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**TO:** Harris County Hospital District

**FROM:** Patricia A. Melchior, Director  
Contract Management Unit  
Division for Prevention and Preparedness

**DATE:** July 30, 2010

**SUBJECT:** HIV Perinatal Transmission Prevention Project

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Enclosed are the forms and assurances required for the renewal of your contract for the above-named project for the period January 1, 2011 through December 31, 2011. Instructions for completing the forms are located in this Renewal Guidance document. Please submit an electronic copy of the Renewal Guidance forms in Microsoft Word format to [hiv-prevcontracts@dshs.state.tx.us](mailto:hiv-prevcontracts@dshs.state.tx.us) with a copy to your Program Consultant and Public Health Regional HIV/STD Program Manager. Scan only the face page and other signature pages with applicable signature as a .pdf file. The budget may be submitted in Microsoft Excel format. Submit the application electronically no later than August 30, 2010. Hard copies are not required for submission. If you have questions concerning this renewal guidance, please contact Ms. Tasha Clifton, Contract Manager, at 512-458-7111 extension 2152.