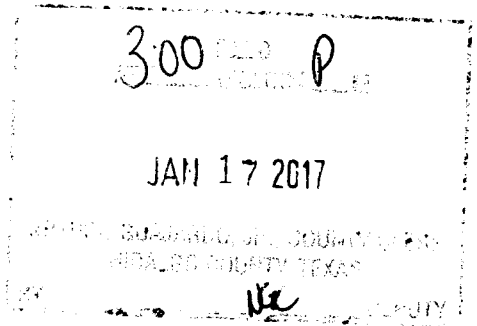


STATE OF TEXAS

COUNTY OF HIDALGO

§
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§

**SECOND AMENDMENT TO
CONTRACT #C-16-089-05-10**



This **AMENDMENT** to the **CONTRACT** is made this 13th day of **DECEMBER of 2016** by and between **HIDALGO COUNTY, TEXAS** (the "COUNTY") and **IVAN MELENDEZ M.D.** (the "PHYSICIAN"). **WHEREAS**, COUNTY and PHYSICIAN entered into a Short Term Contract on May 10, 2016 (the "CONTRACT"), that expired on September 20, 2016, in which the PHYSICIAN agreed to assist and support Hidalgo County Health & Human Services Department with a person to provide the services necessary to act as Physician for treating Tuberculosis ("TB") clients as well as other medical services as described in the CONTRACT; and

WHEREAS, the Contract was amended to extend to the term of the Contract to December 31, 2016; and

WHEREAS, the COUNTY now requires a second amendment to extend the "term" of the CONTRACT until such time as the State of Texas assigns a regional physician thru Texas Department of State Health Services (DSHS) to provide Physician Services needed to assist and support the Hidalgo County Health & Human Services Department for treating TB clients as well as other medical services as described in the CONTRACT;

WHEREAS, the COUNTY AND PHYSICIAN now desire to amend the CONTRACT as hereinafter provided.

NOW THEREFORE, for and in consideration of the terms and provisions set forth herein, for good valuable consideration, the receipt and sufficiency of which are hereby acknowledged, COUNTY AND PHYSICIAN hereby agree to the following amendment to the CONTRACT:

1. The term of this CONTRACT shall be extended until the State of Texas assigns a regional physician to assist in providing services to the Hidalgo County Health & Human Services Department for treating TB clients at Hidalgo County Pulmonary Clinic Offices.

2. Except as modified herein, all terms and conditions of the CONTRACT, as amended, remain in full force and effect. COUNTY and PHYSICIAN ratifies and confirms the terms and provisions of the CONTRACT as amended herein.

EXECUTED and effective as of the day and year first written above.

HIDALGO COUNTY

By: Ramon Garcia
Hon. Ramon Garcia, County Judge

ATTEST:

By: Arturo Guajardo
Hon. Arturo Guajardo, Jr. County Clerk



APPROVED BY
COMMISSIONERS' COURT
ON: 12/13/16

PHYSICIAN:

By: Ivan Melendez
Ivan Melendez M.D.

APPROVED AS TO FORM:

Hidalgo County Criminal District Attorney's
Ricardo Rodriguez, Jr.

By: Victor M. Garza
Victor M. Garza, Assistant District Attorney

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
 CERTIFICATION OF FILING**

Certificate Number:
 2016-142190

Date Filed:
 12/02/2016

Date Acknowledged:
 12/07/2016

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Ivan G. Melendez MD
 Mission, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
 Hidalgo County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
 C-16-089-05-10
 2nd Amendment, Medical Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

 Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
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Ivan G. Melendez MD
Mission, TX United States

Certificate Number:
2016-142190

Date Filed:
12/02/2016

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

Date Acknowledged:

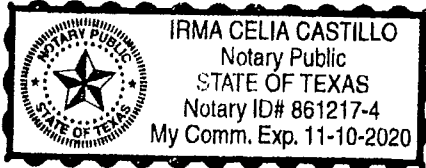
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

C-16-089-05-10
2nd Amendment, Medical Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ivan G. Melendez this the 7th day of December 2016, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
 Irma Celia Castillo Printed name of officer administering oath
 Notary Public Title of officer administering oath

APPROVED

AI-57552

Purchasing Department 23. F. 1.

CC - REGULAR

Meeting Date: 12/13/2016

Submitted For: Marty Salazar, PURCHASING DEPT.

Submitted By: Yolanda Velasquez, PURCHASING DEPT.

Department: PURCHASING DEPT.

Information

CAPTION

Approval of "Second Amendment" to Service Agreement C-16-089-05-10 between Hidalgo County Health & Human Services Department and Ivan Melendez, M.D. for the provision of Physician Servicers-TB Clients [as permitted under the current terms of agreement] subject to compliance with HB 1295.

BACKGROUND

Mr. Eddie Olivarez informs that State of Texas has hired a TB Specialist but is currently in training and HC needs these services until such time as State Physician assumes the duties.

Fiscal Impact

FISCAL YEAR: 2017

ACCT. #: 7-1100-444-00-240-005-0-339

FUNDS AVAILABLE Y/N?:

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

No budgetary impact, second amendment addresses the term of contract only.

Attachments

Second Amendment-Ivan Melendez

C-16-089-05-10-Ivan Melendez MD

Legals-Review-Okay.pdf

Form Review

Inbox	Reviewed By	Date
Purchasing Department	Marty Salazar	12/08/2016 10:51 AM
Budget & Management	Veronica Ortiz	12/08/2016 11:03 AM
Merlen P. Munoz	Merlen P. Munoz	12/08/2016 01:16 PM
Final Approval	Monica Badillo	12/09/2016 06:08 PM
Form Started By: Yolanda Velasquez		Started On: 12/01/2016 11:45 AM
Final Approval Date: 12/09/2016		