

**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. #2012-040379-001A for the HIV Surveillance – Federal Core program, to change the contract ending date to 8/31/12, change the reporting dates and reduce the total contract amount accordingly, 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 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. #2012-040379-001A for the HIV Surveillance – Federal Core program, to change the contract ending date to 8/31/12, change the reporting dates and reduce the total contract amount accordingly, 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:

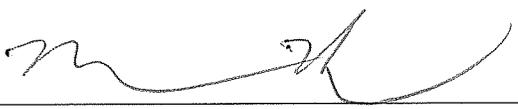
Richarda Duffy Momsen
City Clerk

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 # 2012-040379 (Contract) in accordance with this Amendment No. 001A : HIV Surveillance - Federal Core, effective 04/26/2012.

The purpose of this Amendment is to change the end date of the contract term to 08/31/2012 and to reduce the total contract amount.

Therefore, DSHS and Contractor agree as follows:

The program attachment number 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, REPORTING, is revised as follows:

g. Submit signed copies of Quarterly Surveillance reports to Miranda Fanning at DSHS at Miranda.fanning@dshs.state.tx.us by the 15th of the months following the end of the Quarter (April, July, and October and January).

The categorical budget is revised as attached.

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: HIV Surveillance - Federal Core

CONTRATOR: CITY OF EL PASO

CONTRACT NO: 2012-040379

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	\$37,059.00	\$24,706.00	\$(12,353.00)
Fringe Benefits	\$11,488.00	\$7,659.00	\$(3,829.00)
Travel	\$4,568.00	\$3,045.00	\$(1,523.00)
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$960.00	\$640.00	\$(320.00)
Contractual	\$0.00	\$0.00	\$0.00
Other	\$500.00	\$333.00	\$(167.00)
Total Direct Charges	\$54,575.00	\$36,383.00	\$(18,192.00)
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	\$54,575.00	\$36,383.00	\$(18,192.00)
Performing Agency Share	\$0.00	\$0.00	\$0.00
Receiving Agency Share	\$54,575.00	\$36,383.00	\$(18,192.00)
Total Reimbursements Limit	\$54,575.00	\$36,383.00	\$(18,192.00)
JUSTIFICATION			
To align contract term with State Fiscal Year to facilitate LHD Bundling.			

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