



No. _____

Date: June 25, 2008 Meeting Date Request: July 1, 2008

Deadline for Action: July 1, 2008 Contact Person: Diana R. Serna

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

Diana R. Serna, UCP Director : *[Signature]*

Caption:

The Urban County Program requests approval of Subrecipient Agreement with Nuestra Clinica Del Valle (Health Services) in the amount of \$20,000.00 for Urban County Program Year 21 (2008).

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).

Subrecipient: Nuestra Clinica Del Valle

Individual Agreement Amounts:	Hidalgo County Precinct #1	10,000.00
	<u>City of Edcouch</u>	<u>10,000.00</u>

Total Agreement Amount: \$20,000.00

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 _____

Exhibit A
STATEMENT OF WORK

Section I In summary, describe the services that the agency / organization provide to the community.

Nuestra Clinica del Valle will provide medical services which will include support services of Pharmacy, Radiology, Laboratory and Sub-specialty referral.

Section II State the CDBG grant amount awarded and state the name of awarding City / Pct.
\$10,000.00 Awarded By: City of Edcouch

Section III List the proposed type of expenditure(s) utilizing CDBG funds.
CDBG funds will be used to reimburse Nuestra Clinica del Valle for medical services provided to individuals entitled under this contract to receive services.

Section IV List the services that will be provided and how they will be performed as a result of CDBG funds.
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.

Section V As a result of the CDBG award; describe how funds will provide an increase in services or provide a new service to extremely low and/or low to moderate income residents. (EX: Additional ESL classes will be offered; new sports program will be created for the youth, etc.)
Nuestra Clinica del Valle is a multi-service center providing 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.

Section VI Describe the program beneficiaries, estimated number to be serviced, economic background and area of residency.
A total of 450 uninsured, low-income students and siblings residing in the Delta Area.

Section VII List all of the locations with physical address where the service(s) will be provided.
The medical delivery site will be the Edcouch Clinic located at 1200 E. Santa Rosa, Edcouch, Texas 78538

Initials _____

**Exhibit B-1
GRANT BUDGET**

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed two amendments to the grant budget for the term of the agreement.

TYPE OF EXPENDITURES	BUDGETED AMOUNT
MEDICAL SERVICES	\$10,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 10,000.00

Initials _____

**Exhibit B-2
PAYMENT SCHEDULE**

Subrecipient must submit a payment schedule to expend the CDBG award by completing the table below. Proposed changes to the payment schedule must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

2008__ - 2009__ For the Months of...	<u>Estimated Amount</u> Of Expenditures	Type of Budgeted Expenditures
July	\$500.00	Medical Services
August	\$500.00	Medical Services
September	\$1,000.00	Medical Services
October	\$1,000.00	Medical Services
November	\$1,000.00	Medical Services
December	\$1,000.00	Medical Services
January	\$1,000.00	Medical Services
February	\$1,000.00	Medical Services
March	\$1,000.00	Medical Services
April	\$1,000.00	Medical Services
May	\$1,000.00	Medical 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 the table below. Schedule should not exceed Subrecipient contract time frame of eleven months from effective contract date.

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

200 <u>8</u> - 200 <u>9</u> For the months of...	Number of <u>Unduplicated</u> Beneficiaries to be Serviced	Services Provided
July	20	MEDICAL SERVICES
August	25	MEDICAL SERVICES
September	45	MEDICAL SERVICES
October	45	MEDICAL SERVICES
November	45	MEDICAL SERVICES
December	45	MEDICAL SERVICES
January	45	MEDICAL SERVICES
February	45	MEDICAL SERVICES
March	45	MEDICAL SERVICES
April	45	MEDICAL SERVICES
May	45	MEDICAL SERVICES
Total:	450	

Initials _____

Exhibit A
STATEMENT OF WORK

Section I In summary, describe the services that the agency / organization provide to the community.

Nuestra Clinica del Valle will provide dental services which will include support services of Pharmacy, Radiology, Laboratory and Sub-specialty referral.

Section II State the CDBG grant amount awarded and state the name of awarding City / Pct.
\$10,000.00 Awarded By: Precinct 1

Section III List the proposed type of expenditure(s) utilizing CDBG funds.
CDBG funds will be used to reimburse Nuestra Clinica del Valle for dental services provided to individuals entitled under this contract to receive services.

Section IV List the services that will be provided and how they will be performed as a result of CDBG funds.
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.

Section V As a result of the CDBG award; describe how funds will provide an increase in services or provide a new service to extremely low and/or low to moderate income residents. (EX: Additional ESL classes will be offered; new sports program will be created for the youth, etc.)
Nuestra Clinica del Valle is a multi-service center providing 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.

Section VI Describe the program beneficiaries, estimated number to be serviced, economic background and area of residency.
A total of 320 uninsured, low-income students and siblings residing in the Delta Area.

Section VII List all of the locations with physical address where the service(s) will be provided.
The dental delivery site will be the Edcouch Clinic located at 1200 E. Santa Rosa, Edcouch, Texas 78538

Initials _____

**Exhibit B-1
GRANT BUDGET**

Subrecipient agrees to follow the approved list of expenditures. If necessary and upon Urban County approval, the Subrecipient will be allowed two amendments to the grant budget for the term of the agreement.

TYPE OF EXPENDITURES	BUDGETED AMOUNT
DENTAL SERVICES	\$10,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL GRANT BUDGET:	\$ 10,000.00

Initials _____

**Exhibit B-2
PAYMENT SCHEDULE**

Subrecipient must submit a payment schedule to expend the CDBG award by completing the table below. Proposed changes to the payment schedule must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

2008__ - 2009__ For the Months of...	<u>Estimated Amount Of Expenditures</u>	Type of Budgeted Expenditures
July	\$500.00	Dental Services
August	\$500.00	Dental Services
September	\$1,000.00	Dental Services
October	\$1,000.00	Dental Services
November	\$1,000.00	Dental Services
December	\$1,000.00	Dental Services
January	\$1,000.00	Dental Services
February	\$1,000.00	Dental Services
March	\$1,000.00	Dental Services
April	\$1,000.00	Dental Services
May	\$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 the table below. Schedule should not exceed Subrecipient contract time frame of eleven months from effective contract date.

Proposed changes to the schedule of activity must be submitted in writing to UCP for review and approval prior to the proceeding month of the change. Subrecipient will be allowed up to two amendments for the term of the agreement.

2008__ - 2009__ For the months of...	Number of <u>Unduplicated</u> Beneficiaries to be Serviced	Services Provided
July	30	Dental Services
August	30	Dental Services
September	30	Dental Services
October	30	Dental Services
November	30	Dental Services
December	20	Dental Services
January	30	Dental Services
February	30	Dental Services
March	30	Dental Services
April	30	Dental Services
May	30	Dental Services
Total:	320	

Initials _____