CITY OF EL PASO, TEXAS
AGENDA ITEM
DEPARTMENT HEAD'S SUMMARY FORM

DEPARTMENT: **Public Health**

AGENDA DATE: **CCA 03/26/13**

CONTACT PERSON NAME AND PHONE NUMBER: **Bruce Parsons, 771-5702**

DISTRICT(S) AFFECTED: **All**

SUBJECT:

That the City Manager or designee be authorized to sign and submit amendment 001A to Contract number 2013-042708-001 and other related documents for the Texas Department of State Health Services' Special Supplemental Nutrition Program for Women, Infants, and Children, to increase the contract period from March 31, 2013 to September 30, 2013, and to increase the total reimbursable amount to $7,015,482, to continue to provide supplemental foods instruments, nutrition education, and counseling to enhance good health care at no cost to low-income pregnant and postpartum women, infants and children identified to be at nutritional risk; and that the City Manager or designee be authorized to sign any amendments thereto to extend the project for up to twelve months, to make adjustments to the contract program budget that do not change the contract amount, and to sign all related certifications.

BACKGROUND / DISCUSSION:

PRIOR COUNCIL ACTION:

Original contract approved by Council on 10/09/12

AMOUNT AND SOURCE OF FUNDING:

BOARD/COMMISSION ACTION:

**********REQUIRED AUTHORIZATION**********

DEPARTMENT HEAD: _____

Information copy to appropriate Deputy City Manager

RESOLUTION

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT the City Manager or designee be authorized to sign and submit amendment 001A to Contract number 2013-042708-001 and other related documents for the Texas Department of State Health Services' Special Supplemental Nutrition Program for Women, Infants, and Children, to increase the contract period from March 31, 2013 to September 30, 2013, and to increase the total reimbursable amount to $7,015,482, to continue to provide supplemental food instruments, nutrition education, and counseling to enhance good health care at no cost to low-income pregnant and postpartum women, infants and children identified to be at nutritional risk; and that the City Manager or designee be authorized to sign any amendments thereto to extend the project for up to twelve months, to make adjustments to the contract program budget that do not change the contract amount, and to sign all related certifications.

PASSED AND APPROVED this _____ day of _____, 2013.

CITY OF EL PASO

_____
John F. Cook
Mayor

ATTEST:

_____
Richarda Duffy Momsen
City Clerk

APPROVED AS TO FORM:

_____
Josette Flores
Assistant City Attorney

APPROVED AS TO CONTENT:

_____
Bruce A. Parsons, Interim Director
Department of Public Health

PL Matter #12-1052-156.001; PL Doc #166197 DSHS NSS WIC amendment 001
Doc Author: JF

DEPARTMENT OF STATE HEALTH SERVICES

Amendment

The Department of State Health Services (DSHS) and CITY OF EL PASO (Contractor) agree to amend Program Attachment # 001 (Program Attachment) to Contract # 2013-042708 (Contract) in accordance with this Amendment No. 001A: NSS/WIC LOCAL AGENCY, effective 02/26/2013.

The purpose of this amendment increase is to extend contract period from 3/31/13 to 9/30/2013 and increase funding.

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. 2013-042708 as written below.

Change Program Attachment Number as follows:

PROGRAM ATTACHMENT NO. ~~001~~ **001A**

Contract Term Date is revised to read as follows:

TERM: 10/01/2012 THRU: ~~03/31/2013~~ **09/30/2013**

SECTION VII. BUDGET, is revised as follows:

SOURCE OF FUNDS: CFDA # 10.557.000; 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 ~~$3,475,538.00~~ **$7,015,482.00**

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

Signature of Authorized Official

Date: _____

Evelyn Delgado

Assistant Commissioner for Family and Community Health Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

512.458.7321

Evelyn.Delgado@dshs.state.tx.us

Contractor

Signature of Authorized Official

Date: _____

Name: Mark Sutter

Title: Comptroller

Address: 5115 El Paso Drive
El Paso, TX 79905

Phone: 915-541-4014

Email: SutterM@elpasotexas.gov