



TEXAS
Health and Human
Services

Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

The Honorable L.M. "Matt" Sebesta, Jr.
Brazoria County Health Department
434 E. Mulberry
Angleton, Texas 77515

Subject: Vaccination Capacity Grant Agreement
Contract Number: HHS001019500005, Amendment No. 2
Contract Amount: \$2,650,881.00
Contract Term: April 29, 2021, through June 30, 2024

Dear Judge Sebesta:

Enclosed is Amendment No. 2 to the Vaccination Capacity Grant Agreement between the Department of State Health Services and Brazoria County Health Department ("Contract").

This Amendment No. 2 revises the budget by redistributing funds for authorized services to be provided by Brazoria County Health Department under the current Contract term. The total not-to-exceed amount of the Contract remains unaltered.

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

Sincerely,

Michelle Hilscher, CTCM
Contract Manager
512-776-6550
Michelle.Hilscher@dshs.texas.gov
CMScovidimm@dshs.texas.gov

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001019500005
AMENDMENT NO. 2**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“System Agency”), a pass-through entity, and **BRAZORIA COUNTY HEALTH DEPARTMENT** (“Grantee”), each referred to as a “Party,” and collectively as the “Parties,” to that certain grant agreement to provide funding for the Vaccination Capacity Program, effective April 29, 2021, and denominated DSHS Contract No. HHS001019500005 (“the Contract”), now desire to further amend the Contract.

WHEREAS, System Agency desires to update the contact information associated with its Contract Representative;

WHEREAS, System Agency desires to amend its legal notice information;

WHEREAS, the Parties desire to revise the budget by reallocating the amount allotted for each expenditure category without changing the total Contract amount; and

WHEREAS, System Agency desires to revise certain terms for compliance with applicable state law, federal law, and System Agency policy.

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

1. **SECTION V, CONTRACT REPRESENTATIVES**, of the Contract is amended to replace System Agency’s designated Contract Representative’s name and contact information as follows:

System Agency

Department of State Health Services
P.O. Box 149347, Mail Code 1990
Austin, TX 78714-9347
Attention: Michelle Hilscher

2. **SECTION VI, LEGAL NOTICES**, of the Contract is amended to replace System Agency’s legal notice information as follows:

System Agency

Health and Human Services Commission
Attn: Office of Chief Counsel
4601 W. Guadalupe St., Mail Code 1100
Austin, Texas 78751

With copy to:

Department of State Health Services

Attn: Office of General Counsel
1100 W. 49th Street, Mail Code 1919
Austin, Texas 78756

3. **ATTACHMENT B, BUDGET**, of the Contract is deleted in its entirety and replaced with **ATTACHMENT B-1, REVISED BUDGET**, which is attached to this Amendment No. 2 and incorporated into the Contract as if fully set forth therein. The total not-to-exceed amount of the Contract remains \$2,650,881.00. All expenditures under the Contract will be in accordance with **ATTACHMENT B-1, REVISED BUDGET**.
4. **ATTACHMENT C, HHS UNIFORM TERMS AND CONDITIONS - GRANT**, of the Contract is deleted in its entirety and replaced with **ATTACHMENT C-1, HHS UNIFORM TERMS AND CONDITIONS – GRANT, VERSION 3.2, EFFECTIVE JULY 2022**, which is attached to this Amendment No. 2 and incorporated into the Contract as if fully set forth therein.
5. **ATTACHMENT D, HHS CONTRACT AFFIRMATIONS**, of the Contract is hereby deleted in its entirety and replaced with **ATTACHMENT D-1, HHS CONTRACT AFFIRMATIONS, VERSION 2.3, EFFECTIVE AUGUST 2023**, which is attached to this Amendment No. 2 and incorporated into the Contract as if fully set forth therein.
6. All references to the budget under this Contract and all attachments as “**ATTACHMENT B, BUDGET**,” are hereby replaced with “**ATTACHMENT B-1, REVISED BUDGET**.”
7. This Amendment No. 2 shall be effective upon the date of the last signature.
8. Except as amended and modified by this Amendment No. 2, all terms and conditions of the Contract, as previously amended, shall remain in full force and effect.
9. Any further revisions to the Contract shall be by written agreement of the Parties.
10. Each Party represents and warrants that the person executing this Amendment No. 2 on its respective behalf has full power and authority to enter into this Amendment No. 2.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 2
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001019500005**

DEPARTMENT OF STATE HEALTH SERVICES BRAZORIA COUNTY HEALTH DEPARTMENT

Signature

Signature

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date of Execution: _____

Date of Execution: _____

THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT AND INCORPORATED AS PART OF THE CONTRACT:

- ATTACHMENT B-1 REVISED BUDGET**
- ATTACHMENT C-1 HHS UNIFORM TERMS AND CONDITIONS – GRANT, VERSION 3.2, EFFECTIVE JULY 2022**
- ATTACHMENT D-1 HHS CONTRACT AFFIRMATIONS, VERSION 2.3, EFFECTIVE AUGUST 2023**

**ATTACHMENT B-1
REVISED BUDGET**

Budget Categories	Total Amount Upon execution of Amendment No. 2 through June 30, 2024
Personnel	\$647,262.00
Fringe	\$273,218.00
Travel	\$0.00
Equipment	\$12,500.00
Supplies	\$36,141.00
Contractual	\$1,681,760.00
Other	\$0.00
Total Direct	\$2,650,881.00
Indirect	\$0.00
Total	\$2,650,881.00

Certificate Of Completion

Envelope Id: 40D71EB9E8CA440CBAF367CF14301F79	Status: Sent
Subject: Please DocuSign: HHS001019500005 - BRAZORIA COUNTY IMM COVID-19 - A-2 Sign Doc.docx.pdf	
Source Envelope:	
Document Pages: 5	Signatures: 0
Certificate Pages: 2	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	CMS Internal Routing Mailbox
Time Zone: (UTC-06:00) Central Time (US & Canada)	11493 Sunset Hills Road
	#100
	Reston, VA 20190
	CMS.InternalRouting@dshs.texas.gov
	IP Address: 167.137.1.14

Record Tracking

Status: Original	Holder: CMS Internal Routing Mailbox	Location: DocuSign
12/18/2023 11:37:37 AM	CMS.InternalRouting@dshs.texas.gov	

Signer Events

Signature	Timestamp
L. M. "Matt" Sebesta, Jr. matts@brazoriacountytx.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	Sent: 12/18/2023 11:50:48 AM
Helen Whittington helen.whittington@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	
Kirk Cole kirk.cole@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)

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Sent: 12/18/2023 11:50:48 AM
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Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

CMS Internal Routing
 cms.internalrouting@dshs.texas.gov
 Security Level: Email, Account Authentication
 (None)

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Michelle Hilscher
 michelle.hilscher@dshs.texas.gov
 Security Level: Email, Account Authentication
 (None)

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Witness Events**Signature****Timestamp****Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

12/18/2023 11:50:48 AM

Payment Events**Status****Timestamps**