

DEPARTMENT OF STATE HEALTH SERVICES



Amendment  
To

The Department of State Health Services (DSHS) and HIDALGO COUNTY HEALTH & HUMAN SERVICES (Contractor) agree to amend Program Attachment # 001A (Program Attachment) to Contract # 2010-033069 (Contract) in accordance with this Amendment No. 001B: SDI - FEE FOR SERVICE, effective 07/07/2010.

The purpose of this amendment is to **increase contract due to realignment of FY10 funds.**

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. 2010-033069 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 Number as follows:

PROGRAM ATTACHMENT NO. ~~001A~~ 001B

SECTION II PERFORMANCE MEASURES, second paragraph, is revised to read as follows:

Contractor shall provide services to at least ~~1931~~ 1978 unduplicated clients.

SECTION VII BUDGET is revised to read as follows:

SECTION VII. BUDGET: Fee for Service

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 ~~\$401,084.00~~ 401,978.00.

<u>TITLE V MCH FEE-FOR-SERVICE</u>	<u>\$34833.00</u>
<u>TITLE V FAMILY PLANNING FEE-FOR-SERVICE</u>	<u>\$208722.00</u>
<u>TITLE XX</u>	<u>\$894.00</u>
<u>PRIMARY HEALTH CARE</u>	<u>\$0.00</u>
<u>TUBERCULOSIS ELIMINATION</u>	<u>\$157529.00</u>

**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: \_\_\_\_\_

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