

VOL.

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State of Texas

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**County of Travis** 

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## Community Services Contract Amendment

		Com	numity Services Co	officiact Afficiation		
Legal Name of Contractor					Contract No.	
Polk County Aging Services					001000824	
Doing Business As (DBA) Name of Contractor				Amendment No.	Region No./Catchment/Waiv	er Contract Area
_				05-7	Region 05/Polk County	
Address of Con	tracto	(street, city, state, ZIP)				
302 E. Church	Stre	et, Suite 145, Livingston, Texa	ns 77351			
	Cour	Department of Aging and Disanty Aging Services, hereinafters program, contract/vendor nu	referred to as Contract	or, agree to amend the	s Department, and Polk contract for Home Delivered	
	Chec	ck all applicable changes:				
		These counties are added to	the contract as reflected	d in the lines below:		
	These counties are deleted from the contract as reflected in the lines below:					
		☐ The attached covered counties	ounties list is adopted by served as a result of th	the Department and the is amendment.	e Contractor and represents	
	$\boxtimes$	Other (requires legal approva	al of language)			
		o Amendment Effective	Date: October 1, 200	9 (requires legal appr	oval)	
	Octo	Budget Worksheet for Venc ober 1, 2009 through Septem ride an estimated 12,076 unit mated budget of \$59,776.20;	iber 30, 2010.  The Bud ts of Title XX Home De	dget Worksheet states elivered Meals at the ra	that the Contractor is to ite of \$4.95 per unit with ar	1
	and an e	he Information Worksheet, F covers the budget period Oo stimated 12,076 units of Titl with an estimated budget as	ctober 1, 2009 through e XX Home Delivered i	n September 30, 2010.	The Worksheet reflects th	at
	the	above changes and, if applica Department and the Contracto led by both, unless otherwise i	er as an amendment to t	es listed on Page 2 of the above referenced co	is amendment are adopted l intract effective on the date	ру
	All o	ther terms and conditions of the	ne Community Services	contract remain in full for	orce and effect.	
Texas Department of Aging and Disability Services		(	Polk County Aging Services  (1/8/09			
Signature–DADS Representative Date			Date	Signature-Contra	actor Representative	/ Date
Donna Keenum				John P. Thompson		
Name of DADS Representative (Print or type)				Name of Person Signing (	Print or type)	
Regional Dire	ector	• •		Polk County Judge		

Title of Person Signing (Print or type)

Legal Approval James Burshtyn

Title of DADS Representative (Print or type)