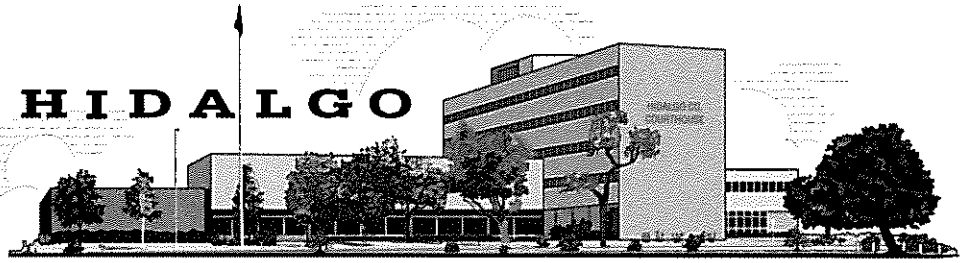


# COUNTY of HIDALGO



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)

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 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.

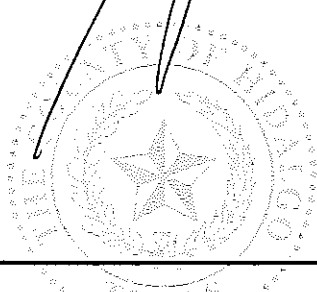
AMOUNT	PURPOSE
\$674,320.00	Award No. 2016-000022-02 Immunization Branch-Locals

CERTIFIED BY:

Raymundo Eufrazio, CPA  
Hidalgo County Auditor

Date

8/8/16



### HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY JUDGE, 52 <sup>ND</sup> D.C.	RODOLFO DELGADO JUDGE, 93 <sup>RD</sup> D.C.	J. R. "BOBBY" FLORES JUDGE, 138 <sup>TH</sup> D.C.	ROSE GUERRA REYNA JUDGE, 206 <sup>TH</sup> D.C.	JUAN R. PARTIDA JUDGE, 273 <sup>RD</sup> D.C.	MARIO E. RAMIREZ, JR. JUDGE, 332 <sup>ND</sup> D.C.	MOE GONZALEZ JUDGE, 370 <sup>TH</sup> D.C. OVERSEER	LETICIA LOPEZ JUDGE, 387 <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, 448 <sup>TH</sup> D.C.
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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.

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Attachments

Imm Grant Contract Amendment

Budget Appropriation

Sal Proj Budget Only

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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 -
<b>Personnel</b>		
6-1293-441-10-340-012-6-113	IMM DIV Local - Reg F/T Employees	\$ 470,970.00
<b>Fringes</b>		
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
<b>Equipment</b>		
		\$ -
<b>Supplies</b>		
6-1293-441-10-340-012-6-610	IMM DIV Local - General Supplies	\$ 323.00
<b>Other</b>		
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
	<b>TOTAL APPROPRIATION</b>	\$ 674,320.00
6-1293-331-12-340-012-6-000	IMM DIV Local - Revenue	\$ 674,320.00
	<b>TOTAL APPROPRIATION</b>	\$ 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
<b>Personnel</b>		
6-1293-441-10-340-012-6-113	IMM DIV Local - Reg F/T Employees	\$ 35,000.00
<b>Fringes</b>		
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
<b>Travel</b>		
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
<b>Supplies</b>		
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
<b>Other</b>		
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
<b>TOTAL APPROPRIATION</b>		\$ 100,000.00
6-1293-345-40-340-012-6-000	IMM DIV Local - Program Income Revenue	\$ 100,000.00
<b>TOTAL APPROPRIATION</b>		\$ 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**

HEALTHCARE \$174,320.00

Step	Position Title	2016 Actual Salary With Pk COLA	2017 Budget Salary With Pk COLA	Actual Salary (General Fund)	Actual Salary (Prog 065)	Actual Salary (Program)	Salary (MHS With 0% COLA)	% of Other Sources Funding	% of MIM Grant Funding	Hourly Rate	Hourly Rate (Current)	Hourly Rate With 0%	# of Hours in 2016	# of Hours in 2017	Salary Amount from 01/01/17 - 08/31/17	Fiscal Year Amount 09/01/16 - 08/31/17	Monthly Salary	MIM Grant Projected Salaries	FICA (7.65%)	Withhold (11.25%)	Health Ins. (6.0%)	Volunt Comp (5.0%)	Life Ins.	Projected Fingert	Projected Salaries Fingert
0001	Vaccines for Children Coordinator	45,920.00	45,920.00	-	-	45,920.00	45,920.00	-	1.00	22.0769	22.0769	22.0769	696	1,392	15,385.54	45,095.62	3,841.28	45,095.62	3,256.38	5,165.67	6,168.00	433.31	37.56	19,697.41	65,794.31
0002	TVIC Manager	42,519.00	42,519.00	2,978.00	-	39,540.00	39,540.00	0.07	0.93	20.4418	20.4418	20.4418	696	1,392	14,227.51	42,682.53	3,556.88	38,684.78	3,076.65	4,465.66	5,236.24	374.17	34.03	17,884.12	60,569.64
0003	Outreach Specialist II	30,964.00	30,964.00	-	-	30,964.00	30,964.00	-	1.00	14.8865	14.8865	14.8865	696	1,392	10,361.03	31,083.09	2,590.26	31,083.09	2,377.68	3,496.85	4,168.00	292.18	37.56	13,559.14	45,642.03
0004	Outreach Specialist II	31,140.00	31,140.00	-	-	31,140.00	31,140.00	-	1.00	14.9712	14.9712	14.9712	696	1,392	10,419.82	31,259.77	2,604.88	31,259.77	2,391.37	3,516.72	4,168.00	293.84	37.56	12,595.26	43,854.83
0005	Outreach Specialist II	31,140.00	31,140.00	-	-	31,140.00	31,140.00	-	1.00	14.9712	14.9712	14.9712	696	1,392	10,419.82	31,259.77	2,604.88	31,259.77	2,391.37	3,516.72	4,168.00	293.84	37.56	12,595.26	43,854.83
0006	Leased Vocational Nurse II	46,139.00	46,139.00	1,498.00	1,498.00	29,934.00	29,934.00	0.35	0.65	22.1822	22.1822	22.1822	696	1,392	15,438.82	46,318.46	3,859.70	30,105.70	2,303.09	3,366.89	4,009.20	292.99	24.41	10,182.22	40,284.92
0008	Vocational Nurse II	46,139.00	46,139.00	1,498.00	1,498.00	29,934.00	29,934.00	0.35	0.65	22.1822	22.1822	22.1822	696	1,392	15,438.82	46,318.46	3,859.70	30,105.70	2,303.09	3,366.89	4,009.20	292.99	24.41	10,182.22	40,284.92
0010	Community Service Aide	30,963.00	30,963.00	1,989.00	-	28,974.00	28,974.00	0.06	0.94	14.8861	14.8861	14.8861	696	1,392	10,360.70	31,082.09	2,590.17	29,217.16	2,235.11	3,296.23	3,787.82	274.64	35.31	11,916.22	41,203.36
0011	Community Service Aide	30,963.00	30,963.00	1,994.00	-	28,969.00	28,969.00	0.06	0.94	14.8861	14.8861	14.8861	696	1,392	10,360.70	31,092.09	2,590.17	29,217.16	2,235.11	3,296.23	3,787.82	274.64	35.31	11,916.22	41,203.36
0012	Community Service Aide	28,917.00	28,917.00	752.00	1,089.00	27,006.00	27,006.00	0.06	0.94	13.9120	13.9120	13.9120	696	1,392	9,682.77	29,048.30	2,420.69	27,305.40	2,094.66	3,071.86	3,566.67	256.67	35.31	11,414.31	38,779.61
0013	Community Service Aide	30,963.00	30,963.00	803.00	1,166.00	29,904.00	29,904.00	0.06	0.94	14.8861	14.8861	14.8861	696	1,392	10,360.70	31,082.09	2,590.17	29,217.16	2,235.11	3,296.23	3,787.82	274.64	35.31	11,916.22	41,203.36
0014	Vocational Nurse II	46,140.00	46,140.00	-	-	46,140.00	46,140.00	-	1.00	22.1827	22.1827	22.1827	696	1,392	15,439.15	46,317.46	3,859.70	46,317.46	3,543.20	5,210.71	6,168.00	435.38	37.56	15,672.46	61,989.34
0015	Outreach Specialist II	31,140.00	31,140.00	-	-	31,140.00	31,140.00	-	1.00	14.9712	14.9712	14.9712	696	1,392	10,419.82	31,259.77	2,604.88	31,259.77	2,391.37	3,516.72	4,168.00	293.84	37.56	12,595.26	43,854.83
0016	Community Service Aide	30,964.00	30,964.00	-	-	30,964.00	30,964.00	-	1.00	14.8865	14.8865	14.8865	696	1,392	10,361.03	31,083.09	2,590.26	31,083.09	2,377.68	3,496.85	4,168.00	292.18	37.56	12,562.64	43,342.21
0017	Leased Vocational Nurse II	47,318.00	47,318.00	-	-	47,318.00	47,318.00	-	0.18	20.4413	20.4413	20.4413	696	1,392	14,227.18	42,681.53	3,556.79	7,662.68	597.73	854.30	977.24	72.22	6.76	2,681.34	10,370.02
		<b>89,988.00</b>	<b>89,988.00</b>	<b>33,251.00</b>	<b>9,728.00</b>	<b>46,618.00</b>	<b>46,618.00</b>								<b>197,111.22</b>	<b>394,227.43</b>	<b>591,321.65</b>	<b>470,906.29</b>	<b>36,024.23</b>	<b>52,916.83</b>	<b>61,232.56</b>	<b>4,476.81</b>	<b>494.87</b>	<b>177,880.27</b>	<b>643,803.56</b>

Notes:  
 1. This schedule was prepared on 05/04/2016  
 2. A one cent of living increase as budgeted from 01/01/17 to 08/31/17. (pending CC approval)  
 3. 2016 fringe benefits rates approved by CC on 12/21/15 are used as this is the latest information available at this time.  
 4. Actual work hours in grant period used which total to 2,089 for FY 17. (1514.00 x 12 months = 18,168.00)  
 5. The Health Insurance is \$6,168.00 per year, per employee.  
 6. Life Insurance is \$17.50 per year, per employee.  
 7. County Salary Schedule \_\_\_\_\_

Program Income Y-T-D for FY 18 Budget / Projected 100,000.00  
 Sent to Dec 2015 33,417.27  
 Jan to April 2016 45,109.84  
 78,527.11 (8 months)  
 9,782.14 per month



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](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

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**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 Eufracio CPA  
Email ray.eufracio@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

Navigation Links

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	<a href="#">Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification</a>		
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**BUDGET SUMMARY**

Organization Name: Hidalgo County  
 Contract Number: 2016-00022-02  
 Proposal ID: DCPS-2017-IMM/LOCALS-00032

Program ID: IMMLOCALS  
 Procurement ID: GST-2012-Solicitation-00022  
 Procurement Name: DCPS "GOLIVE" IMMUNIZATION LOCALS PROPOSAL

**Budget Categories**

Budget Categories	DSHS Funds Requested	Cash Match	In Kind Match	Category Total
Personnel	\$470,970		\$0	\$470,970
Fringe Benefits	\$178,027		\$0	\$178,027
Travel	\$0		\$0	\$0
Equipment	\$0		\$0	\$0
Supplies	\$323		\$0	\$323
Contractual	\$0		\$0	\$0
Other	\$25,000		\$0	\$25,000
<b>Total Direct Costs</b>	<b>\$674,320</b>	<b>\$0</b>	<b>\$0</b>	<b>\$674,320</b>
Indirect Costs	\$0		\$0	\$0
<b>Totals:</b>	<b>\$674,320</b>	<b>\$0</b>	<b>\$0</b>	<b>\$674,320</b>

**Subcontracting**

Subcontracting Percentage: 0.00%

**Match Contributions**

Applicable Match Amount: \$0

Required Match Percentage: 0%

Required Match Amount: \$0

Calculated Match Amount: \$0

**Source of Cash Match Funds**

0 of 500

**Source of In Kind Match Funds**

0 of 500

**Program Income**

Projected Earnings:

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

91 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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	<a href="#">Personnel Category Detail</a>		Kirkpatrick, Tray - DCPS 7/8/2016 2:22:03 PM	Kirkpatrick, Tray - Contractor 7/9/2016 8:48:31 AM
	<a href="#">Travel Category Detail</a>			
	<a href="#">Equipment Category Detail</a>			
	<a href="#">Supplies Category Detail</a>		Kirkpatrick, Tray - Contractor 7/9/2016 8:49:48 AM	
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