

COUNTY of HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE
Hidalgo County Administration Building
2808 South Business Highway 281
Edinburg, Texas 78539-6243
PHONE: (956) 318-2511
FAX: (956) 318-2577
WEBSITE: www.co.hidalgo.tx.us/auditor

April 19, 2011

The Honorable Ramon Garcia, Hidalgo County Judge
The Honorable Joel Quintanilla, Commissioner, Precinct No. 1
The Honorable Hector "Tito" Palacios, Commissioner, Precinct No. 2
The Honorable Jose M. Flores, Commissioner, Precinct No. 3
The Honorable Joseph Palacios, Commissioner, Precinct No. 4

RE: Certification of Revenue

Dear Judge and Commissioners:

Pursuant to Local Government Code § 111.0706 SPECIAL BUDGET FOR GRANT OR AID MONEY:

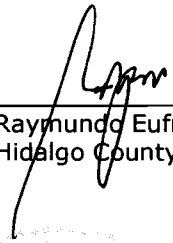
The county auditor shall certify to the commissioners court the receipt of all public or private grant or aid money that is available for disbursement in a fiscal year but not included in the budget for that fiscal year. On certification, the court shall adopt a special budget for the limited purpose of spending the grant or aid money for its intended purpose.

I, Ray Eufrazio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Department of State Health Services. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT
\$10,000.00

PURPOSE
Award No. 2011-037938

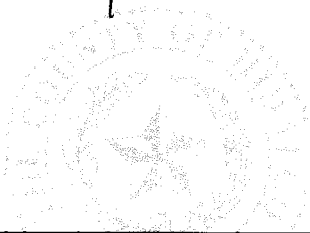
CERTIFIED BY:



Raymundo Eufrazio, CPA
Hidalgo County Auditor

4/19/11

Date



HIDALGO COUNTY DISTRICT JUDGES

- RICARDO P. RODRIGUEZ, JR. JUDGE, 92ND D.C.
- RODOLFO DELGADO JUDGE, 93RD D.C.
- J. R. "BOBBY" FLORES JUDGE, 139TH D.C.
- ROSE GUERRA REYNA JUDGE, 206TH D.C.
- JUAN R. PARTIDA JUDGE, 275TH D.C.
- MARIO E. RAMIREZ, JR. JUDGE, 332ND D.C.
- NOE GONZALEZ JUDGE, 370TH D.C. OVERSEER
- LETICIA LOPEZ JUDGE, 389TH D.C.
- AIDA SALINAS FLORES JUDGE, 398TH D.C.
- ISRAEL RAMON, JR. JUDGE, 430TH D.C.
- JESSE CONTRERAS JUDGE, 448TH D.C.

Janie Alvarez

From: Mike Escaname [miguel.escaname@hchd.org]
Sent: Tuesday, April 19, 2011 10:50 AM
To: 'Janie Alvarez'
Cc: 'Benito Luna'
Subject: FW: Fy 2011 CH/HBPCControl Contract No: 2011-037938-001 Hidalgo County
Attachments: Hidalgo County_2011-037938-001_Core Contract.pdf; Hidalgo County_2011-037938-001_Program Attachment.pdf; Hidalgo County_2011-037938-001_Categorical Budget.pdf

Importance: High

Janie:

I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$10,000.00 to be approved by Mr. Eufrazio. We will be presenting a new grant to CC next week. (see attachments). ✓

The funding is federal passed through state;

Let me know if you have any questions.

Thanks,

Mike Escaname
Budget Manager II
Hidalgo County Health & Human Services
1304 South 25th Avenue
Edinburg, Texas 78542
956-383-6221

-----Original Message-----

From: Murillo, Maria T [mailto:Maria.Tovar@dshs.state.tx.us]
Sent: Tuesday, April 19, 2011 9:19 AM
To: Mike Escaname
Cc: Dukes, Cheryl
Subject: FW: Fy 2011 CH/HBPCControl Contract No: 2011-037938-001 Hidalgo County
Importance: High

Mr. Escaname:

I am forwarding a copy contract packet on behalf of Cheryl Dukes, Client Services Contracting Unit. It is a copy of the of the contract packet that was sent to Hidalgo last Friday. Please utilize the instructions below to return your signed copies.

Maria T. Tovar, Contract Manager
Chronic Programs, Prevention & Preparedness Unit- MC 1990
Texas Department of State Health Services
Office: 512-458-7111 ext. 2265
Fax: 512-458-7391

From: Dukes, Cheryl
Sent: Friday, April 15, 2011 3:22 PM

To: 'norma.longoria@wic.co.hidalgo.tx.us'; 'raymundo.eufracio@auditor.co.hidalgo.tx.us'; 'EDDIE.OLIVAREZ@HCHD.ORG'
Cc: Murillo, Maria T
Subject: FW: Fy 2011 CH/HBPCControl Contract No: 2011-037938-001 Hidalgo County

Hello Contractor,

Attached are files containing your Department of State Health Services (DSHS) contract. Please print two copies of each, in the order they appear in this email, sign and return both copies to this unit as soon as possible. **To expedite contract execution, please overnight the contract to the physical address below.** Your contract will be signed by DSHS and returned to your agency.

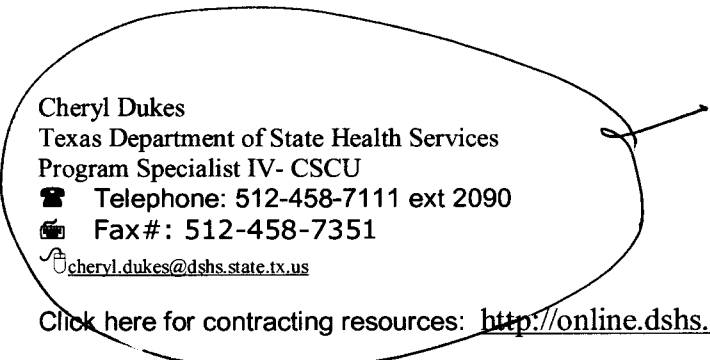
Changes made to any portion of the contract document (s) are considered a counter-offer and are not valid without DSHS written concurrence.

DSHS will not pay for reimbursements submitted/postmarked more than 60 days after the end of the contract term. Additional information regarding this policy is available on the DSHS website at <http://www.dshs.state.tx.us>.

NOTE: Return both copies of the contract in their entirety to one of the two addresses below. Contracts returned to any other address may result in contract delays.

Physical Address for Overnight Mail	Mailing Address for Regular Mail
Client Services Contracting Unit MC 1886 Department of State Health Services 1100 W.49 th Street Austin, TX 78756	Client Services Contracting Unit MC 1886 Department of State Health Services PO Box 149347 Austin, TX 78714- 9347

Please reference the DSHS contract and attachment number in all future correspondence.
If you have questions, contact Cheryl Dukes at 512.458.7111 ext 2090 or via email at cheryl.dukes@dshs.state.tx.us.



Cheryl Dukes
Texas Department of State Health Services
Program Specialist IV- CSCU
☎ Telephone: 512-458-7111 ext 2090
☎ Fax#: 512-458-7351
✉ cheryl.dukes@dshs.state.tx.us

Click here for contracting resources: <http://online.dshs.state.tx.us/finance/cscu.htm>

CONFIDENTIALITY NOTICE: This email and any files transmitted with it may contain Protected Health Information under the Federal Health Insurance Portability and Accountability Act (HIPAA). If the receiver of this email is a Covered Entity under the regulations, you are obligated to treat this information accordingly. If this email was sent to you in error, you are prohibited from utilizing or disseminating this email or any attachments. Please immediately delete it from your computer system and notify the sender of their error.

DEPARTMENT OF STATE HEALTH SERVICES



CFDA 93.283 (Fed)
Center for disease
Control and Prevention
investigation + technical
assistance

This contract, number 2011-037938 (Contract), is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and HIDALGO COUNTY (Contractor), a Government Entity, (collectively, the Parties). *Passed thru: 2*

1. **Purpose of the Contract.** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations as described in the Program Attachments.

2. **Total Amount of the Contract and Payment Method(s).** The total amount of this Contract is \$10,000.00, and the payment method(s) shall be as specified in the Program Attachments. ***

3. **Funding Obligation.** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.

4. **Term of the Contract.** This Contract begins on 04/01/2011 and ends on 06/29/2011. DSHS has the option, in its sole discretion, to renew the Contract as provided in each Program Attachment. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.

5. **Authority.** DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.

6. **Documents Forming Contract.** The Contract consists of the following:

- a. Core Contract (this document)
- b. Program Attachments:

2011-037938-001 CHRONIC HIGH BLOOD PRESSURE CONTROL
- c. General Provisions (Sub-recipient)
- d. Solicitation Document(s), and
- e. Contractor's response(s) to the Solicitation Document(s).
- f. Exhibits

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

7. **Conflicting Terms.** In the event of conflicting terms among the documents forming this Contract, the order of control is first the Core Contract, then the Program Attachment(s), then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

8. **Payee.** The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name: HIDALGO COUNTY
Address: HIDALGO COUNTY TREASURER 2810 S BUSINESS 281
EDINBURG, TX 78539-6243
Vendor Identification Number: 17460007176060

9. **Entire Agreement.** The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

By signing below, the Parties acknowledge that they have read the Contract and agree to its terms, and that the persons whose signatures appear below have the requisite authority to execute this Contract on behalf of the named party.

DEPARTMENT OF STATE HEALTH SERVICES

HIDALGO COUNTY

By: _____
Signature of Authorized Official

By: _____
Signature

Date

Date

Bob Burnette, C.P.M., CTPM

Printed Name and Title

Director, Client Services Contracting Unit

Address

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

City, State, Zip

(512) 458-7470

Telephone Number

Bob.Burnette@dshs.state.tx.us

E-mail Address for Official Correspondence

CONTRACT NO. 2011-037938-
PROGRAM ATTACHMENT NO. 001
PURCHASE ORDER NO. 0000372459

CONTRACTOR: HIDALGO COUNTY

DSHS PROGRAM: CHRONIC HIGH BLOOD PRESSURE CONTROL

TERM: 04/01/2011

THRU: 06/29/2011

SECTION I. STATEMENT OF WORK:

Contractor will work to improve blood pressure control and increase awareness of signs and symptoms of heart attack by implementing a community education and assessment campaign that will use clinic staff, including Community Health Workers (Promotoras), to educate underserved populations in Hidalgo County about the prevention and control of high blood pressure and the signs and symptoms of heart attack, including symptoms specific to women.

Contractor will utilize Promotoras and other clinic staff to educate low income and medically underserved populations about risks associated with high blood pressure and actions they can take to control high blood pressure, including: increasing physical activity, healthy eating, smoking cessation, reduced alcohol consumption, reduced salt intake, and taking blood pressure medications as prescribed.

Hidalgo County Health and Human Services (HCHHS) will use the *Community Health Worker's Sourcebook: A Training Manual for Preventing Heart Disease and Stroke* (Sourcebook) provided to the Contractor by DSHS in providing health education. Training for Promotoras on the use of the Sourcebook will be provided by DSHS in collaboration with a local promotora association, and will be made available in both English and Spanish.

Promotoras and other clinic staff will assess residents risk for high blood pressure as part of the community outreach. Members of the population assessed and identified with high blood pressure will be referred to a physician and information will be provided about community health centers that will accept low income residents. Information will also be provided about ways to access blood pressure medications that are free or low cost.

DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. DSHS Program will monitor Contractor's expenditures on a quarterly basis. If expenditures are below that projected in Contractor's total contract amount as shown in SECTION VIII. BUDGET, Contractor's budget may be subject to a decrease for the remainder of the Program Attachment term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

SECTION II. PERFORMANCE MEASURES:

By April 30, 2011, Contractor shall:

- Ensure clinic staff, including Promotoras, have been trained to use the Community Health Worker Sourcebook chapters on high blood pressure, actions to control high blood pressure, and signs and symptoms of heart attack, with emphasis on unique symptoms occurring in women. Obtain Sourcebooks in English and Spanish and distribute to clinic staff providing health education and outreach.

By June 29, 2011, Contractor shall:

- Provide education and blood pressure assessment for a minimum of 150 clients from underserved populations that includes education about prevention and control of high blood pressure (>140/90) and education about the signs and symptoms of heart attack, including symptoms commonly seen in women;
- Provide clients found to have high blood pressure (>140/90) with education about actions to control high blood pressure, including: increasing physical activity, eating a healthy diet, reducing sodium intake, smoking cessation, using alcohol only in moderation, stress reduction, and taking medications as prescribed;
- Provide clients found to have high blood pressure with a blood pressure control plan. Include information on the number of clients provided with a HBP control plan in the monthly reports; and
- In a final report, summarize the number of clients assessed, number found to have high blood pressure, number educated, average blood pressure among those with high blood pressure (>140/90), number provided with control plans, and number referred for further evaluation by a physician.

Track and provide monthly reports on April 29, 2011, and May 31, 2011, to DSHS of the number of clients assessed, found to have high blood pressure, and educated to include all client education and results as noted in bullets above.

By June 29, 2011, submit the final report to the Cardiovascular Disease and Stroke Program, Adult Health and Chronic Disease Branch, Department of State Health Services, Attention Jane Osmond, PO Box 149347, MC 1945, Austin, TX 78714 or cvdandstroke@dshs.state.tx.us.

SECTION III. SOLICITATION DOCUMENT:

Exempt- Governmental Entity

SECTION IV. RENEWALS:

N/A

SECTION V. PAYMENT METHOD:

Cost Reimbursement

SECTION VI. BILLING INSTRUCTIONS:

Contractor shall request payment using the State of Texas Purchase Voucher (Form B-13) and acceptable supporting documentation for reimbursement of the required services/deliverables. The B-13 can be found at the following link <http://www.dshs.state.tx.us/grants/forms.shtm>. Vouchers and supporting documentation should be mailed or submitted by fax or electronic mail to the address/number below.

**Department of State Health Services
Claims Processing Unit, MC1940
1100 West 49th Street
P.O. Box 149347
Austin, Texas 78714-9347**

The fax number for submitting State of Texas Purchase Voucher (Form B-13) to the Claims Processing Unit is (512) 458-7442. The email address is invoices@dshs.state.tx.us.

SECTION VII. BUDGET

SOURCE OF FUNDS:

CFDA NUMBER: 93.283



SECTION VIII. SPECIAL PROVISIONS:

General Provisions, **ARTICLE XIII, GENERAL TERMS, Section 13.15, Amendment**, is amended to include the following:

Contractor must submit all amendment and revision requests in writing to the Division Contract Management Unit at least 90 days prior to the end of the term of this Program Attachment.

2011-037938-001

Categorical Budget:

PERSONNEL	
FRINGE BENEFITS	\$0.00
TRAVEL	
EQUIPMENT	\$0.00
SUPPLIES	
CONTRACTUAL	\$0.00
OTHER	\$5,000.00
TOTAL DIRECT CHARGES	\$10,000.00
INDIRECT CHARGES	\$0.00
TOTAL	\$10,000.00
DSHS SHARE	\$10,000.00
CONTRACTOR SHARE	\$0.00
OTHER MATCH	\$0.00

Total reimbursements will not exceed \$10,000.00

Financial status reports are due: 08/29/2011

1293.441.00 - 340.049.1. xxx