

DEPARTMENT OF STATE HEALTH SERVICES



Amendment

The Department of State Health Services (DSHS) and CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT (CITY) (Contractor) agree to amend Program Attachment # 001 (Program Attachment) to Contract # 2014-045103 (Contract) in accordance with this Amendment No. 001A: NSS/WIC LOCAL AGENCY, effective 03/03/2014.

The purpose of this amendment is to extend contract period from 3/31/14 to 9/30/2014, revise paragraph M in Section I and the administrative rate in Section VIII, and increase funding.

Therefore, DSHS and Contractor agree as follows:

Change Program Attachment Number as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

Contract Term Date is revised to read as follows:

TERM: 10/01/2013 THRU: ~~03/31/2014~~ 09/30/2014

SECTION I. STATEMENT OF WORK, first paragraph, sub-paragraph M, is replaced with the following:

M. Permit DSHS or its agent to install a Very Small Aperture Terminal (VSAT) or equivalent telecommunications equipment at all Contractor WIC clinics and administrative offices using Texas-WIN software on a network or stand alone personal computer. Installation at all Contractor permanent WIC sites is required. VSAT or other telecommunications equipment installations for new sites or sites moving from one location to another requires a minimum of 45 60 days notice.

SECTION VIII. SPECIAL PROVISIONS, General Provisions, Payment Methods and Restrictions Article, Section 4.01, Payment Methods, first paragraph under the heading PARTICIPANTS SERVED PER MONTH MAXIMUM REIMBURSEMENT, is revised as follows:

During the term of the Program Attachment, Contractor shall earn administrative funds at the rate of ~~\$12.34~~ \$12.60 for each participant served as defined above.

SECTION VII. BUDGET, is revised as follows:

SOURCE OF FUNDS: CFDA # 10.557.001; 10.557.013

DUNS NUMBER: 069457786

All categories of costs billed to DSHS WIC Program, and allocation of such costs, shall be in accordance with the "Plan to Allocate Direct Costs" (PADC) submitted by Contractor and approved by the DSHS WIC Program. This document is incorporated herein by reference and made a part of this Program Attachment.

Total reimbursements will not exceed ~~\$447,758.00~~ \$918,336.00.

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

CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT (CITY)

Signature of Authorized Official

Signature of Authorized Official

Date: _____

Date: _____

Evelyn Delgado

Name: _____

Assistant Commissioner for Family and Community Health Services

Title: _____

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