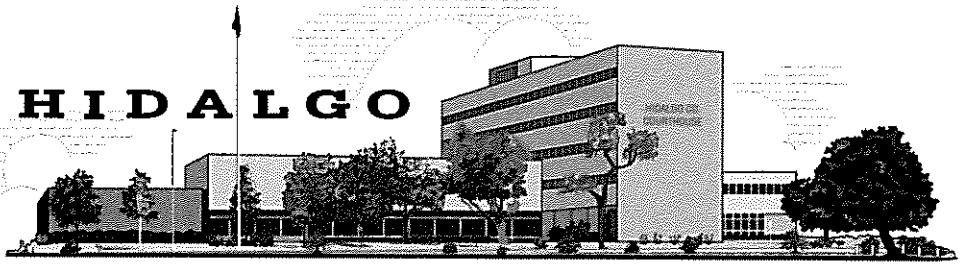


COUNTY of HIDALGO



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

September 06, 2015

The Honorable Ramon Garcia, Hidalgo County Judge
The Honorable A.C. Cuellar, Jr., Commissioner, Precinct No. 1
The Honorable Eduardo "Eddie" 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 commissioners 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.

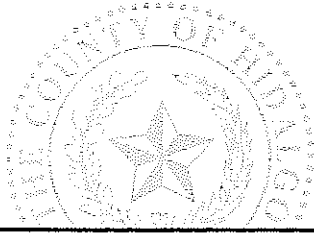
AMOUNT
\$130,000.00

PURPOSE
Award No. 2015-047694-002
Lactation Support Center Services
Strategic Expansion Amendment (LSCS-SEP)

CERTIFIED BY:

Raymundo Eufrazio, CPA
Hidalgo County Auditor

9-6-16
Date



HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY JUDGE, 92ND D.C. RODOLFO DELGADO JUDGE, 93RD D.C. J. R. "BOBBY" FLORES JUDGE, 129TH D.C. ROSE GUERRA REYNA JUDGE, 206TH D.C. JUAN R. PARTIDA JUDGE, 273RD D.C. MARIO E. RAMIREZ, JR. JUDGE, 332ND D.C. NOE GONZALEZ JUDGE, 370TH 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, 449TH D.C.

Itsayana Vallejo

From: Mague Gonzalez [mague.gonzalez@wic.co.hidalgo.tx.us]
Sent: Tuesday, September 06, 2016 8:16 AM
To: Itsayana Vallejo
Cc: Deborah Fischer
Subject: Certification of Revenues

I would like to request a Certification of Revenues for the WIC Program.

Margarita Gonzalez
Grants Accounting Supervisor
Hidalgo County WIC Program
3105 W. University
Edinburg, Texas 78539
(956)381-4646 ext. 4042
(956)381-0017
mague.gonzalez@wic.co.hidalgo.tx.us

AI-56133

WIC 14. A.

CC - REGULAR

Meeting Date: 09/06/2016

Submitted By: Margarita Gonzalez, WIC

Department: WIC

Information

CAPTION

WIC Lac Supp Center (1292):

1. Requesting approval to accept the Lactation Support Center Services Strategic-Expansion Program (LSCS-SEP) grant contract amendment #2015-047694-002. 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 \$130,000 and to extend the contract term through August 31, 2017
2. Requesting approval for County Judge to sign the Lactation Support Center Services Strategic Expansion Amendment #2015-047694-002.
3. Requesting approval for County Judge to sign the Fiscal Federal Funding Accountability and Transparency Act for FY17.
4. Requesting approval of Certification of Revenue in the amount \$130,000.00.
5. Requesting approval of the budget appropriation in the amount of \$130,000.00
6. Approval of the following personnel action:

Action	Dept./Prog.	Slot No.	Position Title	Current Budgeted Salary	Proposed Budgeted Salary
Salary Decrease	350-018	0001	International Board Certified Lactation Consultant	\$64,890.00	\$50,000.00

7. Approval to revise the salary schedule in accordance with Commissioners Court action.

BACKGROUND

Budget represents initial funding from Department of State Health Services.

No County Match- Federal Funds

6.1292.441.10.350.018.5.xxx

Fiscal Impact

FISCAL YEAR: 2017

ACCT. #: 6.1292.441.10.350.018.5.xxx

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

No County Match
100% Federal Funding.
Appropriation of funds in the amount of \$130,000.00 for the WIC Lactation Support
Center Services.

Attachments

Hidalgo County LSCS CONTRACT

FFATA Certification FY17

Budget Amendment LSCS

LSCS Categorical Budget FY17

PAR FORM

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	09/01/2016 10:12 AM
Final Approval		
Form Started By: Margarita Gonzalez		Started On: 08/31/2016 09:55 AM

DEPARTMENT OF STATE HEALTH SERVICES



Amendment #01

The Department of State Health Services (DSHS) and HIDALGO COUNTY HEALTH AND HUMAN SERVICES WIC PROGRAM (Contractor) agree to amend Contract ID#2015-047694-001 (Contract), which was effective on April 1, 2015. This Contract has not been amended prior to this Amendment. This Amendment shall be denominated as contract number 2015-047694-002.

- I. The Parties agree to amend Section 2 of the Contract to increase the total amount of the Contract to **THREE HUNDRED TWENTY-FIVE THOUSAND DOLLARS (\$325,000.00)**, of which \$195,000.00 was allocated toward the contract term April 1, 2015 through August 31, 2016 and \$130,000.00 is allocated toward the contract term September 1, 2016 through August 31, 2017.
- II. The Parties agree to amend Section 4 of the Contract and the end date of the Contract's Program Attachment to extend the end of the Contract term to August 31, 2017.
- III. The Parties agree to amend the DSHS PROGRAM of the Contract's Program Attachment to DFCHS/LSCS-SEP.
- IV. The Parties agree to amend the first sentence in SECTION I: STATEMENT OF WORK to the following: "Contractor shall work with the Texas Department of State Health Services (DSHS), Family and Community Health Services (CHS), Office of Title V and Family Health (OTVFH) to develop and implement the Lactation Support Center Services Strategic Expansion Program (LSCS-SEP)."
- V. The Parties agree to replace all references to "Lactation Resource and Training Center Strategic Expansion Program" with "LSCS-SEP" throughout the Contract and its Program Attachment.
- VI. The Parties agree to amend the first sentence of the third paragraph in SECTION II: PERFORMANCE MEASURES to the following: "Contractor shall submit the *LSCS-SEP Performance Measure Report* which describes Contractor's efforts towards meeting performance measures."
- VII. The Parties agree to amend SECTION IV: RENEWALS to the following: "DSHS may renew this contract for three (3) renewal period(s) of 12 months if funds are available."

VIII. The Parties agree to amend the last paragraph of SECTION VI. BILLING INSTRUCTIONS to the following:

“Contractor shall submit quarterly Financial Status Reports (FSR/Form 269A) for services provided with LSCS-SEP funds. Each FSR shall be clearly marked as LSCS-SEP. The original FSR shall be signed and mailed to the DSHS Claims Processing Unit at:

Claims Processing Unit, Mail Code 1940
Department of State Health Services
P.O. Box 149347
Austin, Texas 78714-9347”

IX. The Parties agree to amend the last sentence of SECTION VII. BUDGET to the following:
“Total reimbursements for the period September 1, 2016 through August 31, 2017 will not exceed \$130,000.”

X. The Parties agree that the revised FY17 categorical budget is incorporated and made a part of the contract as if fully set forth herein.

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

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

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

Department of State Health Services

Contractor

By: _____
Evelyn Delgado
Assistant Commissioner

By: _____
Name: _____
Title: _____

Date: _____

Date: _____

**Fiscal Federal Funding Accountability and Transparency Act
(FFATA) CERTIFICATION
For Fiscal Year (FY17)**

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.***

Legal Name of Contractor: Hidalgo County	FFATA Contact # 1 Name, Email and Phone Number: Ramon Garcia countyjudge@co.hidalgo.tx.us (956)318-2600
Primary Address of Contractor: 100 E. Cano St. 2nd Floor Edinburg, Texas 78539	FFATA Contact #2 Name, Email and Phone Number: Ray Eufrazio ray.eufrazio@auditor.co.hidalgo.tx.us (956)318-2511 ext. 4668
ZIP Code: 9-digits Required www.usps.com 7 8 5 3 9 - 3 3 0 4	DUNS Number: 9-digits Required www.ccf.gov 1 0 3 1 1 0 8 3 4
State of Texas Comptroller Vendor Identification Number (VIN) 14 Digits 	

Printed Name of Authorized Representative Ramon Garcia	Signature of Authorized Representative
Title of Authorized Representative Hidalgo County Judge	Date

**Fiscal Federal Funding Accountability and Transparency Act
(FFATA) CERTIFICATION
For Fiscal Year (FY17)**

As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete and correct to the best of my knowledge.

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year? Yes No

If your answer is "Yes", skip questions "A", "B", and "C" and finish the certification.
If your answer is "No", answer questions "A" and "B".

A. 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

B. 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

If your answer is "Yes" to both question "A" and "B", you must answer question "C".
If your answer is "No" to either question "A" or "B", skip question "C" and finish the certification.

C. Certification Regarding Public Access to Compensation Information.

Does the public have access to information about the compensation of the senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986? Yes No

If your answer is "Yes" to this question, where can this information be accessed?

If your answer is "No" to this question, you must provide the names and total compensation of the top five highly compensated officers below.

For example:

*John Blum:500000;Mary Redd:50000;Eric Gant:400000;Todd Platt:300000;
Sally Tom:300000*

Provide compensation information here:

DATE: 8/31/2016
DEPARTMENT HEAD: Clarissa Ramirez
DEPARTMENT NAME: WIC Lactation Support Center Services-Strategic Expansion Program
ACCOUNT NUMBER: 6.1292.441.10.350.018.5.XXX

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 (increases) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBERS	ACCOUNT (OBJECT) NAME	AMOUNT
6.1292.441.10.350.018.5.113	Salaries	50,000.00
6.1292.441.10.350.018.5.211	Health Insurance	6,300.00
6.1292.441.10.350.018.5.212	Life Insurance	450.72
6.1292.441.10.350.018.5.220	FICA	3,825.00
6.1292.441.10.350.018.5.230	Retirement	5,654.28
6.1292.441.10.350.018.5.250	Unemployment	300.00
6.1292.441.10.350.018.5.260	Workers Comp.	470.00
6.1292.441.10.350.018.5.310	Indirect Cost	4,931.00
6.1292.441.10.350.018.5.583	Out of County Travel	6,154.00
6.1292.441.10.350.018.5.584	Registration Fees	1,200.00
6.1292.441.10.350.018.5.610	General Supplies	49,872.00
6.1292.441.10.350.018.5.640	Reference Material	843.00
5.1292.334.10.350.018.5.XXX	WIC Lactation Program Revenue	130,000.00
TOTAL FUND BALANCE IMPACT		130,000.00

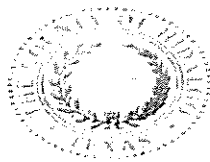
REASON: Appropriate grant award for the full grant cycle 09/01/16 thru 08/31/17.

Categorical Budget:

PERSONNEL	\$50,000.00
FRINGE BENEFITS	\$17,000.00
TRAVEL	\$7,354.00
EQUIPMENT	\$0.00
SUPPLIES	\$49,872.00
CONTRACTUAL	\$0.00
OTHER	\$843.00
TOTAL DIRECT CHARGES	\$125,069.00
INDIRECT CHARGES	\$4,931.00
TOTAL	\$130,000.00
DSHS SHARE	\$130,000.00
CONTRACTOR SHARE	\$0.00
OTHER MATCH	\$0.00

Total reimbursements will not exceed \$130,000.00

Accepted indirect cost rate agreement supporting budgeted indirect costs is not on file with DSHS. Supporting documentation for indirect costs charged to this contract attachment must be submitted to DSHS no later than the 60th calendar day after the effective date of the contract.



HIDALGO COUNTY

Personnel Adjustment Request Form

DEPARTMENT NAME/NUMBER: WIC Lac Supp Center 350-018 DATE: 9/6/2016

CURRENT POSITION TITLE: International Board Certified Lactation Consultant CURRENT SLOT #: 0001

REQUESTED POSITION TITLE:

REQUEST FOR:

New Position
 Temporary Position
 Position Reclassification*
 Other Salary Adjustment (Decrease)

* Civil Service Positions are submitted to the Civil Service Commission.

POSITION SALARY REQUEST:

Salary Amount:

\$ 64,890.00 \$ 50,000.00 \$ (14,890.00)
 Current G&S/ Budgeted Salary Proposed G&S/ Budgeted Salary Net Change

Position to be funded from one of the following:

Current Department Budget
 Annual Budget Cycle
 Will Require Additional Funds
 Other _____

POSITION Type:

Full Time Employee Object 113 Part Time Employee Object 114 _____
 Enter hourly rate for temp. positions

Full Time Employee Temporary Object 121 Part Time Temporary Object 122 \$ _____
 Hourly Rate "2,080 hrs. per year = Annual Salary

TEMPORARY POSITIONS: N/A

Start Date	End Date	Working Days & Hours	Hours Per Week	Duration (2 weeks, 3 months, etc.)

CIVIL SERVICE:

Exempt FLSA: Exempt

Non-Exempt Non-Exempt

N/A

JUSTIFICATION/PRIORITY: (Explain why this position or adjustment request is essential)

NEW POSITION: Brief job description and attach a copy of the new job description.

POSITION RECLASSIFICATION: Explain change and/or increase in duties and responsibility. (Attach new job description)

COMMENTS: (Any comments you wish to make regarding this request)

HUMAN RESOURCES: Classification and Salary Recommendation

BUDGET & MANAGEMENT: Classification and Salary Recommendation

1. Chann S.
DEPARTMENT HEAD

9/2/16
Date

FUNDING AVAILABLE IN DEPT. BUDGET

YES NO

2. Alie Dreyer
HUMAN RESOURCES DIRECTOR

9/2/2016
Date

PERSONNEL PROCEDURES COMPLETED

YES NO

3. [Signature]
DEPARTMENT OF BUDGET & MANAGEMENT

9/2/2016
Date

BUDGET PROCEDURES COMPLETED

YES NO

4. _____
COMMISSIONERS' COURT APPROVAL

_____ Date