

**SIGNATURE DOCUMENT FOR
TEXAS HEALTH AND HUMAN SERVICES COMMISSION
CONTRACT NO. HHS000979200006**

UNDER THE

2-1-1 TEXAS INFORMATION AND REFERRAL NETWORK OPERATIONS GRANT PROGRAM

I. PURPOSE

The Health and Human Services Commission (“**System Agency**”) and United Way of Laredo (“**Grantee**”) (each a “**Party**” and collectively the “**Parties**”) enter into the following grant contract to provide funding for 2-1-1 Texas Information and Referral Network Operations (the “**Contract**”).

II. LEGAL AUTHORITY

This Contract is authorized by and in compliance with the provisions of governed by federal, state, and local laws, including, but not limited to, the following:

- A. Title 45 Code of Federal Regulations (“**CFR**”), Part 75;
- B. Title 45 CFR, Part 1321;
- C. Title 45 CFR, Part 91;
- D. The Uniform Grant Management Standards (“**UGMS**”), Governor’s Office of Budget and Planning, June 2004; and
- E. Federal Grant and Cooperative Agreement Act of 1977, now 31 U.S.C. §§ 6301-6308.

III. DURATION

The Contract is effective on September 1, 2021 and terminates on August 31, 2023, unless renewed, extended, or terminated pursuant to the terms and conditions of the Contract. System Agency, at its sole discretion, may extend this Contract for any period(s) of time, provided the Contract term, including all extensions or renewals, does not exceed five years. Notwithstanding the limitation in the preceding sentence, System Agency, at its sole discretion, also may extend the Contract beyond five years as necessary to ensure continuity of service, for purposes of transition, or as otherwise determined by System Agency to serve the best interest of the State.

IV. BUDGET

The total amount of this Contract will not exceed **\$180,201** for state fiscal year 2022. Grantee is not required to provide matching funds. All expenditures under the Contract will be in accordance with **ATTACHMENT B – BUDGET**.

Indirect Cost Rate: If an Indirect Cost Rate Letter is required but it is not issued at the time of Contract execution, the Parties agree to amend the Contract to include the Indirect Cost Rate Letter as **ATTACHMENT J** and revise **ATTACHMENT B** when the Indirect Cost Rate Letter is issued.

V. REPORTING REQUIREMENTS

Grantee shall satisfy all Key Performance Requirements and Contract Deliverables as set forth in **Attachment A, Sections 11 & 12**, respectively.

VI. CONTRACT REPRESENTATIVES

The following will act as the representative authorized to administer activities under this Contract on behalf of their respective Party.

System Agency

Health and Human Services Commission
909 West 45th Street, Mail Code 2099
Austin, Texas 78751
Attention: Tranea Prosser
Tranea.Prosser@hhs.texas.gov

Grantee

United Way of Laredo
1815 E. Hillside Rd.
Laredo, Texas 78041
Attention: Peggy M. Duncan
Executive Director

VII. LEGAL NOTICES

Any legal notice required under this Contract shall be deemed delivered when deposited by the System Agency either in the United States mail, postage paid, certified, return receipt requested; or with a common carrier, overnight, signature required, to the appropriate address below:

System Agency

Health and Human Services Commission
4900 N. Lamar Blvd; Mail Code 1100
Austin, Texas 78751
Attention: Office of Chief Counsel

Grantee

United Way of Laredo
1815 E. Hillside Rd.
Laredo, Texas 78041
Attention: Peggy M. Duncan
Executive Director

VIII. NOTICE REQUIREMENTS

Notice given by Grantee will be deemed effective when received by the System Agency. Either Party may change its address for notices by providing written notice to the other Party. All notices submitted to System Agency must:

- A. include the Contract number;
- B. be sent to the person(s) identified in the Contract; and,
- C. comply with all terms and conditions of the Contract.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR SYSTEM AGENCY
CONTRACT NO. HHS000979200006**

SYSTEM AGENCY

DocuSigned by:
Wayne Salter
00A85E643959459...

Signature

Printed Name: Wayne Salter

Title: Deputy Executive Commissioner

Date of Execution: August 25, 2021

GRANTEE

DocuSigned by:
Peggy Duncan
49F1500DC0264E...

Signature

Printed Name: Peggy Duncan

Title: Executive Director

Date of Execution: August 25, 2021

THE FOLLOWING ATTACHMENTS TO SYSTEM AGENCY CONTRACT NO. HHS000979200006 ARE INCORPORATED BY REFERENCE:

- ATTACHMENT A – STATEMENT OF WORK**
- ATTACHMENT B – BUDGET**
- ATTACHMENT C – UNIFORM TERMS AND CONDITIONS – GRANT**
- ATTACHMENT D – CONTRACT AFFIRMATIONS**
- ATTACHMENT E – SPECIAL CONDITIONS**
- ATTACHMENT F – FEDERAL ASSURANCES AND CERTIFICATIONS**
- ATTACHMENT G – DATA USE AGREEMENT**
- ATTACHMENT H – SYSTEM AGENCY SOLICITATION NO. HHS0009792 AND ALL ADDENDA**
- ATTACHMENT I – GRANTEE’S SOLICITATION RESPONSE**
- ATTACHMENT J – INDIRECT COST RATE**
- ATTACHMENT K - INSURANCE CERTIFICATES**

ATTACHMENTS FOLLOW