

DEPARTMENT OF STATE HEALTH SERVICES



Amendment

The Department of State Health Services (DSHS) and CORPUS CHRISTI-NUECES COUNTY PUBLIC HEALTH DISTRICT (COUNTY) (Contractor) agree to amend Program Attachment # 001 (Program Attachment) to Contract # 2012-040697 (Contract) in accordance with this Amendment No. 001A: Family Planning - Fee For Service, effective 01/08/2013.

The purpose of this amendment is decrease is due to realignment of funds.

Therefore, DSHS and Contractor agree as follows:

It is mutually agreed by and between the contracting parties to amend the terms and conditions of Document No. 2012-040697 as written below.

Change Program Attachment Number as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

Section II. Performance Measures is revised to read as follows:

SECTION II. PERFORMANCE MEASURES:

The following performance measure(s) will be used to assess, in part, the Contractor's effectiveness in providing the services described in this Program Attachment, without waiving the enforceability of any of the terms of the contract.

These services shall be provided to clients in the following population categories and in at least the following numbers:

Women (all ages)	673	<u>98</u>
Men (all ages)	74	<u>2</u>
Total	747	<u>100</u>

Section VII. Budget, last paragraph, is revised to read as follows:

Total payments shall not exceed ~~\$149,426.00~~ \$20,000.00.

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: _____

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