOR.

If the CONTRACTOR fails to implement their approved Corrective Action Plan, all or part of their monthly payment may be withheld.

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EXHIBIT B**

**REPORTING REQUIREMENTS**

The reports listed below are due to your THV Project Manager by the last day of the month for the prior month. If the last day of the month falls on a weekend or holiday, all Reporting Requirements will be due on the next business day. Reports should be sent to the Texas Home Visiting mailbox at: [HomeVisiting@dfps.state.tx.us](mailto:HomeVisiting@dfps.state.tx.us).

1. CONTRACTOR will submit a Monthly Program Report using the template and guidance provided by THV.
2. CONTRACTOR will submit a monthly expenditure report using the format provided by THV for allowable expenses that includes an invoice and a scanned purchase voucher with an original signature.
3. CONTRACTOR will work with THV during that last month of the fiscal year to submit accurate year-end expenditures as soon as possible.

CONTRACTOR will report additional data elements as requested by THV.

CONTRACTOR will make all reasonable efforts to assure that all data elements are collected and reported to THV upon its request, or as soon as reasonably possible. Templates and data element requests will not constitute the entirety of deliverables and requirements required for submission by this Agreement.

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**EXHIBIT C**

**PERFORMANCE MEASURES**

These performance measures assess operational components and indicate compliance with services required under the Texas Home Visiting Program. These measures were selected as critical elements in progress towards positive program outcomes.

<b>OUTPUT MEASURES</b>
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CONTRACTOR shall meet all of the following outputs once program implementation has begun:

**Output #1: The expected number of families served annually.**

**Indicator:** The number of unduplicated families served in the 12-month budget period by all program models under which CONTRACTOR operates.

**Target:** 125

**Data Source:** THV database and/or program model databases.

**Methodology:** Count of the number of unduplicated mothers served by NFP or families served by other program models under which CONTRACTOR operates that received a minimum of one home visit during the 12-month budget period.

**OUTPUT #2: Staff members are trained to deliver the evidence-based model.**

**Indicator:** The percentage of staff that are trained in the evidence-based model within the timeframes required by the evidence-based models.

**Target:** 100%.

**Data Source:** Monthly reports.

**Methodology:** Total number of staff who are trained according to model requirements and timelines divided by the total number of staff providing services under this Agreement. Multiply by 100 and state as a percentage.

**OUTPUT #3: Program will maintain family capacity throughout the contract term.**

**Indicator:** The number of families served at any given point compared to the number of funded slots (Output #1).

**Target:** 100% with an allowable variance of 15%.

**Data Source:** THV database and/or program model databases.

**Methodology:** Total number of families served at each point in time divided by the total number of families that are funded under the Agreement. Multiply by 100 and state as a percentage.



**OUTPUT #4: Families will remain engaged in the program for a minimum of one year.**

**Indicator:** The percentage of families that leave the program prior to receiving 10 or 12-months of services (as applicable), and have not completed the program or aged out.

**Target:** 50%

**Data Source:** THV database and/or program model databases.

**Methodology:** Number of families who left the program prior to completing 10 or 12 months of services (as applicable based on program model) who have not completed the program, divided by the total number of families who have an enrollment date greater than 10 or 12 months in the past (as applicable based on model). Multiply by 100 and state as a percentage.

**OUTPUT #5: If applicable, CONTRACTOR will lead or participate in a local early childhood coalition.**

**Indicator:** The number of coalition activities that include appropriate cross-sector partners.

**Target:** 8

**Data Source:** Quarterly reports.

**Methodology:** Count of the number of coalition meetings or engagement activities that include appropriate cross-sector partners. Cross-sector partners will be established in partnership with THV.

**OUTPUT #6: If applicable, the Early Development Instrument (EDI) will be used to identify community needs.**

**Indicator:** The number of children by school in targeted neighborhoods that are assessed using the Early Development Instrument (EDI).

**Target:** Number equal to 70% of children in two targeted neighborhoods assessed.

**Data Source:** Reports prepared by the University of California Los Angeles.

**Methodology:** Count of the number of children by school in each targeted neighborhood that are assessed using the EDI.

<b>OUTCOME MEASURES</b>
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CONTRACTOR shall meet two or more of the following outcome measures once program implementation has begun:

**OUTCOME #1: Women will breastfeed for at least six months postpartum.**

**Indicator:** Children receiving any breast milk at six months postpartum.

**Target:** 15%

**Data Source:** THV data collection system and/or program model databases.

**Methodology:** Number of children receiving any breast milk at six months postpartum divided by the total number of children six months postpartum. Multiply by 100 and state as a percentage.

**OUTCOME #2: Children will attend recommended well-child visits.**

**Indicator:** Percentage of children enrolled in home visiting who received the last recommended well-child visit based on the American Academy of Pediatrics (AAP) schedule.

**Target:** 80%

**Data Sources:** THV data collection system and/or program model databases.

**Methodology:** Number of children that received the last recommended well-child visit divided by the total number of children enrolled. Multiply by 100 and state as a percentage.

**OUTCOME #3: Babies will be born at full term.**

**Indicator:** Percentage of babies in the program that are born full term (after 37 weeks).

**Target:** 87%

**Data Sources:** THV data collection system and/or program model databases.

**Methodology:** The number of babies in the program born full term (after 37 weeks) divided by the total number of babies born. Multiply by 100 and state as a percentage.

**OUTCOME #4: Primary caregiver(s) and/or family members will read, tell stories, or sing songs daily to or with their child(ren).**

**Indicator:** Percentage of primary caregivers and/or family members reading, telling stories, or singing to or with their child(ren) daily at six months post enrollment or post birth.

**Target:** 80%

**Data Sources:** THV data collection system and/or program model databases.

**Methodology:** The number of primary caregivers and/or family members reading, telling stories, or singing to or with their child(ren) daily at six months post enrollment or post birth divided by the total number of primary caregivers who have been enrolled at least six months or post birth. Multiply by 100 and state as a percentage.

**OUTCOME #5: Parent-child interaction will improve.**

**Indicator:** Percentage of primary caregivers who show an increased parent-child interaction score on the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) from enrollment to 12-months post enrollment, or the end of the program year for HIPPY.

**Target:** 80%

**Data Sources:** THV data collection system and/or program model databases.

**Methodology:** Subtract the overall score at enrollment from the overall score taken at 12-months post enrollment (or at the end of the program year for HIPPY) for each individual to get the measure of improvement. Count any individual with a measure of improvement greater than zero and divide by the total number of individuals assessed at 12-months post enrollment (or at the end of the program year for HIPPY). Multiply by 100 and state as a percentage.

**OUTCOME #6: Primary caregiver(s) will exit the program working and/or attending an educational program.**

**Indicator:** Percentage of primary caregivers exiting the program working and/or attending an educational program.

**Target:** 60%

**Data Sources:** THV data collection system and/or program model databases.

**Methodology:** Number of primary caregivers who exit the program working and/or attending an educational program divided by the number of primary caregivers exiting the program. Multiply by 100 and state as a percentage.


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**EXHIBIT D  
CONTRACT BUDGET**

<i>Texas Department of Family and Protective Services</i>		<i>Form 2030 May 31, 2016</i>
<b>Budget for Purchase of Service Contracts</b>		
<b>SUMMARY</b>	<b>Contractor :</b>	Corpus Christi-Nueces County Public Health District (County)
	<b>Contract #</b>	529-12-0066-00005E
	<b>Contract Period :</b>	9/01/2016 to 08/31/2017
	<b>PAC #</b>	38051
	<b>Program :</b>	Texas Home Visiting
		<b>Original Approved 2030</b>
<b>Cost Categories</b>	(A.)	
	<b>Reimbursable</b>	
(1A) Personnel - Salaries		\$400,538.24
(1B) Personnel - Fringe Benefits - by Employee		\$133,786.84
(1C) Personnel - Fringe Benefits - by Type		\$0.00
(2) Travel		\$25,489.00
(3) Supplies and Controlled Assets		\$19,627.80
(4) Capital Equipment (greater than \$5K)		\$0.00
(5) Other Costs		\$36,575.12
(6) Contractual		\$0.00
<b>Direct Costs Total</b>		<b>\$616,017.00</b>
<b>Indirect Costs Total</b>		<b>\$0.00</b>
<b>TOTAL</b>		<b>\$616,017.00</b>

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**EXHIBIT E  
NOTICE OF AWARD**

<b>1. DATE ISSUED:</b> 04/23/2015		<b>2. PROGRAM CFDA:</b> 93.505		 <b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulation) Patient Protection and Affordable Care Act, P.L. 111-148 Social Security Act, Title V, Section 511(b)(42 U.S.C. 701), as amended by the Patient Protection and Affordable Care Act of 2010 Affordable Care Act, P.L. 111-148 Social Security Act, Title V, Section 511 (42 U.S.C. §701), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (Public Law 111-148) Social Security Act, Title V, Section 511 (42 U.S.C. §711), as amended by Section 2951 of the Patient Protection and Affordable Care Act of 2010 (P.L. 111-148). Social Security Act, Title V, § 511(c) (42 U.S.C. § 711(c)), as added by § 2951 of the Patient Protection and Affordable Care Act (P.L. 111-148)																																																			
<b>3. SUPERSEDES AWARD NOTICE dated:</b> 02/18/2015 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																							
<b>4a. AWARD NO.:</b> 6 X02MC28249-01-01		<b>4b. GRANT NO.:</b> X02MC28249	<b>5. FORMER GRANT NO.:</b>																																																				
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 03/01/2015 <b>THROUGH:</b> 09/30/2017																																																							
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2015 <b>THROUGH:</b> 09/30/2017																																																							
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Affordable Care Act (ACA) Maternal, Infant and Early Childhood Home Visiting Program																																																							
<b>9. GRANTEE NAME AND ADDRESS:</b> HEALTH & HUMAN SERVICES COMMISSION, TEXAS 4900 North Lamar Boulevard Austin, TX 78751 <b>DUNS NUMBER:</b> 806781373		<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Donna Wood HEALTH & HUMAN SERVICES COMMISSION, TEXAS PO BOX 13247 Austin, TX 78711																																																					
<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation		<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>																																																					
<table border="0"> <tr><td>a . Salaries and Wages :</td><td style="text-align: right;">\$632,528.00</td></tr> <tr><td>b . Fringe Benefits :</td><td style="text-align: right;">\$188,114.00</td></tr> <tr><td>c . Total Personnel Costs :</td><td style="text-align: right;">\$820,642.00</td></tr> <tr><td>d . Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e . Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f . Supplies :</td><td style="text-align: right;">\$13,200.00</td></tr> <tr><td>g . Travel :</td><td style="text-align: right;">\$76,067.00</td></tr> <tr><td>h . Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i . Other :</td><td style="text-align: right;">\$201,600.00</td></tr> <tr><td>j . Consortium/Contractual Costs :</td><td style="text-align: right;">\$10,446,451.00</td></tr> <tr><td>k . Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l . Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m . Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n . Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o . TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$11,557,960.00</td></tr> <tr><td>p . INDIRECT COSTS (Rate: % of S&amp;W/TADC) :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q . TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$11,557,960.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$11,557,960.00</td></tr> </table>		a . Salaries and Wages :	\$632,528.00	b . Fringe Benefits :	\$188,114.00	c . Total Personnel Costs :	\$820,642.00	d . Consultant Costs :	\$0.00	e . Equipment :	\$0.00	f . Supplies :	\$13,200.00	g . Travel :	\$76,067.00	h . Construction/Alteration and Renovation :	\$0.00	i . Other :	\$201,600.00	j . Consortium/Contractual Costs :	\$10,446,451.00	k . Trainee Related Expenses :	\$0.00	l . Trainee Stipends :	\$0.00	m . Trainee Tuition and Fees :	\$0.00	n . Trainee Travel :	\$0.00	o . TOTAL DIRECT COSTS :	\$11,557,960.00	p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q . TOTAL APPROVED BUDGET :	\$11,557,960.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$11,557,960.00	<table border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;"><b>\$11,557,960.00</b></td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$11,557,960.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$0.00</b></td></tr> </table>		a. Authorized Financial Assistance This Period	<b>\$11,557,960.00</b>	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$11,557,960.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>
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n . Trainee Travel :	\$0.00																																																						
o . TOTAL DIRECT COSTS :	\$11,557,960.00																																																						
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00																																																						
q . TOTAL APPROVED BUDGET :	\$11,557,960.00																																																						
i. Less Non-Federal Share:	\$0.00																																																						
ii. Federal Share:	\$11,557,960.00																																																						
a. Authorized Financial Assistance This Period	<b>\$11,557,960.00</b>																																																						
b. Less Unobligated Balance from Prior Budget Periods																																																							
i. Additional Authority	\$0.00																																																						
ii. Offset	\$0.00																																																						
c. Unawarded Balance of Current Year's Funds	\$0.00																																																						
d. Less Cumulative Prior Awards(s) This Budget Period	\$11,557,960.00																																																						
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$0.00</b>																																																						
<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">YEAR</th> <th>TOTAL COSTS</th> </tr> </thead> <tbody> <tr> <td></td> <td style="text-align: center;">Not applicable</td> </tr> </tbody> </table>				YEAR	TOTAL COSTS		Not applicable																																																
YEAR	TOTAL COSTS																																																						
	Not applicable																																																						
<b>14. APPROVED DIRECT ASSISTANCE BUDGET:</b> (In lieu of cash)																																																							
a. Amount of Direct Assistance		\$0.00																																																					
b. Less Unawarded Balance of Current Year's Funds		\$0.00																																																					
c. Less Cumulative Prior Awards(s) This Budget Period		\$0.00																																																					
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION		<b>\$0.00</b>																																																					
<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[ B ]</b></span> Estimated Program Income: \$0.00																																																							
<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b> a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.																																																							
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No) This NoA is issued to remove one or more Grant Conditions imposed on projects.																																																							
<b>Electronically signed by Tya Renwick , Grants Management Officer on :</b> 04/23/2015																																																							
<b>17. OBJ. CLASS:</b> 41.45	<b>18. CRS-EIN:</b> 1742638006A1	<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00																																																					

<b>FY-CAN</b>	<b>CFDA</b>	<b>DOCUMENT NO.</b>	<b>AMT. FIN. ASST.</b>	<b>AMT. DIR. ASST.</b>	<b>SUB PROGRAM CODE</b>	<b>SUB ACCOUNT CODE</b>
15 - 3895612	93.505	15X02MC28249AC	\$0.00	\$0.00		HV-15-FORM

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Term(s)

1. The grant condition stated below on NoA 1 X02MC28249-01-00 is hereby lifted.

The grantee must submit a revised budget justification to: (1) provide the annual base salaries for each person identified under the personnel category, (2) provide the components that are included in the fringe benefits (e.g. insurance, retirement, etc.), (3) breakout the \$10,000 reflected under the supply category that are allocated for outreach activities, (4) breakout and provide the calculations used to compute each contractual expense, and (5) breakout each line-item expense under the "other" category and provide the calculations used to compute each item and a detailed explanation for each item.

All prior terms and conditions remain in effect unless specifically removed.

### Contacts

#### NoA Email Address(es):

Name	Role	Email
Donna Wood	Point of Contact	donna.wood@hhsc.state.tx.us
Kyle L Janek	Authorizing Official	kyle.janek@hhsc.state.tx.us
Donna Wood	Program Director	donna.wood@hhsc.state.tx.us

Note: NoA emailed to these address(es)

#### Program Contact:

For assistance on programmatic issues, please contact Laura Wolfgang at:  
HRSA Maternal Child Health Bureau  
1301 Young St  
Dallas, TX, 75202-5433  
Email: [LWolfgang@hrsa.gov](mailto:LWolfgang@hrsa.gov)  
Phone: (214) 767-5320

#### Division of Grants Management Operations:

For assistance on grant administration issues, please contact Tya Renwick at:  
MailStop Code: 10W65B  
MCHSB/DGMO/OFAM/HRSA  
5600 Fishers Ln  
RM 10W65B  
Rockville, MD, 20857-0001  
Email: [trenwick@hrsa.gov](mailto:trenwick@hrsa.gov)  
Phone: (301) 594-0227  
Fax: (301) 443-6343