

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001019500033
AMENDMENT NO. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**SYSTEM AGENCY**”), a pass-through entity, and **WILLIAMSON COUNTY AND CITIES HEALTH DISTRICT** (“**GRANTEE**”), who are collectively referred to herein as the "Parties," to that certain Immunizations/COVID-19 Contract effective April 21, 2021 and denominated DSHS Contract No. HHS001019500033 (“the Contract”), now desire to further amend the Contract.

WHEREAS, DSHS desires to add funding for Coronavirus Disease 2019 (COVID-19) activities; and

WHEREAS, DSHS desires to amend the Statement of Work to add objectives and activities for Coronavirus Disease 2019 (COVID-19); and

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

1. **SECTION IV** of the Contract, **BUDGET** is hereby amended to add COVID-19 funds to the Contract of \$1,102,258.00. The Contract shall not exceed the amount of \$2,061,899.00. All expenditures of the additional funds must conform with **ATTACHMENT B-1, SUPPLEMENTAL BUDGET**.
2. **ATTACHMENT A** of the Contract, **STATEMENT OF WORK** is hereby supplemented with the addition of **ATTACHMENT A-1, SUPPLEMENTAL STATEMENT OF WORK**.
3. **ATTACHMENT B, BUDGET**, is hereby supplemented with **ATTACHMENT B-1, SUPPLEMENTAL BUDGET** (attached hereto).
4. This Amendment No. 1 shall be effective upon the date of the last signature.
5. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
6. Any further revisions to the Contract shall be by written agreement of the Parties.

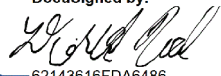
SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 1
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001019500033**

SYSTEM AGENCY

GRANTEE

DocuSigned by:
Kirk Cole
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Signature

DocuSigned by:

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Signature

Printed Name: Kirk Cole

Printed Name: Derrick Neal

Title: Deputy Commissioner

Title: Executive Director

Date of Execution: September 14, 2021

Date of Execution: September 13, 2021

THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE CONTRACT:

- ATTACHMENT A-1 SUPPLEMENTAL STATEMENT OF WORK**
- ATTACHMENT B-1 SUPPLEMENTAL BUDGET**

ATTACHMENTS FOLLOW

**ATTACHMENT A-1
SUPPLEMENTAL STATEMENT OF WORK**

I. Grantee will conduct all of the following objectives that are aligned with an approved workplan.

A. Objective 1

1. Grantee will utilize relevant U.S. Census tract data at the Zip Code level to identify geographic areas within their jurisdiction with increased populations of the following racial and ethnic minority groups:

- a) Non-Hispanic American Indians
- b) Alaska Native
- c) Non-Hispanic Black
- d) Hispanic

Grantee may hire or contract Data Analysts, Statisticians, Epidemiologists, Social Workers, and Public Health specialists to identify these populations. Grantee is encouraged to map vaccination coverage within their jurisdiction by ZIP Code using ImmTrac vaccination data and/or other local programs which capture COVID-19 vaccination data.

2. Once identified, Grantee will perform targeted education and outreach regarding COVID-19 vaccination to these communities. Methods of education and outreach can include, but are not limited to:

- a) Door-to-door educational pamphlet placement
- b) Town hall meetings
- c) Neighborhood association meetings
- d) Festival/fair, or other community event

3. Grantee will share this data with other organizational entities within the jurisdiction to assist with the outreach. These entities can include health department programs like HIV/STD, WIC, and Rural Health, as well as other agencies who regularly interact with these racial and ethnic minority groups. These groups can include the jurisdictional fire department, police department, public works department, and community services department.

- a) Grantee will investigate pathways to incorporate these external organizations to assist in delivery of outreach and educational messages.

B. Objective 2

1. Using the data from the identified disproportionate population identified, Grantee will develop and implement outreach campaigns to identify and train trusted messengers to deliver COVID-19 vaccine safety and effectiveness to

these communities and populations. These trusted messengers can include, but are not limited to:

- a) Faith leaders
 - b) Teachers
 - c) Community health workers
 - d) Radio DJ's
 - e) Barbers
 - f) Local Proprietors
 - g) Community and civic leaders
2. These trusted messengers will deliver their COVID-19 vaccine promotion material and information through local media outlets, social media, faith-based venues, community events, and other culturally appropriate venues.
3. Within the jurisdiction, the Grantee will contact and engage the following entities to develop and operate temporary or mobile COVID-19 vaccination sites, especially in high-disparity communities. The following are recommendations:
- a) Places of worship
 - b) Community-based centers (libraries, event centers)
 - c) Recreation centers
 - d) Food banks
 - e) Schools/colleges
 - f) Grocery stores
 - g) Salons/barbershops
 - h) Major employers

C. Objective 3

1. Grantee will continue to increase access to vaccination sites and appointments throughout the jurisdiction by using multiple locations and with flexible hours (evening hours) which are accessible to and frequented by the identified disproportionate populations. Sites should include, but are not limited to:
 - a) Pharmacies
 - b) Healthcare facilities
 - c) Community-based sites
 - d) Mobile sites
2. Grantee must coordinate with local community-based organizations to plan and implement mobile vaccination clinics and is encouraged to work with minority community health workers, nursing students/schools, and historical black colleges and universities, as applicable.

3. Grantee is required to simplify the COVID-19 vaccine patient registration procedure through the following avenues:
 - a) Prioritize options which do not require pre-registration
 - b) Ensure patient registration options do not require the internet or digital platforms
 - c) Registration is accessible to those with limited English proficiency or limited literacy
 - i. Registration does NOT require nonessential documentation.
4. Grantee is encouraged to support free or subsidized transportation options to access vaccination appointments either directly or indirectly through community partners.

D. Objective 4

1. Grantee will fund and hire a dedicated health communicator to support and implement the jurisdiction's specific vaccine communication, education, and outreach. This position will assist the Grantee in:
 - a) Developing and implementing community-based and culturally and linguistically appropriate messages which focus on COVID-19 spread, symptoms, treatment, and prevention, AND benefits of vaccination
 - b) Fund communications strategies that accommodate different levels of health literacy, digital literacy, and science literacy
 - c) Develop toolkits, checklists, quick guides, etc., to increase vaccine education
 - d) Continue training of local trusted messengers to deliver messages regarding vaccine hesitancy and misinformation
 - e) Develop localized testimonial campaigns

E. Objective 5

1. Grantee will fund and hire an adult immunization coordinator to focus on COVID-19, influenza, and other necessary vaccines for these disproportionate populations within their jurisdiction to serve as a safety net for at-risk individuals. The coordinator will focus on:
 - a) Quality improvement
 - b) Reminder recall
 - c) Other relevant activities to improve adult coverage rates

ATTACHMENT B-1
SUPPLEMENTAL BUDGET

Budget Categories	Total Amount Upon execution to June 30, 2024
Personnel	\$584,811.00
Fringe	\$129,887.00
Travel	\$11,200.00
Equipment	\$0.00
Supplies	\$16,500.00
Contractual	\$242,920.00
Other	\$116,940.00
Total Direct	\$1,102,258.00
Indirect	\$0.00
Total	\$1,102,258.00

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