

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

DEPARTMENT: Public Health

AGENDA DATE: CCA 082812

CONTACT PERSON NAME AND PHONE NUMBER: Michael Hill, 771-5702

DISTRICT(S) AFFECTED: All

SUBJECT:

THAT the City Manager or designee be authorized to sign and submit Amendment No. 001 to DSHS Contract No. #2012-039349 for its CHS – FEE FOR SERVICE program to decrease a performance measure and decrease the budget amount for a new total of \$291,280; 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:

AMOUNT AND SOURCE OF FUNDING:

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

DEPARTMENT HEAD:



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 No. 001 to DSHS Contract No. #2012-039349 for its CHS – FEE FOR SERVICE program to decrease a performance measure and decrease the budget amount for a new total of \$291,280; 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 _____, 2012.

CITY OF EL PASO

John F. Cook
Mayor

ATTEST:

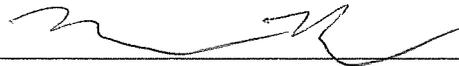
Richarda Duffy Momsen
City Clerk

APPROVED AS TO FORM:



Josette Flores
Assistant City Attorney

APPROVED AS TO CONTENT:



Michael Hill, Director
Department of Public Health

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 # 2012-039349 (Contract) in accordance with this Amendment No. 001A: CHS - FEE FOR SERVICE, effective 04/16/2012.

The purpose of this amendment is decrease is due to realignment of FY12 funds.

Therefore, DSHS and Contractor agree as follows:

Change Program Attachment Number as follows:

PROGRAM ATTACHMENT NO. ~~001~~ 001A

SECTION II. PERFORMANCE MEASURES: following the 1st paragraph, the 1ST bulleted item is revised as follows:

- Contractor shall provide child health and/or dental services to at least ~~5300~~ 4520 unduplicated clients.

SECTION VII. BUDGET, last paragraph, is revised as follows:

Total payments will not exceed ~~\$341,280.00.~~ \$291,280.00.

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: David R. Almonte

Director, Client Services Contracting Unit

Title: Deputy City Manager

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