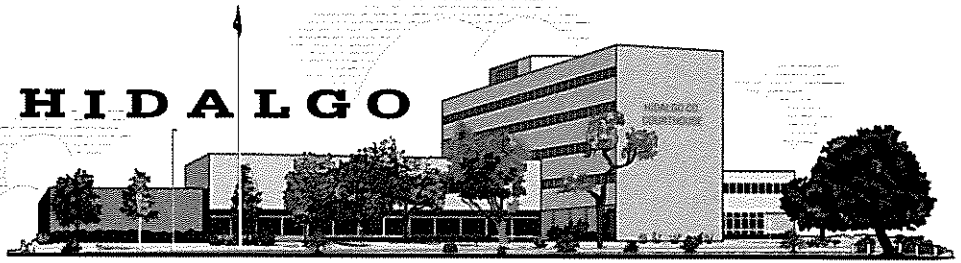


COUNTY of HIDALGO



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

August 5, 2016

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.

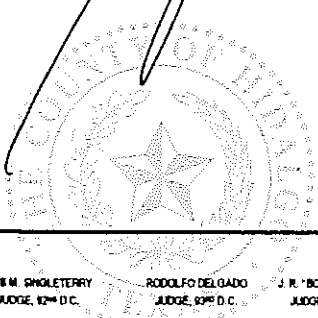
I, Ray Eufrazio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Department of State Health Services (TDSHS). These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT	PURPOSE
\$605,561.00	Award No. 2016-001417-01
	TB/PC Tuberculosis Prevention and Control-State

CERTIFIED BY:

Raymundo Eufrazio, CPA
Hidalgo County Auditor

Date



HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SHOLETEERRY JUDGE, 12 TH D.C.	RODOLFO DELGADO JUDGE, 32 ND D.C.	J. R. "BOBBY" FLORES JUDGE, 139 TH D.C.	ROSE GUERRA REYNA JUDGE, 204 TH D.C.	JUAN R. PARTIDA JUDGE, 275 TH D.C.	MARCO E. RAMIREZ JR. JUDGE, 332 ND D.C.	NOE GONZALEZ JUDGE, 370 TH D.C. OVERSEER	LETICIA LOPEZ JUDGE, 388 TH D.C.	AIDA GALINAS FLORES JUDGE, 398 TH D.C.	ISRAEL RAMON JR. JUDGE, 430 TH D.C.	JESSE CONTRERAS JUDGE, 441 TH D.C.
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AI-55564

Health & Human Services
Dept. 19. F.

CC - REGULAR

Meeting Date: 08/09/2016

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

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

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

1. Requesting approval to accept the TB/PC State grant contract amendment #2016-001417-01. The purpose of the amendment is to amend certain contractual language as set forth in the contract, to add the FY 17 award allocation of \$605,561 and to extend the end of the contract term to August 31, 2017.
2. Requesting approval for County Judge to e-sign the TB/PC State grant contract amendment and related document.
3. Requesting approval of the Certification of Revenue in the amount of \$605,561.00.
4. Requesting approval of the budget appropriation in the amount of \$605,561.00 in grant funds and \$121,112.00 in local matching funds.
5. Requesting approval of the salary schedule.

TB Control Program Income:

1. Requesting approval of the Certification of Revenue in the amount of \$20,000.00 for the TB Control program income.
2. Requesting approval of the budget appropriation in the amount of \$20,000.00.

BACKGROUND

08/18/15 - AI-50832 - Acceptance of TB/PC State FY 16 grant contract.
 04/26/16 - AI-54328 - Approval to submit request for TB/PC State FY 17 Allocation.

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1293-441-10-340-008-6-XXX
FUNDS AVAILABLE Y/N?:	Y	MATCHING FUNDS Y/N?:	Y

BUDGETARY IMPACT:

TB State Grant Award FY 17 = \$605,561.00
Required local match = \$121,112.00 (20%)
Reserved during the 2016 budget process. Reference account
#6-1100-491-01-000-293-7-891 = \$121,112.00.

Attachments

TB PC Amendment

Budget Appropriation

Salaries and Fringes Projection

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/25/2016 10:17 AM
Final Approval		
Form Started By: Mike Escaname		Started On: 07/22/2016 04:08 PM

Minerva Diaz

From: Mike Escaname [miguel.escaname@hchd.org]
Sent: Saturday, July 23, 2016 9:59 AM
To: minerva.diaz@auditor.co.hidalgo.tx.us
Subject: Request - Certification of Revenue - \$605,561.00 - TB Control (State) & \$20,000.00 TB Program Income
Attachments: AI-55564 Acceptance of TB Control FY 17 Award 080916.pdf; 2016-001417-01 TB PC State FY 16 Amendment.pdf

Minerva,

We will present AI-55564 to CC on 08/09/16. I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$605,561.00 for the grant award and \$20,000.00 for the projected program income.

Let me know if you have any questions.

Thanks,

Mike Escaname

Budget Manager
Hidalgo County Health & Human Services Department
1304 S. 25 Ave
Edinburg, TX 78542-7205
Main Line (956) 383-6221
Direct Line (956) 292-7000 ext. 7210



DATE: September 01, 2016

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 6-1293-441-10-340-008-6-XXX T. B. Control (State)

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
Personnel		
6-1293-441-10-340-008-6-113	T.B. Control - Reg F/T Employees	\$ 532,731.00
Fringes		
6-1293-441-10-340-008-6-211	T.B. Control - Health Insurance	\$ 84,726.00
6-1293-441-10-340-008-6-212	T.B. Control - Life Insurance	\$ 502.00
6-1293-441-10-340-008-6-220	T.B. Control - FICA	\$ 40,755.00
6-1293-441-10-340-008-6-230	T.B. Control - Retirement	\$ 59,935.00
6-1293-441-10-340-008-6-250	T.B. Control - Unemployment Comp	\$ 2,667.00
6-1293-441-10-340-008-6-260	T.B. Control - Workers Comp	\$ 5,010.00
Travel		
Supplies		
6-1293-441-10-340-008-6-610	T.B. Control - General Supplies	\$ 347.00
TOTAL APPROPRIATION		\$ 726,673.00
6-1293-334-10-340-008-6-000	T.B. Control - Revenue	\$ 605,561.00
6-1293-391-01-000-100-7-000	Transfers In - General Fund (DO NOT POST)	\$ 121,112.00
6-1100-491-01-000-293-7-891	Transfers Out - Health Grants (DO NOT POST)	\$ 121,112.00
TOTAL APPROPRIATION		\$ 726,673.00

REASON: To appropriate the T.B. Control grant award allocation for the period of
09/01/2016 through 08/31/2017. (Includes the Local Match for the same period)

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

DATE: September 1, 2016

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 6-1293-441-10-340-008-6-XXX T.B. Control (State) Program Income

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
Personnel		
6-1293-441-10-340-008-6-113	T.B. Control - Reg F/T Employees	\$ 6,440.00
Fringes		
6-1293-441-10-340-008-6-211	T.B. Control - Health Insurance	\$ 1,296.00
6-1293-441-10-340-008-6-212	T.B. Control - Life Insurance	\$ 8.00
6-1293-441-10-340-008-6-220	T.B. Control - FICA	\$ 493.00
6-1293-441-10-340-008-6-230	T.B. Control - Retirement	\$ 725.00
6-1293-441-10-340-008-6-250	T.B. Control - Unemployment Comp	\$ 33.00
6-1293-441-10-340-008-6-260	T.B. Control - Workers Comp	\$ 61.00
Travel		
6-1293-441-10-340-008-6-581	T.B. Control - Travel In County	\$ 500.00
6-1293-441-10-340-008-6-583	T.B. Control - Travel Out of County	\$ 1,000.00
Supplies		
6-1293-441-10-340-008-6-610	T.B. Control - General Supplies	\$ 7,444.00
Other		
6-1293-441-10-340-008-6-339	T.B. Control - Other Professional Services	\$ 500.00
6-1293-441-10-340-008-6-550	T.B. Control - Printing & Binding	\$ 1,000.00
6-1293-441-10-340-008-6-584	T.B. Control - Registration	\$ 500.00
TOTAL APPROPRIATION		\$ 20,000.00
6-1293-345-40-340-008-6-000	T.B. Control - Program Income Revenue	\$ 20,000.00
TOTAL APPROPRIATION		\$ 20,000.00

REASON: To appropriate the projected program income funds for the T.B. Control program period of
09/01/2016 through 08/31/2017.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

The Department of State Health Services (DSHS) and Hidalgo County (Contractor) agree to amend Contract No. 2016-001417-00 (Contract), which was effective on September 1, 2015. This Contract has been not been amended prior to this Amendment.

I. The Parties agree to amend Section II of this Contract to add SIX HUNDRED FIVE THOUSAND FIVE HUNDRED SIXTY ONE DOLLARS (\$605,561.00) to increase the total amount that the Contract will not exceed to ONE MILLION TWO HUNDRED ELEVEN THOUSAND ONE HUNDRED TWENTY-TWO DOLLARS (\$1,211,122.00).

II. The Parties agree to amend Section IV this Contract to extend the end of the Contract term to August 31, 2017.

III. The Parties agree that the amended Contract will be denominated Contract No. 2016-001417-01 for administrative purposes.

IV. The Parties agree to amend Section 7-A PROVISION OF SERVICES of this Contract by adding the following:

The Contractor may, at its discretion, elect to provide directly observed therapy (DOT) using a video platform. To the extent Contractor elects to utilize DOT using a video platform, it comply with the requirements outlined in the Requirement and Recommendation Guidance Document for Video DOT located at <http://www.texastb.org>.

V. The Parties agree to delete in its entirety Section 7-C MEDICATIONS AND SUPPLY INVENTORY MANAGEMENT of this Contract and replace it with the following:

Contractor shall order TB medications through DSHS-enabled pharmacy ordering system. Contractor shall ensure that TB medications purchased with DSHS TB Branch funds are used in a prudent manner that contributes to disease control in their service area and shall not be distributed to other entities.

Contractor shall monitor and manage its usage of medications and testing supplies furnished by DSHS in accordance with first-expiring-first-out (FEFO) principles of inventory control to minimize waste for those products with expiration dates and set maximum stock levels at a 1-month supply and based on the number of patients receiving treatment.

Between the first and the seventh working day of every month, the Contractor shall perform a physical count of its inventory of medications and supplies furnished by DSHS and appropriately reconcile the quantities by product and lot number in the Inventory Tracking Electronic and Asset Management System (ITEAMS). Failure to reconcile in ITEAMS may prohibit release of medications. All DSHS-purchased medications shall be stored properly and securely, in accordance with manufacturer's instructions (refer to TB Work Plan, Section V).

Products that have not been used in nine (9) months, or will not be used in nine (9) months shall be returned to DSHS Pharmacy or transferred to another TB program where the demand may be greater and recorded in ITEAMS.

Contractor shall obtain a TB expert physician consultation and approval from the TB Branch prior to

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

ordering the following second-line medications:

- Injectable Agents: capreomycin, kanamycin, amikacin, streptomycin;
- Fluoroquinolones: levofloxacin (Levoquin), ciprofloxacin, moxifloxacin, ofloxacin;
- Bacteriostatic Agents: ethionamide, para-aminosalicylic acid, cycloserine; and
- Other Agents: clofazamine, linezolid, bedaquiline, clarithromycin, amoxicillin.

Contractor may distribute Purified Protein Derivative (PPD) and syringes for TB skin testing to correctional facilities that meet Texas Health and Safety Code, Chapter 89 requirements. Contractor shall monitor distribution of these items in accordance with screening activities submitted on the correctional monthly report.

VI. The Parties agree to delete in its entirety Section 7-D

USE OF INTERFERON GAMMA RELEASE ASSAY TESTS of this Contract and replace it with the following:

1. Perform tuberculosis screenings using DSHS-supplied interferon gamma release assays (IGRA). DSHS reserves the right to select either T-SPOT® TB and/or QuantiFERON®-TB Gold in-tube tests for the following populations in accordance with DSHS-approved age requirements:

- a. TB suspects;
- b. TB cases;
- c. Contacts to TB suspects and cases – Consultation with the TB Branch is required for contact investigations in which 50 or more persons are targeted for screening;
- d. Targeted testing except screening in correctional facilities – Monthly screening reports shall be submitted in accordance with reporting schedule; and
- e. Routine screening of employees providing TB services.

2. IGRA testing products/supplies supported by DSHS funds shall not be provided to any organization or establishment without documented approval from the TB Branch.

VII. The Parties agree to amend Section 7-F REPORTING of this Contract by adding the following:

1. Provide a complete and accurate Annual Progress Report covering the period from January to December 2016, in the format provided by DSHS, demonstrating compliance with requirements of the contract during that time period. The report shall include, but is not limited to, a detailed analysis of performance related to the performance measures (see Section II FY16 Performance Measures).
2. The Contractor's Annual Progress Report shall not be combined with another Contractor's or health service region's Annual Progress Report. The report is due March 15, 2017, and shall be sent to the TB Reporting Mailbox at TBContractReporting@dshs.state.tx.us (refer to TB Work Plan, Section IX, O). Any individual-level patient data must be sent via the PHIN. Contractors can mail the Annual Progress Report to their DSHS Health Service Region (HSR) thereby authorizing them to submit the report on their behalf. If the Contractor sends the report to a DSHS HSR, the deadline for submission to the TB Branch remains unchanged.

VIII. The Parties agree to amend Section 7- Performance Measures of this Contract by adding the following:

1. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 82.9% is required. If fewer than 82.9% of newly reported TB cases have a result of an HIV test reported, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

2. Cases, and suspected cases, of TB under treatment by Contractor shall be placed on timely and appropriate Directly Observed Therapy (DOT).
For FY17 reporting, data will cover all cases from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 91.6% is required.
If data indicates a compliance percentage for this Performance Measure of less than 91.6%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.
3. Newly-reported suspected cases of TB disease shall be started in timely manner on the recommended initial 4-drug regimen. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 93.4% is required. If fewer than 93.4% of newly-reported TB cases are started on an initial 4-drug regimen in accordance with this requirement, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.
4. Newly-reported TB patients that are older than 12-years-old and that have a pleural or respiratory site of disease shall have sputum acid-fast bacilli (AFB)-culture results reported to DSHS according to the timelines for reporting initial and updated results given herein.
For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 91.5% is required.
If data indicates a compliance percentage for this Performance Measure of less than 91.5%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.
5. Newly-reported cases of TB with AFB positive sputum culture results will have documented conversion to sputum culture-negative within 60 days of initiation of treatment. For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015-12/31/2015). A compliance percentage of not less than 95% is required. If data indicates a compliance percentage for this Performance Measure of less than 95%, then DSHS may (at its sole discretion) require additional measures be taken by contractor to improve the percentage, on a timeline set by DSHS.
6. Newly diagnosed TB cases that are eligible* to complete treatment within 12 months shall complete therapy within 365 days or less.*Exclude TB cases 1) diagnosed at death, 2) who die during therapy, 3) who are resistant to Rifampin, 4) who have meningeal disease, and/or 5) who are younger than 15 years with either miliary disease or a positive blood culture for TB. For FY17 reporting, data will cover all cases from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 87% is required. If data indicates a compliance percentage for this Performance Measure of less than 87%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.
7. Increase the proportion of culture-confirmed TB cases with a genotyping result reported. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 94.2% is required. If data indicates a compliance percentage for this Performance Measure of less than 94.2%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.
8. TB cases with initial cultures positive for Mycobacterium tuberculosis complex shall be tested for drug susceptibility and have those results documented in their medical record. For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 97.8% is required. If data indicates a compliance percentage for this Performance Measure of less than 97.8%,

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

9. Newly-reported TB patients with a positive AFB sputum-smear result shall have at least three contacts identified as part of the contact investigation that must be pursued for each case. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 92% is required. If data indicates a compliance percentage for this Performance Measure of less than 92%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

10. Newly-identified contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive TB case shall be evaluated for TBI and disease. For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 82.5% is required. If data indicates a compliance percentage for this Performance Measure of less than 82.5%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

11. Contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive case and that are newly diagnosed with TBI shall be started on timely and appropriate treatment. For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 70% is required. If data indicates a compliance percentage for this Performance Measure of less than 70%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

12. Contacts, identified through the contact investigation, that are associated with a sputum AFB smear-positive case that are newly diagnosed with TBI and that were started on treatment shall complete treatment for TBI as described in Targeted Tuberculin Testing and Treatment of Latent TB Infection (LTBI), Morbidity and Mortality Weekly Report, Vol. 49, No. RR-6, 2000; according to timelines given, therein. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 50% is required. If data indicates a compliance percentage for this Performance Measure of less than 50%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

13. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB, increase the proportion who initiate a medical evaluation within 30 days of arrival. Arrival is defined as the first notice or report; whether that is by fax, phone call, visit to the health department or EDN notification. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance percentage of not less than 62% is required. If data indicates a compliance percentage for this Performance Measure of less than 62%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

14. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB, increase the proportion who initiate and complete a medical evaluation within 90 days of arrival. For FY17 reporting data will be drawn from calendar year 2016 (1/1/2016-12/31/2016). A compliance percentage of not less than 60% is required. If data indicates a compliance percentage for this Performance Measure of less than 60%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

15. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB and who are diagnosed with TBI during evaluation in the US, increase the proportion who start treatment. For FY17 reporting, data will be drawn from calendar year 2016 (1/1/2016 -12/31/2016). A compliance

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

percentage of not less than 64% is required. If data indicates a compliance percentage for this Performance Measure of less than 64%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS.

16. For Class B immigrants and refugees with abnormal chest x-rays read overseas as consistent with TB and who are diagnosed with TB infection during evaluation in the US and started on treatment, increase the proportion who complete treatment for TB infection. For FY17 reporting, data will be drawn from calendar year 2015 (1/1/2015 -12/31/2015). A compliance percentage of not less than 70% is required. If data indicates a compliance percentage for this Performance Measure of less than 70%, then DSHS may (at its sole discretion) require additional measures be taken by Contractor to improve that percentage, on a timeline set by DSHS

If Contractor fails to meet any of the performance measures, Contractor shall furnish in the Annual Progress Report, due March 15, 2017, a written narrative explaining the barriers and the plan to address those barriers. This requirement does not excuse any violation of this Contract, nor does it limit DSHS as to any options available under the contract regarding breach

IX. The Parties agree to amend Section 16 of this Contract to add the following:
General Provisions, ARTICLE XXI. PROGRAM OPERATIONS, Section 21.05, Contractor's Notification of Change to Certain Contract Provisions to replace it with the following:
Subject to the following restrictions, without prior approval, Contractor may transfer money between budget categories and must provide the System Agency Contract Manager with prior notification of this transfer. No budget category transfer or cumulative transfers may exceed 25% of the total contract value or \$100,00, whichever is less. If the budget transfer(s) exceeds \$100,000, alone or cumulatively, prior written approval from the System Agency is required. If the budget transfer(s) exceeds 25% of the total contract value, alone or cumulatively, a formal contract amendment is required.

X. Except as provided in this Amendment, all other terms and conditions in the Contract will remain and be in full effect.

XI. This Amendment is effective on September 1, 2016.

By signing this Amendment, the undersigned certify that they have the authority to bind their respective party to this Amendment's terms and conditions.

Department Of State Health Services

Contractor

By:
Title:
Date:

By:
Title:
Date:



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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 *

Ramon Garcia

Email *

ramon.garcia@co.hidalgo.tx.us

Telephone *

(956) 318-2600

FFATA Contact Person #2

Name *

Ray Eufrazio

Email *

ray.eufrazio@auditor.co.hidalgo.tx.us

Telephone *

(956) 318-2511

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.

E-Signature


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Sharp, Kathy - DCPS
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BUDGET SUMMARY

Organization Name: Hidalgo County
 Contract Number: 2016-001417-01
 Proposal ID: DCPS-2017-TB/PC-ST-00020

Program ID: TB/PC-STATE
 Procurement ID: GST-2012-Solicitation-00061
 Procurement Name: FY14 TB State

Budget Categories

Budget Categories	DSHS Funds Requested	Cash Match	In Kind Match	Category Total
Personnel	\$444,127	\$88,604	\$0	\$532,731
Fringe Benefits	\$161,396	\$32,199	\$0	\$193,595
Travel	\$0		\$0	\$0
Equipment	\$0		\$0	\$0
Supplies	\$38	\$309	\$0	\$347
Contractual	\$0		\$0	\$0
Other	\$0		\$0	\$0
Total Direct Costs	\$605,561	\$121,112	\$0	\$726,673
Indirect Costs	\$0		\$0	\$0
Totals:	\$605,561	\$121,112	\$0	\$726,673

Subcontracting

Subcontracting Percentage: 0.00%

Match Contributions

Applicable Match Amount: \$605,561

Required Match Percentage: 20%

Required Match Amount: \$121,112

Calculated Match Amount: \$121,112

Source of Cash Match Funds
 Personnel, Fringe and Supplies

30 of 500

Source of In Kind Match Funds

0 of 500

Program Income

Projected Earnings: \$20,000

Source of Earnings
Medicaid

8 of 500

Non DSHS Funding

Direct Federal Funds:	\$0
Other State Agency Funds:	\$0
Local Funding Sources:	\$0
Other Funds:	\$0
Total Projected Non DSHS Funding:	\$0

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10/1/2017

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**TB CONTROL FY 17 (STATE)
Grant Application
Salary Budget
08/01/2016 - 08/31/2017
For Budget Purposes Only**

T.B. Control FY 17 (08/01/2016)

Stat #	Position Title	2016 Payroll Salary	2016 Budgeted Salary	Actual Salary (Prog. Gen. Fund)	Actual Salary (Prog. Grant)	Actual Salary (Prog. TB)	% of Other Sources Funding	Hourly Rate	# of Hours in 2016	# of Hours in 2017	Salary Amount from 08/01/16 - 08/31/17	Salary Amount from 08/01/17 - 08/31/17	Fiscal Year Amount 08/01/17 - 08/31/17	Money Salary	TB Grant Projected Salary	Recruiting Fee	Fringe				Insurance				Projected Total Salaries & Fringes
																	Retire	Health Inl.	Workers Comp	Unemployment	Health Inl.	Workers Comp	Unemployment	Retire	
5001	Vocational Nurse III	49,594.00	49,594.00	1,874.00	1,874.00	37,468.00	0.24	21.8433	696	1,392	16,594.67	33,189.33	49,784.75	4,148.73	37,636.02	2,854.45	4,256.60	188.18	355.65	4,697.68	29.55	12,412.16	55,346.57		
5002	Director	27,835.00	27,835.00	1,835.00	1,835.00	24,753.00	0.11	13.3774	696	1,392	9,310.67	18,621.35	27,937.67	2,337.67	24,600.00	1,601.75	2,796.89	124.30	233.68	9,489.52	33.43	10,779.07	35,429.57		
5004	Specialist I	25,659.00	25,659.00	-	-	25,659.00	-	12.3381	696	1,392	8,565.00	17,111.79	25,757.69	2,146.47	25,757.69	1,970.46	2,697.74	128.79	242.12	6,168.00	37.56	11,444.93	37,202.62		
5005	Specialist II	25,659.00	25,659.00	-	-	25,659.00	-	12.3381	696	1,392	8,565.00	17,111.79	25,757.69	2,146.47	25,757.69	1,970.46	2,697.74	128.79	242.12	6,168.00	37.56	11,444.93	37,202.62		
5006	TB Program Manager	72,870.00	72,870.00	-	-	72,870.00	-	36.0337	696	1,392	24,384.42	48,768.85	73,150.27	6,056.86	73,150.27	5,596.00	8,238.41	365.75	697.61	6,168.00	37.56	11,444.93	84,234.99		
5008	Nurse	67,475.00	67,475.00	-	-	67,475.00	-	30.0381	696	1,392	20,808.10	41,616.19	62,719.29	9,236.27	62,719.29	4,797.72	7,035.47	313.58	589.52	6,168.00	37.56	11,444.93	74,167.14		
5009	Clerk III	27,120.00	27,120.00	-	-	27,120.00	-	13.0385	696	1,392	9,074.77	18,149.54	27,224.31	2,258.69	27,224.31	2,082.66	3,052.73	136.12	265.91	6,168.00	37.56	11,444.93	38,674.20		
5010	Limited Medical Technologic Specialist	36,453.00	36,453.00	-	-	36,453.00	-	17.5255	696	1,392	12,197.73	24,395.47	36,593.20	3,049.43	36,593.20	2,799.38	4,116.74	162.67	343.98	6,168.00	37.56	11,444.93	48,244.62		
5011	Vocational Nurse III	49,593.00	49,593.00	-	-	49,593.00	-	22.8428	696	1,392	16,594.58	33,189.16	49,783.74	4,148.65	49,783.74	3,808.46	5,620.67	248.92	467.87	6,168.00	37.56	11,444.93	51,292.84		
5012	Clerk III	25,462.00	25,462.00	-	-	25,462.00	-	12.2413	696	1,392	8,518.98	17,037.95	25,559.93	2,129.69	25,559.93	1,955.33	2,875.48	127.80	240.26	6,168.00	37.56	11,444.93	37,394.99		
5013	TB Outreach Worker/ Medical Assistant	30,546.00	30,546.00	-	-	30,546.00	-	14.6856	696	1,392	10,221.16	20,442.32	30,663.48	2,555.29	30,663.48	2,345.79	3,449.84	153.32	288.24	6,168.00	37.56	11,444.93	42,093.60		
5014	TB Outreach Worker/ Medical Assistant	30,546.00	30,546.00	-	-	30,546.00	-	14.6856	696	1,392	10,221.16	20,442.32	30,663.48	2,555.29	30,663.48	1,853.15	2,725.27	121.12	227.71	4,872.72	29.67	9,629.58	34,953.13		
		463,892.00	463,892.00	12,987.00	3,111.90	448,694.00	0.21	14.6856	696	1,392	165,195.28	319,396.72	465,592.00	38,798.81	444,133.66	33,972.64	45,864.14	2,230.63	4,134.18	79,561.92	429.69	161,238.27	506,462.43		

1. This schedule was prepared when the grant application was submitted to DHS on 05/12/2016
 2. A 0% cost of living increase is budgeted from 01/01/17 to 08/31/17. (pending CC Approval)
 3. 2016 fringe rates are used as this is the latest information available at this time.
 4. Actual work hours in grant period used which total to 2,028 for FY 16.
 5. Health insurance premium is at \$514.00/month per employee (\$514.00*12 = \$6,168.00)

This schedule was prepared when the grant application was submitted to DHS on 05/12/2016

