

**CITY OF EL PASO, TEXAS
AGENDA ITEM
DEPARTMENT HEAD'S SUMMARY FORM**

DEPARTMENT: Public Health

AGENDA DATE: CCA 052912

CONTACT PERSON NAME AND PHONE NUMBER: Michael Hill, 771-5702

DISTRICT(S) AFFECTED: All

SUBJECT:

THAT the City Manager be authorized to sign and submit Amendment No. 001A to DSHS (Department of State Health Services) Contract No. #2012-040156 for its Tuberculosis Prevention and Control – Federal program to revise the reporting dates and decrease the contract term by four months and corresponding budget amount by \$93,528 (for a new total of \$187,059); and that the City Manager be authorized to sign any amendments thereto to extend the project for up to twelve months, to make adjustments to the contract program budget that do not change the contract amount, and to sign all related certifications.

BACKGROUND / DISCUSSION:

PRIOR COUNCIL ACTION:

AMOUNT AND SOURCE OF FUNDING:

*****REQUIRED AUTHORIZATION*****

DEPARTMENT HEAD:



RESOLUTION

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT the City Manager be authorized to sign and submit Amendment No. 001A to DSHS Contract No. #2012-040156 for its Tuberculosis Prevention and Control – Federal program to revise the reporting dates and decrease the contract term by four months and corresponding budget amount by \$93,528 (for a new total of \$187,059); and that the City Manager be authorized to sign any amendments thereto to extend the project for up to twelve months, to make adjustments to the contract program budget that do not change the contract amount, and to sign all related certifications.

PASSED AND APPROVED this _____ day of _____, 2012.

CITY OF EL PASO

John F. Cook
Mayor

ATTEST:

Richarda Duffy Momsen
City Clerk

APPROVED AS TO FORM:



Josette Flores
Assistant City Attorney

APPROVED AS TO CONTENT:



Michael Hill, Director
Department of Public Health

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and CITY OF EL PASO (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2012-040156 (Contract) in accordance with this Amendment No. 001A : Tuberculosis Prevention and Control - Federal, effective 04/25/2012.

The purpose of this Amendment is to reduce the contract term and budget by four months and revise reporting dates.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment is revised as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

The contract term is revised as follows:

TERM: 01/01/2012 THRU: ~~12/31/2012~~ 08/31/2012

SECTION I. STATEMENT OF WORK, paragraph 7, is revised as follows:

Contractor shall provide a complete and accurate annual narrative report, in the format provided by DSHS, demonstrating compliance with the requirements of this Renewal Program Attachment. That report shall include, but is not limited to, a detailed analysis of performance related to the performance measures listed below. A progress report of activities in January through ~~December 2012~~ August 2011 shall also be submitted in a format provided by DSHS. This will be followed by an interim progress report of activities in January through May 2012 to be submitted in a format provided by DSHS. These narrative program reports shall be sent to the Department of State Health Services, Tuberculosis Services Branch, Mail Code 1939, P.O. Box 149347, Austin, Texas 78714-9347 via regular mail, or by fax to (512) 776-7787, and sent by e-mail to charles.wallace@dshs.state.tx.us <<mailto:charles.wallace@dshs.state.tx.us>> and mitra.kookma@dshs.state.tx.us <<mailto:mitra.kookma@dshs.state.tx.us>>. Contractor shall maintain the documentation used to calculate performance measures as required by the General Provisions Article VIII "Records Retention" and by the Texas Administrative Code Title 22, Part 9 Chapter 165, §165.1 regarding the retention of medical records.

SECTION VIII. SPECIAL PROVISIONS, is revised as follows:

General Provisions, **Article IV. PAYMENT METHODS AND RESTRICTIONS, Section 4.02, Billing Submission, is revised as follows:**

Quarterly Financial Status Reports (Form 269A) from Contractor shall be provided to DSHS in the format provided by the DSHS. These reports shall be mailed to Department of State Health Services, Attention: Accounting Section, Claims Processing Unit, Mail Code 1940, 1100 West 49th Street, PO Box 149347, Austin, Texas 78714-9347. These reports shall be submitted on a quarterly basis as follows:

PERIOD COVERED	DUE DATE
January, February March	April 30, 2012
April, May, June	July 31, 2012
July, August, September	October 31, 2012
October, November, December	February 28, 2013

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

Contractor

Signature of Authorized Official

Signature of Authorized Official

Date: _____

Date: _____

Bob Burnette, C.P.M., CTPM

Name: Joyce Wilson

Director, Client Services Contracting Unit

Title: City Manager

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

Address: 5115 El Paso Drive

El Paso, TX 79905

(512) 458-7470

Phone: 915-771-5707

Bob.Burnette@dshs.state.tx.us

Email: GallegosMA@elpasotexas.gov

DEPARTMENT OF STATE HEALTH SERVICES



1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: Tuberculosis Prevention and Control - Federal

CONTRATOR: CITY OF EL PASO

CONTRACT NO: 2012-040156

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

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

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$193,403.00	\$128,755.00	\$(64,648.00)
Fringe Benefits	\$64,055.00	\$42,644.00	\$(21,411.00)
Travel	\$4,097.00	\$2,731.00	\$(1,366.00)
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$4,100.00	\$2,973.00	\$(1,127.00)
Contractual	\$12,500.00	\$8,335.00	\$(4,165.00)
Other	\$2,432.00	\$1,621.00	\$(811.00)
Total Direct Charges	\$280,587.00	\$187,059.00	\$(93,528.00)
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	\$280,587.00	\$187,059.00	\$(93,528.00)
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$280,587.00	\$187,059.00	\$(93,528.00)
Total Reimbursements Limit	\$280,587.00	\$187,059.00	\$(93,528.00)
JUSTIFICATION			
This April amendment reflects a reduction of the contract term and budget by four months due to migrating to a one core contract.			

Financial status reports are due: 04/30/2012, 07/31/2012, 10/30/2012