

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

No. 4429

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 International Valley Health Institute (Public Services) in the amount of \$10,000.00 for Urban County Program Year 20 (2007).

**Background:**

All funding will be utilized by the Colonia First Aid Project who will provide first aid kits through Community Health Workers (Promotoras). (See the attached Exhibits).

**Sub recipient:**

**International Valley Health Institute**  
Hidalgo County Precinct #1 10,000.00

**Total Funding Amount:**

Deputy Director \_\_\_\_\_ Manager:  Finance: \_\_\_\_\_ **\$10,000.00**

**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 \_\_\_\_\_

**Exhibit A**  
**Statement of Work**

INTERNATIONAL VALLEY HEALTH  
INSTITUTE

Funding Source: City of: \_\_\_\_\_ or Pct. #: 1

Describe the type and amounts of services provided by your agency that will result from the use of grant Funds. (Please explain in detail. If additional space is needed, use additional paper.)

The funding of the First Aid Kits Program will:

Provide first aid kits and educational and referral support to the participating colonia networks. Each colonia network includes approximately 10 families that share the use of a kit which is restocked as needed.

The following services will be performed in this manner:

First Aid kits will need to be restocked as supplies are utilized by the colonia residents. The promotoras visit the colonias regularly and restock the kits as indicated by the refill form turned in by each network leader. The promotoras verify the items needed when they restock the kits and check the first aid kit usage logs. Additionally, a first aid manual is distributed with each kit. Additional manuals are made available to any family in the network who is interested in having one in their own home.

The following services will be expanded/added as a result of CDBG funds:

Funding of this project will allow the families in the participating colonias of Precinct #1 to continue receiving first aid supplies.

The following type of beneficiaries will be served:

Low income colonia residents of Hidalgo County. They are of Hispanic ethnicity, with minimal to no health care coverage and very limited access to health care.

The services will be provided at the following address and/or location(s):

Colonias located between Business 83 and the Texas-Mexico Border within the boundaries of Precinct #1.

**Exhibit B-1**

**Grant Budget**

<b>TYPE OF EXPENDITURES</b>	<b>BUDGETED AMOUNT</b>
First Aid Kit Packages (Includes first aid kits, supplies to restock kits and first aid manuals)	\$ 10,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>TOTAL GRANT BUDGET:</b>	<b>\$ 10,000.00</b>

**EXHIBIT B-2****PAYMENT SCHEDULE**

<b>2007 - 2008 For the Months of...</b>	<b>Estimated Amount of Expenditures</b>	<b>Type of Budgeted Expenditures</b>
<b>July 2007</b>	<b>\$909.09</b>	<b>First aid kit packages</b>
<b>August 2007</b>	<b>\$909.09</b>	<b>First aid kit packages</b>
<b>September 2007</b>	<b>\$909.09</b>	<b>First aid kit packages</b>
<b>October 2007</b>	<b>\$909.09</b>	<b>First aid kit packages</b>
<b>November 2007</b>	<b>\$909.09</b>	<b>First aid kit packages</b>
<b>December 2007</b>	<b>\$909.09</b>	<b>First aid kit packages</b>
<b>January 2008</b>	<b>\$909.09</b>	<b>First aid kit packages</b>
<b>February 2008</b>	<b>\$909.09</b>	<b>First aid kit packages</b>
<b>March 2008</b>	<b>\$909.09</b>	<b>First aid kit packages</b>
<b>April 2008</b>	<b>\$909.09</b>	<b>First aid kit packages</b>
<b>May 2008</b>	<b>\$909.10</b>	<b>First aid kit packages</b>
<b>TOTALS:</b>	<b>\$10,000.00</b>	

**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 eleven  
months from contract date.

<b>2007 - 2008</b> <b>For the months of...</b>	<b>Number of</b> <b>Beneficiaries</b>	<b>Services</b>
<b>July 2007</b>	320	Provide First Aid Kits
<b>August 2007</b>	320	Provide First Aid Kits
<b>September 2007</b>	320	Provide First Aid Kits
<b>October 2007</b>	320	Provide First Aid Kits
<b>November 2007</b>	320	Provide First Aid Kits
<b>December 2007</b>	320	Provide First Aid Kits
<b>January 2008</b>	320	Provide First Aid Kits
<b>February 2008</b>	320	Provide First Aid Kits
<b>March 2008</b>	320	Provide First Aid Kits
<b>April 2008</b>	320	Provide First Aid Kits
<b>May 2008</b>	320	Provide First Aid Kits
<b>Total Unduplicated Year:</b>	320	