

DEPARTMENT OF STATE HEALTH SERVICES



Amendment  
To

The Department of State Health Services (DSHS) and HIDALGO COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2010-033069 (Contract) in accordance with this Amendment No. 001A: SDI – Fee for Service, effective 10/27/2009.

The purpose of this Amendment is to increase in Title V funding only –based on FY 10 Family Planning RFP/10-month contract.

**Therefore, DSHS and Contractor agree as follows:**

It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 2009-033069 as written below. All other terms and conditions not hereby amended are to remain in full force and effect. In the event of a conflict between the terms of this contract and the terms of this Amendment, this Amendment shall control.

**Change Program Attachment No. as follows;**

**PROGRAM ATTACHMENT NO. ~~001~~ 001A**

**SECTION I. STATEMENT OF WORK, ninth paragraph, sixth bullet, is replaced with the following:**

- DSHS Community Health Services Title V, X and XX Family Planning FY 10 Competitive Request For Proposal (RFP), # CHS-0325.1;
- Contractor's FY 10 Competitive Response, and any revisions;

**SECTION II. PERFORMANCE MEASURES, second paragraph, is revised as follows:**

Contractor shall provide services to at least ~~729~~ 1,931 unduplicated clients.

**SECTION III. SOLICITATION DOCUMENT, is revised as follows:**

**SECTION III. SOLICITATION DOCUMENT:** This Program Attachment may be funded by one or more of the following RFPs: RFP # CHS-0325.1; and/or # CHS/PHC-0226.1; and/or # CHS/FEE-0233.1.

**SECTION VII. BUDGET, is revised as follows:**

**SOURCE OF FUNDS:** 93.994; State

Contractor may bill up to the maximum amount specified in the table below for each of the services funded by this Program Attachment. Total payments will not exceed ~~\$227,441.00~~ \$401,084.00.

TITLE V MCH FEE-FOR-SERVICE	\$34833.00	\$34,833.00
TITLE V FAMILY PLANNING FEE-FOR-SERVICE	<del>\$35079.00</del>	<del>\$208,722.00</del>
TITLE XX	\$0.00	\$0.00
PRIMARY HEALTH CARE	\$0.00	\$0.00
TUBERCULOSIS ELIMINATION	\$157529.00	\$157529.00

**Department of State Health Services**

**Contractor**

\_\_\_\_\_  
Signature of Authorized Official

\_\_\_\_\_  
Signature of Authorized Official

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Bob Burnette, C.P.M., CTPM

Name: \_\_\_\_\_

Director, Client Services Contracting Unit

Title: \_\_\_\_\_

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

Address: \_\_\_\_\_  
\_\_\_\_\_

(512) 458-7470

Phone: \_\_\_\_\_

[Bob.Burnette@dshs.state.tx.us](mailto:Bob.Burnette@dshs.state.tx.us)

Email: \_\_\_\_\_