DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. 537-18-0368-00001
AMENDMENT NO. 01
RENEWAL

The **DEPARTMENT OF STATE HEALTH SERVICES** ("System Agency") and **CORPUS CHRISTI – NUECES COUNTY PUBLIC HEALTH DISTRICT (COUNTY)** ("Grantee"), who are collectively referred to herein as the "Parties," to that certain Grantee Contract effective September 1, 2017 and denominated DSHS Contract No. 537-18-0368-00001, now desire to amend the Contract.

WHEREAS, System Agency has elected to extend the contract an additional fiscal year in accordance with SECTION III, DURATION of the Signature Document;

WHEREAS, the Parties desire to revise the Statement of Work and the Budget; and

WHEREAS, the Parties desire to correct the Legal Authority.

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

1. **SECTION II** of the Signature Document, **LEGAL AUTHORITY**, is hereby amended to provide as follows: This Contract is authorized by and in compliance with the provisions of Texas Health and Safety Code Chapters 12 and 1001 and Texas Government Code Chapter 791.

2. **SECTION III** of the Signature Document, **DURATION**, is hereby amended to reflect a revised termination date of August 31, 2019.

3. **SECTION IV** of the Signature Document, **BUDGET** is hereby amended to add **FORTY-ONE THOUSAND EIGHT HUNDRED SIXTY-FIVE DOLLARS ($41,865.00)** for the period beginning September 1, 2018, through August 31, 2019 ("**Fiscal Year 2019**"). The total amount of the Contract will not exceed **EIGHTY-FOUR THOUSAND NINETY-NINE DOLLARS ($84,099.00).** All expenditures under the Contract will be in accordance with the Revised Budget, Attachment B-1.

4. **ATTACHMENT A** of the Contract, **STATEMENT OF WORK** is hereby deleted in its entirety and replaced with **ATTACHMENT A-1**, **STATEMENT OF WORK**.

5. **ATTACHMENT B** of the Contract, **BUDGET** is hereby deleted in its entirety and replaced with **ATTACHMENT B-1, REVISED BUDGET**.

6. **ATTACHMENT D** of the Contract, **SUPPLEMENTAL AND SPECIAL CONDITIONS** is hereby amended to add the following new Section 1.11 under the Special Conditions:

SECTION 1.11 GRANTEE'S CERTIFICATION OF MEETING OR EXCEEDING TOBACCO-FREE WORKPLACE POLICY MINIMUM STANDARDS.

Grantee certifies that it has adopted and enforces a Tobacco-Free Workplace Policy that meets or exceeds all of the following minimum standards of:

a) Prohibiting the use of all forms of tobacco products, including but not limited to cigarettes, cigars, pipes, water pipes (hookah), bidis, kreteks, electronic cigarettes, smokeless tobacco, snuff and chewing tobacco;
b) Designating the property to which this Policy applies as a "designated area," which must at least comprise all buildings and structures where activities funded under this Contract are taking place, as well as Grantee owned, leased, or controlled sidewalks, parking lots, walkways, and attached parking structures immediately adjacent to this designated area;
c) Applying to all employees and visitors in this designated area; and
d) Providing for or referring its employees to tobacco use cessation services.

If Grantee cannot meet these minimum standards, it must obtain a waiver from the System Agency.

7. This Amendment No. 1 shall be effective as of September 1, 2018.

8. Except as amended and modified by this Amendment No. 01, all terms and conditions of the Contract, as amended, 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
DEPARTMENT OF STATE HEALTH SERVICE
CONTRACT NO. 537-18-0368-00001

DEPARTMENT OF STATE HEALTH SERVICES	**CORPUS CHRISTI – NUECES COUNTY PUBLIC HEALTH DISTRICT (COUNTY)**
_____	By:_____
Name: _____	Name:_____
Title: _____	Title:_____
Date of Execution: _____	Date of Execution:_____

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

ATTACHMENT A-1 REVISED STATEMENT OF WORK
ATTACHMENT B-1 REVISED BUDGET

ATTACHMENT A-1
REVISED STATEMENT OF WORK

I. GRANTEE RESPONSIBILITIES

Grantee will:

A. Provide System Agency with active surveillance and reporting activities for Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS).

Grantee will perform all activities under this contract in accordance with the terms of this Contract and detailed budget, as approved by System Agency. Grantee must receive advance written approval from System Agency before varying from any of these requirements, and must notify all staff working on activities of any such changes under this contract within forty-eight (48) hours of System Agency approval of changes.

For the purpose of this Contract, "HIV infection" and "AIDS" are as defined by the Centers for Disease Control and Prevention (CDC) of the United States Public Health Service, (MMWR Recommendations and Reports. April 11, 2014 / 63(RR3); 1-10). http://www.cdc.gov/mmwr/pdf/rr/rr6303.pdf.

B. Grantee will perform the following:

1. STAFF

a. Grantee will document to System Agency that all project staff (i.e., working on activities under this contract) have received annual training on:

i. Grantee's employee's standard of conduct; (Grantee will submit these training documents to System Agency within fourteen (14) days of the effective date of this Contract); System Agency security and confidentiality training course within thirty (30) days of beginning work on this Contract; and

ii. Annual refresher training course on confidentiality requirements/confidential information security (i.e., within one year of having taken the previous confidentiality and security course) and submit appropriate documentation to the System Agency HIV/STD Surveillance Coordinator within ten (10) days of completing each course.

b. Within thirty (30) days of the effective date of the start of the applicable Fiscal Year, supply System Agency with a copy of each job description for which a portion or all of the salary is paid under this Contract.

c. Grantee will require at least one staff to attend training, conferences, and meetings, as directed by System Agency.

d. Grantee must notify the System Agency Program within forty-eight (48) hours of any

personnel actions, including the details and outcome of such actions, involving project staff. A written report will be submitted, to back up the oral report, within seventy-two (72) hours. Such personnel actions include, but are not limited to:

i. Counseling for misconduct regarding violations of personnel, project, state, and/or federal policies, procedures, requirements, and laws;
ii. Terminations (voluntary or involuntary); and/or
iii. Employee grievances.

e. Fill any surveillance staff vacancy within ninety (90) days.

f. Submit complete and accurate travel support documentation to System Agency when submitting vouchers for reimbursement. Support documentation must list the employee who traveled, date of travel, purpose of travel, all receipts and a breakdown of the costs associated with travel.

g. Provide at least one (1) surveillance staff person to participate in standing monthly HIV Surveillance conference calls held by System Agency, as directed.

h. Grantee will ensure that all project staff working on activities under this contract have completed all HIV Surveillance Modules. New staff should complete these trainings within their first two weeks of employment. http://www.dshs.texas.gov/hivstd/training/surveillance.shtm

2. CASE REPORTING

a. Reporting and Registry

i. Active Surveillance and Provider Education

a. Maintain a current list of key reporting sources in Grantee's designated Service Area (Refugio, Aransas, San Patricio, Nueces, Kleberg, Brooks, Jim Wells, Live Oak, and Bee Counties) and document at minimum monthly active surveillance for major providers/facilities as outlined in the HIV Surveillance Manual. Active surveillance must be conducted by phone or in person to identify newly diagnosed HIV/AIDS cases and complete an HIV/AIDS case report form.

b. Maintain a current list of key reporting sources in Grantee's designated Service Area and document at minimum monthly provider education to at least ten providers/facilities deemed by the grantee or the System Agency to be in need of education on reporting requirements, current lab tests, recommended testing algorithm, or data collected and used by HIV surveillance. Provider education should establish and maintain communication about reporting requirements (including Molecular HIV

Surveillance and Perinatal HIV Surveillance) and any changes in any relevant surveillance procedures, requirements, and recommendations.

ii. Review Monthly Data Quality Reports and the Quarterly Progress Report provided by System Agency or available through the current reporting database to ensure corrections to case report forms are made and additional missing case information is collected.

iii. Manager will discuss and review Quarterly Progress Report findings with all surveillance staff.

iv. Be knowledgeable of any reference laboratories or medical facilities conducting in-house HIV laboratory testing within Grantee's designated Service Area. Grantee is responsible for identifying any testing facilities that are not reporting their laboratory results electronically to System Agency and shall accordingly arrange a method for retrieving any non-electronic, paper based labs. Grantee is responsible for submitting any and all lab results received directly from any laboratory and/or medical facilities to System Agency by the 30th day of each month. If no laboratory results were received locally in a given month, Grantee must notify System Agency ELR Program Specialist via email indicating there were no laboratory results received for that month.

b. Provide information, feedback, and clarification, as directed by System Agency Central Office staff by requested timeframe or within ten (10) working days of an inquiry.

c. Completeness

i. Ensure completeness of case reporting provided to System Agency by conducting the following activities at least monthly: fully reviewing monthly data quality reports and regularly reviewing surveillance systems to identify any inconsistencies or gaps in laboratory reporting. Grantee is encouraged to implement additional methods of evaluating completeness of key reporting source reporting, after first receiving System Agency written approval.

ii. Ensure HIV/AIDS case report forms are accurate and complete in accordance with guidance provided in the Texas HIV Surveillance Procedure Manual.

iii. Collect reports of HIV and AIDS cases diagnosed and/or treated which health care providers (e.g., physicians, HIV service providers, etc.) are required to make under TAC Title 25, Part 1, Chapter 97, Subchapter F, Rule §97.132.

iv. Collect reports of pediatric HIV and AIDS cases diagnosed and/or treated, infants born exposed to HIV, and HIV-positive pregnant women diagnosed and/or treated which health care providers (e.g., physicians, HIV service providers, etc.) and laboratories are required to make under TAC Title 25, Part 1, Chapter 97, subchapter F, Rule §97.132. Grantee is responsible for collecting the reports within Grantee's designated Service Area. For each perinatal exposure investigated, Grantee shall ensure that a pediatric case report form (PCRF) is completed along with an updated adult case report form for infant's mother.

v. Collect all required data elements to conduct HIV surveillance follow-up activities, including reviewing and conducting medical record abstractions within three months

of diagnosis for all patients seen in Grantee's designated Service Area to properly report all HIV and AIDS cases diagnosed and/or treated within Grantee's designated Service Area.

vi. Abstract medical records requested by another jurisdiction in Texas within the time frames outlined in the HIV Surveillance Manual.

vii. Conduct an investigation to verify any reported adult and/or infant HIV or AIDS deaths and abstract medical chart when appropriate within Grantee's designated Service Area.

viii. Follow procedures as outlined in Texas HIV Surveillance Procedure Manual to conduct out of state record searches.

ix. Maintain an efficient tracking mechanism, either by paper or electronic file, to record outcomes for all laboratory reports received by local site (including all laboratory reports received through Electronic Laboratory Report and all paper laboratory reports received directly from providers or labs). With an efficient tracking mechanism in place, Grantee should be able to readily produce surveillance site standings at any given time (i.e., number of cases reported for the month, number of medical record abstractions completed, cases with incomplete algorithms, type of cases completed- new, update to AIDS, perinatal exposure, pregnancy update and number of cases pending along with estimated dates of completion). Manage all laboratory reports in System Agency Lab Management System, upon implementation.

x. For each adult case of HIV newly entered into the current HIV Surveillance reporting database, Grantee will complete or obtain HIV Testing and Treatment History information from the reporting provider to complete the testing and treatment history data elements on the Adult Case Report Form (ACRF).

d. Timeliness

i. A case report form is completed, entered into the current HIV Surveillance reporting database and submitted to System Agency for all confirmatory Laboratory Reports within forty-five (45) days of collection date of the initial laboratory or morbidity report (required for all cases) and within six (6) months for cases transitioned to AIDS since AIDS diagnosis.

ii. Ensure a case report form is entered into the current HIV Surveillance reporting database within six (6) months of initial notification for all suspected HIV cases not confirmed through receipt of an algorithm diagnosing HIV (e.g. probable cases ascertained through matches with other databases, routine viral loads, medications, etc.). Grantee must ensure that adequate tracking mechanisms are in place to track outcomes of all laboratories received through the Electronic Laboratory Reporting system.

e. Pediatric

i. Collect copies of reports of pediatric HIV and AIDS cases of diagnosed and/or treated infants born exposed to HIV, and copies of reports for HIV-positive pregnant women diagnosed and/or treated in Grantee's designated Service Area, which health care

providers (e.g., physicians, HIV service providers, etc.) and laboratories are required to make under TAC Title 25, Part 1, Chapter 97, Subchapter F, Rule §97.132. If provider does not complete a case report form or does not provide sufficient information on the case report form, Grantee is responsible for abstracting the required case report form information from the provider's medical records.

ii. In accordance with TAC Title 25, Part 1, Chapter 97, Subchapter F, Rule §97.133(1)(G), Grantee must complete reports within forty-five (45) days of the child's birth in accordance with the Texas HIV Surveillance Procedure Manual, using the form provided by System Agency.

iii. Follow-up on perinatal HIV exposed every six (6) months until each case has met the CDC surveillance definition of presumptively or definitely infected or uninfected, and enter pediatric case report forms in the current HIV Surveillance reporting database in a timely manner (reference Texas HIV Surveillance Procedure Manual). Ensure that all infants born to HIV-positive women have an HIV status determined within 18 months of the birth.

iv. Review every collected pediatric HIV case, at least once to identify AIDS-defining conditions and update registry.

v. Abstract medical charts for pediatric case reports both at the birth hospital and at the mother's and infant's health provider's offices. Maintain an electronic list of negative Polymerase Chain Reaction (PCR) tests for infants, to include name of laboratory and doctor ordering the test, and maintain copies of all reporting laboratory test results for pediatric cases. Assist System Agency staff, as directed, in the development of prevention plans and the implementation of prevention activities to reduce the perinatal transmission of HIV.

vi. Collect all required data elements to conduct Perinatal HIV surveillance activities, including reviewing and conducting medical record abstractions of the mother's and child's medical records in Grantee's designated Service Area to properly report all perinatally-exposed cases diagnosed and/or treated within Grantee's designated Service Area.

3. EPIDEMIOLOGIC INVESTIGATIONS

a. Inform System Agency of newly reported cases of public health importance (COPHI), within three (3) business days of receipt of case report. Initiate epidemiologic investigations through contact with appropriate health care providers and a review of patients' medical records.

b. Determine the need for public health follow-up on all HIV-positive test results within three (3) business days of receipt of the test results. If no clear determination can be made within the three (3) business days, the HIV test results should be sent to a Disease Intervention Specialist (DIS) for investigation.

c. Perform continuous epidemiological follow-up on all cases missing key pieces of information.

4. SECURITY

a. Grantee shall designate, from its staff, a Local Responsible Party (LRP) who has the overall responsibility for ensuring the security of the HIV/STD confidential information maintained by Grantee as part of activities under this Contract. The LRP must:

i. Ensure appropriate policies/procedures are in place for handling confidential information, for the release of confidential HIV/STD data, and for the rapid response to suspected breaches of protocol and/or confidentiality. These policies and procedures must comply with System Agency policies and procedure (Grantee may choose to adopt those System Agency policies and procedures as its own).

ii. Ensure security policies are reviewed periodically for efficacy, and that Grantee monitors evolving technology (e.g., new methods hackers are using to illegally access confidential data; new technologies for keeping confidential data protected from hacking) on an on-going basis to ensure that the program's data remain as secure as possible.

iii. Approve any Grantee staff requiring access to HIV/STD confidential information. LRP will grant authorization to Grantee staff who have a work-related need (i.e., work under this Contract) to view HIV/STD confidential information.

iv. Maintain a list of authorized Grantee staff persons who have been granted permission to view and work with HIV/STD confidential information. The LRP will review the authorized user list ten (10) days from the effective date of this Contract to ensure it is current. All Grantee staff with access to confidential information will have a signed copy of a confidentiality agreement on file and it be updated once during the term of this Contract.

v. Ensure that all Grantee staff with access to confidential information will be trained on security policies and procedures before access to confidential information is granted and that this training will be renewed once during the term of this Contract.

vi. Thoroughly and quickly investigate all suspected breaches of confidentiality in consultation with the System Agency LRP, all in compliance with the System Agency Program Policy TB/HIV/STD Section Breach of Confidentiality Response Policy" http://www.dshs.texas.gov/hivstd/policy/security.shtm.

b. Grantee will have procedures to ensure computers and networks meet System Agency security standards, as certified by System Agency IT staff.

c. Grantee will have procedures to ensure Requests for the current HIV Surveillance reporting database user account terminations are sent to

System Agency within 1 business day of the identification of need for account termination.

d. Grantee will have procedures to ensure transfer of secure data electronically using the Public Health Information Network or current secure file transfer system.

e. Grantee will have procedures to ensure a visitor log for individuals entering the secured areas is maintained and reviewed quarterly by the LRP.

f. Grantee will have procedure to ensure that eHARS user passwords changes are verified by the LRP at least every 90 days.

g. Grantee will have procedures to ensure confidential data are:

i. Maintained in a secured area;
ii. Locked when not in use;
iii. Confidential documents are not left in plain sight; and
iv. Shredded before disposal.

h. Grantee will complete Local Responsible Party (LRP) quarterly security checklist provided by System Agency by the deadline given.

i. Grantee will provide a list to System Agency of personnel with access to secured areas and of all identified personnel who have received security training.

j. Grantee shall provide a list to System Agency of personnel with access to all network drives where confidential information is stored.

k. Ensure confidential data are: Maintained in a secured area with at least one physical layer of security, locked when not in use, not left in plain sight, and shredded before disposal.

l. Ensure confidential data transmissions to System Agency or other approved partners are encrypted and transmitted via secured means.

m. Ensure files are scanned to a secure network drive (not email or any other unsecure directory).

n. Ensure all flash drives used by surveillance staff are encrypted.

o. Ensure confidential data is stored on stand-alone computers or on a secure drive of computers on a secure network.

p. Provide a list of authorized users with access to confidential data is maintained and limited to those approved by the LRP.

q. Have systems in place to ensure confidential data taken out of the surveillance secured area are: Minimized to essential data required, stored in secure devices, and encrypted.

r. If surveillance-issued laptops are used, all have updated virus protection software.

s. Computers with confidential information have power-on and screensaver passwords with time out setting of 10 minutes or less.

t. Surveillance staff computer passwords are not shared or visible to other users.

u. Shredders, printers and fax machines for confidential data are housed in a secured area limited to those approved by the LRP.

v. If shredding is outsourced, the shredder is bonded for working with health information.

w. HIV/STD terminology usage is excluded from outgoing faxes, including coversheet, header and footer.

x. Computers and networks met System Agency security standards, as certified by System Agency IT staff.

II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee's performance of the requirements in this Attachment A and compliance with the Contract's terms and conditions. Grantee must meet the following Performance Measures:

A. ACCURACY

1. Diligently work to ensure 80% of case report forms have no major discrepancies (including but not limited to missing, unknown or drastically different information) when compared to information found during chart re-abstractions (based on a random case sample).

B. COMPLETENESS

1. Provide complete and legitimate information for the following ten (10) data elements for each HIV/AIDS case report 97% of the time:

   a. Legal name;

   b. Race/ethnicity;

   c. Sex;

   d. Facility of Diagnosis;

e. Date of Diagnosis;

f. Date of Birth;

g. Diagnostic Status;

h. Valid date of death for vital status indicated as "dead";

i. Residence at diagnosis; and,

j. Vital Status (alive or deceased).

2. Provide complete and legitimate risk information for seventy-five percent (75%) of cases at minimum.

3. Ensure 97% of cases were CDC eligible and had no required fields missing.

4. Provide complete and legitimate document source information on each case report form 97% of the time.

5. Report 85% of expected number of new cases for the diagnosis year.

6. Contact 100% of major HIV reporting facilities monthly for active surveillance.

7. Ensure at least 10 (ten) HIV reporting facilities receive provider education annually.

8. Ensure the transfer of 100% of HIV-related laboratory results received by Grantee locally to System Agency ELR Coordinator or provide written notification that there were no laboratory results received for the month, by the close of business on 30th day of each month. Grantee may send a written request to System Agency Program to extend the timetable for transferring laboratory reports, which must be received at least 24 hours in advance of the deadline at issue. Any such request shall be submitted by email.

9. Grantee's policy outlines how public health follow-up will be made within three (3) business days of the receipt of the test results. If no clear determination can be made within the three (3) business days, the HIV test results must be sent to a Disease Intervention Specialist (DIS) for investigation.

10. Ensure that the newly reported adult HIV cases had at least one valid answer for any of the following six data elements eighty-five percent (85%) of the time: 1) Testing and Treatment History (TTH) date of first positive year is valid and earlier than initial diagnosis date; 2) ever tested negative is Yes or No; 3) number of negative tests in 24 months before first positive is not blank, Refused or Unknown; 4) TTH date of last negative HIV test year is valid; 5) ever taken ARV is Yes or No; and 6) ARV use dates are valid.

11. Ensure 60% of newly diagnosed cases had a CD4 and viral load result within 3 months of diagnosis.

12. Ensure 100% of perinatal cases had mother's Stateno (or comments indicating surveillance efforts taken for not found cases).

13. Ensure 85% of prenatal care records were reviewed for all newly reported exposed infants (if it is indicated that the mother received prenatal care).

14. Ensure all positive pregnant women were monitored at estimated delivery date. Quarterly line lists of pregnant women were submitted to System Agency that contain prenatal care provider information and expected due date.

15. Ensure 90% of the responses to the ARV usage during pregnancy question were not blank or unknown.

16. Ensure 90% of the responses to the ARV usage during labor and delivery questions were not blank or unknown.

17. Ensure 90% of the responses to the neonatal ARV usage question were not blank or unknown.

18. Ensure 90% of the responses to the prenatal care question were not blank or unknown.

19. Ensure 85% of labor and delivery records were reviewed for all newly reported exposed infants.

20. Ensure 90% of PCRFs are completed by grantee staff.

C. TIMELINESS

1. Ensure appropriate follow up of all new adult HIV cases (newly diagnosed and eligible cases not previously captured in the current HIV Surveillance reporting database) in accordance with the HIV Surveillance Procedure Manual. Grantee will complete all of the following activities:

   a. Complete and enter a case report form into the current HIV Surveillance reporting database and submit to System Agency for confirmed new HIV case within 45 days of diagnosing laboratory result for at least 80% of cases;

   b. Conduct a medical record abstraction on all new cases within 3 months of diagnosing laboratory result for at least 85% of eligible cases; and,

2. Ensure appropriate follow up of all AIDS cases in accordance with the IV Surveillance Procedure Manual. Grantee shall complete all of the following activities:

a. Complete, enter into the current HIV Surveillance reporting database and submit to System Agency an Update to AIDS case report form within 6 months of AIDS defining laboratory result date or date indication of opportunistic infection (OI) for 90% of cases;

b. Conduct a medical record abstraction on all AIDS cases within 6 months of AIDS defining laboratory result date; and,

3. Ensure that all infants born to HIV-positive women have an HIV status determined (i.e. not be coded as indeterminate) within 18 months after the birth for at least 85% of the time.

4. Ensure 85% of newly diagnosed cases were reported within 6 months of diagnosis and all CDC required fields were completed.

5. Ensure 100% of potential cases of public health importance (COPHI) were reported to Central Office within 3 days.

6. Ensure all newly identified cases were referred to public health follow up within 3 days of receipt of confirmatory lab report.

7. Ensure 90% of newly diagnosed Out of Jurisdiction (OOJ) cases were completed and entered into the current HIV Surveillance reporting database within 90 days of diagnosis.

8. Ensure 95% of confirmed cases in the current HIV Surveillance reporting database had an associated Case Report Form entered into the database within 90 days of diagnosis.

9. Ensure 100% of "potential" exposed infants were investigated within 3 months through timely completion of birth certificate match.

10. Ensure 66% of perinatal exposures are reported within 6 months of birth.

III. INVOICE AND PAYMENT

A. Grantee will request payments using the State of Texas Purchase Voucher (Form B-13) at http://www.texas.gov/grants/forms/b13form.doc. Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below.

Department of State Health Services
Claims Processing Unit, MC 1940
1100 West 49th Street
P.O. Box 149347
Austin, TX 78714-9347

FAX: (512) 458-7442
EMAIL: invoices@dshs.texas.gov and cmsinvoices@dshs.texas.gov

B. Grantee will be paid on a cost reimbursement basis and in accordance with the Budget in Attachment B-1 of this Contract.

C. System Agency reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. System Agency Program will monitor Grantee's expenditures on a quarterly basis. If expenditures are below the amount in Grantee's total Contract, Grantee's budget may be subject to a decrease for the remainder of the Attachment term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

ATTACHMENT B -1
REVISED BUDGET

Categorical Budget for the Contract Period September 1, 2018, through August 31, 2019:

PERSONNEL	$29,033
FRINGE BENEFITS	$11,933.00
TRAVEL	$899.00
EQUIPMENT	$0.00
SUPPLIES	$0.00
CONTRACTUAL	$0.00
OTHER	$0.00
TOTAL DIRECT CHARGES	$41,865.00
INDIRECT CHARGES	$0.00
TOTAL	$41,865.00
DSHS SHARE	$41,865.00
CONTRACTOR SHARE	$0.00
OTHER MATCH	$0.00

Certificate Of Completion

Envelope Id: 4CD790C884A24761867FD44FAD32CD01 Status: Sent

Subject: Amending $84,099; 537-18-0368-00001 Corpus Christi-Nueces County Public Health District A-1; DSHS

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Signer Events	Signature	Timestamp
Janna Zumbrun janna.zumbrun@dshs.texas.gov Associate Commissioner for Laboratory and Infectious Disease Services Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	**Completed** Using IP Address: 160.42.85.8	Sent: May 16, 2018 Viewed: May 16, 2018 Signed: May 16, 2018
Annette Rodriguez annetter@cctexas.com Health Director City of Corpus Christi Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign		Sent: May 16, 2018
Janna Zumbrun janna.zumbrun@dshs.texas.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign		

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Certified Delivery Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp

Carbon Copy Events	Status	Timestamp
Michael Montgomery Michael.Montgomery@hhsc.state.tx.us Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: May 16, 2018
Samiyah Bailey samiyah.bailey@dshs.texas.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: May 16, 2018 Viewed: May 16, 2018
CMU Contract Inbox cmucontracts@dshs.texas.gov Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: May 16, 2018 Viewed: May 16, 2018
William M. Uhlarik williamu2@cctexas.com Security Level: Email, Account Authentication (None) **Electronic Record and Signature Disclosure:** Not Offered via DocuSign	COPIED	Sent: May 16, 2018 Viewed: May 16, 2018

Notary Events	Signature	Timestamp

Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	May 16, 2018

Payment Events	Status	Timestamps