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

June 7, 2013

The Honorable Ramon Garcia, Hidalgo County Judge
The Honorable A.C. Cuellar, Jr., 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 Eufracio, 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	PURPOSE
$10,000.00	Award No. 2013-043641-001 Do Well (Diabetes Empowerment Education Program/Do Well, Be Well Program)

CERTIFIED BY:

Raymundo Eufracio, CPA
Hidalgo County Auditor

6-10-13
Date

Debbie Tamez

From:	Mike Escaname [miguel.escaname@hchd.org]
Sent:	Tuesday, June 04, 2013 4:27 PM
To:	Debbie Tamez - Grant Accountant
Subject:	FW: RE: HPCDP/CVD-DEEPDW- DSHS Contract N0.: 2013-043641-001 HIDALGO COUNTY
Attachments:	Hidalgo CO_2013-043641-001_Core Contract.pdf; Hidalgo CO_2013-043641-001_Program Attachment.pdf
Follow Up Flag:	Follow up
Flag Status:	Flagged

Hello Debbie:

We need a program number for this grant and the Certification of Revenue.

Thanks,

Mike E.

From: Eddie Olivarez [mailto:eddie.olivarez@hchd.org]
Sent: Tuesday, June 04, 2013 4:00 PM
To: Mike Escaname
Subject: FW: RE: HPCDP/CVD-DEEPDW- DSHS Contract N0.: 2013-043641-001 HIDALGO COUNTY

Eduardo Olivarez
Chief Administrative Officer
Hidalgo County Health and Human Services
1304 South 25th Ave.
Edinburg, Texas 78542
956-383-8858 Office
www.twitter.com/hidalgohealth

From: Dukes,Cheryl (DSHS) [mailto:Cheryl.Dukes@dshs.state.tx.us]
Sent: Tuesday, June 04, 2013 2:46 PM
To: 'eddie.olivarez@hchd.org'; 'norma.longoria@wic.co.hidalgo.tx.us'
Cc: Gambrell,Jon (DSHS); Fox,Pamela (DSHS)
Subject: FW: RE: HPCDP/CVD-DEEPDW- DSHS Contract N0.: 2013-043641-001 HIDALGO COUNTY

Vonda,
Please review and approve the attached files for emailing to OP.

Hello Contractor,

Attached are files that contain your Department of State Health Services (DSHS) contract. Please print two copies of each file, in the order they appear in this email, sign and return two copies to this unit as soon as possible.

To expedite contract execution, ensure that all forms are completed, signed and returned via overnight mail 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	Client Services Contracting Unit MC 1886
Department of State Health Services	Department of State Health Services
1100 W.49th Street	PO Box 149347
Austin, TX 78756	Austin, TX 78714- 9347
Attn: Cheryl Dukes	Attn: Cheryl Dukes

Please reference the DSHS contract number in all future correspondence.

If you have questions, contact Cheryl Dukes at (512) 776-2090 or via email at cheryl.dukes@dshs.state.tx.us.

Thank you,

Cheryl Dukes,CTCM,CTPM
Texas Department of State Health Services
Contract Specialist IV- CSCU
☎ *Telephone: 512-776-2090*
🖶 *Fax#: 512-776-7351*
8cheryl.dukes@dshs.state.tx.us

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

DEPARTMENT OF STATE HEALTH SERVICES

This contract, number 2013-043641 (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 04/15/2013 and ends on 06/29/2013. 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:

2013-043641-001 DoWell (Diabetes Empowerment Education Program/Do Well, Be Well Program)

c. General Provisions (Vendor)
d. Solicitation Document(s), and **(N/A)**
e. Contractor's response(s) to the Solicitation Document(s).**(N/A)**
f. Exhibits **(N/A)**

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:_____	By:_____
Signature of Authorized Official	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. 2013-043641
PROGRAM ATTACHMENT NO. 001
PURCHASE ORDER NO. 0000394619

CONTRACTOR: HIDALGO COUNTY

DSHS PROGRAM: DoWell (Diabetes Empowerment Education Program/Do Well, Be Well Program)

TERM: 04/15/2013 THRU: 06/29/2013

SECTION I. STATEMENT OF WORK:

Contractor shall develop a diabetes and cardiovascular disease awareness campaign and educational outreach program, based on the Diabetes Empowerment and Education Program (DEEP) curriculum. The awareness campaign and educational outreach program will target the employees of Hidalgo County and their family members.

The goal of the awareness campaign and educational outreach program is to increase the awareness of diabetes and its connection to cardiovascular disease among Hidalgo County Health Department employees and their families and to increase the number of persons who are enrolled in a chronic disease or diabetes self-management program, such as DEEP. While this contract shall be used to create a sustainable campaign and educational outreach program, because of the short time-frame, only the first DEEP module will be conducted within this contract's project period. However, it is expected that this contract will be utilized to prepare for complete implementation of DEEP's curriculum; therefore, resources will largely be directed to the awareness campaign, DEEP participant recruitment, and obtaining all necessary resources for the DEEP program.

Contractor shall develop a detailed work plan with timeline to include sequential activities and milestones toward accomplishing project goals.

SECTION II. PERFORMANCE MEASURES:

The following performance measures(s) will be used to assess, in part, Contractor's effectiveness in providing the services described SECTION I STATEMENT OF WORK in this Program Attachment, without waiving the enforceability of any of the other terms of the contract.

By May 1, 2013, Contractor shall submit a detailed work plan to the DSHS Cardio-Vascular Disease (CVD) and Stroke Program. The work plan shall include:

- goals and objectives;
- list of team members, and their roles in the project;
- intended target population (reach);

- marketing data (how the program will be advertised and participants will be recruited e.g. flyers, brochures, company newsletter, in-person);
- sustainability plan; and
- evaluation plan.

Work plan must be approved by CVD and Stroke Program staff prior to its implementation.

Contractor will provide CVD staff with bi-weekly project status reports in writing to include: implementation status, barriers and methods to address those barriers, opportunities to enhance activities, and next steps. Bi-weekly progress reports will be due on the following dates: May 10, 2013; May 24, 2013; June 7, 2013; and June 21, 2013.

By June 1, 2013, Contractor shall develop and submit copies of all marketing materials used for the campaign and to recruit DEEP or Do Well, Be Well participants to the DSHS CVD and Stoke Program for approval prior to use.

By June 29, 2013, Contractor shall conduct one module of DEEP or Do Well, Be Well to participants.

By June 29, 2013, Contractor shall submit participation numbers for one module of DEEP or Do Well, Be Well to DSHS CVD Program.

By June 29, 2013, Contractor shall provide ongoing project status reports to CVD and Stroke Program.

SECTION III. SOLICITATION DOCUMENT:

Exempt-Governmental Entity

SECTION IV. RENEWALS:

N/A

SECTION V. PAYMENT METHOD:

Deliverables

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 addresses/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) 776-7442. The email address is invoices@dshs.state.tx.us.

SECTION VII. BUDGET

SOURCE OF FUNDS: CFDA 93.283

DSHS will make payment to Contractor upon completion and approval of each deliverable referenced below and upon receipt of a completed State of Texas purchase voucher as described in Section VI. BILLING INSTRUCTIONS.

Types of Services or Deliverables:

Deliverables	Due Date	Amount
Detailed work plan, as described in Section II.	May 1, 2013	$2,500
All marketing materials used for the campaign and to recruit DEEP or Do Well, Be Well participants.	June 1, 2013	$2,500
Provide participation sign-in to document that one module of DEEP or Do Well, Be Well was conducted.	June 29, 2013	$5,000
Total Amount Not to Exceed		$10,000

SECTION VIII. SPECIAL PROVISIONS:

General Provisions, **Article XII. General Terms, Section 12.14 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 ninety (90) days prior to the end of the term of this Program Attachment.

AI-39083 **Health & Human Services Dept. 20. E.**

CC REGULAR

Meeting Date: 06/11/2013

Submitted For: Eddie Olivarez **Submitted By:** Mike Escaname, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

1. Requesting approval to accept the Do Well grant contract # 2013-043641-001 in the amount of $10,000.00.

2. Requesting approval of the Certification of Revenue as certified by the County Auditor.

3. Requesting approval of the Budget Appropriation.

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2013 **ACCT. #:** 3-1293-441-00-340-058-3-XXX

FUNDS AVAILABLE Y/N?: Y **MATCHING FUNDS Y/N?:** N

BUDGETARY IMPACT:

No local matching funds required.

Attachments

Grant

Budget Appropriation

Form Review

Inbox	Reviewed By	Date
Budget & Management	Obdett Calzada	06/05/2013 01:22 PM
Budget & Management	Obdett Calzada	06/05/2013 01:22 PM
Obdett Calzada		
Auditor's Office		
Purchasing Department		

Form Started By: Mike Escaname Started On: 06/04/2013 04:31 PM

DATE: June 04, 2013

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 3-1293-441-00-340-058-3-XXX DEEP

SUBJECT: Budget Amendments (Increases) in Accordance with Local Government Code, Chapter 111, Subchapter C

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following amendments (increase) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT -
SUPPLIES		
3-1293-441-00-340-058-3-603	DEEP - Educational / Instructional Supplies	$ 5,335.00
3-1293-441-00-340-058-3-604	DEEP - Medical & Laboratory Supplies	$ 340.00
OTHER		
3-1293-441-00-340-058-3-540	DEEP - Advertising	$ 4,325.00
	TOTAL APPROPRIATION	$ 10,000.00
3-1293-331-12-340-058-3-000	DEEP - Grant Revenue	$ 10,000.00
	TOTAL APPROPRIATION	$ 10,000.00

REASON: To appropriate the DEEP FY 13 program funding.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S CC DATE ATTEST CO. CLERK