

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. HHS000284500001  
AMENDMENT NO. 2**

The Department of State Health Services (“DSHS” or “System Agency”) and Tarrant County (“Grantee”), each a “Party” and collectively the “Parties,” to DSHS Contract No. HHS000284500001 (the “Contract”), now want to amend the Contract further. Under the terms and conditions of the Contract, Grantee will continue to provide DSHS with active surveillance and reporting activities for HIV/AIDS (“Services”).

Whereas, the Parties want to renew the Contract for the period of January 1, 2021 through December 31, 2021 (the “2021 Contract Year”);

Whereas, DSHS wants to add funds to the Contract to pay for Services provided during the 2021 Contract Year and revise the Budget accordingly; and

Whereas, DSHS wants to modify the Statement of Work.

The Parties therefore agree as follows:

1. Article III of the Contract, Duration, is hereby amended to extend the termination date from December 31, 2020 to December 31, 2021.
2. Article IV of the Contract, Budget, is hereby deleted in its entirety and replaced with the following:

The Contract amount is increased by \$152,080.00 for the 2021 Contract Year. The total Contract amount is not to exceed \$456,240.00. All expenditures for the 2021 Contract Year shall conform with Attachment B-2 – Budget (Effective January 2021).
3. Attachment A-1 – Statement of Work is hereby deleted in its entirety and replaced with Attachment A-2 – Statement of Work (Effective January 2021).
4. This Amendment shall be effective on January 1, 2021.
5. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in effect.
6. Any further revision to the Contract shall be by written agreement of the Parties.

**Signature Page to follow**

**SIGNATURE PAGE FOR AMENDMENT NO. 2**

**DSHS CONTRACT NO. HHS000284500001**

**DEPARTMENT OF STATE HEALTH SERVICES**

**GRANTEE**

By: DocuSigned by:  
*Jennifer Sims*  
FF74006FBA6747E...  
Signature

By: DocuSigned by:  
*B. Glen Whitley*  
A76BD50BB72941A...  
Signature

Jennifer Sims

B. Glen Whitley

Printed Name

Printed Name

Deputy Commissioner

County Judge

Title

Title

November 3, 2020

October 30, 2020

Date of Signature

Date of Signature

**THE FOLLOWING DOCUMENTS ARE ATTACHED TO THIS AMENDMENT, AND THEIR TERMS ARE HEREBY INCORPORATED INTO THE CONTRACT BY REFERENCE:**

**ATTACHMENT A-2.....STATEMENT OF WORK (Effective January 2021)**

**ATTACHMENT B-2.....BUDGET (Effective January 2021)**

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**ATTACHMENTS FOLLOW**

## ATTACHMENT A-2 STATEMENT OF WORK (EFFECTIVE JANUARY 2021)

### I. GRANTEE RESPONSIBILITIES

For the purpose of this Contract, “HIV infection” and “AIDS” are as defined by the Centers for Disease Control and Prevention (CDC) of the United States Public Health Service, MMWR Recommendations and Reports, April 11, 2014 / 63(RR3), 1-10, located at <http://www.cdc.gov/mmwr/pdf/rr/rr6303.pdf>.

#### A. Grantee shall:

1. Provide System Agency with active surveillance and reporting activities for Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS);
2. Perform all activities under this Contract in accordance with the terms of this Contract and detailed budget, as approved by System Agency;
3. Receive advance written approval from System Agency before varying from any of these requirements;
4. Notify all staff working on activities of any such changes under this Contract within 48 hours of System Agency’s approval of changes; and
5. Read System Agency Grant Technical Assistance Guide (GTAG) located at <http://www.dshs.texas.gov/contracts/gtag.aspx>, and work with System Agency staff regarding the management of funds received under this Contract.

#### B. Grantee shall do as follows with respect to Staff:

1. Maintain documentation, which shows that all staff whose work is related to this Contract have received the following yearly training:
  - a. Grantee’s employee standards of conduct (**Note:** Grantee will submit these training documents to System Agency within 14 days of the effective date of this Contract);
  - b. System Agency security and confidentiality (**Note:** Training must be completed within 30 days of beginning work related to this Contract, and staff must not be granted access to protected health information until after training is completed);
  - c. Annual refresher training course on confidentiality and information security (**Note:** Course must be taken within one year of having completed previous confidentiality and security course, including HHS Information Security/Cybersecurity Training (INFO300), and documentation be submitted to the DSHS Contract Representative); and
  - d. All DSHS HIV Surveillance Modules, which are located at <http://www.dshs.texas.gov/hivstd/training/surveillance.shtm> (**Note:** New staff

should complete these trainings within their first two weeks of employment and biannually thereafter, and existing staff will be required to take the HIV Surveillance Modules biannually);

2. Supply System Agency with a copy of each job description, for which a portion or all of the salary is paid under this Contract, within 30 days of the effective date of this Contract;
3. Require at least one staff member to attend training, conferences, and meetings, as directed by System Agency;
4. Notify the System Agency Program within 48 hours of any personnel actions, including the details and outcome of such actions, involving project staff (**Note:** A written report must be submitted, to back up the oral report, within 72 hours), such as:
  - a. Counseling for misconduct regarding violations of personnel, project, state, or federal policies, procedures, requirements, and laws;
  - b. Terminations (voluntary or involuntary); and
  - c. Employee grievances;
5. Fill any surveillance staff vacancy within 90 days;
6. Submit complete and accurate travel support documentation to System Agency when submitting vouchers for reimbursement (**Note:** Support documentation must list the employee who traveled, date of travel, purpose of travel, all receipts and a breakdown of the costs associated with travel);
7. Provide at least one surveillance staff person to participate in standing monthly HIV Surveillance conference calls held by System Agency, as directed; and
8. Ensure all funded staff participate in the annual HIV Surveillance workshop, when provided by System Agency.

**C. Grantee shall do as follows with respect to Case Reporting:**

**1. Reporting and Registry**

**a. Active Surveillance and Provider Education**

- i. Grantee shall maintain a current list of key reporting sources in Grantee's designated Service Area (Tarrant County) and document, at minimum, monthly active surveillance for major providers/facilities as outlined in the HIV Surveillance Manual. Active surveillance must be conducted by phone or in person to identify newly diagnosed HIV/AIDS cases and complete an HIV/AIDS case report form.
- ii. Grantee shall maintain a current list of key reporting sources in Grantee's designated Service Area and document, at minimum, quarterly provider education to at least 10 providers/facilities deemed by the Grantee or the System Agency to be in need of education on reporting requirements, current lab tests, recommended testing algorithm, or data collected and

used by HIV surveillance. Provider education should establish and maintain communication about reporting requirements (including Molecular HIV Surveillance and Perinatal HIV Surveillance) and any changes in any relevant surveillance procedures, requirements, and recommendations.

- b. Grantee shall review Monthly Data Quality Reports and the Quarterly Progress Report provided by System Agency or available through the current reporting database to ensure corrections to case report forms are made and additional missing case information is collected.
- c. Grantee shall discuss and review Quarterly Progress Report findings with all surveillance staff.
- d. Grantee shall be knowledgeable of any reference laboratories or medical facilities conducting in-house HIV laboratory testing within Grantee's designated Service Area. Grantee is responsible for identifying any testing facilities that are not reporting their laboratory results electronically to System Agency and shall accordingly arrange a method for retrieving any non-electronic, paper-based labs. Grantee is responsible for manually entering any and all lab results received directly from any laboratory or medical facilities into the System Agency database(s) by the 30th day of each month. If no laboratory results were received locally in a given month, Grantee must notify System Agency's Electronic Laboratory Report (ELR) Program Specialist via e-mail indicating there were no laboratory results received for that month.
- e. Grantee shall provide information, feedback, and clarification, as directed by System Agency Central Office staff, by requested timeframe or within ten (10) working days of an inquiry.

## **2. Completeness**

- a. Grantee shall ensure completeness of case reporting provided to System Agency by conducting the following activities at least monthly: fully reviewing monthly data quality reports and regularly reviewing surveillance systems to identify any inconsistencies or gaps in laboratory reporting. Grantee is encouraged to implement additional methods of evaluating completeness of key source reporting, after first receiving System Agency written approval.
- b. Grantee shall ensure HIV/AIDS case report forms are accurate and complete in accordance with guidance provided in the Texas HIV Surveillance Procedure Manual.
- c. Grantee shall collect reports of HIV and AIDS cases diagnosed or treated, which health care providers (e.g., physicians, HIV service providers, etc.) are required to complete under TAC Title 25, Part 1, Chapter 97, Subchapter F, Rule §97.132.
- d. Grantee shall collect reports of pediatric HIV and AIDS cases diagnosed or treated, infants born exposed to HIV, and pregnant women living with HIV diagnosed or treated, which health care providers (e.g., physicians, HIV service providers, etc.) and laboratories are required to complete under TAC Title 25, Part 1, Chapter 97, Subchapter F, Rule §97.132. Grantee is responsible for

collecting the reports within Grantee's designated Service Area. For each perinatal exposure investigated, Grantee shall complete a Pediatric Case Report Form (PCRF) along with an updated Adult Case Report Form (ACRF) for infant's mother.

- e. Grantee shall collect all required data elements to conduct HIV surveillance follow-up activities, including conducting medical record abstractions within three months of diagnosis for all patients seen in Grantee's designated Service Area, to properly report all HIV and AIDS cases diagnosed or treated within Grantee's designated Service Area.
- f. Grantee shall abstract medical records requested by another jurisdiction in Texas within the timeframes outlined in the HIV Surveillance Manual.
- g. Grantee shall conduct an investigation to verify any reported adult or pediatric HIV or AIDS deaths and abstract medical chart, when appropriate, within Grantee's designated Service Area.
- h. Grantee shall follow procedures as outlined in Texas HIV Surveillance Procedure Manual to conduct out-of-state record searches.
- i. Grantee shall manage all laboratory reports in TB/HIV/STD Integrated System (THISIS). As needed, maintain an efficient tracking mechanism, either by paper or electronic file, to record outcomes for all laboratory reports received by local site (including all laboratory reports received through ELR and all paper laboratory reports received directly from providers or labs). With the use of THISIS and, if needed, the use of an efficient tracking mechanism, Grantee must be able to readily produce surveillance site standings at any given time (i.e., number of cases reported for the month, number of medical record abstractions completed, cases with incomplete algorithms, type of cases completed (new), update to AIDS, perinatal exposure, pregnancy update and number of cases pending along with estimated dates of completion).
- j. Grantee shall complete or obtain HIV Testing and Treatment History information from the reporting provider, in support of molecular HIV surveillance (MHS), to complete the testing and treatment history data elements on the Adult Case Report Form (ACRF).

### **3. Timeliness**

- a. Grantee shall ensure that a case report form is completed, entered into the current HIV Surveillance reporting database, and submitted to System Agency for all confirmatory laboratory reports within sixty (60) days of collection date of the initial laboratory or morbidity report (required for all cases) and within six (6) months for cases transitioned to AIDS since HIV diagnosis.
- b. Grantee shall ensure that a case report form is entered into the current HIV Surveillance reporting database within six (6) months of initial notification for all suspected HIV cases not confirmed through receipt of an algorithm diagnosing HIV (e.g., probable cases ascertained through matches with other databases, routine viral loads, medications, etc.)

### **4. Pediatric Cases**

- a. Grantee shall collect copies of reports of pediatric HIV and AIDS cases of diagnosed or treated infants born exposed to HIV, and copies of reports for HIV-positive pregnant women diagnosed or treated in Grantee's designated Service Area, which health care providers (e.g., physicians, HIV service providers, etc.) and laboratories are required to complete under TAC Title 25, Part 1, Chapter 97, Subchapter F, Rule §97.132. If provider does not complete a case report form or does not provide sufficient information on the case report form, Grantee is responsible for abstracting the required case report form information from the provider's medical records.
- b. Grantee shall follow up on perinatal HIV-exposed infants every six (6) months, to ensure that all infants born to women living with HIV have HIV status determined by 18 months of age, and enter the PCRFS in the current HIV Surveillance reporting database in a timely manner (reference Texas HIV Surveillance Procedure Manual). For each perinatal exposure investigated, Grantee will complete a PCRFS, along with an updated ACRF for infant's mother.
- c. Grantee shall review every collected pediatric HIV case, in THISIS, birth match, and other sources, at least once to identify AIDS-defining conditions and update registry with medical record abstraction.
- d. Grantee shall abstract medical charts for pediatric case reports both at the birth hospital and at the mother's and infant's health providers' offices. Maintain an electronic list of negative Polymerase Chain Reaction (PCR) tests for infants, to include name of laboratory and doctor ordering the test and maintain copies of all reporting laboratory test results for pediatric cases.
- e. Grantee shall assist System Agency staff, as directed, in the development of prevention plans and the implementation of prevention activities to reduce the perinatal transmission of HIV. Enter the required data elements in the current HIV Surveillance reporting database in a timely manner (reference Texas HIV Surveillance Procedure Manual).
- f. Grantee shall collect all required data elements to conduct Perinatal HIV surveillance activities, including reviewing and conducting medical record abstractions of the mother's and child's medical records in Grantee's designated Service Area to properly report all perinatally-exposed cases diagnosed or treated within Grantee's designated Service Area. Enter the required data elements in the current HIV Surveillance reporting database in a timely manner (reference Texas HIV Surveillance Procedure Manual).

**D. Grantee shall do as follows with respect to Epidemiologic Investigations:**

1. Grantee shall inform System Agency of newly reported cases of public health importance (COPHI) within three (3) business days of receipt of case report. Initiate epidemiologic investigations through contact with appropriate health care providers and a review of patients' medical records. Refer to the Texas HIV Surveillance Procedure Manual for COPHI case definitions.
2. Grantee shall determine the need for public health follow-up on all HIV-positive



test results within three (3) business days of receipt of the test results. If no clear determination can be made within the three (3) business days, the HIV test results should be sent to a Disease Intervention Specialist (DIS) for investigation.

3. Grantee shall perform continuous epidemiologic follow-up on all cases missing key pieces of information.
4. Grantee shall assist DSHS Program with other epidemiologic investigations, as directed by System Agency Program. Adhere to all deadlines set by System Agency for other epidemiologic investigations.

**E. Grantee shall do as follows with respect to Security:**

1. Grantee shall designate, from its staff, a Local Responsible Party (LRP) who has the overall responsibility for ensuring the security of the HIV/STD confidential information maintained by Grantee as part of activities under this Contract. The LRP must:
  - a. Ensure appropriate policies/procedures are in place for handling confidential information, for the release of confidential HIV/STD data, and for the rapid response to suspected breaches of protocol or confidentiality (**Note:** These policies and procedures must comply with System Agency policies and procedures. Grantee may choose to adopt those System Agency policies and procedures as its own, but if they choose not to do so, these cannot be less restrictive than the System Agency policies and procedures);
  - b. Ensure security policies are reviewed periodically for efficacy, and that Grantee monitors evolving technology (e.g., new methods that may be used to illegally access confidential data; new technologies for keeping confidential data protected from security breaches) on an ongoing basis to ensure that the program's data remain as secure as possible;
  - c. Approve any Grantee staff requiring access to HIV/STD confidential information (**Note:** LRP will grant authorization to Grantee staff who have a work-related need – that is, work under this Contract – to view HIV/STD confidential information);
  - d. Maintain a list of authorized Grantee staff persons who are authorized to view and work with HIV/STD confidential information (**Note:** The LRP will review the authorized user list 10 days from the effective date of this Contract to ensure it is current. All Grantee staff with access to confidential information will have a signed copy of a confidentiality agreement on file and it must be updated once during the term of this Contract);
  - e. Ensure that all Grantee staff with access to confidential information will be trained on security policies and procedures before access to confidential information is granted and that this training will be renewed once during the term of this Contract; and
  - f. Thoroughly and quickly investigate all suspected breaches and violations of protocol or privacy incidences of confidentiality in consultation with the System Agency LRP, all in compliance with the System Agency TB/HIV/STD



Section Breach of Confidentiality Response Policy located at <http://www.dshs.texas.gov/hivstd/policy/security.shtm>;

2. Have procedures to ensure computers and networks meet System Agency security standards, as certified by System Agency IT staff;
3. Have procedures to ensure termination requests for the current HIV Surveillance reporting database user account are sent to System Agency within one business day of the identification of need for account termination;
4. Have procedures to ensure transfer of secure data electronically using the Globalscape or current secure file transfer system;
5. Have procedures to ensure a visitor log for individuals entering the secured areas is maintained and reviewed quarterly by the LRP;
6. Have procedures to ensure confidential data and documents are:
  - a. Maintained in a secured area;
  - b. Locked away when not in use;
  - c. Not left in plain sight; and
  - d. Shredded before disposal;
7. Complete LRP quarterly security checklist provided by System Agency biannually; The LRP reports are found at TB/HIV/STD Section Bi-Annual Report (**Note:** The most up-to-date information for reporting guidelines can be found at <https://www.dshs.texas.gov/hivstd/policy/security.shtm>);
8. Provide a list to System Agency of personnel with access to secured areas and of all identified personnel who have received security training;
9. Provide a list to System Agency of personnel with access to all network drives where confidential information is stored;
10. Ensure that confidential data transmissions to System Agency or other approved partners are encrypted and transmitted via secure means;
11. Ensure that files are scanned to a secure network drive (not scanned to email or any other unsecure directory);
12. Ensure that all flash drives used by surveillance staff are encrypted;
13. Ensure that confidential data is stored on stand-alone computers or on a secure drive of computers on a secure network;
14. Ensure that a list of authorized users with access to confidential data is maintained and limited to those approved by the LRP;
15. Have systems in place to ensure confidential data taken out of the surveillance secured area are minimized to essential data required, stored in secure devices, and encrypted;
16. Ensure that all surveillance-issued laptops that are used have updated virus protection software;

17. Ensure that all computers with confidential information have power-on and screensaver passwords with time-out setting of ten (10) minutes or less;
18. Ensure that surveillance staff computer passwords are not be shared or visible to other users;
19. Ensure that shredders, printers and fax machines for confidential data are housed in a secured area limited to those approved by the LRP;
20. Ensure that if shredding is outsourced, the shredder is bonded for working with health information; and
21. Ensure that HIV/STD terminology usage is excluded from outgoing faxes, including cover sheet, header and footer.

## **II. PERFORMANCE MEASURES**

The System Agency will monitor Grantee's performance of the requirements in Attachment A-2, as well as its compliance under the terms and conditions of the Contract. Grantee's performance will be monitored with respect to the following:

### **A. Accuracy**

Grantee shall diligently work to ensure 80% of case report forms had no major discrepancies (missing, unknown or drastically different) when compared to information found during chart re-abstractions (based on a random case sample).

### **B. Completeness**

1. Grantee shall provide complete and legitimate information for the following 10 data elements for each HIV/AIDS case report 97% of the time:
  - a. Legal name;
  - b. Race/Ethnicity;
  - c. Sex;
  - d. Facility of Diagnosis;
  - e. Date of Diagnosis;
  - f. Date of Birth;
  - g. Diagnostic Status;
  - h. Residence at Diagnosis;
  - i. Vital Status (alive or deceased); and
  - j. Valid date of death for vital status indicated as "deceased."
2. Grantee shall provide complete and legitimate risk information in accordance with the Texas HIV Surveillance Procedure Manual for 80% of cases at minimum.
3. Grantee shall ensure that 97% of cases were CDC eligible and had no required fields missing.

4. Grantee shall provide complete and legitimate document source information on 97% of case report forms.
5. Grantee shall report 95% of expected number of new cases for the diagnosis year.
6. Grantee shall contact 100% of major HIV reporting facilities monthly for active surveillance.
7. Grantee shall ensure that at least ten (10) HIV reporting facilities receive in-person provider education annually.
8. Grantee shall enter into THISIS 100% of HIV-related laboratory results received by Grantee locally.
9. Grantee's policy shall outline how public health follow-up will be made within three (3) business days of the receipt of the test results. If no clear determination can be made within the three (3) business days, the HIV test results must be sent to a Disease Intervention Specialist (DIS) for investigation.
10. Grantee shall ensure that 70% of newly diagnosed cases have prior antiretroviral (ARV) use history.
11. Grantee shall ensure that 70% of newly diagnosed cases have a known value for previous negative HIV test.
12. Grantee shall ensure that 50% of newly diagnosed cases have a known value for previous negative HIV test date.
13. Grantee shall ensure that 85% of newly diagnosed cases had a CD4 result within one month of diagnosis.
14. Grantee shall ensure that 85% of newly diagnosed cases had a viral load result within one month of diagnosis.
15. Grantee shall ensure that 60% of newly diagnosed cases have a genotype (nucleotide sequence) test performed.
16. Grantee shall ensure that 100% of perinatal cases had mother's Stateno (or comments indicating surveillance efforts taken for not found cases).
17. Grantee shall ensure that 85% of prenatal care records were reviewed for all newly reported exposed infants (if it is indicated that the mother received prenatal care).
18. Grantee shall ensure that all pregnant women living with HIV were monitored and followed up with by the estimated delivery date.
19. Grantee shall ensure that 90% of the responses to the ARV usage during pregnancy question were not blank or unknown.
20. Grantee shall ensure that 90% of the responses to the ARV usage during labor and delivery questions were not blank or unknown.
21. Grantee shall ensure that 90% of the responses to the neonatal ARV usage question were not blank or unknown.
22. Grantee shall ensure that 90% of the responses to the prenatal care question were not blank or unknown.

23. Grantee shall ensure that 85% of labor and delivery records were reviewed for all newly reported exposed infants.
24. Grantee shall ensure that 90% of PCRFS were completed by Grantee staff.

**C. Timeliness**

1. Grantee shall ensure appropriate follow-up of all new adult HIV cases (newly diagnosed and eligible cases not previously captured in the current HIV Surveillance reporting database) in accordance with the Texas HIV Surveillance Procedure Manual. Accordingly, Grantee shall conduct and enter medical record abstraction into the current HIV Surveillance reporting database within three (3) months of diagnosing laboratory result for at least 85% of eligible cases.
2. Grantee shall ensure appropriate follow-up of all AIDS cases in accordance with the Texas HIV Surveillance Procedure Manual. Accordingly, Grantee shall conduct and enter a medical record abstraction into the current HIV Surveillance reporting database on all AIDS cases within six (6) months of AIDS-defining laboratory result indication of opportunistic infection (OI) for 90% of cases.
3. Grantee shall ensure that all infants born to women diagnosed with HIV have an HIV status determined (i.e., not be coded as indeterminate) within eighteen (18) months after the birth.
4. Grantee shall ensure that 90% of newly diagnosed cases were reported within six (6) months of diagnosis and all CDC-required fields were completed.
5. Grantee shall ensure that 100% of potential cases of public health importance (COPHI) were reported to Central Office within three (3) days.
6. Grantee shall ensure that 100% of newly identified cases were referred to Public Health Follow-Up within three (3) days of receipt of confirmatory lab report.
7. Grantee shall ensure that 90% of newly diagnosed Out of Jurisdiction (OOJ) cases were completed and entered into the current HIV Surveillance reporting database within ninety (90) days of diagnosis.
8. Grantee shall ensure that 100% of “potential” exposed infants were investigated within three (3) months through timely completion of birth certificate match.

### III. INVOICE AND PAYMENT

- A. Grantee shall request payments using the State of Texas Purchase Voucher (Form B-13) at <http://www.dshs.texas.gov/grants/forms.shtm>. Voucher and any supporting documentation will be mailed or submitted by fax or e-mail to the addresses/numbers below.

Department of State Health Services  
Claims Processing Unit, MC 1940  
1100 West 49th Street  
P.O. Box 149347  
Austin, TX 78714-9347

**\* \* \* or \* \* \***

Fax No.: (512) 458-7442

**\* \* \* or \* \* \***

E-mail: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov)

**\* \* \* and \* \* \***

[cmsinvoices@dshs.texas.gov](mailto:cmsinvoices@dshs.texas.gov)

- B. Grantee will be paid on a cost reimbursement basis and in accordance with the Budget in Attachment B-2 of this Contract.
- C. System Agency reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. System Agency Program will monitor Grantee's expenditures on a quarterly basis. If expenditures are below the amount in Grantee's total Contract, Grantee's budget may be subject to a decrease for the remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds. Grantee must submit final invoices for each renewal period, January through December, within 45 days of the renewal period ending.

**ATTACHMENT B-2  
BUDGET (EFFECTIVE JANUARY 2021)**

**Contract No. HHS000284500002**

<b>CATEGORICAL EXPENDITURES</b>	
PERSONNEL	\$98,766.00
FRINGE BENEFITS	\$48,968.00
TRAVEL	\$1,466.00
EQUIPMENT	\$0.00
SUPPLIES	\$2,280.00
CONTRACTUAL	\$0.00
OTHER	\$600.00
TOTAL DIRECT CHARGES	\$152,080.00
INDIRECT CHARGES	\$0.00
<b>TOTAL</b>	<b>\$152,080.00</b>