

DEPARTMENT OF STATE HEALTH SERVICES



Amendment

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The Department of State Health Services (DSHS) and CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT (CITY) (Contractor) agree to amend the Program Attachment # 001 (Program Attachment) to Contract # 2015-047290 (Contract) in accordance with this Amendment No. 001A : NSS/WIC LOCAL AGENCY, effective 01/01/2015 .

The purpose of this Amendment is due to rate increase effective 1/1/15; which also requires additional funding than initially established on initial contract.

This Amendment has a retroactive effective date because: Initial FY15 contract was in Mailed status in Source previously and has recently been executed by all parties - 02/24/15; which will now allow an amendment to be created in Source screen.

It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 2015-047290 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:**

Change Program Attachment Number as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

**SECTION.VII. BUDGET is revised as follows:**

Total reimbursements will not exceed: ~~\$963,369.00.~~ \$1,052,271.00.

**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 ~~\$12.71~~ \$13.23 for each participant served as defined above.

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 the 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: \_\_\_\_\_

Evelyn Delgado

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

Assistant Commissioner for Family and  
Community Health Services

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