

DEPARTMENT OF STATE HEALTH SERVICES



Amendment  
To

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The Department of State Health Services (DSHS) and HIDALGO COUNTY HEALTH DEPARTMENT (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2015-047239 (Contract) in accordance with this Amendment No. 001A: Health Promotions & Chronic Disease Prevention - Texas Healthy Communities, effective 10/01/2014.

The purpose of this Amendment is to change the Statement of Work (SOW) to read contractor will submit monthly reports as directed by DSHS.

This Amendment has a retroactive effective date because: monthly required conference calls have been conducted which serve as reporting updates, therefore, written reports will be required by DSHS on an as needed basis.

It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 2015-047239 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.

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

SECTION II. PERFORMANCE MEASURES: Is revised as follows:

6. Participate in twelve (12) monthly feedback calls (monthly project status reports) with DSHS Program to be conducted on or before the following dates: October 31<sup>st</sup>, November 28<sup>th</sup>, December 31<sup>st</sup>, January 30<sup>th</sup>, February 27<sup>th</sup>, March 31<sup>st</sup>, April 30<sup>th</sup>, May 29<sup>th</sup>, June 30<sup>th</sup>, July 31<sup>st</sup>, August 31<sup>st</sup>, and **September 30th. Contractor will submit monthly reports as directed by DSHS.**

**Department of State Health Services**

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

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

Janna Zumbrun, M.S.S.W.

Assistant Commissioner for Disease Control and Prevention  
Services

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**Contractor**

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

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

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

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

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

\_\_\_\_\_

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

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