

From: "eddie.olivarez" <eddie.olivarez@hchd.org>
To: "Mike Escaname (mike.escaname@hchd.org)" <mike.escaname@hchd.org>
Subject: FY 2015 DSHS Contract# 2015-047239-001 - Hidalgo County Health Department (HPCDP/TXHC)
Date: 10/2/2014 11:38:34 AM

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

From: "White, Vonda (HHSC)" <Vonda.White@hhsc.state.tx.us>
Sent: 10/1/2014 6:15:42 PM
To: "ramon.garcia@co.hidalgo.tx.us" <ramon.garcia@co.hidalgo.tx.us>, "eddie.olivarez@hchd.org" <eddie.olivarez@hchd.org>
Cc: "Davis, Amber N (DSHS)" <Amber.Davis@dshs.state.tx.us>
Subject: FY 2015 DSHS Contract# 2015-047239-001 - Hidalgo County Health Department (HPCDP/TXHC)

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 division 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.

Also attached is the Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification form that needs to be completed each fiscal year. Additional information regarding this federal requirement is available on the DSHS website at <http://www.dshs.state.tx.us/grants/>.

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 45 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 two copies of the contract in their entirety to the address below. Contracts returned to any other address may result in contract delays.

Mailing Address for Regular and Overnight Mail:

Health and Human Services Commission
Procurement and Contracting Services
Attn: Vonda White
4405 North Lamar Blvd.
MC 2020
Austin, TX 78756

Please reference the DSHS contract and attachment number in all future correspondence.

If you have questions, contact Vonda White at 512.206.4798 or via email at Vonda.white@hhsc.state.tx.us.

Sincerely,

Vonda White, CTPM, CTCM

Procurement and Contracting Services

Health and Human Services Commission

PCS Customer Service: CST_HHSC@hhsc.state.tx.us

Phone: 512-206-4798

DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2015-047239 (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 HEALTH DEPARTMENT (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 \$50,000.00, 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 10/01/2014 and ends on 09/30/2015. 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:

2015-047239-001 Health Promotions & Chronic Disease Prevention - Texas Healthy Communities
 - 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 HEALTH DEPARTMENT

By: _____
Signature of Authorized Official

By: _____
Signature

Date

Date

Janna Zumbrun, M.S.S.W.

Printed Name and Title

Assistant Commissioner for Disease Control
and Prevention Services

Address

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

City, State, Zip

512.776.7111

Telephone Number

Janna.Zumbrun@dshs.state.tx.us

E-mail Address for Official Correspondence

CONTRACT NO. 2015-047239
PROGRAM ATTACHMENT NO. 001
PURCHASE ORDER NO. 0000409262

CONTRACTOR: HIDALGO COUNTY HEALTH DEPARTMENT

DSHS PROGRAM: Health Promotions & Chronic Disease Prevention - Texas Healthy
Communities

TERM: 10/1/2014 THRU: 09/30/2015

SECTION I. STATEMENT OF WORK:

The Texas Department of State Health Services (DSHS) will contract to implement targeted, evidence-based community systems and environmental change strategies that address one or more of the following Texas Healthy Communities (TXHC) priority indicators:

Indicator 1: Physical activity

Indicator 2: Nutrition

Indicator 3: Breastfeeding

Indicator 4: Schools

Indicator 5: Worksites

Indicator 6: Comprehensive Tobacco Control

Indicator 7: Cardiac and Stroke Response

Indicator 8: Health Care Quality

Contractor will work with a local public/private planning group to plan and implement the identified strategies.

Contractor will provide DSHS staff with monthly project status reports, via telephone call on the dates listed in Section II, Performance Measures of this Program Attachment (unless otherwise agreed to in writing by DSHS), to discuss the following:

- 1) Implementation status, 2) barriers and methods to address those barriers, 3) opportunities to enhance the activities, 4) lessons learned, and 5) next steps.

Other calls may be added as appropriate with Contractor and DSHS Program staff.

DSHS reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. DSHS will monitor Contractor's expenditures on a quarterly basis. If expenditures are below what is projected in Contractor's total Program Attachment amount, Contractor's budget may

be subject to a decrease for the remainder of the Contract term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

SECTION II. PERFORMANCE MEASURES:

The following performance measures will be used to assess, in part, Contractor's effectiveness in providing the services described in this Program Attachment without waiving the enforceability of any of the other terms of the Program Attachment.

Contractor shall:

1. Conduct and complete the Texas Healthy Communities Assessment (DSHS will review and approve the assessment prior to final submission in Performance Management and Tracking System (PMATS)) on or before November 15, 2014.
2. Develop and complete the Project Work Plan in conjunction with DSHS. The Project Work plan must be reviewed and approved by DSHS prior to the submission date. The Work plan must include objective with supporting activities that address indicators in the TXHC assessment identified as needing improvement on or before December 15, 2014.
3. Develop an Evaluation Plan and submit to DSHS on or before January 30, 2015 for DSHS Program review.
4. Provide an Interim Progress Report on or before March 31, 2015 to include: summary of all items/activities conducted to date; detailed description of progress toward achieving objectives and activities; and barriers.
5. Provide a Final Progress Report to include: summary of all items/activities conducted to date; detailed description of progress toward achieving objectives and activities; plans for sustaining activities once funding has ended; and barriers/lessons learned. Submission of Final Report must fully address any feedback from DSHS based on draft final report and must be submitted on or before September 15, 2015.
6. Participate in twelve (12) monthly feedback calls (monthly project status reports) with DSHS Program to be conducted on or before the following dates: October 31st, November 28th, December 31st, January 30th, February 27th, March 31st, April 30th, May 29th, June 30th, July 31st, August 31st, September 30th, and submit the collaborative monthly report to DSHS within one week of the call.

Contractor shall submit all reports, documentation, and other information as required to the following electronic email address: TXHC@dshs.state.tx.us.

SECTION III. SOLICITATION DOCUMENT:

Exempt-Governmental Agency

SECTION IV. RENEWALS:

No Renewals

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 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/b13form.doc> . Vouchers and supporting documents should be mailed or submitted by fax or electronic mail to the addresses/number below.

**Department of State Health Services
Claims Processing Unit, MC1940
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) 776-7442. The email address is invoices@dshs.state.tx.us .

SECTION VII. BUDGET:

Cost Reimbursement

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

SOURCE OF FUNDS:

CFDA #: 93.991.000

DUNS Number: 103110834

SECTION VIII. SPECIAL PROVISIONS:

General Provisions, Article XV, General Terms, Section 15.15, 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 ninety (90) days prior to the end of the term of this program attachment.

2015-047239-001

Categorical Budget:

PERSONNEL	\$0.00
FRINGE BENEFITS	\$0.00
TRAVEL	\$3,804.00
EQUIPMENT	\$0.00
SUPPLIES	\$9,533.00
CONTRACTUAL	\$0.00
OTHER	\$36,663.00
TOTAL DIRECT CHARGES	\$50,000.00
INDIRECT CHARGES	\$0.00
TOTAL	\$50,000.00
DSHS SHARE	\$50,000.00
CONTRACTOR SHARE	\$0.00
OTHER MATCH	\$0.00

Total reimbursements will not exceed \$50,000.00

Financial status reports are due: 01/30/2015, 04/30/2015, 07/31/2015, 11/16/2015

Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

The certifications enumerated below represent material facts upon which DSHS relies when reporting information to the federal government required under federal law. If the Department later determines that the Contractor knowingly rendered an erroneous certification, DSHS may pursue all available remedies in accordance with Texas and U.S. law. Signor further agrees that it will provide immediate written notice to DSHS if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. **If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to DSHS detailing which of the below statements it cannot certify and why.**

Legal Name of Contractor: HIDALGO COUNTY	FFATA Contact # 1 Name, Email and Phone Number: Ramon Garcia ramon.garcia@co.hidalgo.tx.us (956) 318-2600																			
Primary Address of Contractor: 302 W. University Dr. Edinburg, TX 78539	FFATA Contact #2 Name, Email and Phone Number: Ray Eufrazio ray.eufrazio@auditor.co.hidalgo.tx.us (956) 318-2511																			
ZIP Code: 9-digits Required www.usps.com <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">7</td><td style="width: 20px;">8</td><td style="width: 20px;">5</td><td style="width: 20px;">3</td><td style="width: 20px;">9</td><td style="width: 20px;">-</td><td style="width: 20px;">3</td><td style="width: 20px;">3</td><td style="width: 20px;">0</td><td style="width: 20px;">4</td> </tr> </table>	7	8	5	3	9	-	3	3	0	4	DUNS Number: 9-digits Required www.sam.gov <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td style="width: 20px;">1</td><td style="width: 20px;">0</td><td style="width: 20px;">3</td><td style="width: 20px;">1</td><td style="width: 20px;">1</td><td style="width: 20px;">0</td><td style="width: 20px;">8</td><td style="width: 20px;">3</td><td style="width: 20px;">4</td> </tr> </table>	1	0	3	1	1	0	8	3	4
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Printed Name of Authorized Representative Ramon Garcia	Signature of Authorized Representative _____
Title of Authorized Representative Hidalgo County Judge	Date _____

**Fiscal Federal Funding Accountability and Transparency Act
(FFATA) CERTIFICATION**

As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? Yes No

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification.
If your answer is "No", answer questions "A" and "B".

A. Certification Regarding % of Annual Gross from Federal Awards.

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year? Yes No

B. Certification Regarding Amount of Annual Gross from Federal Awards.

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year? Yes No

If your answer is "Yes" to both question "A" and "B", you must answer question "C".
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

C. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes No

If your answer is "Yes" to this question, where can this information be accessed?

If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.

For example:

*John Blum:500000;Mary Redd:50000;Eric Gant:400000;Todd Platt:300000;
Sally Tom:300000*

Provide compensation information here:
