

**URBAN COUNTY
PROGRAM**
Hidalgo County Commissioners' Court
Agenda Request Form

No. 4417

Date: June 26, 2007 Meeting Date Request: July 3, 2007

Deadline for Action: July 3, 2007 Contact Person: Diana R. Serna

Department: Urban County Program Phone: (956) 787-8127 Fax: (956) 787-5291

Diana R. Serna, UCP Director : 

Caption:

The Urban County Program requests approval of Sub recipient Agreement with Nuestra Clinica Del Valle (Health Services) in the amount of \$20,000.00 for Urban County Program Year 20 (2007).

Background:


All funding will be utilized for the payment of ambulatory, primary health care and dental services which include support services of pharmacy, radiology, laboratory, and sub-specialty referral to the Delta Area resident children or children enrolled in the Edcouch-Elsa ISD. (See the attached Exhibits).

Sub recipient:

Nuestra Clinica Del Valle

Hidalgo County Precinct #1	10,000.00
City of Edcouch	10,000.00

Total Agreement amount: **\$20,000.00**

Deputy Director _____ Manager:  Finance: _____

Please initial for approval:

Legal Counsel _____ Budget _____ Human Resources _____
 Dept./Fund No. _____ Amt. Expended: \$ _____ Funds/Staffing Budgeted: Yes: _____ No: _____
 Account Code: _____ Impact on Future Budget: Yes _____ No _____

Comments:

Action taken by Commissioner's Court:

Approved _____ Tabled _____ Denied _____ Motion made by _____ Seconded _____ Vote _____

NUESTRA CLINICA DEL VALLE
Exhibit A-Precinct 1
Funding Year 20

Statement of Work

1. Describe the type and amounts of services provided by our agency that will result from the use of grant funds.

The funding in the amount of \$10,000 will be used to provide dental services. Nuestra Clinica Del Valle (NCDV) will provide dental services to children residing in the Delta Area and students enrolled in the Edcouch and Elsa ISD. This will include support services of Pharmacy, Radiology, Laboratory and Sub-specialty referral.

2. The following services will be performed in the following manner:

Dental Care will be provided at the Nuestra Clinica Del Valle Edcouch Clinic located at 1200 E. Santa Rosa, Edcouch, Texas 78538. Other advantages to patients receiving dental services at the Center are the ability to obtain medical services as well. Nuestra Clinica del Valle is a multi-service center providing family medicine, pediatrics, and sub specialty care. The Center provides a wide range of services that are made available to patients through networking and various NCDV locations throughout the County. There are no other providers in the county that offer this level of care to the uninsured and economically disadvantaged.

3. The following services will be expanded/added as a result of CDBG fund expenditures:

NCDV will provide services to children residing in the Delta Area and students enrolled in the Edcouch Elsa ISD. NCDV has no restrictions regarding who may seek services at the health center. Federal law requires that we bill everyone for services provided. Those individuals, who have entitlement under this contract and receive services, will be billed against the contract. All individuals with no insurance or any type of benefit such as Medicaid will be charged to our federal grant providing they meet federal eligibility guidelines. There are no restrictions that relate to sex, race, gender or residency.

4. The following type of beneficiaries will be served:

The uninsured, low-income students and siblings residing in the Delta Area.

5. The services will be provided at the following address/location(s):

The dental delivery site will be the Edcouch clinic located at 1200 E. Santa Rosa, Edcouch, Texas 78538.

Initials _____

Exhibit B-1

Grant Budget

TYPE OF EXPENDITURES	BUDGETED AMOUNT
Dental Services	\$ 10,000
TOTAL GRANT BUDGET	\$ 10,000

Initials _____

EXHIBIT B-2

PAYMENT SCHEDULE

2007 - 2008 For the Months of...	Estimated Amount of Expenditures	Type of Budgeted Expenditures
July 2007	\$500.00	Dental services
August 2007	\$500.00	Dental services
September 2007	\$1,000.00	Dental services
October 2007	\$1,000.00	Dental services
November 2007	\$1,000.00	Dental services
December 2007	\$1,000.00	Dental services
January 2008	\$1,000.00	Dental services
February 2008	\$1,000.00	Dental services
March 2008	\$1,000.00	Dental services
April 2008	\$1,000.00	Dental services
May 2008	\$1,000.00	Dental services
TOTALS:	\$10,000.00	

Initials _____

Exhibit C

Schedule of Activity

Subrecipient hereby agrees to perform services as outlined in Exhibit A.

A proposed monthly schedule of activity should be provided in this space. Schedule should not exceed Subrecipient contract time frame of twelve months from contract date.

2007 -- 2008 for the months of...	Number of Beneficiaries	Services
July	20	Dental
August	20	Dental
September	30	Dental
October	30	Dental
November	30	Dental
December	30	Dental
January	30	Dental
February	30	Dental
March	30	Dental
April	30	Dental
May	20	Dental
June		

Initials _____

NUESTRA CLINICA DEL VALLE

Exhibit A-City of Edcouch

Funding Year 20

Statement of Work

1. Describe the type and amounts of services provided by our agency that will result from the use of grant funds.

The funding in the amount of \$10,000 will be used to provide medical services. Nuestra Clinica Del Valle (NCDV) will provide medical services to children residing in the Delta Area and students enrolled in the Edcouch and Elsa ISD. This will include support services of Pharmacy, Radiology, Laboratory and Sub-specialty referral.

2. The following services will be performed in the following manner:

Medical Care will be provided at the Nuestra Clinica Del Valle Edcouch Clinic located at 1200 E. Santa Rosa, Edcouch, Texas 78538. Other advantages to patients receiving medical services at the Center are the ability to obtain dental services as well. Nuestra Clinica del Valle is a multi-service center providing family medicine, pediatrics, and sub specialty care. The Center provides a wide range of services that are made available to patients through networking and various NCDV locations throughout the County. There are no other providers in the county that offer this level of care to the uninsured and economically disadvantaged.

3. The following services will be expanded/added as a result of CDBG fund expenditures:

NCDV will provide services to children residing in the Delta Area and students enrolled in the Edcouch Elsa ISD. NCDV has no restrictions regarding who may seek services at the health center. Federal law requires that we bill everyone for services provided. Those individuals, who have entitlement under this contract and receive services, will be billed against the contract. All individuals with no insurance or any type of benefit such as Medicaid will be charged to our federal grant providing they meet federal eligibility guidelines. There are no restrictions that relate to sex, race, gender or residency.

4. The following type of beneficiaries will be served:

The uninsured, low-income students and siblings residing in the Delta Area.

5. The services will be provided at the following address/location(s):

The medical delivery site will be the Edcouch clinic located at 1200 E. Santa Rosa, Edcouch, Texas 78538.

Initials _____

Exhibit B-1
City of Edcouch Funding Year 20
Grant Budget

TYPE OF EXPENDITURES	BUDGETED AMOUNT
Medical Services	\$ 10,000
TOTAL GRANT BUDGET	\$ 10,000

Initials _____

EXHIBIT B-2

PAYMENT SCHEDULE

2007 - 2008 For the Months of...	Estimated Amount of Expenditures	Type of Budgeted Expenditures
July 2007	\$500.00	Medical services
August 2007	\$500.00	Medical services
September 2007	\$1,000.00	Medical services
October 2007	\$1,000.00	Medical services
November 2007	\$1,000.00	Medical services
December 2007	\$1,000.00	Medical services
January 2008	\$1,000.00	Medical services
February 2008	\$1,000.00	Medical services
March 2008	\$1,000.00	Medical services
April 2008	\$1,000.00	Medical services
May 2008	\$1,000.00	Medical services
TOTALS:	\$10,000.00	

Initials _____

Exhibit C

City of Edcouch – Funding Year 20 Schedule of Activity

Subrecipient hereby agrees to perform services as outlined in Exhibit A.

A proposed monthly schedule of activity should be provided in this space. Schedule should not exceed Subrecipient contract time frame of twelve months from contract date.

2007 – 2008 for the months of...	Number of Beneficiaries	Services
July	20	Medical
August	20	Medical
September	30	Medical
October	30	Medical
November	30	Medical
December	30	Medical
January	30	Medical
February	30	Medical
March	30	Medical
April	30	Medical
May	20	Medical
June		Medical

Initials _____