

DEPARTMENT OF STATE HEALTH SERVICES



Amendment
To

The Department of State Health Services (DSHS) and Hidalgo County(Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to **Contract # 2009-031556** (Contract) in accordance with this **Amendment No. 001A: CPS-Office of Boarder Health**, effective **03/18/2010**.

This Amendment is necessary because: To extend term one year
It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 2009-031556 as written below.

Therefore, DSHS and Contractor agree as follows:

Contract term is hereby revised as follows:

TERM: 08/01/2009 THRU: ~~07/31/2010~~ 07/31/2011

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.

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

Phone: _____

Email: _____