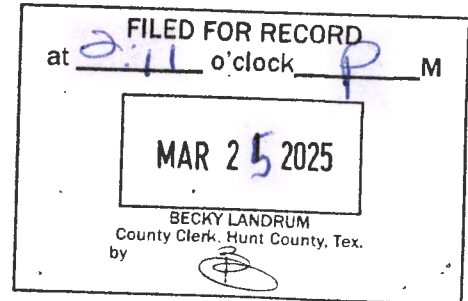


19.374

Approve Amendment No. 2 IMMUNIZATION/LOCALS grant contract with Department of State Health Services. Purpose of contract is to prevent and control the transmission of vaccine preventable diseases in children and adults, with emphasis on accelerating strategic intervention to improve their vaccine coverage levels.

Requested by: Hunt County Health Department, Medical Services (Health Clinic)





Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

The Honorable Bobby Stovall, County Judge
Hunt County Health Department, Medical Services
P.O. Box 1097
Greenville, Texas 75403

Subject: IMM/LOCALS
Contract Number: HHS001331300043, Amendment No. 2
Contract Amount: \$851,709.00
Contract Term: September 1, 2023, through August 31, 2026

Dear Judge Stovall:

Enclosed is Amendment No. 2 to the IMM/LOCALS contract between the Department of State Health Services and Hunt County Health Department, Medical Services.

The purpose of this contract is to prevent and control the transmission of vaccine-preventable diseases in children and adults, with emphasis on accelerating strategic interventions to improve their vaccine coverage levels.

This amendment increases the contract by \$283,903.00, extends the end of the contract term to August 31, 2026, and revises certain attachments to the contract.

Please let me know if you have any questions or need additional information.

Sincerely,

Rachel McBride, CTCM
Contract Manager
(512) 776-2999
rachel.mcbride@dshs.texas.gov

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT No. HHS001331300043
AMENDMENT No. 2**

The **DEPARTMENT OF STATE HEALTH SERVICES** (“DSHS” or “System Agency”) and **HUNT COUNTY HEALTH DEPARTMENT, MEDICAL SERVICES** (“Grantee”), Parties to that certain Immunization/Locals Grant Program Contract, effective September 1, 2023, and denominated DSHS Contract No. HHS001331300043 (the “Contract”), now desire to further amend the Contract.

WHEREAS, DSHS desires to exercise the second of four (4) one year renewal options available under the Contract;

WHEREAS, DSHS desires to add funds to the Contract associated with the SFY 2026 extension period;

WHEREAS, DSHS desires to amend the Contract to incorporate Attachment A, Statement of Work, which was inadvertently deleted in a prior amendment; and

WHEREAS, the Parties desire to add certain terms for compliance with applicable law and DSHS policy.

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

1. **SECTION III** of the Contract, **DURATION**, is hereby amended to reflect a revised termination date of August 31, 2026.
2. **SECTION IV** of the Contract, **STATEMENT OF WORK**, is deleted in its entirety and replaced with the following:

The Scope of Grant Project to which Grantee is bound is incorporated into and made a part of this Grant Agreement for all purposes and included as **ATTACHMENT A, STATEMENT OF WORK, ATTACHMENT A-1, FY 2025 STATEMENT OF WORK** and **ATTACHMENT A-2, FY 2026 STATEMENT OF WORK**.
3. **SECTION V** of the Contract, **BUDGET AND INDIRECT COST RATE**, is amended to increase funding in the amount of \$283,903.00 for SFY 2026. The total not to exceed amount of this Contract is increased to \$851,709.00. All expenditures under the Contract shall be in accordance with **ATTACHMENT B-2, REVISED BUDGET**.

Grantee is not required to provide matching funds. The total not-to-exceed amount includes the following:

Increase in Federal Funds: \$126,318.00

Total Federal Funds: \$378,954.00

Increase in State Funds: \$157,585.00

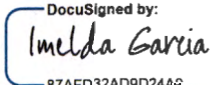
Total State Funds: \$472,755.00

4. The Contract is amended to add **ATTACHMENT A, STATEMENT OF WORK**, which is incorporated by reference into the Contract for all purposes.
5. The Contract is amended to add **ATTACHMENT A-2, FY 2026 STATEMENT OF WORK**, which is attached to this Amendment and incorporated into the Contract for all purposes.
6. **ATTACHMENT B, BUDGET**, and **ATTACHMENT B-1, FY 2025 BUDGET**, are deleted in their entirety and replaced with **ATTACHMENT B-2, REVISED BUDGET**, which is attached to this Amendment and incorporated into the Contract for all purposes.
7. The Contract is amended to add **ATTACHMENT J-2, FISCAL FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION FORM**, which is attached to this Amendment and incorporated into the Contract for all purposes.
8. This Amendment is effective immediately upon execution by the last party to sign below. Operations and funding for Fiscal Year 2026 begins on September 1, 2025. Except as modified by this Amendment, all existing terms of the Contract, including the current Statement of Work, shall remain in full force and effect until and unless modified by written agreement of the Parties.
9. Except as modified by this Amendment, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
10. Any further revisions to the Contract shall be by written agreement of the Parties.
11. Each Party represents and warrants that the person executing this Amendment No. 2 on its behalf has full power and authority to enter into this Amendment.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 2
DSHS CONTRACT NO. HHS001331300043

**DEPARTMENT OF STATE HEALTH
SERVICES**


By:  87AFD32AD9D24A9...

Name: Imelda Garcia

Title: Chief Deputy Commissioner

Date of Signature: March 28, 2025

**HUNT COUNTY HEALTH DEPARTMENT,
MEDICAL SERVICES**

By:  C4F7F444A1F0438...

Name: Bobby W. Stovall, County Judge

Title: County Judge

Date of Signature: March 26, 2025

ATTACHMENT A-2 FY 2026 STATEMENT OF WORK

I. GRANTEE RESPONSIBILITIES

Grantee shall:

- A. Implement and operate an immunization program for children, adolescents, and adults, with special emphasis on accelerating interventions to improve the immunization coverage of children under five years of age (birth to 59 months of age). Grantee shall incorporate traditional and non-traditional systematic approaches designed to eliminate barriers, expand immunization capacity, and establish uniform operating policies, as described herein.
- B. Be enrolled as a provider in the Texas Vaccines for Children (TVFC) and the Adult Safety Net (ASN) programs by the effective date of this Contract. This includes a signed *Deputization Addendum Form*.
- C. Maintain staffing levels to meet required activities of the Contract and ensure staff funded by this Contract attend required training.
- D. Report all notifiable conditions as specified in Chapter 97, Title 25 Texas Administrative Code, as amended, and as otherwise required by law.
- E. Report all vaccine adverse events in accordance with the 1986 National Childhood Vaccine Injury Act 42 U.S.C. § 300aa-25, located at vaers.hhs.gov or 800-822-7967, as amended.
- F. Sustain a network of TVFC and ASN providers to administer vaccines to program-eligible populations through the following activities:
 - 1. Ensuring New Provider Checklist is completed;
 - 2. Conducting quality assurance reviews;
 - 3. Ensuring annual influenza pre-book survey is completed;
 - 4. Conducting compliance site visits;
 - 5. Conducting unannounced storage and handling visits; and
 - 6. Ensuring providers adhere to the vaccine borrowing procedure.
- G. Participate in audits and assessments through the following activities:
 - 1. Completing and submitting through Child Health Reporting System all audits and assessments conducted on childcare facilities and Head Start Centers;
 - 2. Completing audits, assessments, and retrospective surveys of public and private schools;
 - 3. Reviewing monthly reports to ensure data quality;
 - 4. Reviewing monthly Provider Activity Reports;

5. Reviewing quarterly Consent Accepted Rate Evaluations; and
 6. Conducting ImmTrac2 Support Reviews of Texas Immunization Registry organizations.
- H. Provide education and outreach activities regarding vaccines and vaccine-preventable diseases, Texas Immunization Registry, and TVFC and ASN Programs to the following:
1. American Indian Tribes;
 2. Schools and childcare facilities;
 3. Healthcare workers; and
 4. Community and general public.
- I. Not deny vaccinations to recipients because they do not reside within Grantee's jurisdiction, because of an inability to pay an administration fee, or because of denial to consent to Texas Immunization Registry.
- J. Be responsible for identification and case management of infants born to hepatitis B surface antigen-positive pregnant women and pregnant women of unknown hepatitis B status through ensuring the following activities:
1. Newborn post-exposure prophylaxis with hepatitis B vaccine and hepatitis B immune globulin administered to infants within 12 hours of birth;
 2. Timely administration of doses two and three of hepatitis B vaccine according to Advisory Committee on Immunization Practices recommendations for the infant;
 3. Timely completion of post-vaccination serologic testing according to Centers for Disease Control and Prevention recommendations for the infant; and
 4. Immediately documenting mother and infant information in database and completing all "In Progress" or "Not Started" tasks.
- K. Be responsible for assessing and auditing vaccination rates and compliance with vaccine requirements at assigned schools and childcare facilities in accordance with the Population Assessment Manual, which is distributed annually by DSHS.
- L. Transfer overstocked vaccines and vaccines approaching expiration within the next ninety (90) days to alternate providers for immediate use when instructed to do so by the DSHS Public Health Region Immunizations Program Manager or designee to avoid vaccine waste.
- M. Comply with the following DSHS guides and manuals:
1. DSHS Immunizations Contractor's Guide for Local Health Departments and Public Health Regions located at:
dshs.texas.gov/immunizations/health-departments/contracts

2. TVFC and ASN Operations Manual located at: dshs.texas.gov/immunizations/health-departments/materials
 3. TVFC and ASN Provider Manual located at: dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf_stock/11-13602.pdf
 4. Immunization Quality Improvement for Provider Manual and Resources located at: dshs.texas.gov/immunizations/health-departments/materials
 5. Population Assessment Manual located at: dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/pdf_stock/11-12550.pdf
 6. Texas Perinatal Hepatitis B Prevention Program Manual located at: dshs.texas.gov/immunizations/health-departments/materials
 7. Guidelines for Increasing the Use of the Texas Immunization Registry located at: <https://dshs.texas.gov/sites/default/files/LIDS-Immunizations/pdf/FY25-GIUTIR.pdf>
- N. Receive written approval from DSHS before varying from applicable policies, procedures, protocols, or work plans outlined above. Update and disseminate implementation documentation to staff involved in activities under this Contract within forty-eight (48) hours of making approved changes.
- O. Review monthly Contract funding expenditures and salary savings from any Contract-paid staff vacancies. Revise spending plan to ensure that all funds under this Contract will be expended in alignment with approved budgets before the end of the Contract term.
- P. DSHS-approved budget may be revised by Grantee in accordance with the following requirements:
1. For any transfer between budget categories, Grantee shall submit a revised Categorical Budget using the Budget Template to the DSHS Contract Representative, highlighting the areas affected by the budget transfer and written justification for the transfer request. After DSHS review, the designated DSHS Contract Representative will provide notification of acceptance, rejection, or the need for a Contract Amendment to the Grantee by email.
 2. For transfer of funds between direct budget categories, other than the 'Equipment' and 'Indirect Cost' categories, for less than or equal to a cumulative twenty-five (25) percent of the total value of the respective Contract budget period, Grantee shall submit timely written notification to DSHS Contract Representative using the Revised Budget Form and request DSHS approval. If a budget revision for less than or equal to the cumulative twenty-five (25) percent is approved for transfer of funds between direct budget categories, DSHS Contract Representative will provide notification of acceptance to Grantee by email, upon receipt of which, the funds can be utilized by the Grantee.

3. For transfer of funds between direct budget categories, other than the 'Equipment' and 'Indirect Cost' categories, that cumulatively exceeds twenty-five (25) percent of the total value of the respective Contract budget period, Grantee shall submit timely written notification to DSHS Contract Representative using the Revised Budget Form and request DSHS approval. If the revision is approved, the budget revision is not authorized, and the funds cannot be utilized until an amendment is executed by the Parties.
4. Any transfer between budget categories that includes 'Equipment' and/or 'Indirect Cost' categories must approved by amendment to the Contract. Grantee shall submit timely written notification to DSHS Contract Representative using the Revised Budget Form and request DSHS approval. If the revision is approved, the budget revision is not authorized, and the funds cannot be utilized until an amendment is executed by the Parties.

- Q. Grantee shall not use funds allocated under this Contract to purchase buildings or real property without prior written approval from DSHS. Also, any costs related to the acquisition of buildings or real property are not allowable without DSHS written pre-approval.
- R. At the expiration or termination of this Contract for any reason, title to any remaining equipment and supplies purchased with funds under this Contract will revert to DSHS. Title may be transferred to another party as designated in writing by DSHS. DSHS may, at its option and to the extent allowed by law, transfer the reversionary interest to such property to Grantee. For any real property, Grantee shall dispose of the property in accordance with written instructions provided by DSHS.

II. REPORTING REQUIREMENTS

Grantee shall:

- A. Report the number of doses administered to underinsured children monthly, as directed by DSHS.
- B. Report the number of unduplicated underinsured clients served, as directed by DSHS.
- C. Complete and submit the Immunizations Interlocal Agreement Quarterly Report by the report due date, utilizing the format provided by DSHS and available at dshs.texas.gov/immunizations/health-departments/contracts. If the due date falls on a weekend or state approved holiday, the report is due the next business day.

Report Type	Reporting Period	Report Due Date
Programmatic	09/01/2025 to 11/30/2025	12/31/2025
Programmatic	12/01/2025 to 02/28/2026	03/31/2026
Programmatic	03/01/2026 to 05/31/2026	06/30/2026
Programmatic	06/01/2026 to 08/31/2026	09/30/2026

- D. Submit quarterly reports electronically through an online tool according to the timeframes stated above. Supplemental report documents must be sent to dshsimmunizationcontracts@dshs.texas.gov. If there are any changes to the reporting process, DSHS will provide updated instructions by either email or phone call.
- E. Submit the Financial Status Report (FSR-269A) biannually as outlined below. Grantee shall email the FSR-269A to the following email address: FSRgrants@dshs.texas.gov.

Period Covered	Due Date
September 1, 2025 – February 28, 2026	March 31, 2026
March 1, 2026 – August 31, 2026	September 30, 2026

- F. Maintain an inventory of equipment, supplies, and real property. Grantee shall submit an annual cumulative report on DSHS Grantee's Property Inventory Report to the DSHS Contract Representative and FSOequip@dshs.texas.gov by email not later than October 15 of each year.
1. Controlled Assets include firearms, regardless of the acquisition cost, and the following assets with an acquisition cost of \$500.00 or more, but less than \$10,000.00: desktop and laptop computers (including notebooks, tablets and similar devices), non-portable printers and copiers, emergency management equipment, communication devices and systems, medical and laboratory equipment, and media equipment. Controlled Assets do not include a capitalized asset, real property, an improvement to real property, or infrastructure. Controlled Assets are considered Supplies.
 2. Equipment includes items with an acquisition cost \$10,000.00 or more.
- G. Submit out-of-state travel requests to the DSHS Contract Management Section (CMS) for approval when utilizing Contract funds or program income.

III. PERFORMANCE MEASURES

DSHS will monitor the Grantee's performance of the requirements in this ATTACHMENT A-2 and compliance with the Contract's terms and conditions.

IV. INVOICE AND PAYMENT

Grantee shall request monthly payments by the 30th day following the service month using the State of Texas Purchase Voucher (Form B-13) located at <http://www.dshs.texas.gov/grants/forms.shtm>. DSHS will issue reimbursement payments to Grantees on a monthly basis for reported actual cash disbursements which are supported by adequate documentation. Invoices must be submitted monthly to prevent delays in subsequent months. Grantees that do not incur expenses within a month are required to

submit a “zero dollar” invoice on a monthly basis. Grantee must submit a final close-out invoice and final financial status report no later than thirty (30) days following the end of the Contract term. Invoices received more than thirty (30) days after the end of the Contract term are subject to denial of payment. Grantee shall electronically submit all invoices with supporting documentation to: invoices@dshs.texas.gov and CMSinvoices@dshs.texas.gov with a copy to the assigned DSHS Contract Representative identified in the Signature Document.

At a minimum, voucher must include:

1. Grantee name, address, email address, vendor identification number, and telephone number;
2. DSHS Contract or Purchase Order number;
3. Dates services were completed and/or products were delivered;
4. The total invoice amount; and
5. Any additional supporting documentation which is required by the Statement of Work or as requested by DSHS.

DSHS will pay Grantee monthly on a cost reimbursement basis and in accordance with **ATTACHMENT B-2, REVISED BUDGET**, of this Contract. DSHS will reimburse Grantee only for allowable and reported expenses incurred within the grant term.

Failure to submit required information may result in delay of payment or return of invoice. Billing invoices must be legible. Illegible or incomplete invoices which cannot be verified will be disallowed for payment.

ATTACHMENT B-2

REVISED BUDGET

Budget Categories	Budget for FY 2024 September 1, 2023 - August 31, 2024	Budget for FY 2025 September 1, 2024 - August 31, 2025	Budget for FY 2026 September 1, 2025 - August 31, 2026	Category Totals
Personnel	\$194,104.00	\$213,717.00	\$228,947.00	\$636,768.00
Fringe	\$75,667.00	\$70,186.00	\$54,956.00	\$200,809.00
Travel	\$4,548.00	\$0.00	\$0.00	\$4,548.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$2,000.00	\$0.00	\$0.00	\$2,000.00
Contractual	\$5,796.00	\$0.00	\$0.00	\$5,796.00
Other	\$1,788.00	\$0.00	\$0.00	\$1,788.00
Total Direct	\$283,903.00	\$283,903.00	\$283,903.00	\$851,709.00
Indirect	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$283,903.00	\$283,903.00	\$283,903.00	\$851,709.00

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TEXAS
Health and Human
Services

Texas Department of State
Health Services

Fiscal Federal Funding Accountability and Transparency Act (FFATA)

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. ***If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.***

Legal Name of Contractor: HUNT COUNTY	FFATA Contact: (Name, Email and Phone Number): BOBBY STOVALL BSTOVALL@HUNT COUNTY.NET903-408
Primary Address of Contractor: PO BOX 1097 GREENVILLE, TX	Zip Code: 9-digits required www.usps.com 75403-1097
Unique Entity ID (UEI): This number replaces the DUNS www.sam.gov UBBUFVUHSCD8	State of Texas Comptroller Vendor Identification Number (VIN) – 14 digits: 17560010179027

Printed Name of Authorized Representative: Bobby W. Stovall, County Judge	Signature of Authorized Representative DocuSigned by: C 4F7F444A1F0438...
Title of Authorized Representative County Judge	Date Signed March 26, 2025

Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete, and correct to the best of my knowledge.

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? Yes ☐ No ☒

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification. If your answer is "No", answer questions "A" and "B".

A. Certification Regarding % of Annual Gross from Federal Awards.

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? Yes ☐ No ☒

B. Certification Regarding Amount of Annual Gross from Federal Awards.

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year? Yes ☐ No ☒

If your answer is "Yes" to both question "A" and "B", you must answer question "C".
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

C. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes ☐ No ☐

If your answer is "Yes" to this question, where can this information be accessed?

If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.

Provide compensation information here:

Certificate Of Completion

Envelope Id: BABBA18B-C0CE-4BD0-8DFE-3A883AA6A6BF
 Subject: Please DocuSign: HHS001331300043 Hunt IMM/Locals A-2
 Source Envelope:
 Document Pages: 13
 Certificate Pages: 2
 AutoNav: Enabled
 EnvelopeId Stamping: Enabled
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:
 CMS Internal Routing Mailbox
 11493 Sunset Hills Road
 #100
 Reston, VA 20190
 CMS.InternalRouting@dshs.texas.gov
 IP Address: 160.42.91.221

Record Tracking


Status: Original
 3/7/2025 12:33:11 PM
 Holder: CMS Internal Routing Mailbox
 CMS.InternalRouting@dshs.texas.gov

Location: DocuSign

Signer Events

Bobby W. Stovall, County Judge
 bstovall@huntcounty.net
 County Judge
 Hunt County
 Security Level: Email, Account Authentication
 (None)

Signature

DocuSigned by:

 C:\FTF\444A1F043B...
 Signature Adoption: Pre-selected Style
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Timestamp

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 Viewed: 3/26/2025 1:33:08 PM
 Signed: 3/26/2025 1:38:53 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Helen Whittington
 helen.whittington@dshs.texas.gov
 Contract Specialist
 Security Level: Email, Account Authentication
 (None)

Completed

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Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

PATTY MELCHIOR
 Patty.Melchior@dshs.texas.gov
 Patricia Melchior, Director, DSHS CMS
 Security Level: Email, Account Authentication
 (None)

Completed

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Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Imelda Garcia
 imeldam.garcia@dshs.texas.gov
 Chief Deputy Commissioner
 Texas Health and Human Services Commission
 Security Level: Email, Account Authentication
 (None)

DocuSigned by:

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 Signature Adoption: Pre-selected Style
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Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

In Person Signer Events

Signature

Timestamp

Editor Delivery Events

Status

Timestamp

Agent Delivery Events

Status

Timestamp

Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Aubree Hitchman ahitchman@huntcounty.net Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 3/7/2025 1:07:53 PM Viewed: 3/7/2025 1:09:47 PM
Rachel McBride rachel.mcbride@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 3/7/2025 12:41:40 PM
Carolyn White cwhite@huntcounty.net Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 3/7/2025 12:41:39 PM Viewed: 3/10/2025 8:43:07 AM
CMS Inbox cmucontracts@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign	COPIED	Sent: 3/28/2025 10:39:40 AM
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
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Envelope Updated	Security Checked	3/7/2025 1:07:52 PM
Envelope Updated	Security Checked	3/21/2025 12:07:51 PM
Certified Delivered	Security Checked	3/28/2025 10:39:25 AM
Signing Complete	Security Checked	3/28/2025 10:39:37 AM
Completed	Security Checked	3/28/2025 10:39:41 AM
Payment Events	Status	Timestamps

Renewal Application For Immunizations Local Grant Program

Fiscal Year 2026

www.ImmunizeTexas.com

Issue Date: 12/10/2024

Due Date: 1/13/2025

Department of State Health Services
Immunizations Section
P.O. Box 149347
Austin, Texas 78714-9347

I. INTRODUCTION

The Department of State Health Services (DSHS) Immunizations Section announces the expected availability of Fiscal Year (FY) 2026 general revenue and federal funding to prevent and control the transmission of vaccine-preventable diseases in children and adults, with emphasis on accelerating strategic interventions to improve their vaccine coverage levels.

This Renewal Application for the Immunization Locals Grant Program contains the requirements that must be completed to renew the contract and add funding for FY26. Each Local Health Department is solely responsible for the preparation and submission of this application in accordance with the provided instructions.

Please submit the completed renewal application electronically no later than January 13, 2025, to cms_covidimm@dshs.texas.gov. If additional time is needed to complete the renewal application, please send an email to the same address to negotiate an alternative deadline.

II. APPLICATION POINT OF CONTACT

For questions regarding this application, reach out by email to Rachel McBride and Forrest Lunday of the Contract Management Section (CMS) at the email addresses below:

CMS Contact Email:

Rachel.mcbride@dshs.texas.gov

Forrest.lunday@dshs.texas.gov

III. TABLE OF CONTENTS

THIS APPLICATION SHOULD INCLUDE THE TABLE OF CONTENTS ORGANIZED IN THE FOLLOWING ORDER:

A. Table of Contents and Checklist

B. Job Descriptions

C. Personnel Activity Detail

Attachment A: Copy of HHSC Approved Indirect Cost Rate Letter (if applicable)

Attachment B: Local Travel Policy (if applicable)

NOTE: ALONG WITH THIS APPLICATION, THE FACE PAGE, CONTACT INFORMATION, AND FY26 BUDGET MUST BE COMPLETED AND SUBMITTED USING FORM I: BUDGET TEMPLATE.

TABLE OF CONTENTS AND CHECKLIST

Legal Business Name: Hunt County Health Department, Medical Services

This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted.

FORM	DESCRIPTION	Included	Not Applicable
A	Table of Contents and Checklist	x	
B	Personnel Activity Detail Form	x	
C	Job Descriptions (with supplemental documentation attached if required)	x	
D	Personnel Activity Detail Form - completed and included	x	
Attachment A	HHSC Approved Indirect Cost Rate Letter	<input type="checkbox"/>	X
Attachment B	Local Travel Policy	x	

JOB DESCRIPTIONS

Please attach or insert job descriptions here for all positions listed on the Personnel Detail Form. Also include any job description that was updated during fiscal year 2025.

<u>Position</u>	<u>Job Description</u>
Program/Financial Manager/Public Health Nurse/Vaccine Surveillance	See attached.
Immunization/Health Educator/ImmTrac Specialist/Public Health Nurse/ Vaccine Surveillance	See attached.
Immunization/Health Educator/Registration Clerk-E/Vaccine Surveillance	See attached.
Immunization/Health Educator/ Registration Clerk	See attached.

Personnel Activity Detail Form

Legal Business Name: Hunt County Health Department, Medical Services

Below, list all staff paid using grant funds and determine the percentage of time each position's function relate to each chapter of the DSHS Immunizations Contractor's Guide for Local Health Departments and Public Health Regions. **The sum of the percentages on each row must equal 100%.** The positions listed below must match those listed on the Budget Template. Job descriptions must be submitted for all positions listed below.

LHD Personnel	I. Program & Contract Management	II. Facility Immunization Assessments	III. Managing TVFC and ASN Providers	IV. Epidemiology and Surveillance	V. Providing a Vaccine Safety Net	VI. Increasing Use of the Texas Immunization Registry	VII. Education and Partnerships
Functional Title	% Time	% Time	% Time	% Time	% Time	% Time	% Time
Program/Financial Manager/Public Health Nurse/Vaccine Surveillance-E	65	5	5	10	5	1	9
Immunization/Health Educator/ImmTrac Specialist/Public Health Nurse/ Vaccine Surveillance- E	0	5	15	5	20	35	20
Medical assistant/Immunization/ Health Educator/Vaccine Surveillance- E/Registration Clerk- E	0	2	0	10	80	4	4
Medical assistant/Immunization/ Health Educator/Registration Clerk-E	0	2	0	0	90	4	4



Hunt County Health Department
Medical Services
Job Description

Job Title: Clerk/MA
Department: Hunt County Health Department-Medical Services
Reports to: LVN, RN-Program Medical Manager

Job Summary:

Performs routine clerical work following well-established procedures with detailed instructions given at the beginning of an assignment. After procedures are learned the work is performed with more independence. Work is reviewed in progress and upon completion by supervisor. Volume of work and variety of tasks may vary with individual ability and experience on the job.

Participates in assessing, planning, coordinating, implementing, and evaluating public health services to individuals, families, providers, and communities, under the direction of a physician, with consultants of the Department of State Health Services of Texas.

Job Scope:

Responsible for handling of monies and will be held accountable for losses or shortages that result from employee negligence. Clerk/MA works under the program medical director with limited supervision. Establishes and maintains effective, harmonious working relationships with personnel within the department.

Essential Job Duties and Responsibilities:

Effectively utilize ImmTrac2 (the DSHS on-line immunization registry) in Contractor clinics. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

- At every client encounter, compare all immunization histories (ImmTrac2, Twices, validated parent-held records, clinic medical record) and enter into EHR.
- Follow recommended guidelines for obtaining and submitting ImmTrac2 consent forms.
- Update demographic information as needed.
- Work in good faith to increase the number of children less than six years of age who participate in ImmTrac2 by 5%. Verbally, and with DSHS produced literature, inform parents presenting at contractor's clinics about ImmTrac2 and the benefits of inclusion in ImmTrac2.
- Work in good faith to ensure ImmTrac2-registered private providers use ImmTrac2 effectively as defined in the *DSHS Immunization Contractors Guide for Local Health Departments*. Provide orientation to all ImmTrac2 providers at least once a year. Conduct follow-up with registered ImmTrac2 providers who are inactive or not using ImmTrac2 effectively.
- Ensure that ImmTrac2 data, entered by Contractor's staff, is complete, current, and accurate.
- When assigned by DSHS, complete 100% of child-care facility and Head Start center assessments.
- When assigned by DSHS, complete 100% of public and private school assessments, retrospective surveys, and validation surveys.
- Submit requested reports accurately and in timely manner.

- Give accurate information to the public by phone or mail in accordance with HIPAA guidelines and the department policy.
- Assist clients during clinic with screening for eligibility and entering pertinent information into EHR data base.
- Confirm appointments prior to patient visits.
- Opens, sorts and routes mail.
- Filing and telephone duties are required.
- May operate various office machines.
- Follow all department standing delegation orders.
- Provide immunization services and ACIP-recommended vaccines in DSHS Contractor clinics to children, adolescents and adults, to maximize vaccine coverage levels within contractor's jurisdiction.
- Perform nursing actions to prevent illness, promote, maintain or restore health to individuals, families and communities.
- Responsible for clinical duties as assigned. Work within the scope of the Nurse Practice Act and perform duties in an effective, professional manner, observing the 5 patient rights.
- Maintain professional demeanor and appearance and manage time effectively to perform job duties in a timely manner.

Physical Environmental Conditions:

Ability to work closely with others and alone. Extensive amounts of computer work with exposure to computer monitor and mouse key movement. Essential duties may require maintaining physical condition necessary for sitting for prolonged periods of time, lifting and carrying materials up to 30 pounds. Travel to provider's facilities is required within the county.

Minimum Education, Experience and Certifications:

Equivalent of 12 year of high school, some college preferred. Must have graduated from an approved Medical Assistant program. Minimum of one year work experience required with immunization practices with children and adults. Spanish speaking preferred. Valid Texas Driver's License required. Valid CPR/First Aid required.

Knowledge, Skill and Abilities:

Knowledge of immunization practices and schedules for adults and children. Bilingual a plus. Ability to work with others as a team member in a cooperative and productive manner. Ability to maintain confidentiality of medical and personal information. Experience in using computers and software (Windows, Word and data base).

Knowledge and skills in the operation of equipment, tools and chemical safety rules. Ability to follow orders and communicate with people. Ability to read and understand directions and work requests. Immunization experience a plus. Travel may be required.

Notice:

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties requested by the supervisor.

All requirements are subject to possible modification to reasonably accommodate individuals with disabilities. Some requirements may exclude individuals who pose direct threat or significant risk to the health and safety of themselves or other employees.

Regular punctual attendance is required in this job.

Signature/Approval:



COPY

Employee- Julietta Becquer

Date

Personnel Department- Carolyn White

Date



Hunt County Texas
Job Description

Identification:

Job Title: LVN-Clinical/Nurse Educator/IPOS
Department: Hunt County Health Department-Medical Services
Reports to: RN-Program Medical Manager

Job Summary:

Participate in assessing, planning, coordinating, implementing and evaluating public health nurse services to individuals, families, providers and communities, under the direction of a physician, with consultants of the Department of State Health Services of Texas.

Job Scope:

Responsible for handling of monies and will be held accountable for losses or shortages that result from employee negligence. LVN works under the program medical director with limited supervision. Establishes and maintains effective, harmonious working relationships with personnel within the department. Some supervisory ability is required.

Essential Job Duties and Responsibilities

- Conduct educational, promotional, and outreach activities for the general public to enhance immunization awareness, including distribution of DSHS-provided materials.
- Educate, inform, and train the medical community and local providers within contractor's jurisdiction on Immunization activities in guide.
- Conduct outreach to targeted groups for the promotion of best practices and special activities related to immunizations
- Conduct recruitment to increase the number of ImmTrac2 providers, TVFC providers, and Perinatal Hepatitis B providers.
- Establish collaborative efforts with appropriate community entities regarding promoting immunizations and the reduction of vaccine-preventable diseases.
- Impart information about Health Department services in a manner consistent with policies to professional organizations and other community groups.
- Give accurate information to the public by phone or mail in accordance with HIPAA guidelines and the department policy.
- Follow all department standing delegation orders.
- Provide immunization services and ACIP-recommended vaccines in DSHS Contractor clinics to children, adolescents and adults, to maximize vaccine coverage levels within contractor's jurisdiction.
- Perform nursing actions to prevent illness, promote, maintain or restore health to individuals, families and communities.
- Responsible for clinical duties as assigned. Work within the scope of the Nurse Practice Act and perform duties in an effective, professional manner, observing the 5 patient rights.
- Maintain professional demeanor and appearance and manage time effectively to perform job duties in a timely manner.
- Submit requested reports accurately and in timely manner.

Physical Environmental Conditions:

Ability to work closely with others and alone. Extensive amounts of computer work with exposure to computer monitor and mouse key movement. Essential duties may require maintaining physical condition necessary for sitting for prolonged periods of time, lifting and carrying materials up to 30 pounds. Travel to provider's facilities is required within the county.

Minimum Education, Experience and Certifications:

Licensed to practice as licensed vocational nurse in Texas. One-two years of full-time paid employment as a practicing LVN, one year of which must have been in a public agency. Spanish speaking preferred. Valid Texas Driver's License required. Valid CPR/First Aid required.

Knowledge, Skill and Abilities:

Knowledge of Immunization practices and schedules for adults and children. Bilingual a plus. Ability to work with others as a team member in a cooperative and productive manner. Ability to maintain confidentiality of medical and personal information. Experience in using computers and software (Windows, Word and data base).

Knowledge and skills in the operation of equipment, tools and chemical safety rules. Ability to follow orders and communicate with people. Ability to read and understand directions and work requests. Immunization experience a plus. Travel may be required.

Notice:

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties requested by the supervisor.

All requirements are subject to possible modification to reasonably accommodate individuals with disabilities. Some requirements may exclude individuals who pose direct threat or significant risk to the health and safety of themselves or other employees.

Regular punctual attendance is required in this job.

Signature/Approval:

Employee- Maria Servin

Date

Personnel Department- Carolyn White

Date

COPY



Hunt County Texas
Job Description

Identification:

Job Title: RN-Program/Financial Medical Manager
Department: Hunt County Health Department-Medical Services
Reports to: Administrator, Medical Director

Job Summary:

Participates in assessing, planning, coordinating, implementing and evaluating public health nurse services to individuals, families, providers and communities, under the direction of a physician, with consultants of the Department of State Health Services of Texas. An RN has the responsibility of instructing and mentoring all staff nurses, students, auxiliary workers and volunteers.

Job Scope:

Supervisory and budgetary responsibility is required. Responsible for handling of monies and will be held accountable for losses or shortages that result from employee negligence. RN works under the program medical director with limited supervision. Establishes and maintains effective, harmonious working relationships with personnel within the department.

Essential Job Duties and Responsibilities

- Implement a comprehensive program
- Directly supervise all personnel staff. Maintain staffing levels and ensure effective use of time by staff to complete all activities.
- Maintain budget for program and submit all required fiscal and program funding reports. Lapse no more than 5% of total funded amount.
- Meet regularly with staff to discuss issues with program and clients. Conduct staff meetings on monthly basis and trainings as needed.
- Conduct annual reviews.
- Maintain current policies/procedures and licenses as required.
- Impart information about Health Department services in a manner consistent with policies and function for the agency to professional organizations and other community groups.
- Adhere to standards for child and adolescent immunization practices and standards for adult immunization practices.
- Perform nursing actions to prevent illness, promote, maintain or restore health to individuals, families and communities.
- Work within the scope of the Nurse Practice Act and performs duties in an effective, professional manner, observing the 5 patient rights.

Physical Environmental Conditions:

Ability to work closely with others and alone. Extensive amounts of computer work with exposure to computer monitor and mouse key movement. Essential duties may require maintaining physical condition necessary for sitting for prolonged periods of time, lifting and carrying materials up to 30 pounds. Travel to provider's facilities is required within the county.

Minimum Education, Experience and Certifications:

Licensed to practice as a registered nurse in Texas, with either four (4) years of full-time paid employment as a practicing RN, two (2) years must have been in a public agency, or licensed to practice as a registered nurse in Texas with a bachelor's degree from an accredited college or university with three (3) years of full-time paid employment as a practicing RN, one (1) year must have been in a public health agency. Valid Texas Driver's License required.

Knowledge, Skill and Abilities:

Knowledge of immunization practice and schedules for adult and children. Bilingual a plus. Ability to work with others as a team member in a cooperative and productive manner. Ability to maintain confidentiality of medical and personal information. Experience in using computers and software (Windows, Word and data base). Knowledge and skills in the operation of equipment, tools and chemical safety rules. Ability to follow orders and communicate with people. Ability to read and understand directions and work requests. Immunization experience a plus. Travel may be required.

Notice: This job description in no way states or implies that these are the only duties to be performed by the employee occupying this position. Employees will be required to follow any other job-related instructions and to perform any other job-related duties requested by the supervisor.

All requirements are subject to possible modification to reasonably accommodate individuals with disabilities. Some requirements may exclude individuals who pose direct threat or significant risk to the health and safety of themselves or other employees.

Regular punctual attendance is required in this job.

Signature/Approval:

Employee - Virginia Carolyn White

Date

Personnel Department- Richard Hill

Date



FY26

IMM/LOCALS

Applicant Information

Legal Name of Applicant Agency:
Mailing Address:

HUNT COUNTY HEALTH DEPARTMENT, MEDICAL SERVICES

Street / PO Box: P.O. BOX 1097

City: GREENVILLE

Zip: 75403

Payee Name:

HUNT COUNTY

Payee Mailing Address:

Street / PO Box: P.O. BOX 1097

City: GREENVILLE

Zip: 75403

State of Texas Comptroller Vendor ID #
(digit + 3 digit mail code):

(11

17560010179027

DUNS # (9 digits required for subrecipient contractors):

02-816-1156

Fiscal Year-End Date (MM/DD)

08/31

Type of Entity (Choose one)

- City: ☐
County: ☒
Other Political Subdivision: ☐
Nonprofit Organization: ☐
Community-Based Organization: ☐
Hospital: ☐
State Controlled Institution of Higher Learning: ☐
Other: ☐
Faith Based (Nonprofit Org): ☐

Click on appropriate box

Contract Term:

Start Date: 9/1/2025

End Date: 8/31/2026

State-wide or Counties Served

State-wide or County(ies) Served:

HUNT

Amount of Funding Allocated:

\$283,903.00

CONTACT PERSON INFORMATION

Legal Business Name:

HUNT COUNTY HEALTH DEPARTMENT, MEDICAL SERVICES

This form provides information about the appropriate contacts in the contractor's organization. If any of the following information changes during the term of the contract, please send written/e-mail notification to the Assigned Contract Manager.

Health Director / CEO / Executive Director: RICHARD HILL

Direct Phone: 903-408-4282

Ext:

E-mail:

HOMELANDSECURITY@HUNT COUNTY.NET

Mailing Address (street, city, county, & zip):

PO BOX 1097, GREENVILLE, HUNT COUNTY, 75403

B-13 Submitter:

AUBREE HITCHMAN

Direct Phone: 903-408-4123

Ext:

E-mail:

AHITCHMAN@HUNT COUNTY.NET

Mailing Address (street, city, county, & zip):

PO BOX 1097, GREENVILLE, HUNT COUNTY, 75403

Program Lead Person:

VIRGINIA CAROLYN WHITE

Direct Phone: 903-455-4433

Ext:

E-mail:

CWHITE@HUNT COUNTY.NET

Mailing Address (street, city, county, & zip):

PO BOX 1097, GREENVILLE, HUNT COUNTY, 75403

Contract Lead Person:

VIRGINIA CAROLYN WHITE

Direct Phone: 903-455-4433

Ext:

E-mail:

CWHITE@HUNT COUNTY.NET

Mailing Address (street, city, county, & zip):

PO BOX 1097, GREENVILLE, HUNT COUNTY, 75403

Contract Authorized Signatory:

BOBBY STOVALL

Direct Phone: 903-408-4146

Ext:

E-mail:

BSTOVALL@HUNT COUNTY.NET

Mailing Address (street, city, county, & zip):

PO BOX 1097, GREENVILLE, HUNT COUNTY, 75403

Additional Contract Authorized Signatory:

Direct Phone:

Ext:

E-mail:

Mailing Address (street, city, county, & zip):

FFATA/Assurances Signatory:

Direct Phone:

Ext:

Mailing Address (street, city, county, & zip):

BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

HUNT COUNTY HEALTH DEPARTMENT, MEDICAL SERVICES

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding (Match) (5)	Other Funds (6)
A. Personnel	\$228,947	\$228,947			\$0	
B. Fringe Benefits	\$54,956	\$54,956			\$0	
C. Travel	\$0	\$0			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$0	\$0			\$0	
F. Contractual	\$0	\$0			\$0	
G. Other	\$0	\$0			\$0	
H. Total Direct Costs	\$283,903	\$283,903	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$283,903	\$283,903	\$0	\$0	\$0	\$0
				Match Percentage	0.00%	

HUNT COUNTY HEALTH DEPARTMENT. MEDICAL SERVICES

Legal Name of Respondent:

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

FICA, Workers Comp, Retirement, Unemployment, Life/Health/Dental Insurance. Our current rates are as follows: FICA (7.65%), Workers Comp (0.0746% Hospital), Retirement (10.67%), Unemployment (0.17%), Life/Health/Dental Insurance (\$17,232/person/year). Due to the grant not being able to cover 100% of estimated fringe for these positions (\$92,798), we are only charging \$54,956 to the grant and the remaining fringe we are going to use our program income to pay for it. The remaining fringe will be reflected on our program income budget.

Total Number of FTEs:				3.70	Fringe Benefit Rate %	24.00%
					Fringe Benefits Total	\$54,950

TRAVEL Budget Category Detail Form

Legal Name of Respondent:

HUNT COUNTY HEALTH DEPARTMENT, MEDICAL SERVICES

Conference / Workshop Travel Costs																
Description of Conference/Workshop	Justification	Location City/State	Number of: Days & Employees	Travel Costs												
				<table style="width: 100%; border-collapse: collapse;"> <tr><td>Mileage</td><td></td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td style="text-align: right;">Total</td><td>\$0</td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs		Total	\$0
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Lodging																
Other Costs																
Total	\$0															
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Airfare																
Meals																
Lodging																
Other Costs																
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Mileage	\$0															
Airfare	\$0															
Meals	\$0															
Lodging	\$0															
Other Costs	\$0															
Total	\$0															
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS				\$0												

Total for Conference / Workshop Travel

\$0

Other / Local Travel Costs					
Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel

\$0

Other / Local Travel Costs: \$0

Conference / Workshop Travel Costs: \$0

Total Travel Costs: \$0

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

HUNT COUNTY HEALTH DEPARTMENT, MEDICAL SERVICES

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.)

[illegible]**Total Amount Requested for Supplies:**

\$0

CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: **HUNT COUNTY HEALTH DEPARTMENT, MEDICAL SERVICES**

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., hourly, daily, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	# of Payments	RATE OF PAYMENT (i.e., hourly, dally, weekly, monthly, quarterly, cost reimb., unit rate, lump sum)	TOTAL COST
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL:

\$0

OTHER COSTS Budget Category Detail Form

Legal Name of Respondent:

HUNT COUNTY HEALTH DEPARTMENT, MEDICAL SERVICES

[illegible]**Total Amount Requested for Other:**

\$0

Indirect Costs

Legal Name of Respondent:

HUNT COUNTY HEALTH DEPARTMENT, MEDICAL SERVICES

Total amount of indirect costs allocable to the project:

Amount: \$0

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Indirect Costs)

RATE: EXAMPLE 8.75%

BASE: EXAMPLE - Modified total direct, including subgrants and subcontracts up to the first \$25,000; excluding equipment, capital equipment, as well as the portion of each subgrant and subcontract in excess of \$25,000.00.

INSTRUCTIONS: Organizations that have an approved indirect cost rate should complete the section above by marking the box and indicating the rate and base. A copy of the approved rate agreement that will be in effect during the contract term should be submitted with the Budget Templates. If a rate agreement is pending, submit the latest approved agreement.

I attest that I have not had an approved indirect cost rate and I am requesting/electing to utilize the de minimis indirect cost rate.

I elect not to request indirect costs.