

**HIDALGO COUNTY**  
**“Wellness Program Services”**  
**RFP NO. 2017-199-09-09-YSS**  
**Scoring Grid**

	AETNA	Personalized Prevention
Evaluator 1	36	94
Evaluator 2	29	98
Evaluator 3	11	95
<b>Average Score</b>	<b>25.3</b>	<b>95.6</b>
CC Rank		

Scoring & Evaluation Completed by Representatives from Department of Budget & Management, and County Judge’s Office

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: Flora Vazquez

Title/Position: Employee Benefits Director

Contract for Goods/Services: Wellness Program Services

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. AETNA

2. Personalized Prevention

3. \_\_\_\_\_

4. \_\_\_\_\_

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.

Signed:

Date:

Flora Vazquez

8/30/2017

RFP # 2017-199-08-09-755

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: <sup>"Mari"</sup> Maria Cruz Lumbrens  
Title/Position: Executive Assistant, County Judge's Office  
Contract for Goods/Services: Wellness Program Services

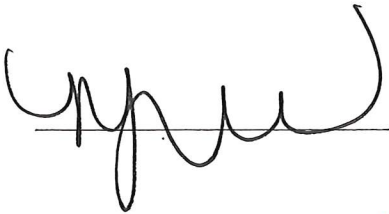
Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. Aetna
2. Personalized Prevention
3. \_\_\_\_\_
4. \_\_\_\_\_

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.

Signed:

Date:



8/30/17

RFP # 2017-199-08-09-755

NO CONFLICT DISCLOSURE FORM

Name of Government Officer/Employee: ANUÉLICA M. TAPIA

Title/Position: ACCOUNTANT IV

Contract for Goods/Services: Wellness Program Services

Name of Vendors contracting with OR seeking to contract with Hidalgo County:

1. PERSONALIZEN PREVENTION

2. AETNA

3. \_\_\_\_\_

4. \_\_\_\_\_

In my review, grading, selection or approval of the above identified vendors, I hereby affirm that I have no conflicts to disclose (employment/business, family or gifts exceeding \$100) in connection with the above identified vendor(s) as required by section 176 of the Texas Local Government Code.

Signed:

Date:

Angele P. L. [Signature]

8/28/17

RFP # 2017-199-08-09-455