## DEPARTMENT OF STATE HEALTH SERVICES



Amendment

The Department of State Health Services (DSHS) and SAN ANTONIO METROPOLITAN HEALTH DISTRICT (Contractor) agree to amend Program Attachment \# 001 (Program Attachment) to Contract \# 2014-044723 (Contract) in accordance with this Amendment No. 001A: CHS - TITLE V - CHILD HEALTH SERVICES, effective 04/22/2014.

The purpose of this amendment is to increase the number served and the contract amount due to reallocation of F14 funds.

## Therefore, DSHS and Contractor agree as follows:

Change Program Attachment Number as follows:
PROGRAM ATTACHMENT NO. $004 \underline{\underline{001 A}}$

SECTION II. PERFORMANCE MEASURES, first bullet point, is revised to read as follows:

- Contractor shall provide child health and/or child dental services to at least $\mathbf{6 0 0} \underline{\underline{\mathbf{1 0 8 0}}}$ unduplicated clients.

SECTION VII. BUDGET is revised as follows:
SOURCE OF FUNDS: CFDA \# 93.994.000
DUNS NUMBER: 066428400
Contractor shall adhere to the current schedule of allowable services and rates as referenced in the Policies and Procedures Manual for Title V Maternal and Child Health Fee for Service for Child Health, Dental and Prenatal.

Total payments will not exceed $\mathbf{\$ 1 4 1 , 1 5 1 . 0 0} \underline{\mathbf{\$ 2 5 2 , 0 0 0 . 0 0}}$.

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

Signature of Authorized Official

Date: $\qquad$

Evelyn Delgado

Assistant Commissioner for Family and Community Health Services

## 1100 WEST 49TH STREET

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SAN ANTONIO METROPOLITAN HEALTH DISTRICT

Signature of Authorized Official

Date: $\qquad$

Name: $\qquad$

Title: $\qquad$

Address: $\qquad$

Phone: $\qquad$

Email: $\qquad$

