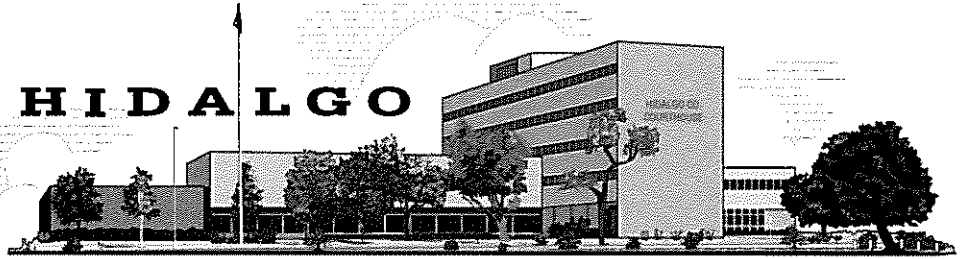


COUNTY of HIDALGO



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 Hector "Tito" Palacios, Commissioner, Precinct No. 2
The Honorable Jose M. Flores, Commissioner, Precinct No. 3
The Honorable Joseph Palacios, Commissioner, Precinct No. 4

RE: Certification of Revenue

Dear Judge and Commissioners:

Pursuant to Local Government Code § 111.0706 SPECIAL BUDGET FOR GRANT OR AID MONEY:

The county auditor shall certify to the commissioners' court the receipt of revenue from a new source not anticipated before the adoption of the budget and not included in the budget for that particular fiscal year. On certification, the court may adopt a special budget for the limited purpose of spending the revenue for general purposes or for any of its intended purposes.

I, Ray Eufrazio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court program income in the amount of \$100,000.00 to be generated by the Hidalgo County Health & Human Services Department for Immunization Branch-locals FY16 Grant. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

CERTIFIED BY:

Raymundo Eufrazio, CPA
Hidalgo County Auditor

8/8/16

Date



HIDALGO COUNTY DISTRICT JUDGES

- LUIS M. SMOLETERRY
JUDGE, 82ND D.C.
- RODOLFO DELGADO
JUDGE, 83RD D.C.
- J. R. "BOBBY" FLORES
JUDGE, 137TH D.C.
- ROSE GUERRA REYNA
JUDGE, 208TH D.C.
- JUAN R. PARTIDA
JUDGE, 275TH D.C.
- MARIO E. RAMIREZ, JR.
JUDGE, 332ND D.C.
- NOE GONZALEZ
JUDGE, 379TH 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, 489TH D.C.

AI-55567

Health & Human Services
Dept. 19. E.

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

Immunization Branch-Locals Grant:

1. Requesting approval to accept the Immunization Branch-Locals grant contract amendment #2016-000022-02. 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 \$674,320.00 and to extend the contract term to August 31, 2017.
2. Requesting approval for County Judge to e-sign the Immunization Branch-Locals grant contract and related document.
3. Requesting approval of the Certification of Revenue in the amount of \$674,320.00.
4. Requesting approval of the budget appropriation in the amount of \$674,320.00.
5. Requesting approval of the salary schedule.

Immunization Program Income:

1. Requesting approval of the Certification of Revenue in the amount of \$100,000.00 for the Immunization program income.
2. Requesting approval of the budget appropriation in the amount of \$100,000.00.

BACKGROUND

- 07/21/15 - AI-50441 - Acceptance of the Immunization FY 16 grant contract.
 05/10/16 - AI-54368 - Acceptance of the Immunization FY 16 grant contract amendment #01.
 05/10/16 - AI-54447 - Approval to submit renewal IMM application for FY 17 allocation.

Fiscal Impact

| | | | |
|-----------------------|------|----------------------|-----------------------------|
| FISCAL YEAR: | 2016 | ACCT. #: | 6-1293-441-10-340-012-6-XXX |
| FUNDS AVAILABLE Y/N?: | Y | MATCHING FUNDS Y/N?: | N |

BUDGETARY IMPACT:

No local match required.

Attachments

Imm Grant Contract Amendment

Budget Appropriation

Sal Proj Budget Only

Form Review

| Inbox | Reviewed By | Date |
|--------------------------------|----------------|---------------------------------|
| Budget & Management | Veronica Ortiz | 07/25/2016 10:16 AM |
| Final Approval | | |
| Form Started By: Mike Escaname | | Started On: 07/23/2016 10:49 AM |

Minerva Diaz

From: Mike Escaname [miguel.escaname@hchd.org]
Sent: Saturday, July 23, 2016 11:44 AM
To: minerva.diaz@auditor.co.hidalgo.tx.us
Subject: Request - Certification of Revenue - \$674,320.00 - IMM Branch Locals & \$100,000.00 IMM Program Income
Attachments: AI-55567 Acceptance of IMM FY 17 Grant Contract Amendment 080916.pdf; 2016-000022-02 Immunization FY 17.pdf

Minerva,

We will present AI-55567 to CC on 08/09/16. I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$674,320.00 for the Immunization grant award and \$100,000.00 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: 6-1293-441-10-340-012-6-XXX Immunization Branch - Locals

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 | | |
| 6-1293-441-10-340-012-6-113 | IMM DIV Local - Reg F/T Employees | \$ 470,970.00 |
| Fringes | | |
| 6-1293-441-10-340-012-6-211 | IMM DIV Local - Health Insurance | \$ 81,263.00 |
| 6-1293-441-10-340-012-6-212 | IMM DIV Local - Life Insurance | \$ 495.00 |
| 6-1293-441-10-340-012-6-220 | IMM DIV Local - FICA | \$ 36,030.00 |
| 6-1293-441-10-340-012-6-230 | IMM DIV Local - Retirement | \$ 52,985.00 |
| 6-1293-441-10-340-012-6-250 | IMM DIV Local - Unemployment Comp | \$ 2,826.00 |
| 6-1293-441-10-340-012-6-260 | IMM DIV Local - Workers Comp | \$ 4,428.00 |
| Equipment | | |
| | | \$ - |
| Supplies | | |
| 6-1293-441-10-340-012-6-610 | IMM DIV Local - General Supplies | \$ 323.00 |
| Other | | |
| 6-1293-441-10-340-012-6-540 | IMM DIV Local - Advertising | \$ 20,000.00 |
| 6-1293-441-10-340-012-6-550 | IMM DIV Local - Printing & Binding | \$ 5,000.00 |
| | | |
| | TOTAL APPROPRIATION | \$ 674,320.00 |
| | | |
| 6-1293-331-12-340-012-6-000 | IMM DIV Local - Revenue | \$ 674,320.00 |
| | | |
| | TOTAL APPROPRIATION | \$ 674,320.00 |

REASON: To appropriate the Immunization Branch - Locals FY 17 grant award allocation for the period
of 09/01/2016 through 08/31/2017.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

DATE: September 01, 2016

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 6-1293-441-10-340-012-6-XXX Immunization 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 | | |
| 6-1293-441-10-340-012-6-113 | IMM DIV Local - Reg F/T Employees | \$ 35,000.00 |
| Fringes | | |
| 6-1293-441-10-340-012-6-211 | IMM DIV Local - Health Insurance | \$ 5,059.00 |
| 6-1293-441-10-340-012-6-212 | IMM DIV Local - Life Insurance | \$ 31.00 |
| 6-1293-441-10-340-012-6-220 | IMM DIV Local - FICA | \$ 2,678.00 |
| 6-1293-441-10-340-012-6-230 | IMM DIV Local - Retirement | \$ 3,938.00 |
| 6-1293-441-10-340-012-6-250 | IMM DIV Local - Unemployment Comp | \$ 210.00 |
| 6-1293-441-10-340-012-6-260 | IMM DIV Local - Workers Comp | \$ 329.00 |
| Travel | | |
| 6-1293-441-10-340-012-6-581 | IMM DIV Local - Travel - In-County | \$ 3,000.00 |
| 6-1293-441-10-340-012-6-583 | IMM DIV Local - Travel Out-of-County | \$ 3,000.00 |
| Supplies | | |
| 6-1293-441-10-340-012-6-610 | IMM DIV Local - General Supplies | \$ 15,755.00 |
| 6-1293-441-10-340-012-6-660 | IMM DIV Local - Furnishings & Equipment | \$ 5,000.00 |
| Other | | |
| 6-1293-441-10-340-012-6-540 | IMM DIV Local - Advertising | \$ 16,000.00 |
| 6-1293-441-10-340-012-6-584 | IMM DIV Local - Registration | \$ 5,000.00 |
| 6-1293-441-10-340-012-6-550 | IMM DIV Local - Printing & Binding | \$ 5,000.00 |
| TOTAL APPROPRIATION | | \$ 100,000.00 |
| 6-1293-345-40-340-012-6-000 | IMM DIV Local - Program Income Revenue | \$ 100,000.00 |
| TOTAL APPROPRIATION | | \$ 100,000.00 |

REASON: To appropriate the program income funds projected for the Immunization Branch - Locals program
FY 17 grant period of 09/01/2016 through 08/31/2017.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

**IMMUNIZATION FY 17
Grant Application
Salary Budget
09/01/2016 - 08/31/2017
For Budget Purposes Only**

8486324 4374.333.00

| SBI# | Position Title | 2016 Actual Salary | 2017 Budget Salary (5% COLA) | Actual Salary (General Fund) | Actual Salary (Program) | Actual Salary (JRM) | Actual Salary (JRM) (With % COLA) | % of Other Sources Funding | % of BLM Grant Funding | Hourly Rate (Current) | Hourly Rate With Incentive | # of Hours in 2016 | # of Hours in 2017 | 2016 | | 2017 | | FICA (7.65%) | Retirement (11.5%) | Unemployment (6.18%) | Workers Comp (1.5%) | Health Ins. Life Ins. | Insurance Total | Projected Fingert | Projected Salary & Fingert |
|------|-------------------------------|--------------------|------------------------------|------------------------------|-------------------------|---------------------|-----------------------------------|----------------------------|------------------------|-----------------------|----------------------------|--------------------|--------------------|--|--|--------------------------|----------------------------|--------------|--------------------|----------------------|---------------------|-----------------------|-----------------|-------------------|----------------------------|
| | | | | | | | | | | | | | | Salary Amount from 09/01/16 - 08/31/17 | Salary Amount from 09/01/16 - 08/31/17 | Monthly Projected Salary | WIM Grant Projected Salary | | | | | | | | |
| 0001 | Children Vaccines by Suburban | 45,920.00 | 45,920.00 | - | 45,920.00 | 45,920.00 | 45,920.00 | - | 1.00 | 22.0769 | 22.0769 | 696 | 1,392 | 15,305.54 | 30,731.09 | 46,096.62 | 3,526.39 | 5,165.87 | 276.26 | 433.31 | 6,168.00 | 37.56 | 10,827.14 | 51,124.24 | |
| | TVFC | | | | | | | | | | | | | | | | | | | | | | | | |
| 0002 | Resident Manager | 42,519.00 | 42,519.00 | - | 39,540.00 | 39,540.00 | 39,540.00 | 0.07 | 0.93 | 20.4418 | 20.4418 | 696 | 1,392 | 14,227.51 | 28,455.02 | 42,682.53 | 3,036.85 | 4,465.66 | 238.17 | 373.13 | 5,736.24 | 34.93 | 17,864.78 | 50,579.54 | |
| 0003 | Outreach Specialist II | 30,964.00 | 30,964.00 | - | 30,964.00 | 30,964.00 | 30,964.00 | - | 1.00 | 14.8865 | 14.8865 | 696 | 1,392 | 10,361.03 | 20,722.06 | 31,083.09 | 2,317.66 | 3,406.85 | 186.50 | 293.18 | 6,168.00 | 37.56 | 13,596.34 | 44,642.03 | |
| 0004 | Outreach Specialist II | 31,140.00 | 31,140.00 | - | 31,140.00 | 31,140.00 | 31,140.00 | - | 1.00 | 14.9712 | 14.9712 | 696 | 1,392 | 10,419.92 | 20,839.85 | 31,259.77 | 2,381.37 | 3,516.72 | 187.69 | 293.84 | 6,168.00 | 37.56 | 12,605.06 | 43,864.83 | |
| 0005 | Outreach Specialist II | 31,140.00 | 31,140.00 | - | 31,140.00 | 31,140.00 | 31,140.00 | - | 1.00 | 14.9712 | 14.9712 | 696 | 1,392 | 10,419.92 | 20,839.85 | 31,259.77 | 2,381.37 | 3,516.72 | 187.69 | 293.84 | 6,168.00 | 37.56 | 12,605.06 | 43,864.83 | |
| 0006 | Licensed Vocational Nurse II | 46,139.00 | 46,139.00 | 1,488.00 | 14,707.00 | 29,934.00 | 29,934.00 | 0.35 | 0.65 | 22.1822 | 22.1822 | 696 | 1,392 | 15,438.82 | 30,877.64 | 46,316.46 | 3,366.89 | 5,000.20 | 244.1 | 400.20 | 4,009.20 | 24.41 | 19,187.22 | 49,392.62 | |
| 0006 | Licensed Vocational Nurse II | 46,139.00 | 46,139.00 | 1,488.00 | 14,707.00 | 29,934.00 | 29,934.00 | 0.35 | 0.65 | 22.1822 | 22.1822 | 696 | 1,392 | 15,438.82 | 30,877.64 | 46,316.46 | 3,366.89 | 5,000.20 | 244.1 | 400.20 | 4,009.20 | 24.41 | 19,187.22 | 49,392.62 | |
| 0010 | Community Service Aide | 30,963.00 | 30,963.00 | - | 1,960.00 | 28,994.00 | 28,994.00 | 0.06 | 0.94 | 14.8861 | 14.8861 | 696 | 1,392 | 10,360.79 | 20,721.59 | 31,082.08 | 2,235.11 | 3,384.93 | 175.30 | 274.64 | 5,797.92 | 35.31 | 14,808.22 | 41,932.96 | |
| 0011 | Community Service Aide | 30,963.00 | 30,963.00 | - | 1,964.00 | 28,999.00 | 28,999.00 | 0.06 | 0.94 | 14.8861 | 14.8861 | 696 | 1,392 | 10,360.79 | 20,721.59 | 31,082.08 | 2,235.11 | 3,384.93 | 175.30 | 274.64 | 5,797.92 | 35.31 | 14,808.22 | 41,932.96 | |
| 0012 | Community Service Aide | 28,917.00 | 28,917.00 | - | 755.00 | 27,062.00 | 27,062.00 | 0.06 | 0.94 | 13.9120 | 13.9120 | 696 | 1,392 | 9,827.71 | 19,655.43 | 29,049.30 | 2,088.85 | 3,071.85 | 163.23 | 256.97 | 5,797.92 | 35.31 | 11,444.41 | 39,133.71 | |
| 0013 | Community Service Aide | 30,963.00 | 30,963.00 | - | 803.00 | 29,994.00 | 29,994.00 | 0.06 | 0.94 | 14.8861 | 14.8861 | 696 | 1,392 | 10,360.79 | 20,721.59 | 31,082.08 | 2,235.11 | 3,384.93 | 175.30 | 274.64 | 5,797.92 | 35.31 | 14,808.22 | 41,932.96 | |
| 0014 | Outreach Specialist II | 46,140.00 | 46,140.00 | - | 46,140.00 | 46,140.00 | 46,140.00 | - | 1.00 | 22.1827 | 22.1827 | 696 | 1,392 | 15,439.15 | 30,878.31 | 46,317.46 | 3,543.26 | 5,210.71 | 277.90 | 435.38 | 6,168.00 | 37.56 | 15,021.66 | 61,403.14 | |
| 0015 | Community Service Aide | 31,140.00 | 31,140.00 | - | 31,140.00 | 31,140.00 | 31,140.00 | - | 1.00 | 14.9712 | 14.9712 | 696 | 1,392 | 10,419.92 | 20,839.85 | 31,259.77 | 2,381.37 | 3,516.72 | 187.69 | 293.84 | 6,168.00 | 37.56 | 12,605.06 | 43,864.83 | |
| 0016 | Community Service Aide | 30,964.00 | 30,964.00 | - | 30,964.00 | 30,964.00 | 30,964.00 | - | 1.00 | 14.8865 | 14.8865 | 696 | 1,392 | 10,361.03 | 20,722.06 | 31,083.09 | 2,317.66 | 3,406.85 | 186.50 | 293.18 | 6,168.00 | 37.56 | 12,605.06 | 43,864.83 | |
| 0017 | Licensed Vocational Nurse II | 42,518.00 | 42,518.00 | - | 42,518.00 | 42,518.00 | 42,518.00 | - | 0.19 | 20.4413 | 20.4413 | 696 | 1,392 | 14,227.19 | 28,454.35 | 42,681.53 | 3,568.78 | 5,173.00 | 864.30 | 46.10 | 72.22 | 1,110.24 | 6.76 | 2,687.14 | 50,370.22 |
| | | 289,868.00 | 588,888.00 | 9,728.00 | 48,916.00 | 333,321.00 | 333,321.00 | | | | | 696 | 1,392 | 197,111.22 | 394,222.43 | 591,333.63 | 470,905.29 | 36,974.23 | 51,978.83 | 2,825.43 | 4,426.51 | 81,232.56 | 494.67 | 177,880.27 | 648,635.35 |

1 The schedule was prepared on 06/04/2016
 2 A 0% cost of living increase is budgeted from 01/01/17 to 08/31/17. (pending CC approval)
 3 2016 fringe benefits approved by CC on 12/01/15 are used as this is the latest information available at this time.
 4 Actual work hours in grant period used which total to 2,088 for FY 17.
 5 The Health Insurance is \$8,169.00 per year, per employee. (\$514.00 x 12 months = \$6,168.00)
 6 Life Insurance is \$17.50 per year, per employee.
 7 County Salary Schedule

Budget/Projected
 Program Income Y-10 for FY 16 100,000.00
 Sept to Dec 2015 33,417.27
 Jan to April 2016 45,199.84
 78,527.11 (6 months)
 8,782.14 per month

12 months
117,385.68

(Positions / Slots covered by In Part By Program Income Budget)

| Slot # | Position Title | 2016 Payroll Salary | 2016 Budget Salary With 0% COLA | Actual Salary (General Fund) | Actual Salary (Prog. C&S) | 2016 Actual Salary With 0% COLA | Hourly Rate | | # of Hours in 2016 | # of Hours in 2017 | 2016 Salary Amount | 2017 Salary Amount | Fiscal Year Salary 09/01/17 - 04/30/17 | Monthly Salary | IMM Grant Proposed Salaries | FICA (7.65%) | Retirement (10.25%) | Members (Full 12M) | Workers Comp (1%) | Health Ins. | Life Ins. | Insurance | Projected Fringe's | Projected Total Salaries & Fringe's | |
|--------|----------------|---------------------|---------------------------------|------------------------------|---------------------------|---------------------------------|-----------------------|---------------------|--------------------|--------------------|--------------------|--------------------|--|----------------|-----------------------------|--------------|---------------------|--------------------|-------------------|-------------|-----------|-----------|---|-------------------------------------|------------|
| | | | | | | | Hourly Rate (current) | Hourly Rate With 0% | | | | | | | | | | | | | | | | | |
| 0017 | Verbalist | 42,518.00 | 42,518.00 | 42,518.00 | - | 42,518.00 | 20.4413 | 20.4413 | 698 | 1,382 | 14,227.18 | 28,454.35 | 42,681.53 | 3,556.79 | 34,898.86 | 2,877.41 | 3,937.37 | 208.99 | 338.99 | 5,057.76 | 30.80 | 12,740.33 | 47,241.19 | | |
| | Verbalist II | 42,518.00 | 42,518.00 | 42,518.00 | - | 42,518.00 | 20.4413 | 20.4413 | 698 | 1,382 | 14,227.18 | 28,454.35 | 42,681.53 | 3,556.79 | 34,898.86 | 2,877.41 | 3,937.37 | 208.99 | 338.99 | 5,057.76 | 30.80 | 12,740.33 | 47,241.19 | | |
| | | | | | | | | | | | | | | | | | | | | | | | Total Salaries / Fringes For FY 17 | 649,320.00 | 696,126.75 |
| | | | | | | | | | | | | | | | | | | | | | | | Grant Award for FY 16 | 25,000.00 | |
| | | | | | | | | | | | | | | | | | | | | | | | Special Funding | 100,000.00 | |
| | | | | | | | | | | | | | | | | | | | | | | | Projected Program Income FY 17 | 774,120.00 | |
| | | | | | | | | | | | | | | | | | | | | | | | Total Funding For FY 17 | 696,126.75 | |
| | | | | | | | | | | | | | | | | | | | | | | | Special Funding Available for Operating Costs | 21,000.00 | |
| | | | | | | | | | | | | | | | | | | | | | | | | 31,123.25 | |

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 08

The Department of State Health Services (DSHS) and Hidalgo County (Contractor) agree to amend Contract No. 2013-041204-005 (Contract), which was effective on September 1, 2012. This Contract has been amended 7 times prior to this Amendment. The Contract as amended is denominated Contract No. 2016-000022-02.

I. The Parties agree to amend Section 2 of this Contract to increase the total amount of Contract to THREE MILLION TWO HUNDRED SEVENTY-ONE THOUSAND SIX HUNDRED DOLLARS (\$3,271,600.00). The total payment to Contractor for the period from September 1, 2016 through August 31, 2017, will not exceed SIX HUNDRED SEVENTY-FOUR THOUSAND THREE HUNDRED TWENTY DOLLARS (\$674,320.00).

II. The Parties agree to amend Section 4 of this Contract to extend the end of the Contract term to August 31, 2017.

III. The Parties agree to amend Section 7 of this Contract to add the following:

Contractor will inform and educate the public about vaccines and vaccine-preventable diseases, as described in the DSHS Immunization Contractors Guide for Local Health Departments (located at http://www.dshs.state.tx.us/immunize/docs/contractor/E11-13985_FY2017_ContractorsGuide.pdf).

Contract will also facilitate and host coalitions meetings in its local jurisdiction to promote the awareness of the importance of immunizations and to develop strategies and methods for increasing vaccination coverage.

Contractor will appoint an immunization coalition coordinator and facilitator to lead coalition collaboration building within its local jurisdiction.

Contractor will engage and recruit community groups and immunization stakeholders in a collaboration to increase community vaccination coverage levels. When a new partner is recruited into the coalition, the contract shall establish a letter of agreement, memorandum of understanding, or other documentation to confirm the partner's intent to participate in the coalition. The letter of agreement, memorandum of understanding, or other documentation shall include provisions defining the coalition and its goals.

Contractor shall develop a planning group with the goal of establishing a sustainable mechanism for the coalition at the local level.

Contractor will develop a planning group with the goal of establishing a sustainable mechanism for the coalition at the local level.

Contractor will develop, lead, direct, and host no less than one meeting per quarter with immunization stakeholders and community partners within the contractor's local jurisdiction during the contract term.

Contractor will attend all Texas Immunization Stakeholder Working Group meetings held throughout the contract term.

Contractor will attend and participate in required coalition development and capacity building trainings sponsored by DSHS.

For Contracts of \$100,000 or more, Contractors should monitor expenditures to ensure that cumulative

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 08

budget transfers among direct cost categories, with the exception of the Equipment category, do not exceed 25% of the Contract total budget. Transfers to or from the Equipment category require prior approval from DSHS unless the transfers are done in accordance with the guidelines in the CFPM. Costs that result in cumulative budget transfers among direct cost categories that exceed 25% of the total Contract budget are subject to being disallowed unless prior approval is obtained from DSHS.

Contractors are not required to obtain approval from DSHS for cumulative budget transfers that exceed 25% among direct cost categories, other than the equipment category, for Program Attachments of less than \$100,000, provided that the total budget amount is unchanged.

Contractor will send at least one representative to Immunization Branch mandatory meetings held in Austin, including the

- 1) Immunization Branch local health department held in the fall of every year and the
- 2) TVFC Annual Training held in January/February of every year. Additional mandatory meetings may be required during the contract term.

Contractor will submit out of state travel requests to the Immunization Branch for approval when utilizing contract funds or program income.

Contractor will report on the identified immunization stakeholders and community partners showing a commitment to collaborate with the contractor to increase vaccination coverage rates. Contractor will provide signed letters of agreements and other documentation of commitment by August 31, 2017.

Contractor will receive technical assistance, including specialized training and support, provided by DSHS. Contractor will participate in one on-site technical assistance visit to be scheduled during the contract period.

Contractor will participate in monthly calls to provide updates on coalition collaboration activities and receive updated information from DSHS.

IV. The Parties agree to amend Section 7 of this Contract to revise the following:

Contractor will be responsible for conducting outreach regarding vaccinations for children (19 through 35 months of age in the Contractor's jurisdiction) included on the list distributed to Contractor by the ImmTrac Group at DSHS. Lists are distributed through ImmTrac at the start of each quarterly reporting period.

Contractor will be responsible for conducting outreach to 17-year-olds included on the lists distributed to the Contractor by the ImmTrac Group at DSHS to explain the lifetime registry and obtain their consent to remain in ImmTrac as an adult. Lists are distributed on October 1st; December 1st; February 1st; April 1st; June 1st; and August 1st.

Contractor will be responsible for conducting outreach to existing ImmTrac providers that have not logged in into ImmTrac in the last 90 days. Lists are distributed on September 1st; November 1st; January 1st; March 1st; May 1st; and July 1st.

Contractor will review monthly contract funding expenditures and salary savings from any contract-paid staff vacancies and revise spending plan to ensure that all funds will be properly expended under this contract before the end of the contract term.

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 08

Contractor will perform activities in support of the Immunization Cooperative Agreement, HCR Immunization and Vaccines for Children Program, from the Centers for Disease Control and Prevention. CFDA # 93.268

V. The Parties agree to amend Section 15 of this Contract to add the following:

| Report Name | Frequency | Period Begin | Period End | Due Date |
|--------------------------|-----------|--------------|------------|------------|
| LHD ILA Quarterly Report | Quarterly | 09/01/2016 | 11/30/2016 | 12/31/2016 |
| LHD ILA Quarterly Report | Quarterly | 12/01/2016 | 02/28/2017 | 03/31/2017 |
| LHD ILA Quarterly Report | Quarterly | 03/01/2017 | 05/31/2017 | 06/30/2017 |
| LHD ILA Quarterly Report | Quarterly | 06/01/2017 | 08/31/2017 | 09/30/2017 |
| Financial Status Report | Quarterly | 09/01/2016 | 11/30/2016 | 12/31/2016 |
| Financial Status Report | Quarterly | 12/01/2016 | 02/28/2017 | 03/31/2017 |
| Financial Status Report | Quarterly | 03/01/2017 | 05/31/2017 | 06/30/2017 |
| Financial Status Report | Quarterly | 06/01/2017 | 08/31/2017 | 09/30/2017 |

VI. The parties agree to amend Section 16 of this Contract to add the following:

General Provisions, ARTICLE II. Compliance and Reporting, Section 2.06, Applicable Laws and Regulations Regarding Funding Sources, is amended by deleting Section 2.06 in its entirety and replacing it with the following:

When applicable, federal statutes, regulations and/or federal grant requirements applicable to funding sources and any updates to such will apply to this Contract. Contractor agrees to comply with applicable laws, executive orders, regulations and policies, as well as Office of Management and Budget (OMB) Circulars (as codified in Title 2, 200 of the Code of Federal Regulations (CFR) and 45 CFR 75) the Uniform Grant and Contract Management Act of 1981 (UGMA), Tex. Gov. Code Chapter 783, and Uniform Grant Management Standards (UGMS), as revised by federal circulars and incorporated in UGMS by the Comptroller of Public Accounts, Texas Procurement and Support Services Division. UGMA and UGMS can be located through web links on the DSHS website at <http://www.dshs.state.tx.us/contracts/links.shtm>. Contractor also shall comply with all applicable federal and state assurances contained in UGMS, Part III, State Uniform Administrative Requirements for Grants and Cooperative Agreements §___ 14. If applicable, Contractor shall comply with the Federal awarding agency's Common Rule, and the U.S. Health and Human Services Grants Policy Statement, both of which may be located through web links on the DSHS website at <http://www.dshs.state.tx.us/contracts/links.shtm>. For contracts funded by block grants, Contractor shall comply with Tex. Gov. Code Chapter 2105.

VII. Exhibit A, Work Plan of the Contract is replaced for the period beginning on September 1, 2016, with the attached Exhibit A-1, Work Plan.

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

IX. 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



AMENDMENT #: 08

Department Of State Health Services

By:
Title:
Date:

Contractor

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 CPA
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

Date

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Program Income

Projected Earnings:

\$100,000

Source of Earnings
Personnel: \$35,000
Fringe: \$12,245
Travel: \$6,000
Supplies: \$20,755
Other: \$26,000

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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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