

# COUNTY of HIDALGO



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)

EDINBURG, TEXAS 78539

October 3, 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:

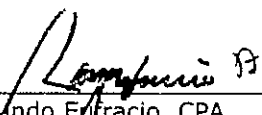
The county auditor shall certify to the commissioner's court the receipt of all public or private grant or aid money that is available for disbursement in a fiscal year but not included in the budget for that fiscal year. On certification, the court shall adopt a special budget for the limited purpose 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.

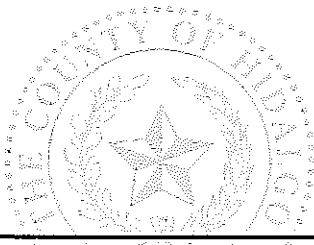
AMOUNT  
\$ 50,000.00

PURPOSE  
Awards No. 2016-003876-01  
HPCDP/TXHC Texas Healthy Communities

CERTIFIED BY:

  
Raymundo Eufrazio, CPA  
Hidalgo County Auditor

10-4-16  
Date



## HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY JUDGE, 92<sup>ND</sup> D.C.    RODOLFO DELGADO JUDGE, 93<sup>RD</sup> D.C.    J. R. "BOBBY" FLORES JUDGE, 139<sup>TH</sup> D.C.    ROSE GUERRA REYNA JUDGE, 206<sup>TH</sup> D.C.    JUAN R. PARTIDA JUDGE, 275<sup>TH</sup> D.C.    MARIO E. RAMIREZ, JR. JUDGE, 332<sup>ND</sup> D.C.    NOE GONZALEZ JUDGE, 376<sup>TH</sup> D.C.    OVERSEER    LETICIA LOPEZ JUDGE, 388<sup>TH</sup> D.C.    AIDA BALMAS 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.

AI-56656

Health & Human Services Dept. 14. B.

CC - REGULAR

Meeting Date: 10/04/2016

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 TX Healthy Communities grant contract Amendment #2016-003876-01. The purpose of the amendment is to amend certain contractual language, to add the FY 17 award allocation of \$50,000.00 and to extend the contract term to September 30, 2017.
2. Requesting approval for County Judge to e-sign the TX Healthy Communities contract Amendment and related documents.
3. Requesting approval of the Certification of Revenue in the amount of \$50,000.00.
4. Requesting approval of the budget appropriation in the amount of \$50,000.00.

**BACKGROUND**

05/10/16 - AI-54462 - Approval to submit grant renewal application.

**Fiscal Impact**

FISCAL YEAR: 2016

ACCT. #: 6-1293-441-10-340-061-6-XXX

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

**BUDGETARY IMPACT:**

No local match required.

**Attachments**

Grant Contract Amendment

Budget Appropriation

**Form Review**

<b>Inbox</b>	<b>Reviewed By</b>	<b>Date</b>
Budget & Management	Veronica Ortiz	09/28/2016 03:36 PM
Final Approval		
Form Started By: Mike Escaname		Started On: 09/28/2016 02:56 PM

## Minerva Diaz

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**From:** Mike Escaname [miguel.escaname@hchd.org]  
**Sent:** Wednesday, September 28, 2016 3:24 PM  
**To:** minerva.diaz@auditor.co.hidalgo.tx.us  
**Subject:** Request - Certification of Revenue - \$50,000.00 - TX Healthy Communities  
**Attachments:** 2016-003876-01 TX Healthy Comm FY 17 092816.pdf; TX CFDA.pdf

Minerva,

I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$50,000.00. The TX Healthy Communities grant (program 061) has been amended and the grant period has been extended.

We will present this item to CC next Tuesday, 10/04/16, for approval.

Let me know if you have any questions.

*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: 2015-00375-00~~ (Contract), which was effective on October 1, 2015. This Contract has not been amended prior to this Amendment. This amendment is denominated as ~~2015-00375-01~~.

I. The Parties agree to amend Section 2 of this Contract to increase the total amount of Contract to ONE HUNDRED THOUSAND DOLLARS (\$100,000.00).

II. The Parties agree to amend Section 4 of this Contract to extend the end of the Contract term to ~~September 30, 2017~~.

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

Contractor Shall:

7. Develop, complete and submit a draft Project Work Plan for the period of October 1, 2016 through September 30, 2017, in conjunction with DSHS. The draft Work Plan must include objectives with supporting activities that address indicators identified in the FY 2016 TXHC assessment as needing improvement. A Project Work Plan Draft must be submitted, reviewed and approved by DSHS prior to the final version submission date. The draft Project Work Plan must be submitted to DSHS on or before October 17, 2016 and the final Project Work Plan submission is due to DSHS on or before October 31, 2016.

8. Develop and submit an Evaluation Plan to DSHS. A draft Evaluation Plan must be reviewed and approved by DSHS prior to the final version submission date. The draft Evaluation Plan must be submitted on or before November 16, 2016 and the final Evaluation Plan is due to DSHS on or before November 30, 2016.

9. Submit a draft Interim Progress Report for the period of October 1, 2016 – March 16, 2017 to DSHS for review on or before March 17, 2017. The Report will include summary of all items/activities conducted to date; detailed description of progress toward achieving objectives and activities; and barriers. Submission of the final Interim Report must fully address any feedback from DSHS based on the draft Interim Report and must be submitted on or before March 31, 2017.

10. Conduct, complete and submit the draft Texas Healthy Communities Assessment in the Performance Management and Tracking System by May 16, 2017. DSHS will review and approve the draft submission prior to submission of final report in Performance Management and Tracking System (PMATS) on or before May 31, 2017.

11. Submit a Final Progress Report Draft for the period of October 1, 2016 – August 31, 2017 to DSHS for review and approval on or before August 31, 2017. The report will include summary of all items/activities conducted to date; detailed description of progress toward achieving objectives and activities; plans for sustaining activities once funding has ended; and barriers/lessons learned. Submission of Final Report must fully address any feedback from DSHS based on draft final report and must be submitted on or before September 14, 2017.

12. Participate in twelve (12) monthly feedback calls (monthly project status reports) with DSHS Program to be conducted on or before the following dates: October 31st, November 28th, December 31st, January 30th, February 28th, March 31st, April 30th, May 29th, June 30th, July 31st, August 31st, and September 30th. Contractor will submit written monthly reports as requested by DSHS.

IV. The Parties agree to amend Section VIII. Special Provisions of this Contract to add the following: General Provisions, Article XXVII Non-Exclusive List of Applicable Laws is amended by deleting it 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

DEPARTMENT OF STATE HEALTH SERVICES



AMENDMENT #: 01

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.

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

VI. ~~This Amendment is effective on October 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:



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**BUDGET SUMMARY**

Organization Name: Hidalgo County  
 Contract Number: ~~2016-003876-01~~  
 Proposal ID: DCPS-2017-HPCDP/TXHC-00008

Program ID: HPCDP/TXHC  
 Procurement ID: GST-2016-Solicitation-00014  
 Procurement Name: DCPS FY16 HPCDP/TXHC New 2016

**Budget Categories**

Budget Categories	DSHS Funds Requested	Cash Match	In Kind Match	Category Total
Personnel	\$0	\$0	\$0	\$0
Fringe Benefits	\$0	\$0	\$0	\$0
Travel	\$2,242	\$0	\$0	\$2,242
Equipment	\$0	\$0	\$0	\$0
Supplies	\$5,215	\$0	\$0	\$5,215
Contractual	\$0	\$0	\$0	\$0
Other	\$42,543	\$0	\$0	\$42,543
<b>Total Direct Costs</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</b>
Indirect Costs	\$0	\$0	\$0	\$0
<b>Totals:</b>	<b>\$50,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$50,000</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



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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   
 Email   
 Telephone

FFATA Contact Person #2

Name   
 Email   
 Telephone



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

Status	Page Name	Note	Created By	Last Modified By
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## Mike Escaname

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**From:** Wilczynski,Jonah (DSHS) <Jonah.Wilczynski@dshs.state.tx.us>  
**Sent:** Wednesday, September 28, 2016 3:01 PM  
**To:** Mike Escaname  
**Subject:** RE: Question on CFDA # for Amendment - TX Healthy

Hello Mike.

It is Federal Funds and the CFDA # is the same, 93.991.

CFDA	Appropriation
93.991	

Regards,

Jonah Wilczynski, CTCM  
Contract Manager - HPCDP  
DCPS/RLHS Contract Management Unit  
Texas Department of State Health Services  
P.O. Box 149347  
Austin, Texas 78714 – Mail Code 1990

(512) 776-7111 ext. 6004  
Fax: (512) 776-7391  
[Jonah.Wilczynski@dshs.state.tx.us](mailto:Jonah.Wilczynski@dshs.state.tx.us)

**From:** Mike Escaname [<mailto:miguel.escaname@hchd.org>]  
**Sent:** Wednesday, September 28, 2016 2:48 PM  
**To:** Wilczynski,Jonah (DSHS) <[Jonah.Wilczynski@dshs.state.tx.us](mailto:Jonah.Wilczynski@dshs.state.tx.us)>  
**Subject:** Question on CFDA # for Amendment - TX Healthy

Hello Jonah,

We are in receipt of our TX Healthy Communities 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 \$50,000.00.

If federal funds, please provide the CFDA #. Last year's contract reflected a CFDA # of 93.991. Just need to confirm if the same funding source applies to the additional funds for this year.

Thanks,

DATE: October 4, 2016

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 6-1293-441-10-340-061-6-XXX Texas Healthy Communities

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>TRAVEL</b>	
6-1293-441-10-340-061-6-583	TX HEALTHY COMMUNITIES-TRAVEL OUT OF CO	\$ 2,242.00
	<b>SUPPLIES</b>	
6-1293-441-10-340-061-6-610	TX HEALTHY COMMUNITIES-GENERAL SUPPLIES	\$ 2,796.00
6-1293-441-10-340-061-6-660	TX HEALTHY COMMUNITIES-FURNISHINGS & EQU	\$ 2,419.00
	<b>OTHER</b>	
6-1293-441-10-340-061-6-540	TX HEALTHY COMMUNITIES-ADVERTISING	\$ 15,000.00
6-1293-441-10-340-061-6-550	TX HEALTHY COMMUNITIES-PRINTING & BINDING	\$ 27,543.00
	<b>TOTAL APPROPRIATION</b>	\$ 50,000.00
6-1293-331-12-340-061-6-000	TX HEALTHY COMMUNITIES REVENUE	\$ 50,000.00
	<b>TOTAL BUDGET</b>	\$ 50,000.00

INCREASE REQUEST \$

REASON: To appropriate the additional grant funds for the Texas Healthy Communities program

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK