

**TEXAS HEALTH AND HUMAN SERVICES COMMISSION**  
**HHSC CONTRACT NO. HHS001392700008**  
**AMENDMENT NO. 2**

The Health and Human Services Commission (“**HHSC**” or “**System Agency**”) and **CITY OF LAREDO** (“**Grantee**”), collectively referred to as the “**Parties**” to that Child Health and Dental Fee for Service agreement that was effective September 1, 2024, and denominated as HHSC Contract No. HHS001392700008 (the “**Grant Agreement**” or “**Contract**”), as amended, now desire to further amend the Grant Agreement.

**WHEREAS**, HHSC desires to exercise the first and second of four available one-year extension options; and

**WHEREAS**, the Parties desire to add funding for State Fiscal Year 2026 and State Fiscal Year 2027 and update the projected number of eligible clients to be served.

**NOW, THEREFORE**, the Parties amend and modify the Grant Agreement as follows:

1. **SECTION III, DURATION**, of the Grant Agreement is amended to show a revised termination date of August 31, 2027.
2. **SECTION V, SUBSECTION A, TOTAL BUDGET**, of the Grant Agreement is amended to add funding in the amount of **\$54,536.00** for State Fiscal Year 2026 and **\$54,536.00** for State Fiscal Year 2027. The total not-to-exceed amount of this Grant Agreement is increased to **\$136,340.00**.
3. **SECTION V, SUBSECTION A, TOTAL BUDGET**, of the Grant Agreement is further amended to delete Table 1 – Child Health and replace it with the following:

<b>Table 1- Child Health</b>			
	<b>FY2025</b>	<b>FY2026</b>	<b>FY2027</b>
Number of clients to be served	97	195	195
Cost per Client	\$280.00	\$280.00	\$280.00
<b>Total Award Amount for Medical</b>	<b>\$27,268.00</b>	<b>\$54,536.00</b>	<b>\$54,536.00</b>

4. This Amendment No. 2 shall be effective as of September 1, 2025.
5. Except as modified by this Amendment No. 2, all terms and conditions of the Grant Agreement, as amended, shall remain in full force and effect.
6. Any further revisions to the Grant Agreement shall be by written agreement of the Parties.
7. Each Party represents and warrants that the person executing this Amendment No. 2 on its behalf has full power and authority to enter into this Amendment.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 2**  
**HHSC CONTRACT NO. HHS001392700008**

**HEALTH AND HUMAN SERVICES**  
**COMMISSION**

**CITY OF LAREDO**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Printed Name:\_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

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