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

DEPARTMENT: **Public Health**

AGENDA DATE: **CCA 07/09/13**

CONTACT PERSON NAME AND PHONE NUMBER: Robert Resendes, 771-5702

DISTRICT(S) AFFECTED: All

SUBJECT:

That the City Manager or designee be authorized to sign and submit amendment 006B to Contract number 2013-041082-006A and other related documents for the Texas Department of State Health Services' STD/HIV program, to add $19,132 to cover the increased costs associated with syphilis and/or HIV morbidity and to reallocate funds to reflect actual expenditures for a total contract amount of $191,968; and that the City Manager or designee 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:

Original Agreement signed 07/14/12
Amendment 006A signed 03/14/13

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 or designee be authorized to sign and submit amendment 006B to Contract number 2013-041082-006A and other related documents for the Texas Department of State Health Services' STD/HIV program, to add $19,132 to cover the increased costs associated with syphilis and/or HIV morbidity and to reallocate funds to reflect actual expenditures for a total contract amount of $191,968; and that the City Manager or designee 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 _____, 2013.

CITY OF EL PASO

_____
Oscar Leeser
Mayor

ATTEST:

_____
Richarda Duffy Momsen
City Clerk

APPROVED AS TO FORM:

_____
Josette Flores
Assistant City Attorney

APPROVED AS TO CONTENT:

_____
Robert Resendes, MBA, MT(ASCP), CLS(RI)
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 # 006A (Program Attachment) to Contract # 2013-041082 (Contract) in accordance with this Amendment No. 006B : STD - HIV, effective 05/01/2013 .

The purpose of this Amendment is to add additional funds to cover the increased costs associated with syphilis and/or HIV morbidity and to reallocate funds to reflect actual expenditures.

Therefore, DSHS and Contractor agree as follows:

The Program Attachment number is revised as follows:

PROGRAM ATTACHMENT NO. ~~006A~~ 06B

Section I. STATEMENT OF WORK, is revised to add the following:

Contractor shall identify zip codes within its service area which show increased syphilis and/or HIV morbidity, and shall then conduct targeted HIV and Syphilis testing events associated with case investigations to identify persons who may be at increased risk for HIV/STD: persons who test positive will be referred for treatment and referrals to medical care. These events must be conducted within 90 days of the effective date of this May 2013 amendment.

SECTION II. PERFORMANCE MEASURES, STD PROGRAM OBJECTIVES, is revised to include the following:

Contractor shall diligently follow the requirements for each of the STD Program objectives, as excerpted below. If the data submitted by Contractor (or otherwise obtained by DSHS) indicates that Contractor's performance does not meet the standards stated in one (1) or more of the objectives, DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve performance. Contractor must implement these measures according to a timetable mandated by DSHS. Contractor shall ensure funds are used to address increases in syphilis and/or HIV morbidity; specifically, funds are provided to support HIV/STD testing and public health follow up activities to ensure persons infected or at increased risk are appropriately tested, treated and referred for medical care. The contractor will report the number of case-related screening events performed from May 1-August 31, 2013, including the number of persons tested at each event and the number of new positives identified at each event. This report of case related screening events shall be reported in the semi- annual narrative under "IV. Areas of Special Emphasis".

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

Signature of Authorized Official

Date: _____

Janna Zumbrun, M.S.S.W.

Acting Assistant Commissioner for Disease Control and Prevention Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

512.776.7111

Janna.Zumbrun@dshs.state.tx.us

Contractor

Signature of Authorized Official

Date: _____

Name: Mark Sutter

Title: Comptroller

Address: 5115 El Paso Drive
El Paso, TX 79905

Phone: 915-541-4014

Email: SutterM@elpasotexas.gov

DEPARTMENT OF STATE HEALTH SERVICES

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3199

CATEGORICAL BUDGET CHANGE REQUEST

DSHS PROGRAM: STD - HIV
CONTRATOR: CITY OF EL PASO
CONTRACT NO: 2013-041082
CONTRACT TERM: 09/01/2012 THRU: 08/31/2013
BUDGET PERIOD: 09/01/2012 THRU: 08/31/2013 CHG: 006B

DIRECT COST (OBJECT CLASS CATEGORIES)			
	Current Approved Budget (A)	Revised Budget (B)	Change Requested
Personnel	$116,261.00	$116,260.00	$(1.00)
Fringe Benefits	$34,878.00	$34,878.00	$0.00
Travel	$12,370.00	$14,710.00	$2,340.00
Equipment	$0.00	$0.00	$0.00
Supplies	$7,927.00	$19,334.00	$11,407.00
Contractual	$0.00	$0.00	$0.00
Other	$1,400.00	$6,786.00	$5,386.00
Total Direct Charges	$172,836.00	$191,968.00	$19,132.00
INDIRECT COST			
Base ($)	$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	$172,836.00	$191,968.00	$19,132.00
Performing Agency Share	$0.00	$0.00	$0.00
Receiving Agency Share	$172,836.00	$191,968.00	$19,132.00
Total Reimbursements Limit	$172,836.00	$191,968.00	$19,132.00

JUSTIFICATION

The purpose of this Amendment is to add additional funds to cover the increased costs associated with syphilis and/or HIV morbidity and to reallocate funds to reflect actual expenditures.

Financial status reports are due: 01/31/2013, 04/30/2013, 07/31/2013, 10/30/2013