

## Mike Escaname

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**From:** Tuanh.Perez@dshs.state.tx.us  
**Sent:** Wednesday, March 21, 2012 3:54 PM  
**To:** miguel.escaname@hchd.org  
**Cc:** Kathie.Martinez@dshs.state.tx.us  
**Subject:** FW: Hidalgo County contract #2012-040814  
**Attachments:** Hidalgo Co NIIW fy2012 signature page.pdf; Hidalgo Co NIIW fy2012 Program Attachment.pdf; Hidalgo Co NIIW fy2012 Budget.pdf; 2012GenProvSubrecipCleanTOC[1].pdf

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. 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.

<b>Physical Address for Overnight Mail</b>	<b>Mailing Address for Regular Mail</b>
Client Services Contracting Unit MC 1886 Department of State Health Services 1100 W.49 <sup>th</sup> Street Austin, TX 78756 Attention: Tu-Anh Perez	Client Services Contracting Unit MC 1886 Department of State Health Services PO Box 149347 Austin, TX 78714- 9347 Attention: Tu-Anh Perez

Please reference the DSHS contract and attachment number in all future correspondence. If you have questions, contact **Tu-Anh Perez** at 512-776-2182 or via email at [tuanh.perez@dshs.state.tx.us](mailto:tuanh.perez@dshs.state.tx.us)

*Tu-Anh Le Perez*  
*Program Specialist, CTPM*  
*Client Services Contracting Unit*  
*Dept. of State Health Services*  
<http://online.dshs.state.tx.us/finance/cscu.htm>  
*512-776-2182*  
*512-776-7351 fax*  
[tuanh.perez@dshs.state.tx.us](mailto:tuanh.perez@dshs.state.tx.us)  
*"Tell me and I'll forget.*  
*Show me and I might remember.*  
*Involve me and I'll understand."*

## DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2012-040814 (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).

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 03/01/2012 and ends on 06/30/2012. 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:

2012-040814-001 OFFICE OF BORDER HEALTH
  - c. General Provisions (Sub-recipient)

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. 2012-040814-  
PROGRAM ATTACHMENT NO. 001  
PURCHASE ORDER NO. 0000382319

CONTRACTOR: HIDALGO COUNTY

DSHS PROGRAM: OFFICE OF BORDER HEALTH

TERM: 03/01/2012 THRU: 06/30/2012

SECTION I. STATEMENT OF WORK:

Contractor shall assist Department of State Health Services ( DSHS) Office of Border Health (OBH) in the promotion of immunization awareness and the prevention of vaccine preventable diseases through the planning, coordinating, and execution of local activities or events for the United States-Mexico Border Health Commission celebration of National Infant Immunization/Vaccination Week in the Americas 2012 which occurs April 21-28, 2012.

Contractor shall comply with all applicable federal and state laws, rules, regulations, standards, and guidelines including, but not limited to, the Health and Human Services (HHS), Office of Global Affairs (OGA) cooperative agreement for Border Health Improvement Initiative (Cooperative Agreement GHS GH110022-01-00).

SECTION II. PERFORMANCE MEASURES:

**Eligible Population:** All population living within Hidalgo County, Texas and targeted surrounding areas to include Tamaulipas, Mexico.

**Service Area:** Hidalgo County, Texas and targeted surrounding areas to include Tamaulipas, Mexico

**Location:** Hidalgo County, Texas and targeted surrounding areas to include Tamaulipas, Mexico

**Goals:**

Contractor shall plan, coordinate, and execute National Infant Immunization Week/Vaccination Week in the Americas (NIIW/VWA) activities to accomplish the following goals:

- Focus on identified priorities of the BHC and planned in coordination with the BHC Outreach Office, the Centers for Disease Control and Prevention (CDC), each of the United States (U.S.) and Mexico state immunization programs, local immunization coalitions, and the Pan American Health Organization (PAHO) United States-Mexico Border Office.
- Promote immunization in the U.S. – Mexico border region in conjunction with the U.S. focused NIIW and the Mexico National Health Week.
- Have a clear understanding of the binational immunization schedule.

- Educate on vaccine preventable diseases to health care professional and the community.
- Educate and train on the importance of Texas Vaccines for Children (TVFC) Program.
- Discuss the importance of ImmTrac (Texas Immunization Registry) and proper record keeping.
- Educate on the importance in keeping infants/children/adolescents up to date with their immunizations.
- Promote immunization awareness to school nurses, Women, Infant, and Children (WIC) program, Head Start program, hospitals, promotoras and TVFC providers.
- To educate and have the residents of Hidalgo County and the surrounding area leave with an understanding of immunizations.

### **Objectives:**

Contractor shall accomplish the following objectives:

- Focus on NIIW by providing Immunization Updates In-Service to all health care professionals, promotoras, school nurses and other agencies such as WIC, Head Start and hospitals by April 28<sup>th</sup>, 2012
- Bring in a motivational speaker (a survivor); with intentions to share their story with audience on coping with their disease that could have been vaccine preventable.
- Provide presenters who will be focusing on promoting the importance of immunization schedule from a binational point of view.
- Present a Health Fair/Carnival to provide information and services to our community in promoting vaccine preventable disease awareness.

### **Activities:**

Contractor shall accomplish the following activities:

- By March 15, 2012, develop an action plan to coordinate and execute activities for NIIW/VWA;
- By March 30, 2012, complete planning of the TVFC conference;
- By March 30, 2012, complete planning for NIIW Hidalgo KIDS carnival;
- By April 26, 2012, execute the TVFC Provider conference;
- By April 28, 2012, execute the NIIW Hidalgo KIDS carnival; and,
- By April 28, 2012, complete advertisements of NIIW Hidalgo KIDS carnival.
- By April 28, 2012, have participated in all NIIW/VWA conference calls or meetings set forth by DSHS OBH or BHC;
- By April 28, 2012, have provided regular updates of information to DSHS OBH, including completion of required matrices of planned NIIW/VWA activities;
- By May 25, 2012, have completed the BHC Evaluation tool to evaluate the quality of the activities. Evaluation component must be completed on a DSHS OBH prescribed format;
- By May 25, 2012, submit a completed BHC NIIW/VWA Data Collection Questionnaire;
- By May 25, 2012, submit a completed report detailing all activities conducted, partnerships reaffirmed or created, along with an analysis of data collected from the evaluation tool

developed. Report must be completed on a DSHS OBH prescribed format;

- By May 25, 2012, submit copies of any and all documentation including save-the-date notices, sign-in sheets, meeting reports, agendas, photographs, event brochures, programs, itineraries, organizational charts, directories, Power Point presentations, advertisements, surveys, correspondence letters, in-kind contribution letters, proclamations, promotional items, computer generated proofs, invitations, translated documents, press releases, public service announcements, speaker curriculum vitae's, evaluation tools, Executive Reports, invoices, monthly reports, finance reports, expense sheets, bids, proposals, purchase orders and any other related NIIW/VWA materials.

### **Outcomes:**

- All health care professionals, promotoras, school nurses, and other agencies will be disseminating vaccine preventable disease awareness information.
- The community will become aware of the importance of keeping their children up to date with their immunizations.
- Coordinate a health fair/carnival for the community in immunization awareness, to include a recap of weekly NIIW/ VWA events.

DSHS Program shall:

- Participate in NIIW/VWA planning meetings and support activities;
- Receive and review all required save-the-date notices, sign-in sheets, meeting reports, agendas, photographs, event brochures, programs, itineraries, organizational charts, directories, Power Point presentations, advertisements, surveys, correspondence letters, in-kind contribution letters, proclamations, promotional items, computer generated proofs, invitations, translated documents, press releases, public service announcements, speaker curriculum vitae's, evaluation tools, Executive Reports, invoices, monthly reports, finance reports, expense sheets, bids, proposals, purchase orders and any other related NIIW/VWA materials.
- Provide regional staff to assist with planning and implementation where appropriate of NIIW/VWA inaugural activities; and,
- Provide technical assistance with planning needs.

SECTION III. SOLICITATION DOCUMENT: Exempt - Governmental Entity

SECTION IV. RENEWALS: N/A

SECTION V. PAYMENT METHOD: Cost Reimbursement

Funding is further detailed in the attached Categorical Budget and, if applicable, Equipment List

SECTION VI. BILLING INSTRUCTIONS:

Contractor shall be reimbursed for its actual, reasonable, and necessary costs incurred while conducting the activities stated in ARTICLE III. PERFORMANCE MEASURES. Actual, reasonable, and necessary costs include but are not limited to costs for travel for special invited guests, speakers and/or presenters; supplies for activities; educational items and brochures for event promotion; and fees for venue.

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. Vouchers and supporting documentation should be mailed or submitted by fax or electronic mail to the addresses/number below.

Claims Processing Unit, MC1940  
Department of State Health Services  
1100 West 49<sup>th</sup> Street  
PO Box 149347  
Austin, TX 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](mailto:invoices@dshs.state.tx.us).

Quarterly Progress Reports shall be submitted by DSHS OBH concurrently to:

Mail: Department of State Health Services  
Office of Border Health  
Attn: Jorge Bacelis  
Mail Code: 1962  
PO Box 149347  
Austin, Texas 78714-9347

Email: [jorge.bacelis@dshs.state.tx.us](mailto:jorge.bacelis@dshs.state.tx.us)

Fax : Attn : Jorge Bacelis (512) 776-7262

Contractor shall maintain financial accounting documents and records in accordance with generally accepted governmental accounting practices and procedures. Such documents and records shall include copies of invoices, receipts, and approved travel vouchers. Hidalgo County Health Department shall make such documents and records available for examination and audit by DSHS upon request.

Contractor shall accept the authority of the State Auditor's Office to conduct audits and investigations in connection with any and all state funds received pursuant to this Contract. Hidalgo County Health Department shall comply with and cooperate in any such investigation or audit. Hidalgo County Health Department also agrees to include a provision in any subcontract

related to this Contract that requires the subcontractor to submit audits to, and agree to investigation by, the State Auditor's Office in connection with any and all state funds received pursuant to the subcontract.

SECTION VII. BUDGET:

SOURCE OF FUNDS: CFDA #:93.018

DUNS NUMBER: 103110834

SECTION VIII. SPECIAL PROVISIONS: N/A

## Categorical Budget:

PERSONNEL	\$0.00
FRINGE BENEFITS	\$0.00
TRAVEL	\$0.00
EQUIPMENT	\$0.00
SUPPLIES	\$4,500.00
CONTRACTUAL	\$1,500.00
OTHER	\$4,000.00
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: 07/02/2012