

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 # 2012-040001 (Contract) in accordance with this Amendment No. 001A: NSS/WIC LOCAL AGENCY, effective 01/27/2012.

The purpose of this amendment is to extend contract period from 3/31/2012 to 9/30/2012 and increase funding.

Therefore, DSHS and Contractor agree as follows:

Change Program Attachment Number as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

Contract Term/Budget Period end date is revised as follows:

TERM: 10/01/2011 THRU: ~~3/31/2012~~ 09/30/2012

SECTION VII. BUDGET, is revised as follows:

SOURCE OF FUNDS: CFDA # 10.557; 10.557.013

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 \$940,708.00

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

Contractor

Signature of Authorized Official

Signature of Authorized Official

Date: _____

Date: _____

Bob Burnette, C.P.M., CTPM

Name: _____

Director, Client Services Contracting Unit

Title: _____

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

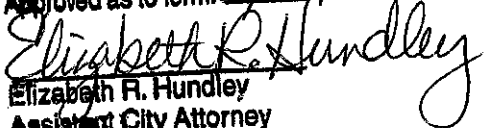
Address: _____

(512) 458-7470

Phone: _____

Bob.Burnette@dshs.state.tx.us

Email: _____

Approved as to form: 2/29/12

Elizabeth R. Hundley
Assistant City Attorney
For City Attorney