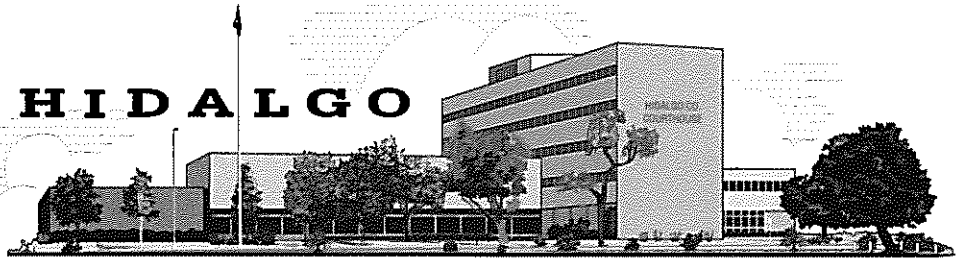


COUNTY of HIDALGO



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

EDINBURG, TEXAS 78539

April 3, 2017

The Honorable Ramon Garcia, Hidalgo County Judge
The Honorable David 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 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
\$50,000.00	Award No. 2016-003876B-02
	HPCDP/TXHC Texas Healthy Communities

CERTIFIED BY:

Raymundo Eufrazio, CPA

Date



HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY JUDGE, 92 ND D.C.	RODOLFO DELGADO JUDGE, 93 RD D.C.	J. R. BOBBY FLORES JUDGE, 139 TH D.C.	ROSE GUERRA REYNA JUDGE, 206 TH D.C.	JUAN R. PARTIDA JUDGE, 275 TH D.C.	MARIO C. RAMIREZ JR. JUDGE, 332 ND D.C.	NOE GONZALEZ JUDGE, 370 TH D.C. OVERSEER	LETICIA LOPEZ JUDGE, 349 TH D.C.	L. KENO VASQUEZ JUDGE, 394 TH D.C.	ISRAEL RAMON JR. JUDGE, 430 TH D.C.	RENEE R. DE TANKOURT JUDGE, 449 TH D.C.
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AI-59125

Health & Human Services Dept. 15. G.

CC - REGULAR

Meeting Date: 04/05/2017

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 Texas Healthy Communities grant contract Amendment #2016-003876B-02. The purpose of the amendment is to allow for successful completion of the Project, to add the FY 18 award allocation of \$50,000.00 and to extend the contract termination date to September 30, 2018.
2. Requesting approval for County Judge to e-sign the Texas 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.

BACKGROUND

9/15/15-AI-51180-Acceptance of TX Healthy Communities FY 16 Contract

Fiscal Impact

FISCAL YEAR: 2017

ACCT. #: 7-1293-441-11-340-061-6-XXX

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

No local match required.

Attachments

Contract Amendment

appropriation-revised

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	03/27/2017 11:39 AM
Ivan Cantu	Ivan Cantu	03/27/2017 01:56 PM
Final Approval	Monica Badillo	03/31/2017 05:51 PM
Form Started By: Mike Escaname		Started On: 03/27/2017 09:06 AM
Final Approval Date: 03/31/2017		

Minerva Diaz

From: Mike Escaname [miguel.escaname@hchd.org]
Sent: Monday, April 03, 2017 1:47 PM
To: minerva.diaz@auditor.co.hidalgo.tx.us
Subject: Request - Certification of Revenue - \$50,000.00 - TX Healthy Communities FY 18
Attachments: 2016-003876B Amendment 2 TX Healthy FY 18 040517.pdf

Minerva,

Please arrange for a Certification of Revenue in the amount of \$50,000.00 to support AI-59125 set for Wednesday, 04/05/17.

Thanks,

Mike Escaname

Chief Financial Officer
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 CONTRACT NO. 2016-003876B
AMENDMENT NO. 2**

The Department of State Health Services ("DSHS") and Hidalgo County ("Contractor"), parties to that certain Texas Healthy Communities Grant contract effective October 1, 2015 and denominated HHSC Contract No. 2016-003876-00 as amended (the "Contract"), now desire to further amend the Contract.

WHEREAS, the Parties wish to revise the Scope of Work, and

WHEREAS, the Parties wish to extend the term of the Contract to allow for successful completion of the Project; and

WHEREAS, these revisions will result in an increase in contract value.

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

1. **SECTION 2** of the Contract, Total Amount, is amended to ~~add FIFTY THOUSAND DOLLARS (\$50,000.00)~~ for the period of October 1, 2017 through September 30, 2018 for a total contract amount not to exceed **ONE HUNDRED FIFTY THOUSAND DOLLARS (\$150,000)**. Contractor will be paid on a cost reimbursement basis and in accordance with the budget in **ATTACHMENT B.2** of this contract.
2. **SECTION 4** of the Contract, Term of the Contract, is hereby amended to reflect a termination date of ~~September 30, 2018~~.
3. **SECTION 7** of the Contract, Performance Measures, is amended to add the following:

Contractor shall:

1. Develop, complete and submit a Project Work Plan in conjunction with DSHS. The Work plan must include objectives with supporting activities that address indicators identified in the FY 2017 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 Project Work Plan draft must be submitted to DSHS on or before October 17, 2017 and the final Project Work Plan submission is due to DSHS on or before October 31, 2017.
2. Develop and submit an Evaluation Plan to DSHS. An Evaluation Plan Draft must be reviewed and approved by DSHS prior to the final version submission date. The Evaluation Plan Draft must be submitted on or before November 16, 2017 and the final Evaluation Plan version is due to DSHS on or before November 30, 2017.

3. Submit an Interim Progress Report Draft to DSHS for review on or before March 19, 2018. 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 30, 2018.

4. Conduct, complete and submit the Texas Healthy Communities Assessment Draft in the Performance Management and Tracking System by May 16, 2018. DSHS will review and approve Draft submission prior to submission of final report in Performance Management and Tracking System (PMATS) on or before May 31, 2018.

5. Submit a Final Progress Report Draft to DSHS for review and approval on or before August 31, 2018. 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, 2018.

6. 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 directed by DSHS.

4. SECTION 15 of the Contract, PROGRAMMATIC REPORTING REQUIREMENTS, is amended to add the following:

Report Name	Frequency	Period Begin	Period End	Due Date
Project Work Plan	Nonrecurring			10/31/2017
Evaluation Plan	Nonrecurring			11/30/2017
Interim Progress Report	Annually	10/01/2017	03/15/2018	03/30/2018
Texas Healthy Communities Assessment Report	Nonrecurring			05/31/2018
Final Progress Report	Nonrecurring	10/01/2017	08/31/2018	09/14/2018
Financial Status Report (FSR)	Quarterly	10/01/2017	12/31/2017	01/31/2018
Financial Status Report	Quarterly	01/01/2018	03/31/2018	04/30/2018
Financial Status Report	Quarterly	04/01/2018	06/30/2018	07/31/2018
Financial Status Report	Quarterly	07/01/2018	09/30/2018	11/15/2018

1. This Amendment No. 2 shall be effective as of October 01, 2017.
2. Except as amended and modified by this Amendment No. 2, all terms and conditions of the Contract, as amended, shall remain in full force and effect.
3. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 2
HHSC CONTRACT NO. 2016-003876B**

DSHS

CONTRACTOR

By: _____

Name: Janna Zumbrun, M.S.S.W

Name: _____

Title: Associate Commissioner for Disease
Control and Prevention

Title: _____

Date of Execution: _____

Date of Execution: _____

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

ATTACHMENT B.2 - CATEGORICAL BUDGET

Attachment B.2

Contract No. 2016-003876B

Categorical Budget:

PERSONNEL	\$0.00
FRINGE BENEFITS	\$0.00
TRAVEL	\$2,242.00
EQUIPMENT	\$0.00
SUPPLIES	\$5,215.00
CONTRACTUAL	\$0.00
OTHER	\$42,543.00
TOTAL DIRECT CHARGES	\$50,000.00
INDIRECT CHARGES	\$0.00
TOTAL	\$50,000.00
Total Budget	\$50,000.00

Certificate Of Completion

Envelope Id: 211E539AC1EB491D95EC90D8D7B160B5 Status: Sent
 Subject: \$50,000.00; Amend No. 2016-003876B; Hidalgo County; DCPS HPCDP TXHC
 Source Envelope:
 Document Pages: 12 Signatures: 0 Envelope Originator:
 Supplemental Document Pages: 0 Initials: 0 Sheila Slaughter
 Certificate Pages: 3
 AutoNav: Enabled Payments: 0 1860 Michael Faraday Dr
 EnvelopeId Stamping: Enabled Roston, VA 20190
 Time Zone: (UTC-06:00) Central Time (US & sheila.slaughter@hhsc.state.tx.us
 Canada) IP Address: 167.137.1.14

Record Tracking

Status: Original Holder: Sheila Slaughter Location: DocuSign
 3/10/2017 sheila.slaughter@hhsc.state.tx.us

Signer Events

Signature	Timestamp
Patty Melchior Patty.Melchior@dshs.state.tx.us Resource Director Department State Health Services Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	Completed Using IP Address: 160.42.85.9 Sent: 3/10/2017 Viewed: 3/10/2017 Signed: 3/10/2017

Joe James joe.james@hhsc.state.tx.us Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	Completed Using IP Address: 167.137.1.16 Sent: 3/10/2017 Viewed: 3/23/2017 Signed: 3/24/2017
---	--

Ramon Garcia ramon.garcia@co.hidalgo.tx.us Hidalgo County Judge Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	Sent: 3/27/2017
---	-----------------

Bernie Rodriguez bernie.rodriguez@hhsc.state.tx.us Procurement Manager Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:	
--	--

Signer Events	Signature	Timestamp
<p>Janna Zumbrun Janna.Zumbrun@dshs.state.tx.us Associate Commissioner for Disease Control and Prevention Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:</p>		
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
<p>Jonah Wilczynski jonah.wilczynski@dshs.state.tx.us Contract Manager Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:</p>	COPIED	Sent: 3/10/2017
<p>Justin Davis justin.davis@dshs.state.tx.us Department of State Health Services Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:</p>	COPIED	Sent: 3/10/2017
<p>Amy Greene amy.greene@hhsc.state.tx.us Contract Specialist V Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:</p>	COPIED	Sent: 3/10/2017
<p>Susana Garcia susana.garcia@dshs.state.tx.us Unit Director Texas Health and Human Services Commission Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign ID:</p>	COPIED	Sent: 3/10/2017

Carbon Copy Events**Status****Timestamp**

Mike Escaname
 miguel.escaname@hchd.org
 Security Level: Email, Account Authentication
 (None)
 Electronic Record and Signature Disclosure:
 Not Offered via DocuSign
 ID:

COPIED

Sent: 3/27/2017
 Viewed: 3/27/2017

Misti D. Palacios
 misti.rains@hchd.org
 Security Level: Email, Account Authentication
 (None)
 Electronic Record and Signature Disclosure:
 Not Offered via DocuSign
 ID:

COPIED

Sent: 3/24/2017

DSHS CMU Inbox
 CMUContracts@dshs.texas.gov
 Security Level: Email, Account Authentication
 (None)
 Electronic Record and Signature Disclosure:
 Not Offered via DocuSign
 ID:

Notary Events**Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

3/27/2017

Payment Events**Status****Timestamps**

Minerva Diaz

From: Wilczynski, Jonah (DSHS) [Jonah.Wilczynski@dshs.texas.gov]
Sent: Monday, April 03, 2017 2:10 PM
To: Minerva Diaz
Cc: 'Deborah Fischer'; mike.esaname@hchd.org
Subject: RE: HPCDP/TXHC Texas Healthy Communities 2016-003876B - Reporting Process

Good Afternoon.

Please see my responses below.

Jonah Wilczynski, CTCM

Contract Manager
DCP/RLHS Contract Management Unit
Texas Department of State Health Services
P.O. Box 149347
Austin, Texas 78714 – Mail Code 1990

(512) 776-7111 ext. 6001

Fax: (512) 776-7391

Jonah.Wilczynski@dshs.texas.gov



TEXAS

Health and Human
Services

Texas Department of State
Health Services

From: Minerva Diaz [mailto:Minerva.Diaz@auditor.co.hidalgo.tx.us]
Sent: Monday, April 03, 2017 1:59 PM
To: Wilczynski, Jonah (DSHS) <Jonah.Wilczynski@dshs.texas.gov>
Cc: 'Deborah Fischer' <Deborah.Fischer@auditor.co.hidalgo.tx.us>; mike.esaname@hchd.org
Subject: HPCDP/TXHC Texas Healthy Communities 2016-003876B - Reporting Process

Good afternoon Jonah,

Would you please provide us with the CFDA# for Contract Number 2016-003876B Amendment# 2 (see attached). –

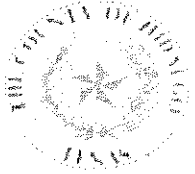
CFDA: 93.758.000

In addition would you please answer the following questions regarding the reporting process for the amended contract# 2016-003876B:

- 1) Will the FSR be reported with 8 quarters from 10/01/16 through 09/30/18 or 4 quarters from 10/01/17 through 09/30/18? This will be reported in 4 quarters from 10/01/17 through 09/30/18. A new PO will be issued with this amendment.
- 2) What term should be entered in the B-13 Purchase Voucher for line item# 20 (10/01/16 – 09/30/18 or 10/01/17 – 09/30/18)? - 10/01/17 – 09/30/18
- 3) Is there a new PO# for the amended contract? No not yet. Once the amendment is signed, DSHS will work behind the scenes prior to 10/01/17 to encumber the funds and assign the PO.

Thank you,

Minerva Diaz
Accountant I
Hidalgo County Auditor's Office
2808 S. Business HWY 281
Edinburg, TX 78539
Phone (956) 318-2511 Ext. 4675
Fax (956) 318-2577
minerva.diaz@auditor.co.hidalgo.tx.us



Please note My email address has changed to reflect @dshs.texas.gov domain. Please be sure to update your contact information with the new address.

DATE: April 5, 2017

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 7-1293-441-11-340-061-6-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
	TRAVEL	
7-1293-441-11-340-061-6-583	TX HEALTHY COMMUNITIES-TRAVEL OUT OF CO	\$ 2,242.00
	SUPPLIES	
7-1293-441-11-340-061-6-610	TX HEALTHY COMMUNITIES-GENERAL SUPPLIES	\$ 2,796.00
7-1293-441-11-340-061-6-660	TX HEALTHY COMMUNITIES-FURNISHINGS & EQU	\$ 2,419.00
	OTHER	
7-1293-441-11-340-061-6-540	TX HEALTHY COMMUNITIES-ADVERTISING	\$ 15,000.00
7-1293-441-11-340-061-6-550	TX HEALTHY COMMUNITIES-PRINTING & BINDING	\$ 27,543.00
	TOTAL APPROPRIATION	\$ 50,000.00
7-1293-331-12-340-061-6-011	TX HEALTHY COMMUNITIES REVENUE	\$ 50,000.00
	TOTAL BUDGET	\$ 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