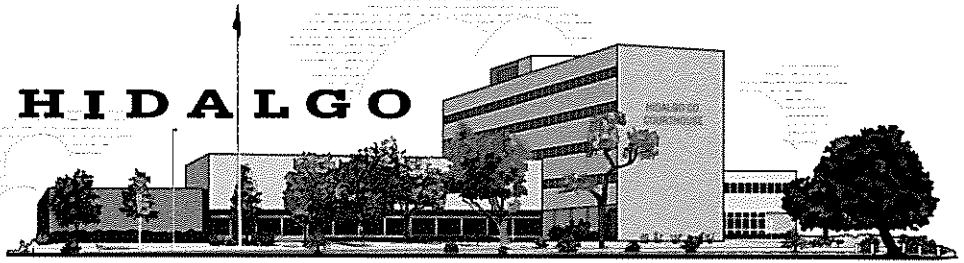


# COUNTY of HIDALGO



EDINBURG, TEXAS 78539

HIDALGO COUNTY AUDITOR'S OFFICE  
Hidalgo County Administration Building  
2808 South Business Highway 281  
Edinburg, Texas 78539-6243  
PHONE: (956) 318-2511  
FAX: (956) 318-2577  
WEBSITE: [www.co.hidalgo.tx.us/auditor](http://www.co.hidalgo.tx.us/auditor)

September 9, 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:

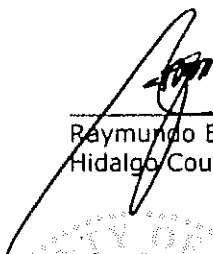
Pursuant to Local Government Code § 111.0706 SPECIAL BUDGET FOR GRANT OR AID MONEY:

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.

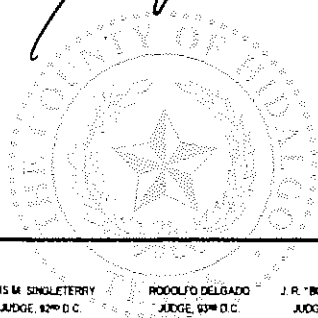
I, Ray Eufrazio, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Department of State Health Services (TDSHS). These funds may now be made available by creating a new special budget or amending a current budget for its intended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

AMOUNT	PURPOSE
\$144,029.00	Award No. 2016-003894-01 CHS/TV-PRENATAL CHS-Title-V-Prenatal Services

CERTIFIED BY:

  
\_\_\_\_\_  
Raymundo Eufrazio, CPA  
Hidalgo County Auditor

9/12/16  
\_\_\_\_\_  
Date



**HIDALGO COUNTY DISTRICT JUDGES**

- LUIS M. SINGLETERRY  
JUDGE, 12<sup>th</sup> D.C.
- RODOLFO DELGADO  
JUDGE, 13<sup>th</sup> D.C.
- J. R. "BOBBY" FLORES  
JUDGE, 13<sup>th</sup> D.C.
- ROSE GUERRA REYNA  
JUDGE, 20<sup>th</sup> D.C.
- JUAN R. PARTIDA  
JUDGE, 27<sup>th</sup> D.C.
- MARIO E. RAMIREZ, JR.  
JUDGE, 32<sup>nd</sup> D.C.
- NOE GONZALEZ  
JUDGE, 37<sup>th</sup> D.C.  
OVERSEER
- LETICIA LOPEZ  
JUDGE, 38<sup>th</sup> D.C.
- AZDA SALINAS FLORES  
JUDGE, 38<sup>th</sup> D.C.
- ISRAEL RAMON, JR.  
JUDGE, 43<sup>rd</sup> D.C.
- JESSE CONTRERAS  
JUDGE, 44<sup>th</sup> D.C.

AI-56287

Health & Human Services Dept. 19. 0.

CC - REGULAR

Meeting Date: 09/13/2016

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 DSHS FY 17 Title V Fee-For-Service Prenatal Medical grant contract amendment #2016-003894-01. The purpose of the amendment is to amend certain contractual language, to add the FY 17 award allocation of \$144,029 and to extend the contract term to August 31, 2017.
2. Requesting approval for County Judge to e-sign the Prenatal Medical grant contract Amendment and related documents.
3. Requesting approval of the Certification of Revenue in the amount of \$144,029.00.
4. Requesting approval of the budget appropriation in the amount of \$144,029.00.
5. Requesting approval of the salary schedule.

**BACKGROUND**

07/05/16 - AI-55162 - Approval to submit grant renewal for FY 17.

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**Fiscal Impact**

**FISCAL YEAR:** 2016

**ACCT. #:** 6-1293-441-10-340-052-6-XXX

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

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

**BUDGETARY IMPACT:**

No local match required.

---

**Attachments**

Grant Contract Amendment

Budget Appropriation

Salary Budget

Funding Source

---

**Form Review**

**Inbox**

Budget & Management

Final Approval

Form Started By: Mike Escaname

**Reviewed By**

Veronica Ortiz

**Date**

09/08/2016 03:37 PM

Started On: 09/08/2016 02:47 PM

## Minerva Diaz

---

**From:** Mike Escaname [miguel.escaname@hchd.org]  
**Sent:** Thursday, September 08, 2016 3:09 PM  
**To:** minerva.diaz@auditor.co.hidalgo.tx.us  
**Subject:** Request for Certification of Revenue - Prenatal FY 17 - \$144,029.00  
**Attachments:** 2016-003894-01 Prenatal FY 17 Contract.pdf

Minerva,

I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$144,029.00. We are presenting AI-56287 to CC to accept our Prenatal FY 17 Amendment.

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 ID# 2016-003894-00 (Contract), which was effective on August 31, 2015. This Contract has not been amended prior to this Amendment. This Amendment will be denominated as Contract No.

~~2016-003894-01~~

I. The Parties agree to amend Section 2. Total Amount, to increase the total amount of the Contract to TWO HUNDRED EIGHTY-EIGHT THOUSAND FIFTY-EIGHT DOLLARS (~~\$288,058~~), of which ONE HUNDRED FORTY-FOUR THOUSAND TWENTY-NINE DOLLARS (~~\$144,029~~) is allocated toward the ~~contract period of September 1, 2016 through August 31, 2017.~~

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

III. The Parties agree to amend the fourth paragraph in Section 7. Statement of Work, to add the following document to the list of documents that are incorporated by reference and made a part of the Contract: DSHS FY17 Title V Fee-for-Service Prenatal Medical and Prenatal Dental Renewal Application.

IV. The Parties agree to amend the BILLING INSTRUCTIONS section of Section 7. Statement of Work, to add the following paragraphs:

Contractor has 45 days from August 31, 2017 to enter data into IBIS system for services provided from September 1, 2016 to August 31, 2017. Contractor will not be reimbursed for services entered into IBIS after the 45 day deadline.

Contractor shall bill DSHS on a monthly basis for allowable services provided to Title V eligible clients. Bills for all allowable services shall be submitted as aggregate activity reports with a DSHS Monthly Reimbursement Request and shall not refer to or identify individual clients. Contractor shall bill within thirty (30) days after the end of the month in which services were provided or within sixty (60) days in cases of potentially Medicaid eligible individuals who are denied eligibility by the Health and Human Services Commission. All bills shall be submitted within forty-five (45) days of the end of the Contract term.

In billing DSHS, Contractor shall certify that all billed services have been provided only to individuals who have been determined to be eligible for Title V services. DSHS will pay Contractor for all acceptable vouchers submitted up to Contractor's contract ceiling amount. Billing vouchers submitted outside of the timeframes indicated above shall be subject to disallowance.

V. The Parties agree to revise the first paragraph in the BUDGET section of Section 7. Statement of Work, to the following: Funding is further detailed in the Fee for Service/Unit Rate document.

VI. The Parties agree to amend Section 9. Performance Measures, to add the Target Number of unduplicated clients that Contractor shall provide Title V Prenatal Services to for the contract period September 1, 2016 to August 31, 2017, which is six hundred eight-nine (689) unduplicated clients.

VII. The Parties agree to amend Section 11. Renewals Remaining, to reflect that there is one (1) renewal remaining under the Contract.

VIII. The Parties agree to amend Section 15. Programmatic Reporting Requirements, to extend the date in the Period End column to 08/31/2017, for all reports.

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

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IX. The Parties agree to delete Section 16. Special Provisions, in its entirety and replace it with the following:

16. Special Provisions

For purposes of this Contract only, the following provisions shall apply:

1. General Provisions, Article II Compliance and Reporting, Section 2.05 Reporting, is revised to include the following:

Contractor shall report to DSHS using established reports as directed by the Policies and Procedures Manual for Title V Maternal and Child Fee for Service for Child Health, Dental and Prenatal, and other data and/or reports deemed necessary by DSHS, upon reasonable notice to Contractor.

2. General Provisions, Article II, Compliance and Reporting, is revised to add the following new section:

Section 2.13 Eligibility. All individuals considered for Title V eligibility must be screened and determined eligible using a DSHS or Title V program-approved screening process as updated in the spring of each year when federal poverty levels and eligibility determination forms are revised.

3. General Provisions, Article III, Services, is revised to add the following new section:

Section 3.06 Co-pay. Contractor may assess a co-pay from clients who receive services under this Contract. A co-pay shall not be assessed from such clients if their family income is at or below 100% of the most recently defined federal poverty level. A co-pay assessment shall not exceed 25% of the authorized and approved reimbursement amount for allowed services. A client shall not be denied services due to inability to pay. Contractor shall make reasonable efforts to investigate and apply for all other sources of third party funding available to, or identified by, the client before submitting claims for allowable costs.

4. General Provisions, Article IV, Funding, is revised to add the following new section:

Section 4.03 Program Income. Program Income may be collected and retained by Contractor so long as it is used to provide services specified in the scope of work detailed in this Contract. The use of Program Income shall be reported on the monthly billing vouchers for services provided to Title V eligible clients.

5. General Provisions, Article V, Payment Methods and Restrictions, Section 5.02 Invoice/Billing Submission, is revised to add the following:

d. Contractor's contract amount under this Contract is a ceiling against which it may bill, on a fee-for-service basis, for the provision of allowable services to Title V eligible clients. Only allowable services provided to Title V eligible clients may be billed against this ceiling. The current schedule of allowable services and rates, as well as Title V eligibility requirements, may be modified at the sole discretion of DSHS with thirty (30) days written notice to Contractor. The notice will provide Contractor with an opportunity to terminate this Contract should the modification include a reduction in rates. Contractor shall have thirty (30) days from receipt of this notice to exercise the option for termination. If the Contractor does not exercise the option during the thirty (30) day time period, Contractor shall be deemed to have waived the option.

e. Billing Activity: DSHS shall distribute funds in a way that will maximize the delivery of authorized

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

services to eligible clients. DSHS will monitor Contractor's billing activity. If utilization is below that projected in Contractor's contract ceiling amount, shown in Section 17.c. Fee for Service/Unit Rate, Contractor's ceiling may be subject to a decrease for the remainder of the Contract period. Contractor may be subject to contract ceiling amount decreases if Contractor's billing activity is less than projected.

f. DSHS may pay for additional services as specified in this Contract if provided by Contractor during the term of this Contract (but not otherwise paid during the Contract term) if it is in the best interest of the State and the DSHS Program to do so, and if funds are available. If Contractor exceeds the ceiling amount of the Contract, Contractor shall continue to bill DSHS for the services provided. DSHS may pay for these additional services if funds become available at a later date.

6. General Provisions, Article VI, Terms and Conditions of Payment, is revised to add the following:

Section 6.04 Payment in Full. Contractor shall accept reimbursement or payment from DSHS and any applicable fees from clients for clinical health services as payment in full for services or goods provided to clients. Contractor shall not seek additional reimbursement or payment for services or goods from clients other than applicable fees for clinical health services.

7. General Provisions, Article X, Access, Inspection and Audit of Records, Section 10.01 Access and Inspection, is revised to add the following:

Contractor shall allow DSHS to conduct on-site quality assurance reviews as deemed necessary by DSHS. Unsatisfactory review findings may result in implementation of General Provisions, Article XV, Breach of Contract and Remedies for Non-Compliance.

8. General Provisions, Article XII, Assurances and Certifications, Section 12.01 Certification, is revised to add the following:

If appropriate, Contractor certifies that neither the Contractor, nor any individual who has a direct or indirect ownership or controlling interest of 5% or more of the Contracting Agency, nor any officer, director, agent or managing employee (e.g. general manager, business manager, administrator, director, or like individual who exercises operational or managerial control over the Contractor or who directly or indirectly conducts the day-to-day business of the Contractor is an entity or individual who:

- a. Has been convicted of any offense under 42 U.S.C. § 1320a-7(b)(1)-(3);
- b. Has had a civil monetary penalty assessed under 42 U.S.C. § 1320a and/or 42 U.S.C. § 1320a-8; or,
- c. Has been excluded from participation in a program under 42 U.S.C. § 1395 et seq.; or under a State health care program.

If the foregoing statement is not true, Contractor shall submit a disclosure/ownership form to DSHS. Contractor shall immediately notify the DSHS in writing, in the event that the foregoing statement changes during the term of this Contract. A false statement regarding Contractor's status will be treated as a material misrepresentation.

9. General Provisions, Article XIII, General Business Operations of Contractor, Section 13.01 Program Site, is revised to add the following:

Contractor shall notify the Contract Development and Support Branch in writing of any clinic site information changes, e.g. changes in contact person, hours of operation, address, Texas Provider Identification (TPI) number, National Provider Identification (NPI) number, the closure, relocation, and/or opening of clinic site(s).

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

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X. Except as provided in this Amendment, all other terms and conditions in the Contract will remain and be in full effect. To the extent of a conflict between the terms of the Contract and the terms of this Amendment, the terms of this Amendment shall prevail.

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

**Department Of State Health Services**

By:  
Title:  
Date:

**Contractor**

By:  
Title:  
Date:



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**FEE FOR SERVICE / UNIT RATE**

Organization Name: Hidalgo County

Program ID: CHS/TV-PRENATAL

Contract Number: 2016-003894-01

Procurement ID: GST-2016-Solicitation-00029

Proposal ID: FCHS-2017-CHS/TV-PRE-00013    Procurement Name: FCHS GOLIVE TITLE V PRENATAL SERVICES

Item Number	Service	Type	Number to Serve	Rate	Cost
1	Prenatal Medical (includes costs for laboratory and case management) 68 of 500	Clients	689	\$209.04	\$144,029
2	Prenatal Dental 15 of 500	Clients	0	\$0	\$0
<b>Total</b>					<b>\$144,029</b>

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**CHILD SUPPORT CERTIFICATION**

Organization Name: Hidalgo County  
Contract Number: 2016-003894-01

The Texas Family Code §231.006, places certain restriction on child support obligors. Contracts with governmental entities or nonprofit corporations are not subject to §231.006.

The contractor identified above is not a governmental entity or a nonprofit corporation.

The contractor certifies the following is a complete list of the names and social security numbers of either the individual or sole proprietor who is the contractor or each partner, shareholder, or owner with an ownership interest of at least 25% of the contractor/business entity

Name	Social Security Number

Under the Texas Family Code, §231.006, the contractor certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment withheld if this certification is in-accurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25%.

Applicable  Non-Applicable

Signature of Authorized Individual

Date:

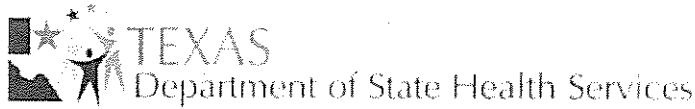
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	<a href="#">Disclosure of Ownership and Control Interest Statement</a>		
	<a href="#">Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification</a>		
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**DISCLOSURE OF OWNERSHIP AND CONTROL INTEREST STATEMENT**

For definitions, procedures and requirements, refer to the appropriate Statutes or Regulations.

Title V – 42 USC §1397d

Title XVIII – 42CFR 420.200 – 206

Title XIX – 42CFR 455.100 – 106

Organization Name: Hidalgo County

Contract Number: 2016-003894-01

Completion and submission of this form is a condition of participation, certification, or recertification under any of the programs established by titles V, XVIII, and XIX, or as a condition of approval or renewal of a contractor agreement between the disclosing entity and the Department of State Health Services (DSHS) under any of the above-titled programs, a full and accurate disclosure of ownership and financial interest is required. Failure to submit requested information may result in a refusal by DSHS to enter into an agreement or contract with any such institution or in termination of existing agreements.

Answer all questions as of the current date.

Select the title(s) of the program(s) your organization provides services under:

- Title V
- Title XVIII
- Title XIX

Additional Orgnaization Information:

If your organization operates under a DBA, state the name below:

.....

Enter the organization's provider number below:

.....

General Questions:

1. Are there any individuals or organizations having a direct or indirect ownership or control interest of 5 percent or more in the institution, organization, or agency that have been convicted of a criminal offense related to the involvement of such persons, or organizations in any of the programs established by titles XVIII or XIX?

Yes  No

If yes, complete the table below:

Name: .....

Address: .....

City: .....

State: .....

Zip Code: .....

2. Are there any directors, officers, agents, or managing employees of the institution, agency or organization who have ever been convicted of a criminal offense related to their involvement in such programs established by titles XVIII or XIX?

Yes  No

If yes, complete the table below:

Name: .....

Address: .....

City: .....

State:

Zip Code:

3. Are any of the individuals, listed in question 1 and/or 2, currently employed by the institution, agency, or organization in a managerial, accounting, auditing, or similar capacity who were employed by the institution's, organization's, or agency's fiscal intermediary or carrier within the previous 12 months? (Title XVIII providers only)

Yes  No

If yes, complete the table below:

Name:

Address:

City:

State:

Zip Code:

4. List names, addresses for individuals having direct or indirect ownership or a controlling interest in the entity. If more than one individual is reported and any of these persons are related to each other, this must be reported under the Remarks Section.

Name:

Address:

City:

State:

Zip Code:

Remarks:

5. List organizations having direct or indirect ownership or a controlling interest in the entity.

Organization Name:

Director Name:

EIN Number:

Entity Type:

If Other, Specify Type:

Address:

City:

State:

Zip Code:

6. Are any owners of the disclosing entity also owners of other Medicare/Medicaid facilities? (Example: sole proprietor, partnership or members of Board of Directors.)

Yes  No

If yes, list names, addresses of individuals and provider numbers.

Name:	Address:	Provider Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

7. Has there been a change in ownership or control within the last year?

Yes  No

If yes, enter date of ownership change or control:

8. Do you anticipate any change of ownership or control within the next year?

Yes  No

If yes, enter date of anticipated ownership change or control:

9. Do you anticipate filing for bankruptcy within the year?

Yes  No

If yes, enter date of anticipated date for filing bankruptcy:

10. Is this facility operated by a management company, or leased in whole or part by another organization?

Yes  No

If yes, give date of change in operations:

11. Has there been a change in Administrator, Director of Nursing, or Medical Director within the last year?

Yes  No

12. Is the facility currently affiliated with a chain or previously affiliated with a chain?

Yes  No

If yes, complete the table below:

Name: \_\_\_\_\_

Affiliation Status: \_\_\_\_\_

Affiliate No.: \_\_\_\_\_

EIN Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

13. Have you increased your bed capacity by 10 percent or more or by 10 beds, whichever is greater, within the last 2 years?

Yes  No

If yes, provide the following:

Year of change: \_\_\_\_\_

Current Number of Beds: \_\_\_\_\_

Prior Number of Beds: \_\_\_\_\_

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION OF THIS STATEMENT, MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH DSHS.

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.

Signature of Authorized Individual:

Date:

Navigation Links

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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

Date

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[My Grants](#)

[Child Support Certification](#)


[Disclosure of Ownership and Control Interest Statement](#)

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

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Burrell, Deserie - FCHS  
8/22/2016 12:45:00 PM

Adams, Jason - FCHS  
8/26/2016 11:27:43 AM

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**Mike Escaname**

---

**From:** Bourda,Michael (HHSC/DSHS) <Michael.Bourda@hhsc.state.tx.us>  
**Sent:** Thursday, September 08, 2016 1:25 PM  
**To:** Mike Escaname  
**Subject:** RE: Request - Funding Source for Title V Fee-For-Service PRENATAL - Hidalgo County

The Title V Prenatal funds are State dollars.

**From:** Mike Escaname [<mailto:miguel.escaname@hchd.org>]  
**Sent:** Thursday, September 08, 2016 1:23 PM  
**To:** Bourda,Michael (HHSC/DSHS)  
**Subject:** Request - Funding Source for Title V Fee-For-Service PRENATAL - Hidalgo County

Hello Michael,

Thanks for the response to my previous question. I have another:

We are in receipt of our **Title V Fee-for-Service PRENATAL MEDICAL AND PRENATAL DENTAL RENEWAL** contract Amendment (attached).

For financial reporting purposes, I'd appreciate if you can provide the funding source for the additional funds that have been added in the amount of \$144,029.00.

If federal funds, please provide the CFDA #.

Thanks,

*Mike Escaname*

Budget Manager  
Hidalgo County Health & Human Services Department  
1304 S. 25 Ave  
Edinburg, TX 78542-7205  
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\*Please note\* My email address has changed. Please be sure to update your contact information with my new email address.



PRENATAL FY 17

Salary / Fringes Salary Schedule  
09/01/2016 - 08/31/2017

For Budget Purposes Only

Slot #	Position Title	2016	General Fund Salary	Prenatal Salary	Hourly Rate	Hourly		Work Hours				Distribution				Insurance														
						Rate	Rate + 0% COLA	# of Hours 09/01/2016 to 12/31/16	# of Hours 01/01/17 to 08/31/17	Projected Sal 09/01/2016 to 12/31/16	Projected Sal 01/01/17 to 08/31/17	Projected Salaries	%	%	Health Ins.	Life Ins.														
0003	Clinic Aide II	25,462.00	5,733.00	19,729.00	9.49	9.49	696	1,392	6,601.63	13,203.25	19,804.88	340-003	340-052	0.77	0.77	4,717.23	29.10													
G004	Clerk II	22,972.00	4,595.00	18,377.00	8.84	8.84	696	1,392	6,149.23	12,298.45	18,447.68	4,595.00	18,447.68	0.80	0.80	4,870.24	30.05													
<b>Total Gross Salary -&gt;</b>												<b>38,252.66</b>																		
Health Insurance - (\$6,256.00 / yr * % of pay from grant)												9,587.47																		
Life Insurance - (\$37.56 / Yr / person prorated by % of pay from grant)												59.15																		
FICA - (7.65% * Gross Salary)												2,926.32																		
Retirement - (11.25% * Gross Salary)												4,303.41																		
Unemployment - (.60% * Gross Salary)												229.52																		
Worker's Comp - (.94% * Gross Salary)												359.57																		
												<b>55,718.01</b>																		

Notes

- 1 There are 2,088 work hours during the grant period of 08/31/2015 through 08/31/2016.
- 2 Health Insurance is \$6,256.00 / yr times the percentage of pay from the grant. (\$514.00 \* 4 months + \$525.00 \* 8 months) (Prorated based on % of grant funded portion)
- 3 0% COLA budgeted from 01/01/17.
- 4 Fringe rates - Current rates as of 09/08/16.