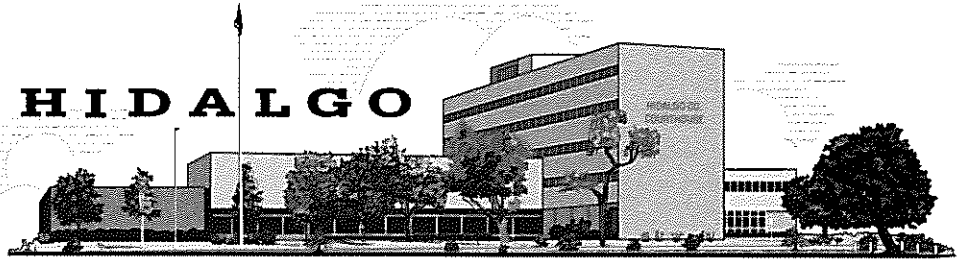


COUNTY of HIDALGO



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. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

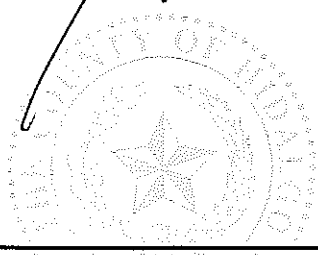
AMOUNT	PURPOSE
\$ 73,450.00	Award No. 2016-003779-01 Infectious Disease Control Unit/Surveillance and Epidemiology Activities

CERTIFIED BY:



Raymundo Eufrazio, CPA
Hidalgo County Auditor

Date



HIDALGO COUNTY DISTRICT JUDGES

- LUIS M. SHOLETEERRY
JUDGE, 92ND D.C.
- RODOLFO DELGADO
JUDGE, 93RD D.C.
- J. R. "BOBBY" FLORES
JUDGE, 136TH D.C.
- ROSE GUERRA REYNA
JUDGE, 206TH D.C.
- JUAN R. PARTIDA
JUDGE, 275TH D.C.
- MARIO E. RAMIREZ, JR.
JUDGE, 312TH D.C.
- NOE GONZALEZ
JUDGE, 370TH D.C.
OVERSEER
- LETICIA LOPEZ
JUDGE, 395TH D.C.
- ADA SALINAS FLORES
JUDGE, 396TH D.C.
- ISRAEL RAMON, JR.
JUDGE, 430TH D.C.
- JESSE CONTRERAS
JUDGE, 447TH D.C.

AI-55581

Health & Human Services
Dept. 19. C.

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 Infectious Disease Control Unit grant contract amendment #2016-003779-01. 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 \$73,450.00 and to extend the end of the contract term to August 31, 2017.
2. Requesting approval for County Judge to e-sign the Infectious Disease Control Unit grant contract and related document.
3. Requesting approval of the Certification of Revenue in the amount of \$73,450.00.
4. Requesting approval of the budget appropriation in the amount of \$73,450.00.
5. Requesting approval of the salary schedule.

BACKGROUND

08/18/15 - AI-50835 - Acceptance of the IDCU-SUR FY 16 grant contract.

05/17/16 - AI-54573 - Approval to submit application for the FY 17 IDCU-SUR grant program.

Fiscal Impact

FISCAL YEAR:	2016	ACCT. #:	6-1293-441-10-340-060-6-XXX
FUNDS AVAILABLE Y/N?:	Y	MATCHING FUNDS Y/N?:	N

BUDGETARY IMPACT:

No local match required.

Attachments

Contract Amendment

Budget Appropriation

Sal Proj

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	07/26/2016 02:56 PM
Final Approval		
Form Started By: Mike Escaname		Started On: 07/26/2016 01:04 PM

Minerva Diaz

From: Mike Escaname [miguel.escaname@hchd.org]
Sent: Tuesday, July 26, 2016 2:23 PM
To: minerva.diaz@auditor.co.hidalgo.tx.us
Subject: Request - Certification of Revenue - \$73,450.00 - Infectious Disease
Attachments: IDCU FY 17 Grant Contract Amendment 072616.pdf; AI-55581 Acceptance of FY 17 Amendment 080916.pdf

Minerva,

We will present AI-55581 to CC on 08/09/16. I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$73,450.00 for the Infectious Disease grant award.

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



DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

The Department of State Health Services (DSHS) and Hidalgo County (Contractor) agree to amend Contract No. 2016-003779-00 (Contract), which was effective on September 1, 2015. This Contract has not been amended prior to this Amendment. The amended Contract will be denominated Contract No. 2016-003779-01 for administrative purposes.

I. The Parties agree to amend Section 2 of this Contract to add an additional SEVENTY-THREE THOUSAND FOUR HUNDRED FIFTY DOLLARS (\$73,450.00), to increase the total Contract not to exceed amount to ONE HUNDRED FORTY-SIX THOUSAND NINE HUNDRED DOLLARS (\$146,900.00).

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 by deleting the first paragraph and replace with the following:

Contractor must perform surveillance and epidemiology activities for all notifiable conditions that can be reported through the National Electronic Disease Surveillance System (NEDSS) even if the Contractor does not use NEDSS for disease reporting. The NEDSS notifiable conditions can be found in the file named, "Program Areas in NBS Rev 0814.xlsx" at the website: <https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources>. Contractor will assign the Epidemiologist funded by this contract to be responsible for all conditions reportable through NEDSS, or will assign certain conditions for infectious disease preparedness and outbreak response activities and investigations.

IV. The Parties agree to delete Section 7.8 of this Contract and replace it with the following:

8. Submit completed questionnaires related to notifiable conditions and outbreak investigations to DSHS through a secure electronic method to the designated EAIDB epidemiologist or to fax number (512) 776-7616 no later than one (1) business day after completion of interview;

V. The Parties agree to delete Section 7.10 of this Contract and replace with the following:

10. Coordinate with hospitals and clinics within their jurisdiction to have at least ninety percent (90%) of laboratory specimens for the notifiable conditions that can be reported through NEDSS and/or those related to assigned outbreak investigations sent to the Laboratory Services Section, Texas Department of State Health Services, Austin, Texas or to another specified contract laboratory for confirmatory and/or molecular testing as designated by DSHS;

VI. The Parties agree to amend Section 7, Performance Measures, number 5, of this Contract by deleting number 5 and replace with the following:

5. Assure and monitor that at least ninety percent (90%) of isolates from reported positive cases of conditions that can be reported through NEDSS for which isolates are required from hospitals and clinics within the jurisdiction and/or those related to outbreak investigations are sent to the Laboratory Services Section, Texas Department of State Health Services, Austin, Texas or to another specified public health laboratory for confirmatory and/or molecular testing as designated by DSHS;

VII. The Parties agree to amend Section 7, Performance Measures, number 7, of this Contract by deleting number 7 and replace with the following:

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

7. Submit completed questionnaires related to notifiable conditions and outbreak investigations to DSHS through a secure electronic method to the designated EAIDB epidemiologist or to fax number (512) 776-7616 no later than one (1) business day after completion of interview;

VIII. 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, is amended to delete this clause in its' entirety and replace 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 \$100,000, 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.

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

X. 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

By:
Title:
Date:

Contractor

By:
Title:
Date:



CHECK GLOBAL ERRORS

[Back](#)

Document Information: [DCPS-2017-IDCU/SUR-00013](#)

Parent Information: [DCPS-2016-IDCU/SUR-00012](#)

[Details](#)

You are here: > [Renewal Menu](#) > [Forms Menu](#)

FISCAL FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION COPY

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


Navigation Links

[Home](#)


[Help](#)

[Log Out](#)

 [Fiscal Federal Funding Accountability and Transparency Act \(FFATA\) Certification Copy](#)

 [Signature Page Copy](#)

Clark, Sandy - DCPS
7/8/2016 2:30:36 PM

 [Top of the Page](#)

Powered by IntelliGrants™

© Copyright 2000-2016 Agate Software, Inc.



Home > My Account > My Grants > My Archives

PRINT VERSION ADD NOTE CHECK GLOBAL ERRORS SHOW HELP

[Back](#)

Document Information: [DCPS-2017-IDCU/SUR-00013](#)

Parent Information: [DCPS-2016-IDCU/SUR-00012](#)

[Details](#)

You are here: > [Renewal Menu](#) > [Forms Menu](#) > Budget Forms

BUDGET SUMMARY

Organization Name: Hidalgo County
 Contract Number: 2016-003779-01
 Proposal ID: DCPS-2017-IDCU/SUR-00013

Program ID: IDCU/SUR
 Procurement ID: GST-2016-Solicitation-00019
 Procurement Name: DCPS FY16 IDCU/SUR NEW CONTRACT

Budget Categories

Budget Categories	DSHS Funds Requested	Cash Match	In Kind Match	Category Total
Personnel	\$51,708	\$0	\$0	\$51,708
Fringe Benefits	\$17,022	\$0	\$0	\$17,022
Travel	\$3,943	\$0	\$0	\$3,943
Equipment	\$0	\$0	\$0	\$0
Supplies	\$777	\$0	\$0	\$777
Contractual	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0
Total Direct Costs	\$73,450	\$0	\$0	\$73,450
Indirect Costs	\$0	\$0	\$0	\$0
Totals:	\$73,450	\$0	\$0	\$73,450

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

0 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

Navigation Links

Link Name	Created By	Last Modified By
Budget Summary	Clark, Sandy - DCPS 6/29/2016 3:57:48 PM	Burrell, Deserie-Contractor 7/13/2016 8:10:29 AM
Personnel Category Detail	Kirkpatrick, Tray - Contractor 7/8/2016 2:37:07 PM	Clark, Sandy-Contractor 7/13/2016 10:41:41 AM
Travel Category Detail	Burrell, Deserie-Contractor 7/13/2016 8:07:18 AM	Burrell, Deserie-Contractor 7/13/2016 8:07:42 AM
Equipment Category Detail		
Supplies Category Detail	Kirkpatrick, Tray - Contractor 7/8/2016 2:56:35 PM	Burrell, Deserie-Contractor 7/13/2016 8:08:36 AM
Contractual Category Detail		
Other Category Detail	Kirkpatrick, Tray - Contractor 7/8/2016 2:57:49 PM	Kirkpatrick, Tray - Contractor 7/8/2016 3:09:55 PM
Indirect Costs Category Detail		

1 of 4

[Top of the Page](#)

Powered by IntelliGrants™

© Copyright 2000-2016 Agate Software, Inc.

INFECTIOUS DISEASE CONTROL FY 17
Grant Application
Salary Budget
09/01/2016 - 08/31/2017
For Budget Purposes Only

INFECTIOUS DISEASE CONTROL FY 17 (program 066)

Employee #	Employee Name	Position Title	2016 Payroll Salary	2016 Budgeted Salary With % COLA	Hourly Rate		# of Hours in 2016	# of Hours in 2017	2016		2017		Fringes				Insurance		Projected Total Salaries & Fringes	
					Hourly Rate (current)	Hourly Rate With 0%			Salary Amount from 08/01/16 - 12/31/16	Salary Amount from 01/01/17 - 08/31/17	FICA (7.65%)	Retirement (11.25%)	Unemployee Comp (2%)	Workers Comp (5%)	Health Ins.	Life Ins.	Projected Fringes			
G001		Epidemiologist II	51,500.00	51,500.00	24.7596	24.7596	606	1,382	17,232.69	34,465.38	4,308.17	4,308.17	3,954.90	5,818.03	516.98	516.98	6,168.00	37.56	17,010.48	68,708.54
			51,500.00	51,500.00					17,232.69	34,465.38	4,308.17	4,308.17	3,954.90	5,818.03	516.98	516.98	6,168.00	37.56	17,010.48	68,708.54

Notes:

- 1 This schedule was prepared when the grant application was submitted to DSHS on 05/16/2016.
- 2 A 0% cost of living increase is budgeted from 01/01/17 to 08/31/17. (pending CC approval)
- 3 2016 fringe benefit rates are used as this is the latest information available at this time.
- 4 Actual work hours in grant period used which total to 2,088 for FY 17.
- 5 Health insurance premium is \$514.00 / month for 2016 (\$514.00 x 12) 6,168.00
- 6 Life insurance premium is \$37.56 per year / per employee.

5 County Salary Schedule ----->

6 2016 Fringe Rates ----->

DATE: September 1, 2016

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 6-1293-441-10-340-060-6-XXX Infectious Disease Control

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		
6-1293-441-10-340-060-6-113	Infectious Disease - Reg. F/T Employees	\$ 51,708.00
FRINGES		
6-1293-441-10-340-060-6-211	Infectious Disease - Health Insurance	\$ 6,178.00
6-1293-441-10-340-060-6-212	Infectious Disease - Life Insurance	\$ 38.00
6-1293-441-10-340-060-6-220	Infectious Disease - FICA	\$ 3,955.00
6-1293-441-10-340-060-6-230	Infectious Disease - Retirement	\$ 5,817.00
6-1293-441-10-340-060-6-250	Infectious Disease - Unemployment Comp	\$ 517.00
6-1293-441-10-340-060-6-260	Infectious Disease - Workers Comp	\$ 517.00
TRAVEL		
6-1293-441-10-340-060-6-581	Infectious Disease - Travel In-County	\$ 3,074.00
6-1293-441-10-340-060-6-583	Infectious Disease - Travel Out-of-County	\$ 869.00
SUPPLIES		
6-1293-441-10-340-060-6-610	Infectious Disease - General Supplies	\$ 777.00
TOTAL APPROPRIATION		\$ 73,450.00
6-1293-334-10-340-060-6-000	Infectious Disease - Grant Revenue	\$ 73,450.00
TOTAL APPROPRIATION		\$ 73,450.00

REASON: To appropriate the Infectious Disease Control FY 17 award allocation for the period of September 1, 2016 through August 31, 2017.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S C

DATE

ATTEST CO. CLERK