INTERLOCAL AGREEMENT FOR COORDINATED HEALTH SERVICES BETWEEN DALLAS COUNTY, by and on behalf of DALLAS COUNTY HEALTH & HUMAN SERVICES, and City of Coppell

This INTERLOCAL COOPERATIVE AGREEMENT ("Agreement") is made and entered into by and between DALLAS COUNTY, a political subdivision of the State of Texas ("County") and the City of Coppell, ("Participant"), each organized and existing under the laws of the State of Texas, and acting by, through and under the authority of their respective governing bodies and officials. County and Participant are collectively referred to herein as the "Parties" and individually referred to as a "Party."

WHEREAS, County has offered to provide certain health services to the various cities throughout County on a contract for services basis; and

WHEREAS, Participant desires to participate with County in establishing coordinated health services between the Parties; and

WHEREAS, County will operate certain health services for the residents of Participant to promote the effectiveness of local public health services and goals ("**Program**"); and

WHEREAS, the cooperative effort will allow cities located within Dallas County to participate in providing public health services for their residents; and

WHEREAS, such cooperative effort serves and furthers the public purpose and benefits the citizens of County as a whole.

Now therefore, County, on behalf of Dallas County Health and Human Services ("**DCHHS**"), enters into this Agreement with Participant, pursuant to the authorities of Texas Health and Safety Code Chapter 121, Texas Government Code Chapter 791, and other applicable laws for health services to Participant.

I. HEALTH SERVICES TO BE PERFORMED

- **1.1** County agrees to operate the Program, which will include the following health services:
 - **A.** <u>Tuberculosis Control Services</u>: providing preventive, diagnostic treatment, and epidemiological services;
 - **B.** <u>Sexually Transmitted Disease Control Services</u>: consisting of education to motivate people to use preventive measures and to seek early

- treatment, prophylaxis, epidemiological investigation, and counseling in accordance with County policy;
- C. <u>Communicable Disease Control Services</u>: providing information concerning immunization and communicable diseases and coordinating with the Texas Department of State Health Services ("DSHS") in monitoring communicable diseases; and
- **D.** <u>Laboratory Services</u>: performing chemical, biological, and bacteriological analysis and tests on which are based diagnosis of disease, effectiveness of treatment, the quality of the environment, the safety of substance for human consumption, and the control of communicable disease.
- **1.2** County further agrees to provide to Participant, in accordance with state and federal law, the following public health services:
 - **A.** Immunizations;
 - **B.** Child health care;
 - **C.** High risk infant case management; and
 - **D.** Home visits.
- **1.3** County also agrees to work with Participant to decentralize clinics and to plan and provide for desired services by Participant; however, any other services that Participant requests, in addition to the above-mentioned services, may result in additional fees to Participant, subject to the written agreement of the Parties.
- **1.4** County agrees to charge a sliding-scale fee based on ability to pay to all residents of every municipality, including Participant, within Dallas County. The fees charged by County for the services listed in this Agreement will be used to offset the Participant's Program costs for the next Agreement Term. A schedule of fees to be charged by County is set out in **Exhibit A**, which is attached and incorporated herein by reference for all purposes.
- 1.5 County agrees that the level of service provided in the Program for Participant will not be diminished below the level of service provided to Participant for the same services in the prior Agreement Term except as indicated otherwise in this Agreement. For purposes of Section 1.6, level of service is measured by the number of patient visits and number of specimens examined. County will submit to Participant a monthly statement, which will also include the number of patient visits and number of specimens examined during the preceding month.
- 1.6 The possibility exists of reductions in state and federal funding to the Program that could result in curtailment or termination of services if not subsidized at the local level. County will notify Participant in writing of any amount of reduction, and any extent to which services will be curtailed or terminated as a result. The notice will also include a dollar amount that Participant may elect to pay to maintain the original level of services. ILA for Coordinated Health Services

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Participant will notify County in writing no later than fourteen (14) calendar days after the date of Participant's receipt of the notice of funding reduction as to Participant's decision to pay the requested amount or to accept the curtailment or termination of service. If Participant elects to pay the requested amount, payment is due no later than forty-five (45) calendar days after the date of the notice of funding reduction.

II. <u>TERM</u>

The Term of this Agreement shall be effective from October 1, 2025, through September 30, 2026, unless otherwise stated in this Agreement.

III. <u>BUDGET</u>

- **3.1** County agrees to submit to Participant by July 31, 2026 a proposed budget describing the proposed level of services for the next Agreement Term;
- **3.2** For the Term of this Agreement, County agrees to provide the services listed in Section 1 of this Agreement at the level of services and for the amount stated in **Exhibits B**, **C**, and **D** which are attached and incorporated herein by reference for all purposes;
- **3.3** Payment. Participant shall pay to County the amount listed in Exhibit D which is the agreed upon amount for Participant's share of the total cost of the Program less federal and state funding.
- **3.4** In lieu of paying the actual dollar amount stated in this Agreement, Participant has the option, to the extent authorized by law, ordinances or policy, of making a request to negotiate for in-kind services that are equal in value to the total amount.
- **3.5** This Agreement is contingent upon Participant's appropriation of funds, or ability to perform in-kind services as described in Section 3.4 of this Agreement, for the services set forth herein. In the event Participant fails to appropriate such funds, or provide in-kind services, County shall not incur any obligations under this Agreement.

IV. ASSURANCES

- **4.1** County shall operate and supervise the Program.
- **4.2** Nothing in this Agreement shall be construed to restrict the authority of Participant over its health programs or environmental health programs or to limit the operations or services of those programs.
- **4.3** Participant agrees to provide to or assist County in procuring adequate facilities to be used for the services under this Agreement. These facilities must have adequate space, waiting areas, heating, air conditioning, lighting, and telephones. None of the costs and maintenance expenses associated with these facilities shall be the responsibility of County, ILA for Coordinated Health Services

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and County shall not be liable to Participant or any third party for the condition of the facilities, including any premises defects.

- **4.4** Participant and County agree that other cities, towns, or municipalities may join the Program by entering into an agreement with County that contains the same basic terms and conditions as this Agreement.
- **4.5** Each Party paying for the performance of governmental functions or services under this Agreement must make those payments from current revenues available to the paying Party.

V. FINANCING OF SERVICES

- **5.1** The health services provided under this Agreement will be financed as follows:
 - **A.** Participant and County will make available to the Program all appropriate federal and state funds, personnel, and equipment to provide the health services included under this Agreement and will use best efforts to cause these funds and resources to continue to increase.
 - **B.** Participant shall pay to County, or provide in-kind services, Participant's share of budgeted costs that exceed the federal and state funding for providing the health services under this Agreement. Budgeted costs shall not exceed those reflected in Exhibits B, C, and D for the appropriate Agreement Term.
 - **C.** County shall bill Participant each month an amount equal to one-twelfth (1/12) of Participant's share of annual budgeted costs that exceed federal and state funding for the expenses of the preceding month.
 - **D.** Any payment not made within thirty (30) calendar days of its due date shall bear interest in accordance with Texas Government Code Chapter 2251.
 - **E.** Participant and County agree that no more than ten percent (10%) of Participant's cost of participating in the Program will be used for administration of the Program.

VI. <u>TERMINATION</u>

- **6.1 Without Cause**: This Agreement may be terminated in writing, without cause, by either Party upon thirty (30) calendar days prior written notice to the other Party.
- **6.2 With Cause**: Either Party may terminate the Agreement immediately, in whole or in part, at its sole discretion, by written notice to the other Party, for the following reasons:
 - **A.** Lack of, or reduction in, funding or resources;

- **B.** Non-performance;
- **C.** The improper, misuse, or inept use of funds or resources directly related to this Agreement; or
- **D.** The submission of data, statements, and/or reports that are incorrect, incomplete, and/or false in any way.
- **6.3 With Cause: Termination by County**. If County becomes subject to a state or federal legislative change, revocation of statutory authority, or lack of appropriated federal or state funds that would render County's delivery or performance under this Agreement impossible or unnecessary, this Agreement may be terminated or canceled, either in whole or in part, and be deemed null and void, at County's election.

VII. RESPONSIBILITY

- **7.1** County and Participant agree that each shall be responsible for its own negligent acts or omissions or other tortious conduct during performance of this Agreement, without waiving any governmental immunity available to County or Participant or their respective officials, officers, employees, or agents under Texas or other law and without waiving any available defenses under Texas or other law.
- **7.2** Nothing in this paragraph shall be construed to create or grant any rights, contractual or otherwise, in or to any third persons or entities.

VIII. INSURANCE

Participant and County agree that they will, during the Term of this Agreement, always maintain in full force and effect insurance or self-insurance to the extent permitted by applicable laws. Participant and County will be responsible for their respective costs of such insurance, all deductible amounts in any policy and any denials of coverage made by their respective insurers.

IX. ACCESS TO RECORDS RELEVANT TO PROGRAM

Participant and County agree to provide to the other, upon request, copies of the books and records relating to the Program. Participant and County further agree to give Participant and County health officials access to all Program activities. Both Participant and County agree to adhere to all applicable confidentiality provisions, including those relating to Human Immunodeficiency Virus (HIV) and Sexually Transmitted Disease (STD) information, as mandated by federal and state law, as well as by DSHS.

X. NOTICE

Any notice to be given under this Agreement shall be deemed to have been given if reduced to writing and delivered in person by a reputable courier service or mailed by Registered Mail, postage pre-paid, to the Party who is to receive such notice, demand or request at the addresses set forth below. Such notice, demand or request shall be deemed to have been given, if by courier, at the time of delivery, or if by mail, three (3) business days after the deposit of the notice in the United States mail in accordance herewith. The names and addresses of the parties' hereto to whom notice is to be sent are as follows:

If to Participant:

255 Parkway Blvd Coppell, Texas 75019

If to County:

Dr. Philip Huang, Director Dallas County Health & Human Services 2377 N. Stemmons Freeway, LB 12 Dallas, Texas 75207-2710

and with a copy to:

Barbara S. Nicholas Dallas County District Attorney's Office Chief, Civil Division 500 Elm Street, Suite 6300 Dallas, Texas 75202

XI. <u>IMMUNITY</u>

- **11.1** This Agreement is expressly made subject to County's and Participant's Governmental Immunity, including, without limitation, Title 5 of the Texas Civil Practices and Remedies Code, and all applicable federal and state laws.
- **11.2** The Parties expressly agree that no provision of this Agreement is in any way intended to constitute a waiver of any immunities from suit or from liability, or a waiver of any tort limitation, that Participant or County has by operation of law or otherwise.
- **11.3** Nothing in this Agreement is intended to benefit any third-party beneficiary

XII. COMPLIANCE WITH LAWS AND VENUE

In providing services required by this Agreement, Participant and County must observe and comply with all licenses, legal certifications, or inspections required for the services, facilities, equipment, or materials, and all applicable federal, State, and local statutes, ordinances, rules, and regulations. Texas law shall govern this Agreement and exclusive venue shall lie in Dallas County, Texas.

XIII. AMENDMENTS AND CHANGES IN THE LAW

- **13.1** No modification, amendment, novation, renewal, or other alteration of this Agreement shall be effective unless mutually agreed upon in writing and executed by the Parties hereto.
- **13.2** Any alteration, addition or deletion to the terms of this Agreement which are required by changes in federal or state law are automatically incorporated herein without written amendment to this Agreement and shall be effective on the date designated by said law.

XIV. ENTIRE AGREEMENT

This Agreement, including all exhibits and attachments, constitutes the entire agreement between the Parties hereto and supersedes any other agreements concerning the subject matter of this transaction, whether oral or written.

XV. BINDING EFFECT

This Agreement and the respective rights and obligations of the Parties hereto shall inure to the benefit and be binding upon the successors and assigns of the Parties hereto, as well as the Parties themselves.

XVI. GOVERNMENT FUNDED PROJECT

If this Agreement is funded in part by either the State of Texas or the federal government, County and Participant agree to timely comply, without additional cost or expense to the other Party, unless otherwise specified herein, to any statute, rule, regulation, grant, contract provision, or other state or federal law, rule, regulation, or other similar restriction that imposes additional or greater requirements than stated herein and that is directly applicable to the services rendered under the terms of this Agreement.

DEFAULT/CUMULATIVE RIGHTS/MITIGATION

- **17.1** In the event of a default by either Party, it is not a waiver of default if the non-defaulting Party fails to immediately declare a default or delays in taking any action.
- **17.2** The rights and remedies provided by this Agreement are cumulative, and either Party's use of any right or remedy will not preclude or waive its right to use any other remedy. These rights and remedies are in addition to any other rights the Parties may have by law, statute, ordinance, or otherwise.
- **17.3** Both Parties have a duty to mitigate any damages.

XVIII. FISCAL FUNDING CLAUSE

- **18.1** Notwithstanding any provisions contained herein, the obligations of County and Participant under this Agreement are expressly contingent upon the availability of funding for each item and obligation contained herein for the Term of the Agreement and any extensions thereto.
- **18.2** Participant and County shall have no right of action against the other Party in the event the other Party is unable to fulfill its obligations under this Agreement because of insufficient funding for any item or obligation from any source utilized to fund this Agreement or failure to budget or authorize funding for this Agreement during the current or future Agreement Terms.
- **18.3** In the event that County or Participant is unable to fulfill its obligations under this Agreement because of insufficient funding, or if funds become unavailable, each Party, at its sole discretion, may provide funds from a separate source or may terminate this Agreement by written notice to the other Party at the earliest possible time.

XIX. COUNTERPARTS, NUMBER, GENDER AND HEADINGS

- **19.1** This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.
- 19.2 Words of any gender used in this Agreement shall be held and construed to include any other gender. Any words in the singular shall include the plural and vice versa, unless the context clearly requires otherwise. Headings herein are for the convenience of reference only and shall not be considered in any interpretation of this Agreement.

XX. PREVENTION OF FRAUD AND ABUSE

20.1 Participant and County shall establish, maintain, and utilize internal management procedures sufficient to provide for the proper, effective management of all activities funded under this Agreement.

ILA for Coordinated Health Services

- **20.2** Any known or suspected incident of fraud or program abuse involving County or Participant's employees or agents shall be reported immediately for appropriate action. Moreover, Participant and County warrant to be not listed on a local, county, state, or federal consolidated list of debarred, suspended, and ineligible contractors and grantees.
- **20.3** Participant and County agree that every person who as part of their employment, receives, disburses, handles or has access to funds collected pursuant to this Agreement does not participate in accounting or operating functions that would permit them to conceal accounting records and the misuse of said funds. Each Party shall, upon notice by the other Party, refund their respective expenditures that are contrary to this Agreement.

XXI. AGENCY/INDEPENDENT CONTRACTOR

- **21.1** County and Participant agree that the terms and conditions of this Agreement do not constitute the creation of a separate legal entity or the creation of legal responsibilities of either Party other than under the terms of this Agreement.
- **21.2** County and Participant are and shall be acting as independent contractors under this Agreement; accordingly, nothing contained in this Agreement shall be construed as establishing a master/servant, employer/employee, partnership, joint venture, or joint enterprise relationship between County and Participant.
- **21.3** Participant and County are responsible for their own acts, forbearance, negligence and deeds, and for those of their respective officials, agents or employees in conjunction with the performance of work covered under this Agreement.

XXII. TEXAS PUBLIC INFORMATION ACT

22.1 Public Information Act. The Parties acknowledge and agree that they are subject, as a matter of law, to Texas Government Code, Chapter 552, also known as the "Texas Public Information Act" (hereinafter "Public Information Act"). Notwithstanding any other provision, the Parties agree that in the event that any provision of this Agreement, or other documents related to this Agreement, including, but not limited to, any exhibit, attachment, amendment, addendum, or other incorporated document, is in conflict with the Public Information Act, such provision shall be of no force or effect. Furthermore, it is expressly acknowledged and agreed that County, County Commissioners Court, County Judge, Elected County Officials, County Department Heads, County Employees, agents and representatives (hereinafter "County Requestors") and Participant, its employees, board members, mangers, officers, agents, and representatives (the "Participant Requestors") may request advice, decisions and opinions of the Attorney General of the State of Texas in regard to the application of the Public Information Act to any software, hardware, firmware, or any part thereof, or other equipment or item, data or information, or any other thing or item furnished to or in the possession or knowledge of County Requestors or the Participant Requestors. It is further acknowledged and agreed that County Requestors and the Participant Requestors have the right and obligation by law to rely on the advice, decisions, ILA for Coordinated Health Services Page 9 of 11

and opinions of the Texas Attorney General. The Parties hereby release each other from any and all liability or obligation of any type, kind or nature regarding any disclosure of any software, hardware, firmware, or any part thereof, or other equipment or item, data or information, or any other thing or item furnished by the other or in the possession or knowledge of the other in compliance with a request under the Public Information Act, including or in reliance on any advice, decision or opinion of the Texas Attorney General to be available to the public or any persons.

22.2 Any Public Information Act request received by County or Participant for documents related to this Agreement or any program undertaken pursuant to this Agreement shall be handled by the Party that received the Public Information Act request.

XXIII. <u>SEVERABILITY</u>

If any provision of this Agreement is construed to be illegal or invalid, this will not affect the legality or validity of any of the other provisions in this Agreement. The illegal or invalid provision will be deemed stricken and deleted, but all other provisions shall continue and be given effect as if the illegal or invalid provisions had never been incorporated.

XXIV. <u>SIGNATORY WARRANTY</u>

Each person signing and executing this Agreement does hereby warrant and represent that such person has been duly authorized to execute this Agreement on behalf of Participant or County, as the case may be.

[Signatures on Following Page]

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EXECUTED by the duly authorized Parties on the date written below: DALLAS COUNTY Coppell **CLAY LEWIS JENKINS Wes Mays Dallas County Judge** Mayor Date: ____ Date: _____ **RECOMMENDED:** PHILIP HUANG, MD, MPH **Executive Director, DCHHS** APPROVED AS TO FORM FOR DALLAS COUNTY*: **JOHN CREUZOT** DISTRICT ATTORNEY BARBARA NICHOLAS **DEPUTY ADMINISTRATOR, CIVIL DIVISION**

STEPHEN SIBLEY

Assistant District Attorney
Dallas County DA's Office, Civil Division

*By law, the District Attorney's Office may only advise or approve contracts, agreements, or legal documents on behalf of its clients. It may not advise or approve a contract, agreement, or legal document on behalf of other parties. Our review of this document was conducted solely from the legal perspective of our client. Our approval of this document was offered solely for the benefit of our client. Other parties should not rely on this approval and should seek review and approval by their own respective attorney(s).

Date: _____

FEE SCHEDULE

Initial Office Visits	SEXUAL HEALTH CLINIC		INFECTIOUS DISEASES	
Medical Records Copies \$12 each				on Letter \$20 each
TUBERCULOSIS CLINIC TB resting-Level (Kiskin Test) \$45/Visit Comprehensive TB Evaluation & \$80 each TB resting-Level (Kiskin Test) \$55 each Treatment (Incl. Chest X-ray) \$55 each \$55				
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Chest X-Ray Copies	TB Testing-Level I (Skin Test)	\$45/Visit	Comprehensive TB Evaluation &	\$80 each
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GEN Probe GC/CT Combo				
Trichmonas Testing		·		•
HIV 122 Test		·		* -
HIV Test - Rapid		*		* -
MTB Testing for TB \$85 each Residual Clinical Specimens \$5 each TB Culture & Concentration \$15 each Creatinine (Laffee, Urine) \$20 each TB Identification \$15 each Creatinine (Enzymatic, Serum) \$25 each TB Susceptibility \$31 each Complete Metabolic Panel 12+8AC \$25 each TB Acid Fast Stalin \$8 each Drug Screen (Presumptive) \$25 each HIV-1 Quant Viral Load \$45 each Hepatitis C Virus Antibody \$15 each Hepatitis B Surface Antigen Screen \$25 each Herpest Type 1 & 2 RNA \$27 each Hepatitis B Core Antibody \$30 each Hepatitis B Core Antibody \$27 each Hepatitis B Core Antibody, Qual \$40 each Wick Patitis B Core Antibody \$265/Injection Hepatitis B Variage \$145/Injection Meningococcal (MCV4)* \$265/Injection Hepatitis B Vaccine* \$75/Injection Meningococcal (Pentrava) \$260/Injection Hepatitis B Vaccine* \$75/Injection Meningococcal (Pentrava) \$260/Injection Poumococcal (Capvaxive) \$275/Injection Meningococcal (Pentrava) \$260/Injec		·		'
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HIB \$30/injection DTap-HepB-IPV \$95/Injection Japanese Encephalitis \$410/Injection Rotavirus \$150/Injection PCV13 \$240/Injection PCV14 PV Hib Hep B (Vaxelis)*** \$240/Injection PIDPORTAGE PORTAGE	IPV	\$65/Injection	RSV Vaccine	\$320/Injection
Japanese Encephalitis \$410/Injection Rotavirus \$150/Injection Typhoid (Polysaccharide) \$115/Injection PCV13 \$240/Injection Typhoid (Oral) \$130/ box PCV20 (PRENVAR)*** \$365/Injection Yellow Fever Vaccine \$230/Injection Meningitis B*** \$240/Injection PCV20 (PRENVAR)*** \$365/Injection Yellow Fever Vaccine \$230/Injection Meningitis B*** \$240/Injection PCV20 (PRENVAR)*** \$365/Injection MMR* \$240/Injection PCV20 (PRENVAR)*** \$365/Injection PCV20 (PRENVAR)*** \$495/Injection PCV20 (PRENVAR)**** \$495/Injection PCV20 (PRENVAR)*** \$495/Injection PCV20 (PRENVAR)*** \$495/Injection PCV20 (PRENVAR)**** \$495/Injection PCV20 (PRENVAR)**** \$495/Injection PCV20 (PRENVAR)**** \$495/Injection PCV20 (PRENVAR)**** \$495/Injection PCV20 (PRENVAR)************************************	Adacel (Pertusis) (Tdap)	\$65/injection	DTaP (Daptacel)	\$45/Injection
Typhoid (Polysaccharide) Typhoid (Oral) S130/ box PCV20 (PRENVAR)*** S365/Injection Yellow Fever Vaccine S230/Injection Boostrix Vaccine*(Tdap) Boostrix Vaccine*(Tdap) Boostrix Vaccine*(Tdap) S115/Injection Boostrix Vaccine*(Tdap) Boostrix Vaccine*(Padiatric) Boostrix Vaccine*(Padiatrics) Boostrix V	HIB	\$30/injection	DTap-HepB-IPV	
Typhoid (Oral) \$130/ box PCV20 (PRENVAR)*** \$365/Injection Yellow Fever Vaccine \$230/Injection Meningitis B*** \$240/Injection Boostrix Vaccine*(Tdap) \$60/Injection RSV Beyfortus (Pediatric)*** \$495/Injection MMR* \$115/Injection Dtap IPV Hib Hep B (Vaxelis)*** \$165/Injection MMRV*** \$310/Injection Cholera*** \$270/Injection Influenza Vaccine \$40/Injection Flublok*** \$90/Injection Influenza (High Dose) \$85/Injection Rabies Administrative Fee/ Serves State Vaccine \$25 each Hepatitis A/B/C Screening General \$35/Test Foreign Travel Office Visit Fee \$25/visit Hepatitis A/B/C Screening Qualified \$10/Test TD* \$50/Injection COVID Vaccine (Adults) \$155/Injection COVID Vaccine (Pediatrics) \$145/Injection Immunization/VFC Program: Immunization Record \$12 each Foreign Travel Yellow Card \$5 each Titer Blood Test Fees: Measles AB IGG, EIA \$55 each Pneumococcal(PCV20)** \$175/Injection Rubella IGG, EIA \$55 each Varivax** \$260/Injection				\$150/Injection
Yellow Fever Vaccine \$230/Injection				
Boostrix Vaccine*(Tdap) \$60/Injection RSV Beyfortus (Pediatric)*** \$495/Injection MMR* \$115/Injection Dtap IPV Hib Hep B (Vaxelis)*** \$165/Injection MMRV*** \$310/Injection Cholera*** \$270/Injection Influenza Vaccine S40/Injection Flublok*** \$90/Injection Flublok*** \$90/Injection Rabies Administrative Fee/ Serves State Vaccine \$25 each Hepatitis A/B/C Screening General \$35/Test Foreign Travel Office Visit Fee \$25/visit Hepatitis A/B/C Screening Qualified \$10/Test TD* \$50/Injection COVID Vaccine (Adults) \$155/Injection Immunization/VFC Program: COVID Vaccine (Pediatrics) \$145/Injection Immunization Record \$12 each Foreign Travel Yellow Card \$5 each Titer Blood Test Fees: Measles AB IGG, EIA \$55 each Pneumococcal(PCV20)** \$175/Injection Rubella IGG, EIA \$55 each Varivax** \$260/Injection				
MMR* \$115/Injection Dtap IPV Hib Hep B (Vaxelis)*** \$165/Injection MMRV*** \$310/Injection Cholera*** \$270/Injection Influenza Vaccine \$40/Injection Flublok*** \$90/Injection Influenza (High Dose) \$85/Injection Flublok*** \$90/Injection Flublok*** Serves State Vaccine \$25 each Hepatitis A/B/C Screening General \$35/Test Foreign Travel Office Visit Fee \$25/visit Hepatitis A/B/C Screening Qualified \$10/Test TD* \$50/Injection Immunization/VFC Program: COVID Vaccine (Adults) \$155/Injection Immunization Record \$12 each Foreign Travel Yellow Card \$5 each Titer Blood Test Fees: Measles AB IGG, EIA \$55 each Pneumococcal(PCV20)** \$175/Injection Rubella IGG, EIA \$55 each Varivax** \$260/Injection				
MMRV*** \$310/Injection Cholera*** \$270/Injection Influenza Vaccine \$40/Injection Flublok*** \$90/Injection Influenza (High Dose) \$85/Injection				
Influenza Vaccine \$40/Injection \$85/Injection \$85/Inject				
Influenza (High Dose) Rabies Administrative Fee/ Serves State Vaccine Foreign Travel Office Visit Fee S50/Injection COVID Vaccine (Adults) COVID Vaccine (Pediatrics) Measles AB IGG, EIA Mumps Virus IGG, EIA S55 each \$85/Injection \$25 each Hepatitis A/B/C Screening General \$35/Test Hepatitis A/B/C Screening Qualified \$10/Test				
Rabies Administrative Fee/ Serves State Vaccine \$25 each Hepatitis A/B/C Screening General \$35/Test Foreign Travel Office Visit Fee \$25/visit Hepatitis A/B/C Screening Qualified \$10/Test TD* COVID Vaccine (Adults) \$155/Injection COVID Vaccine (Pediatrics) \$145/Injection Immunization/VFC Program: Immunization Record \$12 each Foreign Travel Yellow Card \$5 each Titer Blood Test Fees: Measles AB IGG, EIA \$55 each ASN-CC: Mumps Virus IGG, EIA \$55 each Pneumococcal(PCV20)** \$175/Injection Rubella IGG, EIA \$55 each Varivax** \$260/Injection			FIUDIOK	\$90/Injection
Serves State Vaccine \$25 each Hepatitis A/B/C Screening General \$35/Test Foreign Travel Office Visit Fee \$25/visit Hepatitis A/B/C Screening Qualified \$10/Test TD* \$50/Injection COVID Vaccine (Adults) \$155/Injection COVID Vaccine (Pediatrics) \$145/Injection Immunization/VFC Program: Immunization Record \$12 each Foreign Travel Yellow Card \$5 each Titer Blood Test Fees: Measles AB IGG, EIA \$55 each ASN-CC: Mumps Virus IGG, EIA \$55 each Pneumococcal(PCV20)** \$175/Injection Rubella IGG, EIA \$55 each Varivax** \$260/Injection		\$85/Injection	Communicable Disease Brancon	
Foreign Travel Office Visit Fee		#2F cook		
TD* \$50/Injection COVID Vaccine (Adults) \$155/Injection COVID Vaccine (Pediatrics) \$145/Injection Immunization/VFC Program: Immunization Record \$12 each Foreign Travel Yellow Card \$5 each Titer Blood Test Fees: Measles AB IGG, EIA \$55 each Mumps Virus IGG, EIA \$55 each Pneumococcal(PCV20)** \$175/Injection Rubella IGG, EIA \$55 each Varivax** \$260/Injection		·		
COVID Vaccine (Adults) \$155/Injection	J		Hepatitis A/B/C Screening Qualified	\$10/Test
COVID Vaccine (Pediatrics) \$145/Injection Immunization Record Foreign Travel Yellow Card \$5 each **Titer Blood Test Fees:** Measles AB IGG, EIA \$55 each **ASN-CC:** Mumps Virus IGG, EIA \$55 each Pneumococcal(PCV20)** \$175/Injection Rubella IGG, EIA \$55 each Varivax** \$260/Injection			Immunication A/EC Brown	
Titer Blood Test Fees: Measles AB IGG, EIA Mumps Virus IGG, EIA Rubella IGG, EIA \$55 each Foreign Travel Yellow Card \$5 each ASN-CC: Pneumococcal(PCV20)** \$175/Injection Varivax** \$260/Injection				\$12 each
Titer Blood Test Fees:Measles AB IGG, EIA\$55 eachASN-CC:Mumps Virus IGG, EIA\$55 eachPneumococcal(PCV20)**\$175/InjectionRubella IGG, EIA\$55 eachVarivax**\$260/Injection	COVID VACCINE (FECIALIICS)	φ i 4 3/ii ij e GiiOH		•
Measles AB IGG, EIA\$55 eachASN-CC:Mumps Virus IGG, EIA\$55 eachPneumococcal(PCV20)**\$175/InjectionRubella IGG, EIA\$55 eachVarivax**\$260/Injection	Titer Blood Test Fees		i ordigir i raver i ellow Caru	ψυ σασιτ
Mumps Virus IGG, EIA\$55 eachPneumococcal(PCV20)**\$175/InjectionRubella IGG, EIA\$55 eachVarivax**\$260/Injection		\$55 each	ASN-CC:	
Rubella IGG, EIA \$55 each Varivax** \$260/Injection		·		\$175/Injection
	•	•	,	
		·		

\$100 each

\$55 each

\$60

Rabies

Hep B Surface AB QN

VZV (Varicella) IGG

Note: (1)*Vaccines marked with asterisks are part of the Adult Safety Net Program (ASNP). Clients

eligible to receive through the ASNP will be charged a fee of \$15/shot\$. Effective August 1, 2023
ASNP no longer offered pneumococcal, varicella and human papiliomavirus vaccines.

(2)** Vaccines marked with double asterisks will be offered through DCHHS' Charity Care Program.

Clients eligible to receive these vaccines must be at the 400% FPL and will be required to provide income documentation.

(3) *** Vaccines marked with triple asterisks are offered at Garland Public Health Clinic only.

ENVIRONMENTAL HEALTH

Septic Tank Inspection \$310/Commercial/Business 260/Residential **Day Care Center Inspections** \$3/per child Septic Tank Re-inspection \$60/Residential Day Care Re-inspection \$50/establishment \$50/\$3 per child \$110/Commercial **Expedited Day Care Inspections Expedited Day Care Inspections** \$50/\$3 per child **Expedited Septic Tank Inspection Fee** \$100 Foster Care Home Inspection \$25/establishment Annual Group Home Inspection \$50 Foster Care Home Re-Inspection \$15/establishment Funeral Home Inspection \$200 **Expedited Foster Care Inspection** \$50/establishment FHA, VA, Conventional Loans \$125/Licensed \$150/Unlicensed

Half-Way Houses & Boarding \$75/plus \$25 for each Homes, Residential additional unit on site Food Handler Class \$15/per person Sub-division Plat Approval \$200/Residential Food Mgr. Cert. Program \$100/per person \$150/Commercial Food Manager Re-certification \$50/Test Food Mgr. Cert. Retesting Water Sample \$50 \$50/per person

Mosquito Testing \$35 W/Multiple Test Sites

Mosquito Spraying for \$55/per mile Temporary Food Permit \$52/Single Event

Non-Contracting Cities \$500 Food Migr. Cert. Retesting \$50/per person

W/Multiple Test Sites

Temporary Food Permit \$52/Single Event

\$200/Multiple Events

Animal Control/Quarantine \$7/per day
Animal Control/Vicious Animal \$12/per day

Application for Inspection \$150/Per Application
Food Establishment Inspection – Category A \$258//establishment
Food Establishment Inspection – Category B \$515/establishment
Food Establishment Inspection – Category C \$773/establishment

Food Establishment Inspection Amendment – Category A \$125/establishment Food Establishment Inspection Amendment – Category B \$250/establishment Food Establishment Inspection Amendment – Category C \$375/establishment

Mobile Food Unit/Roadside Food Vendor/School Establishments Permit Fee \$258

Mobile Food Unit/Roadside Food Vendor/School Establishments Permit Amendment Fee \$125

Mobile Food Unit Replacement Permit Fee \$10

Note: 1) # Indicates \$10 charge for State fee

- 2) The food establishment and mobile food unit inspection fees were changed in accordance with Senate Bill 1008, effective September 1, 2025
- 3) Food Establishment Category A: Any food establishment that has annual gross volume of food sales between \$0 \$49,999.99
- 4) Food Establishment Category B: Any food establishment that has annual gross volume of food sales between \$50,000 \$149,999.99
- 5) Food Establishment Category C: Any food establishment that has annual gross volume of food sales between \$150,000 or more

CHRONIC DISEASE PREVENTION PROGRAM

Fresh Produce – Tier A	\$0.50	Fresh Produce – Tier F	\$2.50
Fresh Produce – Tier B	\$0.75	Fresh Produce – Tier G	\$3.00
Fresh Produce – Tier C	\$1.00	Fresh Produce – Tier H	\$4.00
Fresh Produce – Tier D	\$1.50	Fresh Produce – Tier I	\$5.00
Fresh Produce – Tier E	\$2.00	Produce Box (Discounted)	\$10.00
Produce Box (General)	\$15.00	,	

^{*}Refer to Appendix A for items included in Tier A through I. Produce boxes are assorted packages of fruits and vegetables.

When making a payment online, please allow 3 to 6 business days for your payment to process with the department.

Online convenience fees are charged and collected by the card processor and are non-refundable:

Please verify all payment information entered is correct before proceeding with payment.

Fees for processing are below: Credit Card Fee = 2.08% of amount charged (minimum of \$1.00) Debit Card Fee = \$1.95 per transaction

Dallas County Health and Human Services

Annual Summary of Services

January 1, 2024 thru December 31, 2024

	Tuberculosis	Sexually Transmitted Diseases	Laboratory	Exhibit Communicable Diseases
inicipality				
Addison	54	103	3,656	390
Balch Springs	137	137	3,706	51
Carrollton	417	262	4,627	217
Cedar Hill	162	237	8,270	181
Cockrell Hill	21	0	4,571	36
Coppell	397	55	4,100	230
Dallas	19,783	8,110	122,468	36,157
Desoto	258	367	4,879	222
Duncanville	276	200	2,395	199
Farmers Branch	605	94	9,069	177
Garland	3,315	717	18,006	459
Glenn Heights	97	102	2,344	15
Grand Prairie	1,058	457	14,260	722
Highland Park	0	0	6,051	72
Hutchins	98	50	9,777	16
Irving	3,351	833	11,849	918
Lancaster	280	364	11,066	209
Mesquite	1,632	656	11,565	468
Richardson	619	201	3,149	338
Rowlett	235	126	2,185	113
Sachse	73	24	421	47
Seagoville	140	65	3,397	51
Sunnyvale	21	5	61	93
University Park	0	0	672	33
Wilmer	19	36	6,550	13
Out of County	1,087	2,286	3,182	1,390
tal				
	34,135	15,487	272,276	42,817

Dallas County Health and Human Services Contract Cost by Category FY2026

					Exhibit C
	Tuberculosis	Sexually Transmitted Diseases	Laboratory	Communicable Diseases	FY '26 Contract Total
lunicipality					
Addison	\$ 1,981	\$ 18,824	\$ 36,079	\$ 4,551	\$ 2,500
Balch Springs	\$ 22,212	\$ 25,738	\$ 31,964	\$ 3,378	\$ 9,377
Carrollton	\$ 60,694	\$ 36,879	\$ 38,517	\$ 12,057	\$ 23,823
Cedar Hill	\$ 41,714	\$ 39,952	\$ 78,965	\$ 2,674	\$ 2,498
Cockrell Hill	\$ 626	\$ -	\$ 44,797	\$ 891	\$ 1,011
Coppell	\$ 23,881	\$ 5,378	\$ 35,923	\$ 6,662	\$ 3,131
Dallas	\$ 1,817,052	\$ 1,283,274	\$ 1,228,196	\$ 716,234	\$ 1,754,252
Desoto	\$ 33,475	\$ 54,166	\$ 41,774	\$ 29,462	\$ 17,620
Duncanville	\$ 31,285	\$ 36,111	\$ 26,309	\$ 6,427	\$ 11,273
Farmers Branch	\$ 8,551	\$ 13,253	\$ 81,383	\$ 5,958	\$ 6,856
Garland	\$ 225,463	\$ 116,399	\$ 178,504	\$ 8,773	\$ 80,156
Glenn Heights	\$ 10,846	\$ 17,479	\$ 22,642	\$ 94	\$ 574
Grand Prairie	\$ 65,282	\$ 65,883	\$ 144,590	\$ 34,482	\$ 38,854
Highland Park	\$ -	\$ -	\$ 79,140	\$ 610	\$ 132
Hutchins	\$ 1,251	\$ 7,107	\$ 81,364	\$ 2,909	\$ 3,149
Irving	\$ 338,612	\$ 113,518	\$ 117,560	\$ 50,901	\$ 81,906
Lancaster	\$ 24,507	\$ 59,928	\$ 91,095	\$ 1,220	\$ 12,106
Mesquite	\$ 78,213	\$ 109,100	\$ 105,605	\$ 22,143	\$ 31,608
Richardson	\$ 42,444	\$ 29,196	\$ 32,803	\$ 14,778	\$ 23,756
Rowlett	\$ 25,550	\$ 18,824	\$ 19,229	\$ 751	\$ 4,925
Sachse	\$ 3,233	\$ 3,265	\$ 3,530	\$ 375	\$ 362
Seagoville	\$ 5,006	\$ 11,525	\$ 30,619	\$ 3,425	\$ 6,440
Sunnyvale	\$ 417	\$ 576	\$ 488	\$ 2,345	\$ 99
University Park	\$ -	\$ -	\$ 11,701	\$ -	\$ 48
Wilmer	\$ 1,356	\$ 6,339	\$ 50,784	\$ 516	\$ 2,597
Out of County	\$ 79,360	\$ 363,604	\$ 1,414,306	\$ 115,830	\$ 77,142
- ,	+ . 5,500	+ 555,561	+ .,,	+,	· · · · · · · · · · · · · · · · · · ·
otal					
	\$ 2,943,011	\$ 2,436,319	\$ 4,027,867	\$ 1,047,446	\$ 2,196,195
	-,-,-,-,-	-,,	+ .,•=.,••.	· .,• , •	- ,,

Dallas County Health and Human Services Total Contract Costs FY2026

Exhibit D

2,500

Municipality

Addison

Balch Springs

Carrollton

Cedar Hill

Cockrell Hill

Coppell

- * Dallas
- * Desoto
- * Duncanville Farmers Branch
- * Garland

Glenn Heights

Grand Prairie

Highland Park

Hutchins

Irving

Lancaster

- * Mesquite
- * Richardson
- * Rowlett
- * Sachse
- * Seagoville Sunnyvale University Park Wilmer
- * Out of County

\$ 9,377
\$ 23,823
\$ 2,498
\$ 1,011
\$ 3,131
\$ 1,754,252
\$ 17,620
\$ 11,273
\$ 6,856
\$ 80,156
\$ 574
\$ 38,854
\$ 132
\$ 3,149
\$ 81,906
\$ 12,106
\$ 31,608
\$ 23,756
\$ 4,925
\$ 362
\$ 6,440
\$ 99
\$ 48
\$ 2,597
\$ 77,142

\$

Total

*Non-contracting

\$ 2,196,195