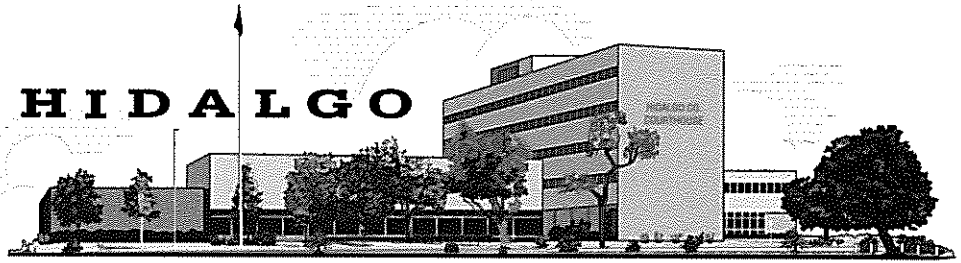


# COUNTY of HIDALGO



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

February 06, 2017

The Honorable Ramon Garcia, Hidalgo County Judge  
The Honorable David L. Fuentes, 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:

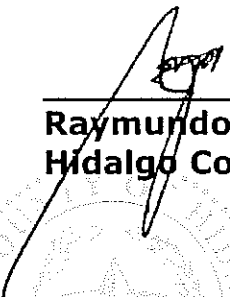
The county auditor shall certify to the commissioners' court the receipt of all public or private grant or aid money that is available for disbursement in a fiscal year but not included in the budget for that fiscal year. On certification, the court shall adopt a special budget for the limited purpose 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  
\$75,000.00

PURPOSE  
Award No. 2017-049851-001A  
NSS/WIC Local Agency-Extra Summer Food Prog

CERTIFIED BY:

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

2/3/17  
\_\_\_\_\_  
**DATE**

### HIDALGO COUNTY DISTRICT JUDGES

LUIS M SINGLETERRY JUDGE, 12<sup>TH</sup> D.C.    RODOLFO DELGADO JUDGE, 5<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.    NGE GONZALEZ JUDGE, 37<sup>TH</sup> D.C. OVERSEER    LETICIA LOPEZ JUDGE, 38<sup>TH</sup> D.C.    L. KENO VASQUEZ JUDGE, 39<sup>TH</sup> D.C.    ISRAEL RAMON, JR. JUDGE, 40<sup>TH</sup> D.C.    RENEE R BETANCOURT JUDGE, 44<sup>TH</sup> D.C.

AI-58244

WIC 22. A.

CC - REGULAR

Meeting Date: 02/06/2017

Submitted By: Margarita Gonzalez, WIC

Department: WIC

**Information**

**CAPTION**

WIC: (1292)

1. Ratification of application that was submitted on January 3, 2017 for FY 2018.

Amendment	Amount Increase	Amendment Total
FY17 Oct. 1, 2016 - Sept. 30, 2017	\$75,000.00	\$12,375,469.00
FY18 Oct. 1, 2017 - Sept. 30, 2018	\$12,303,695.00	\$12,303,695.00
		\$24,679,164.00

2. Approval to accept the Contract No. 2017-049851-001A from the Department Of State Health Services. The purpose of the amendment is to amend certain contractual language, increase the award amount by \$75,000.00 for a total of \$12,375,469.00 which is allocated toward Fiscal Year 2017 for contract term from (October 1, 2016 through September 30, 2017) and allocate \$12,303,695 for Fiscal Year 2018 (October 1, 2017 through September 30, 2018) for a total of (\$24,679,164.00).

This Amendment No. 1 shall be effective February 1, 2017

3. Requesting approval for County Judge to sign the Signature Page for Amendment No.1 DSHS Contract No. 207004985-001A.

4. Requesting approval for County Judge to sign the Fiscal Federal Funding Accountability and Transparency Act for the Amendment No.1 DSHS Contract No. 207004985-001A.

5. Requesting approval of the Certification of Revenue in the amount \$75,000 by County Auditor.

**BACKGROUND**

Email on the Update of Contact Information and WIC Form A Face Page for FY2018

**Fiscal Impact**

**FISCAL YEAR:** 2017

**ACCT. #:** 7.1292.441.00.350.001.7.xxx

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

**BUDGETARY IMPACT:**

No County Match: 100% State Funded

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**Attachments**

**DSHS FY 2017 Amendment No.1**

**FY2018 Renewal Application**

**FY17 Local Funding Amendment**

**Update Contact Inf.**

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**Form Review**

<b>Inbox</b>	<b>Reviewed By</b>	<b>Date</b>
Budget & Management	Veronica Ortiz	01/30/2017 01:10 PM
Final Approval		
Form Started By: Margarita Gonzalez		Started On: 01/26/2017 02:08 PM

## Maria Munoz

---

**From:** Mague Gonzalez [mague.gonzalez@wic.co.hidalgo.tx.us]  
**Sent:** Thursday, February 02, 2017 5:03 PM  
**To:** Maria Munoz  
**Cc:** Deborah Fischer; Clarissa Ramirez  
**Subject:** Re: AI-58244

Maria, I would like to request a Certification of Revenue for AI58244 in the amount of \$75,000.00.

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](mailto:mague.gonzalez@wic.co.hidalgo.tx.us)

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**From:** "Mague Gonzalez" <[mague.gonzalez@wic.co.hidalgo.tx.us](mailto:mague.gonzalez@wic.co.hidalgo.tx.us)>  
**To:** "Maria Munoz" <[maria.munoz@auditor.co.hidalgo.tx.us](mailto:maria.munoz@auditor.co.hidalgo.tx.us)>  
**Cc:** "Debbie Tamez" <[debbie.tamez@co.hidalgo.tx.us](mailto:debbie.tamez@co.hidalgo.tx.us)>, "Deborah Fischer" <[deborah.fischer@auditor.co.hidalgo.tx.us](mailto:deborah.fischer@auditor.co.hidalgo.tx.us)>  
**Sent:** Monday, January 30, 2017 11:21:17 AM  
**Subject:** AI-58244

I would like to request a Certification of Revenues for AI-58244.

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](mailto:mague.gonzalez@wic.co.hidalgo.tx.us)

**DEPARTMENT OF STATE HEALTH SERVICES  
CONTRACT NO. 2017-049851-001A  
AMENDMENT No. 1**

The DEPARTMENT OF STATE HEALTH SERVICES ("System Agency") and HIDALGO COUNTY HEALTH AND HUMAN SERVICES ("Contractor"), who are collectively referred to herein as the "Parties," to that certain Women, Infant and Children's Nutrition Local Agency grant contract effective October 1, 2016 and denominated DSHS Contract No. 2017-049851-001 ("Contract"), now desire to amend the Contract.

WHEREAS, the parties desire to revise the Budget and extend the term of the Contract to allow for successful completion of the Project; and

WHEREAS, these revisions will result in an addition of TWELVE MILLION THREE HUNDRED SEVENTY-EIGHT THOUSAND SIX HUNDRED NINETY-FIVE DOLLARS (\$12,378,695.00) in funds.

NOW, THEREFORE, the Parties hereby amend and modify the Contract as follows:

1. The Parties agree to correct the section numbering in the Contract Signature Page to reflect a sequential order.
2. SECTION III of the Contract Signature Page, (DURATION), is hereby amended to reflect a new termination date of September 30, 2018.
3. SECTION IV of the Contract Signature Page, (BUDGET), is deleted and replaced in its entirety with the following:

**IV. BUDGET**

The total amount of this Contract will not exceed TWENTY-FOUR MILLION SIX HUNDRED SEVENTY-NINE THOUSAND ONE HUNDRED SIXTY-FOUR DOLLARS (\$24,679,164.00 ), of which \$12,375,469.00 is allocated toward Fiscal Year 2017 (October 1, 2016 through September 30, 2017) and \$12,303,695.00 is allocated toward Fiscal Year 2018 (October 1, 2017 through September 30, 2018). All expenditures under the Contract will be in accordance with Attachment A, Statement of Work.

4. The Supplemental Conditions in Attachment D - Supplemental and Special Conditions, is hereby amended to add the following language:

**Section 9.02 Insurance, of the Health and Human Services Commission Uniform Terms and Conditions - Grant, Version 2.13 is deleted in its entirety and replaced with the following:**

**9.02 Insurance**

As a local government as such term is defined under Tex. Gov't Code § 791.003(4), Grantee agrees to maintain the highest levels of insurance as required by applicable law.

4. This Amendment No.1 shall be effective as of February 1, 2017.
5. Except as amended and modified by this Amendment No. 1 all terms and conditions of the Contract, as amended, shall remain in full force and effect.
6. Any further revisions to the Contract shall be by written agreement of the Parties.

**SIGNATURE PAGE FOLLOWS**

**SIGNATURE PAGE FOR AMENDMENT NO. 1  
DSHS CONTRACT No. 2017-049851-001A**

**HEALTH AND HUMAN SERVICES  
COMMISSION**

**HIDALGO COUNTY HEALTH AND HUMAN  
SERVICES**

By: \_\_\_\_\_

By: \_\_\_\_\_

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

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

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

Date of Execution: \_\_\_\_\_

**THE FOLLOWING ATTACHMENTS ARE ATTACHED AND INCORPORATED AS PART OF THE  
CONTRACT:**

**ATTACHMENT A-1-FFATA**

## 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.***

<b>Legal Name of Contractor:</b> Hidalgo County	<b>FFATA Contact # 1 Name, Email and Phone Number:</b> Ramon Garcia ramon.garcia@co.hidalgo.tx.us (956) 381-2600																			
<b>Primary Address of Contractor:</b> 100 E. Cano 2nd Floor Edinburg, Texas 78539	<b>FFATA Contact #2 Name, Email and Phone Number:</b> Raymundo Eufrazio, CPA ray.eufrazio@co.hidalgo.tx.us (956) 381-2511 ext. 4604																			
<b>ZIP Code: 9-digits Required <a href="http://www.usps.com">www.usps.com</a></b> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>7</td><td>8</td><td>5</td><td>3</td><td>0</td><td>-</td><td>6</td><td>3</td><td>6</td><td>2</td> </tr> </table>	7	8	5	3	0	-	6	3	6	2	<b>DUNS Number: 9-digits Required <a href="http://www.sam.gov">www.sam.gov</a></b> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>1</td><td>0</td><td>3</td><td>1</td><td>1</td><td>0</td><td>8</td><td>3</td><td>4</td> </tr> </table>	1	0	3	1	1	0	8	3	4
7	8	5	3	0	-	6	3	6	2											
1	0	3	1	1	0	8	3	4												
<b>State of Texas Comptroller Vendor Identification Number (VIN) 14 Digits</b> <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr> <td>1</td><td>7</td><td>4</td><td>6</td><td>0</td><td>0</td><td>0</td><td>7</td><td>1</td><td>7</td><td>6</td><td>0</td><td>6</td><td>0</td> </tr> </table>		1	7	4	6	0	0	0	7	1	7	6	0	6	0					
1	7	4	6	0	0	0	7	1	7	6	0	6	0							

<b>Printed Name of Authorized Representative</b> Ramon Garcia	<b>Signature of Authorized Representative</b>
<b>Title of Authorized Representative</b> Hidalgo County Judge	<b>Date</b>

## Fiscal Federal Funding Accountability and Transparency Act (FFATA) CERTIFICATION

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:**

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**Texas Department of State Health Services (DSHS)**

**Fiscal Year 2018 WIC FORM A: Renewal Application**

**Special Supplemental Nutrition Program for Women, Infants and Children (WIC)**

This form is part of the organization's contractual agreement with DSHS and must be completed in its entirety.

The organization is responsible for notifying DSHS of any changes within the fiscal year of the information documented on this form.

**ORGANIZATION INFORMATION**

<b>1) LEGAL BUSINESS NAME (no abbreviations):</b> Hidalgo County Health and Human Services WIC Program	
<b>2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code):</b> 3105 W. University Drive, Edinburg, Texas 78539	
<b>3) PAYEE Name and Mailing Address (where payment is to be received if different from above):</b> Norma Garcia, Hidalgo County Treasurer, 2801 S. Business 281, Edinburg, Texas 78539-0834	
<b>4a) DUNS Number (9-digit):</b> 10-311-0834	
<b>b) CCR number (optional/please provide if available):</b>	
<b>5) Federal Tax ID No. (9 digit) or State of Texas Comptroller Vendor ID No. (14 digit):</b> 74-6000717	
<b>6a) TYPE OF ENTITY (check all that apply by double-clicking on the box provided):</b>	
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*
<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*
<input type="checkbox"/> State Agency	<input type="checkbox"/> HUB certified
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> Community Based Organization
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization
<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Federally Qualified Health Centers
<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> Hospital
<input type="checkbox"/> Other (specify):	
<b>6b) If a Non-Profit or For-Profit Corporation, provide the charter/file number assigned by the Texas Secretary of State:</b>	
<b>7) CONTRACT/BUDGET PERIOD:</b>	<b>Start Date:</b> October 1, 2017 <b>End Date:</b> September 30, 2018
<b>8) COUNTIES SERVED BY PROGRAM (counties assigned by the WIC program)</b> Hidalgo and Starr	
<b>9) PROGRAM DIRECTOR (WIC Director)</b>	
<b>Name:</b>	Clarissa Ramirez
<b>Title:</b>	WIC Director
<b>Phone:</b>	(956)381-4646 ext. 4041
<b>Fax:</b>	(956)380-4056
<b>Email:</b>	clarissa.ramirez@wic.co.hidalgo.tx.us
<b>Mailing Address:</b>	3105 W. University, Edinburg, Texas 78539
<b>10) PROGRAM ACCOUNTANT(S) Add additional names if more than 1 accountant is processing WIC vouchers</b>	
<b>Name:</b> Margarita Gonzalez	<b>Name:</b> Deborah Fisher
<b>Title:</b> Grant Accountant	<b>Title:</b> Grant Accountant Supervisor
<b>Phone:</b> (956)381-4646 ext. 4042	<b>Phone:</b> (956)381-2511 ext. 4670
<b>Fax:</b> (956)381-0017	<b>Fax:</b> (956)381-2577
<b>Email:</b> mague.gonzalez@wic.co.hidalgo.tx.us	<b>Email:</b> deborah.fisher@auditor.co.hidalgo.tx.us
<b>11) CHIEF FINANCIAL OFFICER (CFO)</b>	
<b>Name:</b>	Raymundo Eufrazio, CPA
<b>Title:</b>	Hidalgo County Auditor
<b>Phone:</b>	(956)381-2511 ext. 4604
<b>Email:</b>	ray.eufrazio@auditor.co.hidalgo.tx.us
<b>Mailing Address:</b>	2801 S. Business 281 Edinburg, Texas 78539-6243
<b>12) AUTHORIZED REPRESENTATIVE</b>	
<b>Name:</b>	Ramon Garcia
<b>Title:</b>	Hidalgo County Judge
<b>Phone:</b>	(956)318-2600
<b>Email:</b>	countyjudge@co.hidalgo.tx.us
<b>Overnight Mailing Address:</b>	100 E. Cano St. 2nd Floor, Edinburg, Texas 78539
<b>13) Person Completing Form:</b> Margarita Gonzalez	<b>14) Date Completed:</b> 01/3/2017

Project	Project Contact	Current Amount	Redistribution Amount	Revised Project Total
WIC Funding	Yu Vonda Galloway Yu- Vonda.Galloway@dshs.state.tx.us (512) 341-4573	\$11,049,667.00	\$0.00	\$11,049,667.00
Peer Counselor	Kristina Arrieta Kristina.Arrieta@dshs.state.tx.us (512) 341-4593	\$821,302.00	\$0.00	\$821,302.00
Registered Dietitian	Kelley Reed Kelley.Reed@dshs.state.tx.us (512) 341-4580	\$60,000.00	\$0.00	\$60,000.00
Lactation Services	Faith Njoroge Faith.Njoroge@dshs.state.tx.us (512) 341-4594	\$50,500.00	\$0.00	\$50,500.00
Lactation Service Centers	Tracy Erikson Tracy.Erikson@dshs.state.tx.us (512) 341-4521	\$289,000.00	\$0.00	\$289,000.00
Peer Dad	Kristina Arrieta Kristina.Arrieta@dshs.state.tx.us 512-341-4593	\$30,000.00	\$0.00	\$30,000.00
Extra: Summer Food Prog.	Elsa Rodriguez Elsa.Rodriguez@dshs.state.tx.us (512) 341-4595	\$0.00	\$75,000.00	\$75,000.00
<b>Contract Total</b>		<b>\$12,300,469.00</b>	<b>\$75,000.00</b>	<b>\$12,375,469.00</b>

**This notice is for informational purposes only and it does not relieve the agency from seeking additional approvals as required by WIC Policy.**

In order for the State Agency to track these expenditures, please continue to bill for each of these projects on separate *State of Texas Purchase Vouchers (B-13)*. Once you exceed the allocation amount on special projects, any subsequent amount billed will be charged appropriately to your WIC funding.

For questions regarding funding concerns, please contact Elsa Rodriguez, WIC Program, at (512) 341-4595 or [elsa.rodriguez@dshs.state.tx.us](mailto:elsa.rodriguez@dshs.state.tx.us).

For questions regarding purchase requests, please contact Alisin Genfan, Contract Development and Support Branch, at (512) 776-3156 or [alisin.genfan@dshs.state.tx.us](mailto:alisin.genfan@dshs.state.tx.us).