

# 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](http://www.co.hidalgo.tx.us/auditor)

September 11, 2015

The Honorable Ramon Garcia, Hidalgo County Judge  
The Honorable A.C. Cuellar, Jr., Commissioner, Precinct No. 1  
The Honorable Eduardo 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 commissioner's 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	PURPOSE
\$ 50,000.00	Awards No. 2016-003876-00
	HPCDP/TXHC Texas Healthy Communities

CERTIFIED BY:

Raymundo Eufrazio, CPA  
Hidalgo County Auditor

9/11/15

Date

**HIDALGO COUNTY DISTRICT JUDGES**

LUIS M SINGLETERRY JUDGE 92 <sup>ND</sup> D.C	RODOLFO DELGADO JUDGE 93 <sup>RD</sup> D.C	J R. "BOBBY" FLORES JUDGE 139 <sup>TH</sup> D.C	ROSE GUERRA REYNA JUDGE 206 <sup>TH</sup> D.C	JUAN R. PARTIDA JUDGE 275 <sup>TH</sup> D.C	MARIO E. RAMIREZ, JR. JUDGE 332 <sup>ND</sup> D.C	NOE GONZALEZ JUDGE 370 <sup>TH</sup> D.C OVERSEER	LETICIA LOPEZ JUDGE 389 <sup>TH</sup> D.C	AIDA SALINAS FLORES JUDGE 398 <sup>TH</sup> D.C	ISRAEL RAMON, JR. JUDGE 430 <sup>TH</sup> D.C	JESSE CONTRERAS JUDGE 449 <sup>TH</sup> D.C
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DEPARTMENT OF STATE HEALTH SERVICES

CONTRACT 2016-003876-00



This 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 Governmental, (collectively, the Parties) entity.

**1. Purpose of the Contract:** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations.

**2. Total Amount:** The total amount of this Contract is \$50,000.00.

**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 10/01/2015 and ends on 09/30/2016. DSHS has the option, in its sole discretion, to renew the Contract. 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:** As applicable, DSHS enters into this Contract under the authority of Texas Health and Safety Code Chapters 12 or 1001 or Texas Government Code Chapters 531, 771, 791 or 2155.

**6. Program Name:** HPCDP/TXHC Texas Healthy Communities

## 7. 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.

Contractor agrees to read DSHS Contractor Financial Procedures Manual (CFPM) and work with DSHS staff regarding the management of funds received under this Contract.

<http://www.dshs.state.tx.us/contracts/cfpm.shtm>.

### 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. Develop, complete and submit a Project Work Plan in conjunction with DSHS. The Work plan must include objectives with supporting activities that address indicators identified in the FY 2015 TXHC assessment as needing improvement. A Project Work Plan Draft must be submitted, reviewed and approved by DSHS prior to the final version submission date. The Project Work Plan draft must be submitted to DSHS on or before October 15, 2015 and the final Project Work Plan submission is due to

DSHS on or before October 30, 2015.

2. Develop and submit an Evaluation Plan to DSHS. An Evaluation Plan Draft must be reviewed and approved by DSHS prior to the final version submission date. The Evaluation Plan Draft must be submitted on or before November 16, 2015 and the final Evaluation Plan version is due to DSHS on or before November 30, 2015.

3. Submit an Interim Progress Report Draft to DSHS for review on or before March 17, 2016. The Report will include summary of all items/activities conducted to date; detailed description of progress toward achieving objectives and activities; and barriers. Submission of the final Interim Report must fully address any feedback from DSHS based on the draft Interim Report and must be submitted on or before March 31, 2016.

4. Conduct, complete and submit the Texas Healthy Communities Assessment Draft in the Performance Management and Tracking System by May 16, 2016. DSHS will review and approve Draft submission prior to submission of final report in Performance Management and Tracking System (PMATS) on or before May 29, 2016.

5. Submit a Final Progress Report Draft to DSHS for review and approval on or before August 31, 2016. Report will 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 14, 2016.

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, and September 30th. Contractor will submit written monthly reports as directed by DSHS.

#### SECTION VI. BILLING INSTRUCTIONS:

Contractor shall request payment monthly, using the State of Texas Purchase Voucher (Form B-13), even if no funds are expended in a particular month, and including 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](mailto:invoices@dshs.state.tx.us).

## 8. Service Area

Hidalgo County

**This section intentionally left blank.**

**10. Procurement method:**

Non-Competitive

Interagency/Interlocal

GST-2016-Solicitation-00014

DCPS FY16 HPCDP/TXHC New 2016

**11. Renewals:**

Number of Renewals Remaining: 0 Date Renewals Expire: 09/30/2016

**12. Payment Method:**

Cost Reimbursement

**13. Source of Funds:**

93.991

**14. DUNS Number:**

103110834

**15. Programmatic Reporting Requirements:**

Report Name	Frequency	Period Begin	Period End	Due Date
Project Work Plan	Nonrecurring			10/30/2015
Evaluation Plan	Nonrecurring			11/30/2015
Interim Progress Report	Nonrecurring	10/01/2015	03/15/2016	03/31/2016
Texas Healthy Communities Assessment Report	Nonrecurring			05/29/2016
Final Progress Report	Nonrecurring	10/01/2015	08/31/2016	09/14/2016
Financial Status Report (FSR)	Quarterly	10/01/2015	12/30/2015	01/31/2016
Financial Status Report (FSR)	Quarterly	01/01/2016	03/31/2016	04/30/2016
Financial Status Report (FSR)	Quarterly	04/01/2016	06/30/2016	07/31/2016
Financial Status Report (FSR)	Final	07/01/2016	09/30/2016	11/15/2016

**Submission Instructions:**

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

Programmatic reports include: Project Work Plan, Evaluation Plan, Interim Progress Report and Final Progress Report.

Texas Healthy Communities Assessment will be entered into Performance Management and Tracking System (PMATS).

Financial Status Reports shall be submitted to invoices@dshs.state.tx.us.

## **16. Special Provisions**

### SECTION VIII. SPECIAL PROVISIONS:

General Provisions, Article XIV, General Terms, Section 14.12, 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.

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

- a. Contract (this document)      2016-003876-00
- b. General Provisions              Subrecipient General Provisions
- c. Attachments                      Budget
- d. Declarations                      Certification Regarding Lobbying, Fiscal Federal Funding  
Accountability and Transparency Act (FFATA) Certification
- e. 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.

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

**19. 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  
Vendor Identification Number:      17460007176

**20. 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.

I certify that I am authorized to sign this document and I have read and agree to all parts of the contract,

**Department of State Health Services**

**Hidalgo County**

By:  
Signature of Authorized Official

By:  
Signature of Authorized Official

Date

Date

Name and Title  
1100 West 49th Street  
Address  
Austin, TX 78756-4204  
City, State, Zip

Name and Title  
Address  
City, State, Zip

Telephone Number

Telephone Number

E-mail Address

E-mail Address

**Budget Summary**

Organization Name: Hidalgo County  
Contract Number: 2016-003876-00

Program ID: HPCDP/TXHC

**Budget Categories**

<b>Budget Categories</b>	<b>DSHS Funds Requested</b>	<b>Cash Match</b>	<b>In Kind Match Contributions</b>	<b>Category Total</b>
Personnel	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00	\$0.00
Travel	\$1,057.00	\$0.00	\$0.00	\$1,057.00
Equipment	\$0.00	\$0.00	\$0.00	\$0.00
Supplies	\$23,943.00	\$0.00	\$0.00	\$23,943.00
Contractual	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$25,000.00	\$0.00	\$0.00	\$25,000.00
Total Direct Costs	\$50,000.00	\$0.00	\$0.00	\$50,000.00
Indirect Costs	\$0.00	\$0.00	\$0.00	\$0.00
<b>Totals</b>	<b>\$50,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$50,000.00</b>



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Document Information [DCPS-2016-HPCDP/TXHC-00012](#)

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### **CERTIFICATION REGARDING LOBBYING**

Organization Name: Hidalgo County  
Contract Number: 2016-003876-00

For contracts greater than \$100,000, this attachment is applicable and must be signed as part of the contract agreement.

#### **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 federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit, an officer or employee of congress, or an employee of a member of congress in connection with this Standard Form-11, "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.

Applicable  Non-Applicable

Signature of Authorized Individual

Date:

#### Navigation Links

Status	Page Count	Name	Created By	Last Modified By
		<a href="#">Certification Regarding Lobbying</a>		
		<a href="#">Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification</a>		
		<a href="#">Signature Page</a>		
		<a href="#">General Provisions</a>		
		<a href="#">Contract Print</a>		



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**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.

Organization Name	Hidalgo County			
Address	1304 S 25th St			
City	Edinburg	State	Texas	Zip Code (9 digit) 78539
Payee Name	Hidalgo County			
Address	Hidalgo County Treasurer 2810 S Business 281			
City	Edinburg	State	TX	Zip Code (9 digit) 78539-6243
Vendor identification No.	17460007176	MailCode	060	
Payee DUNS No.	103110834			

1. Did your organization have a gross income, from all sources, of more than \$300,000 in your previous tax year? \*

Yes  No

2. 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

3. 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

Identify contact persons for FFATA Correspondence. \*

FFATA Contact Person #1

Name\*

Email\*

Telephone\*

FFATA Contact Person #2

Name\*

Email\*

Telephone\*

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

Minerva Diaz

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**From:** Mike Escaname [mike.escaname@hchd.org]  
**Sent:** Friday, September 04, 2015 4:25 PM  
**To:** minerva.diaz@auditor.co.hidalgo.tx.us  
**Subject:** Request - Certification of Revenue - TX Healthy Communities FY 16 - \$50,000.00  
**Attachments:** 2016-003876-00 Texas Healthy FY 16.pdf

Minerva,

I'd appreciate if you can arrange to have a Certification of Revenue processed for the Texas Healthy Communities FY 16 grant in the amount of \$50,000.00.

We will present this contract to CC for acceptance on Tuesday, 09/15/15.

Thanks,

*Mike Escaname*

Budget Manager  
Hidalgo County Health & Human Services Dept.  
1304 S. 25<sup>th</sup> St.  
Edinburg, TX 78539  
Direct # (956) 292-7000 ext. 7210  
Main # (956) 383-6221



AI-51180

Health & Human Services Dept. 21. 0.

CC - REGULAR

Meeting Date: 09/15/2015

Submitted For: Eddie Olivarez, HEALTH & HUMAN SERVICES DEPT.

Submitted By: Mike Escaname, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

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**Information**

**CAPTION**

1. Requesting approval to accept the Texas Healthy Communities grant contract #2016-003876-00 in the amount of \$50,000.00 for the period of 10/01/2015 to 09/30/2016.
2. Requesting approval for County Judge to e-sign the Texas Healthy Communities grant contract, Certification Regarding Lobbying Statement and the Fiscal Federal Funding Accountability and Transparency Act Certification Statement.
3. Requesting approval of the Certification of Revenue in the amount of \$50,000.00.
4. Requesting approval of the budget appropriation.

**BACKGROUND**

05/19/15 - AI-49611 - Approval to submit grant renewal application.

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**Fiscal Impact**

**FISCAL YEAR:** 2016

**ACCT. #:** 5-1293-441-00-340-061-6-XXX

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

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

**BUDGETARY IMPACT:**

No local match required.

5-1293-331-12-340-061-6-000 TX HEALTHY COMMUNITIES REVENUE

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**Attachments**

Grant Contract

BA

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**Form Review**

<b>Inbox</b>	<b>Reviewed By</b>	<b>Date</b>
Budget & Management	Veronica Ortiz	09/02/2015 02:42 PM
Manuel Chapa	Manuel Chapa	09/09/2015 10:18 AM
Auditor's Office		
Purchasing Department		

Form Started By: Mike Escaname

Started On: 09/01/2015 02:19 PM

**DATE: October 1, 2015**

**DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer**

**DEPARTMENT NAME: Hidalgo County Health & Human Services Department**

**ACCOUNT NUMBER: 5-1293-441-00-340-061-6-XXX Texas Healthy Communities**

**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.

<b>INCREASE OBJECT NUMBER(S)</b>	<b>ACCOUNT (OBJECT) NAME</b>	<b>AMOUNT</b>
	<b>TRAVEL</b>	-
5-1293-441-00-340-061-6-583	TX HEALTHY COMMUNITIES-TRAVEL OUT OF CO	\$ 1,057.00
	<b>SUPPLIES</b>	
5-1293-441-00-340-061-6-610	TX HEALTHY COMMUNITIES-GENERAL SUPPLIES	\$ 7,480.00
5-1293-441-00-340-061-6-660	TX HEALTHY COMMUNITIES-FURNISHINGS & EQU	\$ 16,463.00
	<b>OTHER</b>	
5-1293-441-00-340-061-6-540	TX HEALTHY COMMUNITIES-ADVERTISING	\$ 15,000.00
5-1293-441-00-340-061-6-550	TX HEALTHY COMMUNITIES-PRINTING & BINDING	\$ 10,000.00
	<b>TOTAL APPROPRIATION</b>	\$ 50,000.00
5-1293-331-12-340-061-6-000	TX HEALTHY COMMUNITIES REVENUE	\$ 50,000.00
	<b>TOTAL BUDGET</b>	\$ 50,000.00

**INCREASE REQUEST \$**

**REASON: To appropriate the grant funds for the Texas Healthy Communities program**

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S (

DATE

ATTEST CO. CLERK