

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

DEPARTMENT: Public Health

AGENDA DATE: CCA 061212

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 the amendment identified as DSHS (Department of State Health Services) Contract No. #2012-039543-001A for the RLSS – LPHS program, to increase the budget amount by \$30,563.86 (for new total of \$190,777), 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, upon review by the City Attorney's Office.

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 the amendment identified as DSHS Contract No. #2012-039543-001A for the RLSS - LPHS program, to increase the budget amount by \$30,563.86 (for a new total of \$190,777), 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, upon review by the City Attorney's Office.

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 # 2012-039543 (Contract) in accordance with this Amendment No. 001A : RLSS/LPHS, effective 04/23/2012.

The purpose of this Amendment is to increase the contract Categorical Budget amount by \$30,563.86. Supplies is increased by \$3,775.86, Other is increased by \$25,000.00 and Property Equipment is increased by \$1,788.00. The Total revised amount of the contract is \$190,777.00.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment number is revised as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

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

City of El Paso

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: RLSS-LOCAL PUBLIC HEALTH SYSTEM

CONTRATOR: CITY OF EL PASO

CONTRACT NO: 2012-039543

CONTRACT TERM: 09/01/2011 THRU: 08/31/2012

BUDGET PERIOD: 09/01/2011 THRU: 08/31/2012

CHG: 001A

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	\$114,475.00	\$114,475.00	\$0.00
Fringe Benefits	\$38,796.00	\$38,796.00	\$0.00
Travel	\$2,000.00	\$2,000.00	\$0.00
Equipment	\$0.00	\$1,788.00	\$1,788.00
Supplies	\$3,000.14	\$6,776.00	\$3,775.86
Contractual	\$0.00	\$0.00	\$0.00
Other	\$1,942.00	\$26,942.00	\$25,000.00
Total Direct Charges	\$160,213.14	\$190,777.00	\$30,563.86
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	\$160,213.14	\$190,777.00	\$30,563.86
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$160,213.14	\$190,777.00	\$30,563.86
Total Reimbursements Limit	\$160,213.14	\$190,777.00	\$30,563.86
JUSTIFICATION			

Financial status reports are due: 12/31/2011, 03/31/2012, 06/30/2012, 10/31/2012