

HHSC CONTRACT NO. 529-16-0132-00039
AMENDMENT NO. 4 -- RENEWAL
HEALTHY TEXAS WOMEN GRANT PROGRAM

The Health and Human Services Commission (“HHSC” or “System Agency”) and Tarrant County Hospital District dba John Peter Smith Hospital (“Contractor” or “Grantee”), having its principal office at 1500 South Main Street, Fort Worth, Texas 76104 (each a “Party” and collectively the “Parties”), parties to that certain Healthy Texas Women Grant Program contract (“Contract”), as amended, now desire to further amend the Contract (“Amendment”).

WHEREAS, the Parties desire to exercise the second renewal option;

WHEREAS, the Parties desire for Grantee to update information regarding its operations supported by funding provided under the contract; and

WHEREAS, the Parties desire to make additional funds available to continue the work supported under this contract.

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

1. **SECTION III** of the Contract, is amended to reflect a termination date of August 31, 2021.
2. **Section IV** of the Contract, STATEMENT OF SERVICES TO BE PROVIDED, is hereby modified as follows:
 - A. Contractor shall provide Healthy Texas Women Program services to 2,000 Unduplicated Clients in Fiscal Year 2020 (September 1, 2019 through August 31, 2020) and 2,000 Unduplicated Clients in Fiscal Year 2021 (September 1, 2020 through August 31, 2021).
 - B. The following completed forms are added to Attachment B -- Contractor's revised Program Forms:
 - Form C-1:** Contact Person Information
 - Form H:** Funding Request and Clients Served
 - Form K-1-1(a):** Current Clinic List
 - PCS 504:** Vendor Information Form (VIF)
 - Healthy Texas Women Budget Category Forms**
 - Healthy Texas Women Certification**
 - Form B-1:** Texas Counties and Regions List Served by Project
 - Form K-1(r):** Healthy Texas Women Clinic Sites Readiness
 - Form K-1-1:** Healthy Texas Women Clinic Site(s)
 - C. The completed forms in subparagraph 2B, above, are attached hereto and incorporated herein by this reference and supersede the corresponding forms contained in either Attachment B of the Contract or Attachment D of the Contract.

All program forms contained in either Attachment B or Attachment D of the Contract that are not modified in this Amendment will continue in full force and effect throughout the duration of this Amendment.

- D. Prior to performing work for which reimbursement will be sought, the System Agency must have approved the Contractor's updated the Healthy Texas Women Certification for the fiscal year in which the work will be performed.
3. **SUBSECTION A. OF SECTION V** of the Contract, **CONTRACT NOT-TO-EXCEED AMOUNT AND PAYMENT PROCESSES**, is amended to reflect a total not-to-exceed amount for the Contract is \$1,654,684 and to add the following:
- A. The Contractor's budget forms attached to Amendment No. 4 apply to Fiscal Years 2020 and 2021. The not-to-exceed amount for Fiscal Year 2020 is \$315,178 and the not-to-exceed amount for Fiscal Year 2021 is \$315,178. HHSC is not liable for payment in excess of these amounts during the relevant Fiscal Year. HHSC is not liable for payment that exceeds this amount during the term of this Contract.
4. Except as amended and modified by this Amendment No. 4, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
5. Any further revisions to the Contract shall be by written agreement of the Parties.


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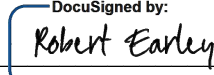
**SIGNATURE PAGE FOR AMENDMENT NO. 4
HHSC CONTRACT NO. 529-16-0132-00039**

The Parties have executed this Amendment in their capacities as stated below with authority to bind their organizations on the dates set forth by their signatures.

SYSTEM AGENCY

GRANTEE

By:  _____
DocuSigned by:
76A111A02040457...
Name: Kelly Garcia

By:  _____
DocuSigned by:
9D3F1DDE1CE7491...
Name: Robert Earley

Title: Deputy Executive Commissioner

Title: President and CEO

Date of Execution: August 12, 2019

Date of Execution: August 12, 2019

THE FOLLOWING ATTACHMENTS ARE ATTACHED HERETO AND INCORPORATED HEREIN BY REFERENCE:

ATTACHMENT B – CONTRACTOR'S REVISED PROGRAM FORMS

- **Form C-1:** Contact Person Information
- **Form H:** Funding Request and Clients Served
- **Form K-1-1(a):** Current Clinic List
- **PCS 504:** Vendor Information Form (VIF)
- **Healthy Texas Women Budget Category Forms**
- **Healthy Texas Women Certification**
- **Form B-1:** Texas Counties and Regions List Served by Project
- **Form K-1(r):** Healthy Texas Women Clinic Sites Readiness
- **Form K-1-1:** Healthy Texas Women Clinic Site(s)

ATTACHMENT C – CONTRACTOR'S REVISED BUDGET DOCUMENTS

INCLUDED HEALTHY TEXAS WOMEN PROGRAM RENEWAL FORMS

Legal Business Name of Contractor: Tarrant County Hospital District dba John Peter Smith Hospital

FORM	REQUIRED FOR ALL CONTRACTORS	Included
C-1	Contact Person Information	<input checked="" type="checkbox"/>
H	Funding Request and Clients to be Served	<input checked="" type="checkbox"/>
K-1-1(a)	Current Clinic Information	<input checked="" type="checkbox"/>
504	HHSC Vendor Identification Form (VIF)	<input checked="" type="checkbox"/>
	Healthy Texas Women Budget Category Forms	<input checked="" type="checkbox"/>
	Healthy Texas Women Certification	<input checked="" type="checkbox"/>
REQUIRED ONLY IF A CLINIC SITE IS BEING ADDED		
B-1	Texas Counties and Regions List Served by Project	<input checked="" type="checkbox"/>
K-1(r)	Healthy Texas Women Clinic Site Readiness	<input checked="" type="checkbox"/>
K-1-1	Healthy Texas Women Clinic Site(s)	<input checked="" type="checkbox"/>