

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 10, 2015

The Honorable Ramon Garcia, Hidalgo County Judge
The Honorable A.C. Cuellar, Jr., Commissioner, Precinct No. 1
The Honorable Eduardo "Eddie" Cantu, 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
\$195,000.00

PURPOSE
Award No. 2015-047694-001
Lactation Support Center Services
Strategic Expansion Program (LSCS-SEP)

CERTIFIED BY:

Raymundo Eufrazio, CPA
Hidalgo County Auditor

Date

HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY
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, 449TH D.C.

AI-49149

WIC 34. A.

CC - REGULAR

Meeting Date: 04/14/2015

Submitted By: Margarita Gonzalez, WIC

Department: WIC

Information

CAPTION

Lactation Support Center Services - Strategic Expansion Program (1292):

1. Requesting approval to accept the Lactation Support Center Services - Strategic Expansion Program (LSCS-SEP) grant contract #2015-047694-001 in the amount of \$195,000.00 for the period 04/01/2015 thru 08/31/2016.
2. Requesting approval for County Judge to sign the Certification Regarding Lobbying statement.
3. Requesting approval for County Judge to sign the Fiscal Federal Funding Accountability and Transparency Act.
4. Requesting approval of Certification of Revenue in the amount of \$195,000.00.
5. Requesting approval of the budget appropriation in the amount of \$195,000.00 in grant funds.
6. Approval to create the following position:

Slot No.	Position Title	Proposed Budgeted Salary
0001	International Board Certified Lactation Consultant (IBCLC)	\$63,000.00

7. Approval to create salary schedule in accordance with Commissioners Court action.

BACKGROUND

Budget represents initial funding from Texas Department of State Health Services.

No County Match- Federal funds.

5.1292.441.00.350.018.5.xxx

Fiscal Impact

FISCAL YEAR: 2015

ACCT. #: 5.1292.441.00.350.018.5.xxx

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

No County Match 100% Federal Funding.

Appropriation of funds in the amount of \$195,000.00 for WIC LAC SUPP CENTER.

Revenue Account # 5-1292-334-10-350-018-5-000

Attachments

Core Contract Lactation Support Center

FFATA Certification 2015

Certification of Lobbying

PAR Form

Budget Amendment- Revised

Job Description

Form Review

Inbox	Reviewed By	Date
Budget & Management Obdett Calzada Auditor's Office Purchasing Department	Veronica Ortiz	04/01/2015 04:40 PM
Form Started By: Margarita Gonzalez		Started On: 03/31/2015 07:12 PM

Gerardo Salinas

From: Mague Gonzalez [mague.gonzalez@wic.co.hidalgo.tx.us]
Sent: Friday, April 10, 2015 11:31 AM
To: Gerardo Salinas
Cc: norma.longoria
Subject: Certification of Revenues
Attachments: BA Lactation Support Ctr..xls

Jerry,

Please process a Certification of Revenue in the amount of \$195,000.00 The certification is in reference to grant number 5.1292.441.00.350.018.5.xxx. (see attachment).

Appropriation of said funds will be on agenda item AI-49149, from meeting date 04/14/15.

If additional information is required, please call or e-mail.

Margarita Gonzalez
Accountant IV
Hidalgo County WIC Program
3105 W. University
Edinburg, Texas 78539
(956)381-4646 ext. 4042
(956)381-0017
mague.gonzalez@wic.co.hidalgo.tx.us

DEPARTMENT OF STATE HEALTH SERVICES



This contract, number 2015-047694 (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 AND HUMAN SERVICES WIC PROGRAM (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 \$195,000.00, 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 04/01/2015 and ends on 08/31/2016. 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, Section 12.051.
6. **Documents Forming Contract.** The Contract consists of the following:
 - a. Core Contract (this document)
 - b. Program Attachments:

2015-047694-001 OTVFH - Lactation Support Center Services - Strategic Expansion Program (LSCS-SE)
 - 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 AND HUMAN
SERVICES WIC PROGRAM

By: _____
Signature of Authorized Official

By: _____
Signature

Date

Date

Evelyn Delgado

Ramon Garcia
Printed Name and Title

Assistant Commissioner for Family and
Community Health Services

Hidalgo County Judge
Address

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756

302 W. University Drive
City, State, Zip

512.776.7321

(956) 318-2600
Telephone Number

Evelyn.Delgado@dshs.state.tx.us

norma.longoria@wic.co.hidalgo.tx.us
E-mail Address for Official Correspondence

**Fiscal Federal Funding Accountability and Transparency Act
(FFATA) CERTIFICATION
For Fiscal Year (FY15)**

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 S. University Edinburg, Texas 78539	FFATA Contact #2 Name, Email and Phone Number: Ray Eufrazio ray.eufrazio@auditor.co.hidalgo.tx.us (956) 318-2600																			
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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
For Fiscal Year (FY15)**

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:



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE

AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form L.L.L. "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

Ramon Garcia

Print Name of Authorized Individual

2015-047694

Application or Contract Number

HIDALGO COUNTY HEALTH AND
HUMAN SERVICES WIC PROGRAM

Organization Name

DATE: 4/10/2015
DEPARTMENT HEAD: NORMA LONGORIA
DEPARTMENT NAME: WIC Lactation Support Center Services-Strategic Expansion Program
ACCOUNT NUMBER: 5.1292.441.00.350.018.5.XXX

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 (increases) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBERS	ACCOUNT (OBJECT) NAME	AMOUNT
5.1292.441.00.350.018.5.113	Salaries	63,000.00
5.1292.441.00.350.018.5.211	Health Insurance	8,558.00
5.1292.441.00.350.018.5.212	Life Insurance	56.00
5.1292.441.00.350.018.5.220	FICA	4,953.00
5.1292.441.00.350.018.5.230	Retirement	6,883.00
5.1292.441.00.350.018.5.250	Unemployment	378.00
5.1292.441.00.350.018.5.260	Wokers comp.	592.00
5.1292.441.00.350.018.5.310	Indirect Cost	6,386.00
5.1292.441.00.350.018.5.581	In County Travel	460.00
5.1292.441.00.350.018.5.583	Out of County Travel	7,200.00
5.1292.441.00.350.018.5.584	Registration Fees	1,888.00
5.1292.441.00.350.018.5.540	Advertising	16,121.00
5.1292.441.00.350.018.5.441	Land & Bldg Rentals	18,000.00
5.1292.441.00.350.018.5.610	General Supplies	60,107.00
5.1292.441.00.350.018.5.640	Reference Material	418.00
	Total Program Expenditures	195,000.00
5.1292.334.10.350.018.5.XXX	WIC Lactation Program Revenue	195,000.00
	Total Program Revenues	195,000.00

REASON: Appropriate grant award for the full grant cycle 4/1/15 thru 8/31/16.

NEW POSITION: Brief job description and attach a copy of the new job description.

sdfsd

POSITION RECLASSIFICATION: Explain change and /or increase in duties and responsibility. (Attach new job description)

ADDITIONAL DUTIES: Explain reason for additional duties and attach list of additional duties.

COMMENTS: (Any comments you wish to make regarding this request)

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

- | | | | | | |
|----|-----------------------------------|----------------|-----------------------------------|---|-----------------------------|
| 1. | <u>Norma L. Lopez</u> | <u>3-31-15</u> | FUNDING AVAILABLE IN DEPT. BUDGET | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| | DEPARTMENT HEAD | DATE | | | |
| 2. | <u>sdfgsdfg</u> | _____ | PERSONNEL PROCEDURES COMPLETED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | HUMAN RESOURCES DIRECTOR | DATE | | | |
| 3. | _____ | _____ | BUDGET PROCEDURES COMPLETED | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | DEPARTMENT OF BUDGET & MANAGEMENT | DATE | | | |
| 4. | _____ | _____ | _____ | _____ | _____ |
| | COMMISSIONERS COURT APPROVAL | DATE | | | |

INTERNATIONAL BOARD CERTIFIED LACTATION CONSULTANT

GENERAL DESCRIPTION

Under the direct supervision of the Registered Nurse IBCLC, performs moderate to high senior level professional lactation consultations independently within the scope of practice attributed to the skills of a International Board Certified Lactation Consultant. Responsible for the implementation of the standards of care and guidelines required to assist breastfeeding mothers in all areas of breastfeeding support, with the purpose to maintain breastfeeding and increase the duration of breastfeeding. Assist Lactation Care Center staff, (consultants and peer counselors) and work in cooperation with hospitals, local state WIC Clinics.

EXAMPLES OF WORK PERFORMED

Observes, assesses, plans, performs specific care and evaluates participants' care based on assessments. Provides teaching to clients and their families. Performs all related activities according to acceptable IBCLC evidence based practices and procedures.

Coordinates WIC breastfeeding activities within local hospitals and community organizations.

Reviews literature and research findings to keep abreast of current lactation protocols and helps to serve as a resource for breastfeeding information to WIC participants, and staff.

Demonstrates knowledge of breastfeeding principles, practices, procedures. Develops individual feeding plan and counsels clients along with support members.

Maintains a system which insures the follow-up and continuous care for mothers and infants referred by hospitals, agencies and clinics.

Records clients' progress and concerns. Informs clients of available referral services.

Helps to collect and monitor Lactation Care Center; Statistics in order to compile reports.

Conducts baby behavior and lactation classes as needed.

Audits and monitors breast pumps, breastfeeding aids and other breastfeeding materials in the Lactation Center.

Participates in community outreach activities to promote Lactation Care services.

Attends monthly supervisors' meetings and other required trainings.

Perform utilization reviews, analyzes data, and makes recommendations to Registered Nurse/IBCLC.

Assists with the training of all staff that provide direct breastfeeding services to participants.

Attends work on the regular and predictable schedule in accordance with Hidalgo County leave policy and performs other duties as assigned.

GENERAL QUALIFICATION GUIDELINES

Experience and Education

Graduation from an accredited two-year College with a minimum of an Associates Degree in Health, Nutrition or related field and two to three years of experience providing lactation support and instruction. Two (2) years of experience may substitute one (1) year of education.

Bilingual preferred (English/Spanish)

Certificates, Licenses, Registrations

IBCLC Certification by International Board of Lactation Consultant Examiners.

Current Immunization Record and an annual Tuberculin test

Must possess a valid Texas Motor Vehicle Operator's License

Must be able to be insured by the County's insurance carrier

Knowledge, Skills, and Abilities

Ability to provide patient care, prepare and maintain follow-up on clients' records, organize, coordinate, and evaluate the Lactation Center activities and delivery of breastfeeding support services.

Ability to train all levels of staff.

Ability to analyze research data and compile reports.

Knowledge and application of computer programs to include MS office software.

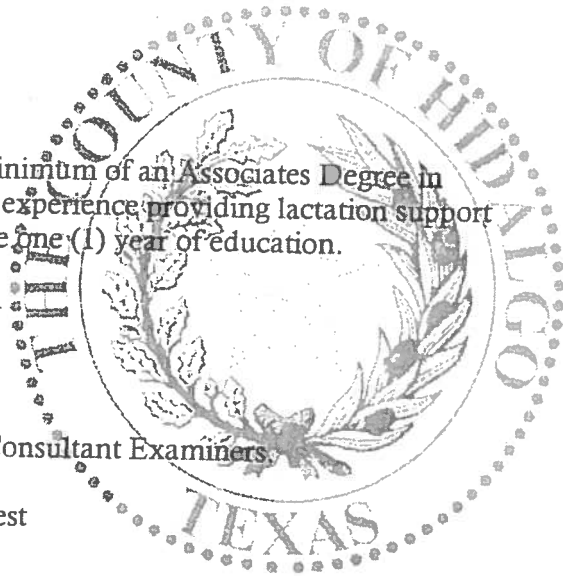
Ability to plan, organize, schedule, and coordinate resources effectively.

Effective oral and written communication skills.

Completion of all required WIC modules during the probationary period.

PHYSICAL DEMANDS:

The physical demands described here are representative of those that must be met by an employee to successfully perform the essential functions of this job.



While performing the duties of this job, the employee is regularly required to talk or hear. The employee frequently is required to stand. The employee is occasionally required to walk; sit; use hands to find, handle, or feel objects, tools or controls; reach with hands and arms; climb or balance; stoop and kneel.

The employee must occasionally lift and/or move over 25 pounds. Specific vision abilities required by this job include close vision, depth perception, and the ability to adjust focus.

WORK ENVIRONMENT:

The work environment characteristics described here are representative of those an employee encounter while performing the essential functions of this job.

The noise level in the work environment is usually moderate.

SAFETY REQUIREMENTS:

Maintain physical conditions appropriate to the performance of assigned duties and responsibilities which may include the following:

- sitting for extended periods of time
- standing for extended periods of time
- operating assigned equipment

Maintain mental capacity which permits:

- making sound decisions and using good judgment
- demonstrating intellectual capabilities

Effectively handle a work environment and conditions which involve

- working closely with others
- working in a multi-task environment

Maintain effective audio-visual discrimination and perception needed for

- making observations
- reading and writing
- operating assigned equipment
- communication with others
- required to follow the Hidalgo County Accident Prevention Plan and department's safety regulations

