

DSHS CONTRACT No. HHS001308700001
AMENDMENT No. 3

The **DEPARTMENT OF STATE HEALTH SERVICES** and **BRAZORIA COUNTY HEALTH DEPARTMENT** ("Grantee"), who are collectively referred to herein as the "Parties," to that certain Center for Health Emergency Preparedness and Response Grant Contract effective March 29, 2023 and denominated DSHS Contract No. HHS001308700001 "Contract", as amended, now desire to further amend the Contract.

WHEREAS, the Parties desire to revise the Budget and update the Indirect Cost Rate.

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

1. **ATTACHMENT B** of the Contract, **BUDGET** is deleted in its entirety and replaced with **ATTACHMENT B-1 REVISED BUDGET**, which is attached to this Amendment and incorporated into the Contract for all purposes.
2. **ATTACHMENT I, INDIRECT COST RATE**, is supplemented with **ATTACHMENT I-2, INDIRECT COST RATE**, which is attached to this Amendment and incorporated into the Contract for all purposes.
3. This Amendment No. 3 shall be effective as of the date last signed below.
4. Except as amended and modified by this Amendment No. 3, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
5. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 3
DSHS CONTRACT NO. HHS001308700001**

DEPARTMENT OF STATE HEALTH SERVICES BRAZORIA COUNTY HEALTH DEPARTMENT

Signature: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

Date of Execution: _____

Date of Execution: _____

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

ATTACHMENT B-1 - REVISED BUDGET

ATTACHMENT I-2 – INDIRECT COST RATE

**ATTACHMENT B-1
REVISED BUDGET**

Budget Categories	Funding Year 1 (03/29/2023 – 11/30/2023)	Funding Year 2 (12/1/2023 – 11/30/2024)	Funding Year 3 (12/1/2024 – 11/30/2025)	Funding Year 4 (12/1/2025 – 11/30/2026)	Funding Year 5 (12/1/2026 – 11/30/2027)	Summary
Personnel	\$0.00	\$24,803.00	\$165,085.00	\$72,000.00	\$81,000.00	\$342,888.00
Fringe Benefits	\$0.00	\$10,965.00	\$66,034.00	\$28,800.00	\$32,400.00	\$138,199.00
Travel	\$0.00	\$51.00	\$0.00	\$0.00	\$0.00	\$51.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$251.00	\$0.00	\$0.00	\$251.00
Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$469.00	\$2,611.00	\$2,020.00	\$994.00	\$994.00	\$7,088.00
Total Direct Costs	\$469.00	\$38,430.00	\$233,390.00	\$101,794.00	\$114,394.00	\$488,477.00
Indirect Costs	\$0.00	\$6,648.00	\$39,093.00	\$17,051.00	\$19,161.00	\$81,953.00
Total Sum of Direct and Indirect Costs	\$469.00	\$45,078.00	\$272,483.00	\$118,845.00	\$133,555.00	\$570,430.00

**DATE:** February 17, 2025**Texas Identification Number (TIN):** 17460000445**CONTACT NAME:** Kaysie Stewart**GRANTEE:** Brazoria County**ADDRESS:** 111 E Locust, TX 77515

The indirect cost rate(s) contained herein are for use on grants with Federal, State, or both governments to which 2 CFR Part 200 – Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards or the State of Texas Uniform Grant Management Standards apply, subject to the limitations contained in the sections below.

SECTION 1: HHS SYSTEMS ISSUED RATE(S)

HHS System Issued Rate						
Rate Type	RATE PERIOD Start Date End Date		Rate	Rate Base	Applicable To	Next Proposal Due
Fixed with Carry-forward	Oct 1, 2024	Sep 30, 2025	16.75%**	Salaries & Fringe	All departments	Aug 31, 2025

**If the indirect cost rate for the next fiscal year is not approved prior to the start of the next fiscal year use this rate as a billing rate until a new rate is established. This exception shall not exceed one year from the End Date shown above. ICR Proposals must be submitted within the above timelines to continue recovering indirect costs. Extensions to these dates must be approved by the Indirect Cost Rate Group for extenuating circumstances that may occur.

Rate Base Details
Salaries and Fringe means total direct salaries and fringe benefits. The rate applies to all programs administered by the non-federal entity. To determine the amount of indirect costs to be billed under this agreement, direct salaries and fringe should be summed and multiplied by the rate.

SECTION 2: ACCOUNTING TREATMENT OF FRINGE BENEFITS COST

Accounting Methods	
Fringe Benefit Rate:	N/A
Fringe Benefits:	Vacation, Holidays, Sick Leave, TCDRS Retirement, AUL - Alternate Retirement, Health Insurance, Medicare, Workers Compensation, 401 - H Retiree, Life Insurance, Unemployment Taxes
Paid Absences:	Paid absence such as Vacation, Holidays, Sick Leave, and other leave are part of the salaries. Separate claims are not filed for these costs.

SECTION 3: Deadlines for Proposal Submissions

Your FY 2026 Fixed with Carry-forward ICR proposal with the FY 2024 carry-forward adjustment must be submitted via the [ICRG Landing Page](#) no later than August 31, 2025.

Please provide your FY 2024 audit report* along with the ICR Proposal Packet. Select the "Submit ICR Proposal" option to upload all required documents. The proposal packet must be submitted on the HHS Indirect Cost Rate Group approved ICR Proposal Packet templates. Select "Technical Assistance" to request copies of the approved templates.

*Your audit should include a Schedule of Indirect Costs. The Schedule of Indirect Costs must show the incurred expenses versus the recovered expenses for the carry-forward calculation. Please see the enclosed example.

SECTION 4: KEY GUIDELINES AND CONDITIONS

A. LIMITATIONS: Use of the rate(s) contained in the Agreement is subject to all statutory or administrative limitations and is applicable to a given Federal award or contract only to the extent that funds are available. Acceptance of the rate(s) agreed to herein is predicated upon the following conditions: (1) that no costs other than those incurred by the grantee were included in its indirect cost pool as finally accepted and that such incurred costs are legal obligations of the grantee and allowable under the governing cost principles, (See 2 CFR 200, Subpart E); (2) Unallowable costs have been adjusted appropriately when allocating costs identified in the proposal; (3) that the same costs that have been treated as indirect costs have not been claimed as direct costs; (4) that similar types of costs have been accorded consistent treatment; and (5) that the information provided by the grantee which was used as a basis for acceptance of the rate(s) agreed to herein is not subsequently found to be materially inaccurate; (6) that a restricted rate or limit to the indirect cost rate or amount is not required under the enabling statute or by the cognizant federal agency; (7) indirect costs may only be recovered to the extent direct costs were incurred; and (8) the rates cited in this Agreement may be subject to audit. Indirect cost elements and the type of distribution base used in computing the rates are subject to revision when a final rate is negotiated to settle the provisional rate or if unusual circumstances affect the negotiated predetermined rate. In such situations, the rate(s) may be subject to renegotiation at the discretion of the cognizant agency.

B. CHANGES IMPACTING THE INDIRECT COST RATE PROPOSAL: This agreement is based on the organizational structure and the accounting methodology purported by the grantee to be in effect during the Agreement period. Changes which affect the amount of reimbursement resulting from the use of this Agreement require prior approval from the cognizant organization. Failure to obtain approval may result in subsequent cost disallowance. To notify us of organizational changes which impact the indirect cost rate, please submit a Technical Assistance request at the Landing Page referenced in Section 3 of this agreement.

- C. NOTIFICATION TO FEDERAL AND STATE AGENCIES:** A copy of this document may be provided by the grantee to other Federal or State funding sources as a means of notifying them of the Agreement contained herein.
- D. APPLICATION OF INDIRECT COST RATE TO EXISTING GRANTS:** Indirect costs charged to a grant by means other than the rate(s) cited in this Agreement should be adjusted to the applicable rate cited herein.
- E. GOVERNMENT COMMISSIONS** (REGIONAL PLANNING COMMISSIONS, COUNCILS OF GOVERNMENT, ETC): Title 12 of Texas Local Government Code §391.0115(e) limits your organization’s indirect costs to 15% or less of your organization's total expenditures.

SECTION 5: RATE TYPE DEFINITIONS

- A. Fixed Carry-forward and Adjustments:** A fixed carry-forward rate means an indirect cost rate which has the same characteristics as a predetermined rate, except that the difference between the estimated costs and the actual, allowable costs of the period covered by the rate is carried forward as an adjustment to the rate computation of a subsequent period. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

SECTION 6. ACCEPTANCE OF AGREEMENT

GRANTEE

COGNIZANT AGENCY

Brazoria County
Grantee Name

Kaysie Stewart Title County Auditor
Name of Grantee Signature Authority

Kaysie Stewart Digitally signed by Kaysie Stewart
Date: 2025.02.20 13:51:18 -06'00'
Grantee Signature

Texas Health and Human Services Commission
Agency Name

Racheal Kane, Federal Funds Director
Name of Agency Signature Authority

Racheal Kane Digitally signed by Racheal Kane
Date: 2025.02.17 09:39:44 -06'00'
Agency Signature

Certificate Of Completion

Envelope Id: 251CFD2D-6CDE-41EC-B92A-8F519EF636FE

Status: Sent

Subject: Please Sign: \$570,431.00 HHS001308700001 Brazoria County CPS/PHIG A.3

Source Envelope:

Document Pages: 6

Signatures: 0

Envelope Originator:

Certificate Pages: 2

Initials: 0

CMS Internal Routing Mailbox

AutoNav: Enabled

11493 Sunset Hills Road

Envelopeld Stamping: Enabled

#100

Time Zone: (UTC-06:00) Central Time (US & Canada)

Reston, VA 20190

CMS.InternalRouting@dshs.texas.gov

IP Address: 167.137.1.8

Record Tracking

Status: Original

Holder: CMS Internal Routing Mailbox

Location: DocuSign

5/29/2025 9:03:14 AM

CMS.InternalRouting@dshs.texas.gov

Signer Events

Signature

Timestamp

L.M. "Matt" Sebesta, Jr.

Sent: 5/29/2025 9:21:30 AM

MattS@brazoriacountytx.gov

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Jonah Wilczynski

jonah.wilczynski@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

David Gruber

David.Gruber@dshs.texas.gov

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

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
Cathy Sbrusch, RN, BSN, CIC cathys@brazoriacountytx.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign Kristiana Flores Kristiana.Flores@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign CMS Internal Routing Mailbox cms.internalrouting@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 5/29/2025 9:21:30 AM Viewed: 6/2/2025 8:48:31 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	5/29/2025 9:21:30 AM
Payment Events	Status	Timestamps