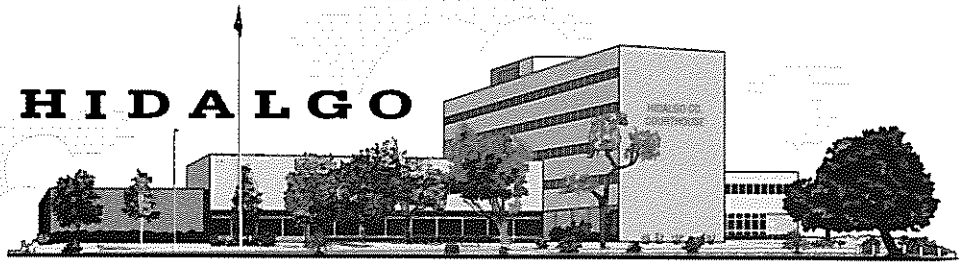


COUNTY of HIDALGO



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 26, 2017

The Honorable Ramon Garcia, Hidalgo County Judge
The Honorable David Fuentes, 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 (TDSHS). These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT	Period of Performance	PURPOSE
\$10,400,000.00	Award No. 2017-049851-001A	NSS/WIC Local Agency-WIC Admin
\$ 821,302.00	Award No. 2017-049851-001A	NSS/WIC Local Agency-Peer Counselor
\$ 60,000.00	Award No. 2017-049851-001A	NSS/WIC Local Agency-Registered Dietician
\$ 50,500.00	Award No. 2017-049851-001A	NSS/WIC Local Agency-Lactation Services
\$ 289,000.00	Award No. 2017-049851-001A	NSS/WIC Local Agency-Lactation Center

CERTIFIED BY:


Raymundo Eufrazio, CPA
Hidalgo County Auditor

9-25-17
Date

HIDALGO COUNTY DISTRICT JUDGES

- LUIS M. SIMOLETERRY
JUDGE, 12TH D.C.
- RODOLFO DELGALDO
JUDGE, 13TH D.C.
- J. R. "BOBBY" FLORES
JUDGE, 13TH D.C.
- ROSE GUERRA REYNA
JUDGE, 20TH D.C.
- JUAN R. PARTIDA
JUDGE, 27TH D.C.
- MARIO E. RAMIREZ, JR.
JUDGE, 32ND D.C.
- NOE GONZALEZ
JUDGE, 37TH D.C.
OVERSEER
- LETICIA LOPEZ
JUDGE, 38TH D.C.
- L. KENO VASQUEZ
JUDGE, 39TH D.C.
- ISRAEL RAMON, JR.
JUDGE, 41ST D.C.
- RENEE P. BETANCOURT
JUDGE, 44TH D.C.

AI-61438

WIC 25. A.

CC - REGULAR

Meeting Date: 09/26/2017

Submitted By: Margarita Gonzalez, WIC

Department: WIC

Information

CAPTION

WIC ADMIN- Program 001- (1292):

1. Approval of Certification of Revenues in the amount of \$10,400,000.00 as certified by the County Auditor for the FY 2018 WIC Admin. Grant.
2. Approval of appropriation of funds in the amount of \$10,400,000.00 for the FY 2018 WIC Admin. Grant.
3. Approval of the following personnel actions, effective 10/01/17:

Action	Dept./ Program	Slot#	Position Title	Current Budgeted Salary	Proposed Budgeted Salary	Net Change
Salary Adjustment/ Reduce	350-001	0185	Custodian I	\$24,521.00	\$12,480.00	(\$12,041.00)
Salary Adjustment/ Reduce	350-001	0186	Custodian I	\$24,521.00	\$12,480.00	(\$12,041.00)
Salary Adjustment/ Reduce	350-001	0187	Custodian I	\$19,695.00	\$12,480.00	(\$7,215.00)
Salary Adjustment/ Reduce	350-001	0188	Custodian I	\$24,521.00	\$12,480.00	(\$12,041.00)
Salary Adjustment/ Reduce	350-001	0191	Custodian I	\$24,521.00	\$12,480.00	(\$12,041.00)
Salary Adjustment/ Reduce	350-001	0192	Custodian I	\$21,074.00	\$12,480.00	(\$8,594.00)
Salary Adjustment/ Reduce	350-001	0193	Custodian I	\$21,074.00	\$12,480.00	(\$8,594.00)
Salary Adjustment/ Reduce	350-001	0194	Custodian I	\$19,695.00	\$12,480.00	(\$7,215.00)

Salary Adjustment/Reduce	350-001	0195	Custodian I	\$19,695.00	\$12,480.00	(\$7,215.00)
Salary Adjustment/Reduce	350-001	0196	Custodian I	\$19,695.00	\$12,480.00	(\$7,215.00)
Salary Adjustment/Reduce	350-001	0197	Custodian I	\$21,763.00	\$12,480.00	(\$9,283.00)
Salary Adjustment/Reduce	350-001	0238	Custodian I	\$19,695.00	\$12,480.00	(\$7,215.00)
Delete	350-001	0017	Licensed Vocational Nurse II	\$47,384.00	\$0.00	(\$47,384.00)
Delete	350-001	0027	Licensed Vocational Nurse II	\$45,496.00	\$0.00	(\$45,496.00)
Delete	350-001	0035	Nutritionist I	\$42,518.00	\$0.00	(\$42,518.00)
Delete	350-001	0041	Licensed Vocational Nurse II	\$44,266.00	\$0.00	(\$44,266.00)
Delete	350-001	0062	Clerk IV	\$33,927.00	\$0.00	(\$33,927.00)
Delete	350-001	0065	Clinic Aide III	\$33,520.00	\$0.00	(\$33,520.00)
Delete	350-001	0066	Clerk IV	\$31,709.00	\$0.00	(\$31,709.00)
Delete	350-001	0068	WIC Certification Specialist II	\$32,499.00	\$0.00	(\$32,499.00)
Delete	350-001	0092	Clerk III	\$27,732.00	\$0.00	(\$27,732.00)
Delete	350-001	0098	Clinic Aide II	\$24,960.00	\$0.00	(\$24,960.00)
Delete	350-001	0135	Custodian II	\$24,960.00	\$0.00	(\$24,960.00)
Delete	350-001	0155	Clerk II	\$24,960.00	\$0.00	(\$24,960.00)
Delete	350-001	0162	Clinic Aide I	\$24,960.00	\$0.00	(\$24,960.00)
Delete	350-001	0200	Area Coordinator I	\$59,186.00	\$0.00	(\$59,186.00)
Delete	350-001	0246	Peer Counselor Manager	\$28,937.00	\$0.00	(\$28,937.00)

BUDGETARY IMPACT:

Appropriation of funds in the amount of \$10,400,000.00
WIC Administrative Revenues 7-1292-331-12-350-001- 8-000
Base Rate is \$12.80 per participant
No County Match- 100% Federal Funding

CALENDAR YEAR: 2018

ACCT. #: 7-1292-441-00-350-002-8-xxx

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

BUDGETARY IMPACT:

Appropriation of funds in the amount of \$821,302.00
WIC BF Peer Counselor Program Revenues 7-1292-331-12-350-002-8-000
No County Match -100% Federal Funding

CALENDAR YEAR: 2018

ACCT. #: 7-1292-441-00-350-012-8-xxx

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

BUDGETARY IMPACT:

Appropriation of funds in the amount of \$60,000.00
WIC Registered Dietician Revenues 7-1292-331-12-350-012-8-000
No County Match - 100% Federal Funded

CALENDAR YEAR: 2018

ACCT. #: 7-1292-441-00-350-013-8-xxx

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

BUDGETARY IMPACT:

Appropriation of funds in the amount of \$50,500.00
WIC Lactation Services Revenues 7-1292-331-12-350-013-8-000
No County Match - 100% Federal Funded

CALENDAR YEAR: 2018

ACCT. #: 7-1292-441-00-350-017-8-000

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

BUDGETARY IMPACT:

Appropriation of funds in the amount of \$289,000.00
WIC Lactation Center Revenues 7-1292-331-12-350-017-8-000
No County Match - 100% Federal Funded.

Attachments

FY 2018 L.S. Budget Appropriations

FY 2018 Budget Appropriations Lactation Service Center

FY2018 Initial Funding

FY18 WIC ADM Budget Appropriation

FY18 - BF Budget Appropriation

FY18 - RD Budget Appropriation

PARs

Fiscal Note - WIC ADM Deletions

Fiscal Note - WIC ADM Salary Adj.

Fiscal Note - WIC BF Deletions

Form Review

Inbox	Reviewed By	Date
Stop has been removed	Debbie Tamez	09/22/2017 03:16 PM
Budget & Management	Veronica Ortiz	09/21/2017 02:52 PM
Final Approval		
Form Started By: Margarita Gonzalez		Started On: 08/31/2017 04:21 PM

Maria Muñoz

From: Mague Gonzalez [mague.gonzalez@wic.co.hidalgo.tx.us]
Sent: Thursday, September 21, 2017 2:36 PM
To: Maria Muñoz
Subject: COR Request For WIC Grants

Maria, I would like to request a Certification of Revenues of the WIC Grants FY2018.
Thank you.

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

Zimbra

mague.gonzalez@wic.co.hidalgo.tx.us

Fwd: LA 12 - FY18 Initial Funding

From : Clarissa Ramirez <clarissa.ramirez@wic.co.hidalgo.tx.us>
Subject : Fwd: LA 12 - FY18 Initial Funding
To : Mague Gonzalez <mague.gonzalez@wic.co.hidalgo.tx.us>

Thu, Aug 17, 2017 02:18 PM

1 attachment

Clarissa Ramirez
 Director
 Hidalgo County WIC Program
 3105 W. University Dr.
 Edinburg, TX 78539
 (956) 381-4646

From: "Krisandra C Wilson (HHSC/DSHS)" <Krisandra.Wilson@hhsc.state.tx.us>
To: "clarissa ramirez" <clarissa.ramirez@wic.co.hidalgo.tx.us>
Cc: "Yu Vonda Galloway (HHSC/DSHS)" <YuVonda.Galloway@hhsc.state.tx.us>, "Elsa Rodriguez (HHSC/DSHS)" <Elsa.Rodriguez2@hhsc.state.tx.us>
Sent: Thursday, August 17, 2017 2:14:34 PM
Subject: LA 12 - FY18 Initial Funding

Ms. Clarissa Ramirez, WIC Director
 LA #12, Hidalgo County Health & Human Services

RE: Notice of Funding for FY18 WIC Local Agency Contract by Project

Dear Ms. Ramirez:

Your agency's current WIC contract was extended to include fiscal year (FY) 2018. In order to assist your organization with budgeting approval, the table below outlines the funding available for your individual projects in FY 2018.

Please ensure your vouchers correctly identify the type of allocation expense when submitting for payment.

Please note: Effective September 1, 2017, the Peer Dad Program will no longer be administered by the WIC Program. If you have any questions about the Peer Dad Program, administered by Title V, Maternal and Child Health, please contact Julie Stagg at Julie.Stagg@dshs.texas.gov with any questions.

<i>Project</i>	<i>Project Contact</i>	<i>Planned Funding</i>	<i>Type of Allocation</i>		
			<i>Admin</i>	<i>NE</i>	<i>BF</i>
WIC Funding	Yu Vonda Galloway YuVonda.Galloway@hhsc.state.tx.us (512) 341-4573	\$11,082,893.00	X	X	X
Peer Counselor	Kristina Arrieta Kristina.Arrieta@hhsc.state.tx.us (512) 341-4593	\$821,302.00			X
Registered Dietitian	Yvonne Martinez Yvonne.Martinez2@hhsc.state.tx.us (512) 341-4514	\$60,000.00	X	X	X

Lactation Services	Faith Njoroge Faith.Njoroge@hhsc.state.tx.us (512) 341-4575	\$50,500.00			X
Lactation Centers	Tracy Erickson Tracy.Erickson@hhsc.state.tx.us (512) 341-4521	\$289,000.00			X
Contract Total		\$12,303,695.00			

This notice of funding amounts is provided **for informational purposes only and is not intended to create a binding contract**. DSHS, at its sole discretion, may deem it necessary to adjust the funding amounts while in the process of developing contract amendments.

This notice does not relieve the agency from seeking additional approvals as required by WIC Policy.

Requests for purchases should be submitted electronically to the Contract Development and Support Branch email box at: CDSB@dshs.state.tx.us.

Questions concerning billing should be directed to Contract Development and Support Branch WIC voucher processing staff at WicVouchers@dshs.state.tx.us.

If you have any questions or require additional information regarding your special projects, please use the project contact information listed above.

Krisandra (Krisy) Wilson
Business Operations Support Specialist for
Patrick Kampman, Director
WIC - Business Support and Operations, MC 1933
4616 West Howard Lane, Bldg. 8, Ste. 840
Austin, TX 78728

Phone: (512) 341-4652
Fax (512) 341-4441

 **Special Projects Classification and Allowable Costs Attachment - FY18 FI....docx**
27 KB

DATE: 9/21/2017

DEPARTMENT HEAD: Clarissa Ramirez

DEPARTMENT NAME: HIDALGO COUNTY WIC DEPARTMENT

ACCOUNT NUMBER: 7-1292.441.00.350.001.8.XXX WIC ADMIN.

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
7-1292-441-00-350-001-8-112	Salaries	104,265.00
7-1292-441-00-350-001-8-113	Perm F/T Employees	5,489,260.17
7-1292-441-00-350-001-8-114	Perm P/T Employees	153,260.89
7-1292-441-00-350-001-8-115	Longevity	116,257.00
7-1292-441-00-350-001-8-211	Health Insurance	1,215,297.41
7-1292-441-00-350-001-8-212	Life Insurance	7,842.68
7-1292-441-00-350-001-8-220	FICA	448,522.79
7-1292-441-00-350-001-8-230	Retirement	685,182.90
7-1292-441-00-350-001-8-250	Unemployment	35,178.25
7-1292-441-00-350-001-8-260	Workers Comp	41,388.93
7-1292-441-00-350-001-8-310	Indirect Costs	610,619.16
7-1292-441-00-350-001-8-340	Hauling & Freight	5,000.00
7-1292-441-00-350-001-8-411	Water /Sewer	1,500.00
7-1292-441-00-350-001-8-413	Surveillance & Security	10,000.00
7-1292-441-00-350-001-8-421	Disposal	20,000.00
7-1292-441-00-350-001-8-425	Pest Control	0.00
7-1292-441-00-350-001-8-430	Bldg.Repair & R&M Service	70,000.00
7-1292-441-00-350-001-8-441	Land & Bldg.Rental	471,221.00
7-1292-441-00-350-001-8-442	Equip & Vehicle Rental	2,000.00
7-1292-441-00-350-001-8-520	Other Insurance	60,000.00
7-1292-441-00-350-001-8-531	Telephone	130,000.00
7-1292-441-00-350-001-8-532	Wireless devices	5,000.00
7-1292-441-00-350-001-8-534	Internet	75,000.00
7-1292-441-00-350-001-8-535	Postage	35,000.00
7-1292-441-00-350-001-8-540	Advertising	15,000.00
7-1292-441-00-350-001-8-550	Printing	10,000.00

7-1292-441-00-350-001-8-581	In County Travel	20,000.00
7-1292-441-00-350-001-8-583	Travel Out Of County	25,000.00
7-1292-441-00-350-001-8-584	Registration	8,000.00
7-1292-441-00-350-001-8-605	Clothing & Uniforms	10,000.00
7-1292-441-00-350-001-8-610	Office & Computer Supplies	170,000.00
7-1292-441-00-350-001-8-622	Electricity	125,000.00
7-1292-441-00-350-001-8-626	Gas/Diesel	30,000.00
7-1292-441-00-350-001-8-631	Bottle Water	10,500.00
7-1292-441-00-350-001-8-640	Reference Materials	1,000.00
7-1292-441-00-350-001-8-660	Furnishing & Equipment	33,131.30
7-1292-441-00-350-001-8-780	Capital Lease	147,572.52
7-1292-441-00-350-001-8-810	Dues & Memberships	2,000.00
7-1292-441-00-350-001-8-811	License & Permits	1,000.00
7-1292-331-12-350-001-8-000	WIC Program Revenue	10,400,000.00
TOTAL FUND BALANCE IMPACT		10,400,000.00

REASON: Appropriate the FY2018 WIC Admin. grant award for the full grant cycle.

0.*

104,265.00+
5,489,260.17+
153,260.89+
116,257.00+
1,215,297.41+
7,842.68+
448,522.79+
685,182.90+
35,178.25+
41,388.93+
610,619.16+
5,000.00+
1,500.00+
10,000.00+
20,000.00+
70,000.00+
471,221.00+
2,000.00+
60,000.00+
130,000.00+
5,000.00+
75,000.00+
35,000.00+
15,000.00+
10,000.00+
20,000.00+
25,000.00+
8,000.00+
10,000.00+
170,000.00+
125,000.00+
30,000.00+
10,500.00+
1,000.00+
33,131.30+
147,572.52+
2,000.00+
1,000.00+
10,400,000.00*

DATE: 9/20/2017
DEPARTMENT HEAD: Clarissa Ramirez
DEPARTMENT NAME: HIDALGO COUNTY WIC DEPARTMENT
ACCOUNT NUMBER: 7-1292-441-00-350-002-8-XXX BF Peer Counselor

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
7-1292-441-00-350-002-8-113	Reg F/T Employees	530,342.00
7-1292-441-00-350-002-8-115	Longevity	7,635.00
7-1292-441-00-350-002-8-211	Health Insurance	135,000.00
7-1292-441-00-350-002-8-212	Life Insurance	871.20
7-1292-441-00-350-002-8-220	FICA	40,571.16
7-1292-441-00-350-002-8-230	Retirement	62,142.82
7-1292-441-00-350-002-8-250	Unemployment Compensation	5,303.42
7-1292-441-00-350-002-8-260	Workers Comp	5,303.42
7-1292-441-00-350-002-8-532	Wireless Device	1,000.00
7-1292-441-00-350-002-8-581	In County Travel	8,000.00
7-1292-441-00-350-002-8-583	Out of County Travel	4,000.00
7-1292-441-00-350-002-8-584	Registration	3,000.00
7-1292-441-00-350-002-8-610	General Supplies	18,132.98
7-1292-331-12-350-002-8-XXX	WIC BF Program Revenues	821,302.00
TOTAL FUND BALANCE IMPACT		821,302.00

REASON: Appropriate the FY18 BF Peer Counselor grant award for the full grant cycle.

0.*

530,342.00+
7,635.00+
135,000.00+
871.20+
40,571.16+
62,142.82+
5,303.42+
5,303.42+
1,000.00+
8,000.00+
4,000.00+
3,000.00+
18,132.98+
821,302.00*

DATE: 9/22/2017
 DEPARTMENT HEAD: Clarissa Ramirez
 DEPARTMENT NAME: HIDALGO COUNTY WIC DEPARTMENT
 ACCOUNT NUMBER: 7.1292.441.00.350.012.8.XXX REGISTERED DIETICIAN
 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
7-1292-441-00-350-012-8-113	Reg F/T Employees	43,954.00
7-1292-441-00-350-012-8-211	Health Insurance	6,750.00
7-1292-441-00-350-012-8-212	Life Insurance	43.69
7-1292-441-00-350-012-8-220	FICA	3,362.48
7-1292-441-00-350-012-8-230	Retirement	5,186.57
7-1292-441-00-350-012-8-250	Unemployment	263.72
7-1292-441-00-350.012-8-260	Workers Comp	439.54
7-1292-331-12-350-012-8-XXX	WIC Program Revenue	60,000.00
TOTAL FUND BALANCE IMPACT		60,000.00

REASON: Appropriate grant FY 2018 Registered Dietitian grant award for the full grant cycle.

0 *
 43,954.00+
 6,750.00+
 43.69+
 3,362.48+
 5,186.57+
 263.72+
 439.54+
 60,000.00*

DATE: 9/21/2018
 DEPARTMENT HEAD: Clarissa Ramirez
 DEPARTMENT NAME: HIDALGO COUNTY WIC DEPARTMENT
 ACCOUNT NUMBER: 7-1292-441-00-350-013-8-XXX LACTATION SERVICES

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
7-1292-441-00-350-013-8-113	Salaries	36,124.00
7-1292-441-00-350-013-7-211	Health Insurance	6,750.00
7-1292-441-00-350-013-8-212	Life Insurance	43.57
7-1292-441-00-350-013-8-220	FICA	2,763.49
7-1292-441-00-350-013-8-230	Retirement	4,262.63
7-1292-441-00-350-013-8-250	Unemployment	216.74
7-1292-441-00-350-013-8-260	Workers comp.	339.57
7-1292-331-12-350-013-8-000	WIC Lactation Program Revenue	50,500.00
TOTAL FUND BALANCE IMPACT		50,500.00

REASON: Appropriate the FY2018 Lactation Services grant award for the full grant cycle.

0 *
 36,124.00+
 6,750.00+
 43.57+
 2,763.49+
 4,262.63+
 216.74+
 339.57+
 50,500.00*

DATE: 9/14/2017

DEPARTMENT HEAD: Clarissa Ramirez

DEPARTMENT NAME: HIDALGO COUNTY WIC DEPARTMENT

ACCOUNT NUMBER: 7-1292-441-00-350-017-8.XXX LACTATION SERVICE CENTER

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
7-1292-441-00-350-017-8-113	Perm F/T Employees	170,974.00
7-1292-441-00-350-017-8-114	Perm P/T Employees	12,480.00
7-1292-441-00-350-017-8-115	Longevity	1,575.00
7-1292-441-00-350-017-8-211	Health Insurance	27,000.00
7-1292-441-00-350-017-8-212	Life Insurance	217.80
7-1292-441-00-350-017-8-220	FICA	14,034.23
7-1292-441-00-350-017-8-230	Retirement	21,496.22
7-1292-441-00-350-017-8-250	Unemployment	1,834.54
7-1292-441-00-350-017-8-260	Workers Comp	1,834.54
7-1292-441-00-350-017-8-412	Cable /TV	0.00
7-1292-441-00-350-017-8-441	Building Rental	35,553.67
7-1292-441-00-350-017-8-531	Telephone	1,374.84
7-1292-441-00-350-017-8-532	Wireless Device	625.16
7-1292-441-00-350-017-8-550	Printing	0.00
7-1292-441-00-350-017-8-581	In County Travel	0.00
7-1292-441-00-350-017-8-583	Out of County Travel	0.00
7-1292-441-00-350-017-8-584	Registration	0.00
7-1292-441-00-350-017-8-622	Electricity	0.00
7-1292-441-00-350-017-8-610	General Supplies	0.00
7-1292-441-00-350-017-8-640	Reference Materials	0.00
7-1292-331-12-350-017-8-XXX	WIC Program Revenue	289,000.00
TOTAL FUND BALANCE IMPACT		289,000.00

REASON: Appropriate the FY2018 Lactation Service Center grant award for full grant cycle.

0.*

170,974.00+
12,480.00+
1,575.00+
27,000.00+
217.80+
14,034.23+
21,496.22+
1,834.54+
1,834.54+
0.00+
35,553.67+
1,374.84+
625.16+
0.00+
0.00+
0.00+
0.00+
0.00+
0.00+
0.00+
289,000.00*



COUNTY OF HIDALGO
Human Resources Department

**MULTIPLE PERSONNEL ACTION
(ATTACHMENT A)**

NOTE: COMPLETE THIS FORM IN ADDITION TO YOUR PAR FORM, IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.

DEPARTMENT NAME: WIC Program

DEPARTMENT NO.: 350 -001 *fy*

Position Information:

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary
0185	Custodian I		\$ 24,521.00	\$ 12,480.00
0186	Custodian I		\$ 24,521.00	\$ 12,480.00
0187	Custodian I		\$ 19,695.00	\$ 12,480.00
0188	Custodian I		\$ 24,521.00	\$ 12,480.00
0191	Custodian I		\$ 24,521.00	\$ 12,480.00
0192	Custodian I		\$ 21,074.00	\$ 12,480.00
0193	Custodian I		\$ 21,074.00	\$ 12,480.00
0194	Custodian I		\$ 19,695.00	\$ 12,480.00
0195	Custodian I		\$ 19,695.00	\$ 12,480.00
0196	Custodian I		\$ 19,695.00	\$ 12,480.00
0197	Custodian I		\$ 21,763.00	\$ 12,480.00
0238	Custodian I		\$ 19,695.00	\$ 12,480.00



COUNTY OF HIDALGO

Human Resources Department

PERSONNEL ADJUSTMENT REQUEST FORM

NOTE: COMPLETE MULTIPLE PERSONNEL ACTION FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.

DATE: 10/01/2017 CURRENT POSITION TITLE: See Attached
 DEPARTMENT NAME: WIC Program CURRENT SLOT NO.: See Attached
 DEPARTMENT NO.: 350 - 001 REQUESTED POSITION TITLE: _____

REQUEST FOR: New Position Temporary Position Position Reclassification* Other Deletion

SALARY REQUEST: _____ \$ 0.00
Current Grade & Step Budgeted Salary Proposed Grade & Step Budgeted Salary Net Change

POSITION TO BE FUNDED FROM ONE OF THE FOLLOWING:
 Current Department Budget Annual Budget Cycle Will Require Additional Funds
 Salary Adjustment Other _____

POSITION TYPE: Full Time Regular Object Code 113 Part Time Regular Object Code 114
 Full Time Temporary Object Code 121 Part Time Temporary Object Code 122

CIVIL SERVICE: Exempt Non-Exempt FLSA: Exempt Non-Exempt

TEMPORARY POSITIONS:

Start Date	End Date	Work Schedule	Hours Per Week	Duration of Position
Annual Salary _____			Hourly Rate _____	
<small>Annual Salary / 2080 hrs per year = Hourly Rate</small>				

JUSTIFICATION FOR NEW POSITION/SALARY ADJUSTMENT (Explain why position or adjustment request is essential)

These positions will no longer be funded under this grant

*** POSITION RECLASSIFICATION COMMENTS (Attach completed Re-classification Analysis Form and additional pages if needed)**

Charissa J. Blue
 Department Head
Blue
 Department of Human Resources

 Department of Budget & Management

10/01/2017
 Date
9/22/2017
 Date

 Date





COUNTY OF HIDALGO
Human Resources Department



**MULTIPLE PERSONNEL ACTION
(ATTACHMENT A)**

NOTE: COMPLETE THIS FORM IN ADDITION TO YOUR PAR FORM IF DEPARTMENT IS REQUESTING MORE THAN (3) PERSONNEL ACTIONS.

DEPARTMENT NAME: WIC Program

DEPARTMENT NO.: 350

Position Information:

Slot No.	Current Position Title	Proposed Position Title	Current Budgeted Salary	Proposed Budgeted Salary
0017	Licensed Vocational Nurse II		\$ 47,384.00	
0027	Licensed Vocational Nurse II		\$ 45,496.00	
0035	Nutritionist I		\$ 42,518.00	
0041	Licensed Vocational Nurse II		\$ 44,266.00	
0062	Clerk IV		\$ 33,927.00	
0065	Clinic Aide III		\$ 33,520.00	
0066	Clerk IV		\$ 31,709.00	
0068	WIC Certification Specialist II		\$ 32,499.00	
0092	Clerk III		\$ 27,732.00	
0098	Clinic Aide II		\$ 24,960.00	
0135	Custodian II		\$ 24,960.00	
0155	Clerk II		\$ 24,960.00	
0162	Clinic Aide I		\$ 24,960.00	
0200	Area Coordinator I		\$ 59,186.00	
0246	Peer Counselor Manager		\$ 28,937.00	

HIDALGO COUNTY
DEPARTMENT OF BUDGET & MANAGEMENT
FISCAL NOTE

*Fiscal notes are prepared by the Department of Budget & Management to present the budgetary impact of requests by departments/offices or of new proposals that were not approved during the budget process.

To: **Commissioner' Court**
 From: **Sergio Cruz, Budget Officer**
 CC Date: **Tuesday, September 26, 2017**

Agenda Item: 61438

Summary of request/proposal:
WIC ADM (1292): Approval of the following personnel action, effective 10/01/17:

Fund	Position	Slot #	Obj	Current Budgeted Salary Allowance	Proposed Budgeted Salary/ Allowance	Total Requested
1292	CLINIC AIDE II	0098	113	\$24,960.00	0.00	(24,960.00)
1292	LICENSED VOCATIONAL NURSE II	0027	113	\$45,496.00	0.00	(45,496.00)
1292	NUTRITIONIST I	0035	113	\$42,518.00	0.00	(42,518.00)
1292	LICENSED VOCATIONAL NURSE II	0041	113	\$44,266.00	0.00	(44,266.00)
1292	CLERK IV	0062	113	\$33,927.00	0.00	(33,927.00)
1292	CLINIC AIDE III	0065	113	\$33,520.00	0.00	(33,520.00)
1292	CLERK IV	0066	113	\$31,709.00	0.00	(31,709.00)
1292	LICENSED VOCATIONAL NURSE II	0017	113	\$47,384.00	0.00	(47,384.00)
1292	CLERK III	0092	113	\$27,732.00	0.00	(27,732.00)
1292	CUSTODIAN II	0135	113	\$24,960.00	0.00	(24,960.00)
1292	CLERK II	0155	113	\$24,960.00	0.00	(24,960.00)
1292	CLINIC AIDE I	0162	113	\$24,960.00	0.00	(24,960.00)
1292	AREA COORDINATOR I	0200	113	\$59,186.00	0.00	(59,186.00)
1292	PEER COUNSELOR MANAGER	0246	113	\$28,937.00	0.00	(28,937.00)
1292	WIC CERTIFICATION SPECIALIST II	0068	113	\$32,499.00	0.00	(32,499.00)
				527,014.00	0.00	(527,014.00)

Budgetary Impact:

INCREASE/DECREASE ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
7-1292-441-00-350-001-8-113	WIC ADM- REG F/T EMPLOYEES	(\$522,316.83)
7-1292-441-00-350-001-8-211	WIC ADM- HEALTH INSURANCE	(\$100,952.59)
7-1292-441-00-350-001-8-212	WIC ADM- LIFE INSURANCE	(\$651.52)
7-1292-441-00-350-001-8-220	WIC ADM- FICA	(\$39,957.24)
7-1292-441-00-350-001-8-230	WIC ADM- RETIREMENT	(\$61,198.60)
7-1292-441-00-350-001-8-250	WIC ADM- UNEMPLOYMENT COMP	(\$3,133.90)
7-1292-441-00-350-001-8-260	WIC ADM- WORKER'S COMP	(\$16,296.29)
	FY18 Budgetary Impact	(\$744,506.97)

Possible Funding Sources: Cost Savings

Comments:

HIDALGO COUNTY
DEPARTMENT OF BUDGET & MANAGEMENT
FISCAL NOTE

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To: **Commissioner' Court**
 From: **Sergio Cruz, Budget Officer**
 CC Date: **Tuesday, September 26, 2017**

Agenda Item: 61438

Summary of request/proposal:
WIC ADM (1292): Approval of the following personnel action, effective 10/01/17:

Fund	Position	Slot #	Obj	Current Budgeted Salary Allowance	Proposed Budgeted Salary/ Allowance	Total Requested
1292	CUSTODIAN I	0185	114	24,521.00	12,480.00	(12,041.00)
1292	CUSTODIAN I	0186	114	24,521.00	12,480.00	(12,041.00)
1292	CUSTODIAN I	0187	114	19,695.00	12,480.00	(7,215.00)
1292	CUSTODIAN I	0188	114	24,521.00	12,480.00	(12,041.00)
1292	CUSTODIAN I	0191	114	24,521.00	12,480.00	(12,041.00)
1292	CUSTODIAN I	0192	114	21,074.00	12,480.00	(8,594.00)
1292	CUSTODIAN I	0193	114	21,074.00	12,480.00	(8,594.00)
1292	CUSTODIAN I	0194	114	19,695.00	12,480.00	(7,215.00)
1292	CUSTODIAN I	0195	114	19,695.00	12,480.00	(7,215.00)
1292	CUSTODIAN I	0196	114	19,695.00	12,480.00	(7,215.00)
1292	CUSTODIAN I	0197	114	21,763.00	12,480.00	(9,283.00)
1292	CUSTODIAN I	0238	114	19,695.00	12,480.00	(7,215.00)
				260,470.00	149,760.00	(110,710.00)

Budgetary Impact:

INCREASE/DECREASE ACCOUNT NUMBER		ACCOUNT (OBJECT) NAME	AMOUNT
7-1292-441-00-350-001-8-	114	WIC ADM- REG P/T EMPLOYEES	(\$107,209.11)
7-1292-441-00-350-001-8-	211	WIC ADM- HEALTH INSURANCE	\$0.00
7-1292-441-00-350-001-8-	212	WIC ADM- LIFE INSURANCE	\$0.00
7-1292-441-00-350-001-8-	220	WIC ADM- FICA	(\$8,201.50)
7-1292-441-00-350-001-8-	230	WIC ADM- RETIREMENT	(\$12,559.34)
7-1292-441-00-350-001-8-	250	WIC ADM- UNEMPLOYMENT COMP	(\$643.26)
7-1292-441-00-350-001-8-	260	WIC ADM- WORKER'S COMP	(\$3,344.93)
		FY18 Budgetary Impact	(\$131,958.14)

Possible Funding Sources: Cost Savings

Comments:

HIDALGO COUNTY
DEPARTMENT OF BUDGET & MANAGEMENT
FISCAL NOTE

*Fiscal notes are prepared by the Department of Budget & Management to present the budgetary impact of requests by departments/offices or of new proposals that were not approved during the budget process.

To: Commissioner' Court
From: Sergio Cruz, Budget Officer
CC Date: Tuesday, September 26, 2017

Agenda Item: 61438

Summary of request/proposal:
WIC B/F PRG (1292): Approval of the following personnel action, effective 10/01/17:

Fund	Position	Slot #	Obj	Current Budgeted Salary Allowance	Proposed Budgeted Salary/ Allowance	Total Requested
1292	Peer Counselor I	0014	113	24,960.00	0.00	(24,960.00)
1292	Peer Counselor I	0016	113	24,960.00	0.00	(24,960.00)
				49,920.00	0.00	(49,920.00)

Budgetary Impact:

INCREASE/DECREASE ACCOUNT NUMBER		ACCOUNT (OBJECT) NAME	AMOUNT
7-1292-441-00-350-002-8-	113	WIC B/F PRG- REG F/T EMPLOYEES	(\$46,593.79)
7-1292-441-00-350-002-8-	211	WIC B/F PRG- HEALTH INSURANCE	(\$13,460.34)
7-1292-441-00-350-002-8-	212	WIC B/F PRG- LIFE INSURANCE	(\$86.87)
7-1292-441-00-350-002-8-	220	WIC B/F PRG- FICA	(\$3,564.43)
7-1292-441-00-350-002-8-	230	WIC B/F PRG- RETIREMENT	(\$5,456.89)
7-1292-441-00-350-002-8-	250	WIC B/F PRG- UNEMPLOYMENT COMP	(\$279.56)
7-1292-441-00-350-002-8-	260	WIC B/F PRG- WORKER'S COMP	(\$1,453.73)
		FY18 Budgetary Impact	(\$70,895.61)

Possible Fundina Sources: Cost Savings

Comments:



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

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

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

Attachments

DSHS FY 2017 Amendment No.1

FY2018 Renewal Application

FY17 Local Funding Amendment

Update Contact Inf.

Form Review

Inbox	Reviewed By	Date
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 Muñoz

From: Mague Gonzalez [mague.gonzalez@wic.co.hidalgo.tx.us]
Sent: Wednesday, September 06, 2017 9:45 AM
To: maria munoz
Cc: Deborah Fischer
Subject: Fwd: LA 12 - FY18 Initial Funding
Attachments: Special Projects Classification and Allowable Costs Attachment - FY18 FI....docx

As per your request.

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

From: "Clarissa Ramirez" <clarissa.ramirez@wic.co.hidalgo.tx.us>
To: "Mague Gonzalez" <mague.gonzalez@wic.co.hidalgo.tx.us>
Sent: Thursday, August 17, 2017 2:18:26 PM
Subject: Fwd: LA 12 - FY18 Initial Funding

Clarissa Ramirez
Director
Hidalgo County WIC Program
3105 W. University Dr.
Edinburg, TX 78539
(956) 381-4646

From: "Krisandra C Wilson (HHSC/DSHS)" <Krisandra.Wilson@hhsc.state.tx.us>
To: "clarissa ramirez" <clarissa.ramirez@wic.co.hidalgo.tx.us>
Cc: "Yu Vonda Galloway (HHSC/DSHS)" <YuVonda.Galloway@hhsc.state.tx.us>, "Elsa Rodriguez (HHSC/DSHS)" <Elsa.Rodriguez2@hhsc.state.tx.us>
Sent: Thursday, August 17, 2017 2:14:34 PM
Subject: LA 12 - FY18 Initial Funding

Ms. Clarissa Ramirez, WIC Director
LA #12, Hidalgo County Health & Human Services

RE: Notice of Funding for FY18 WIC Local Agency Contract by Project

Dear Ms. Ramirez:

Your agency's current WIC contract was extended to include fiscal year (FY) 2018. In order to assist your organization with budgeting approval, the table below outlines the funding available for your individual projects in FY 2018.

Please ensure your vouchers correctly identify the type of allocation expense when submitting for payment.

Please note: Effective September 1, 2017, the Peer Dad Program will no longer be administered by the WIC Program. If you have any questions about the Peer Dad Program, administered by Title V, Maternal and Child Health, please contact Julie Stagg at Julie.Stagg@dshs.texas.gov with any questions.

Project	Project Contact	Planned Funding	Type of Allocation		
			Admin	NE	BF
WIC Funding	Yu Vonda Galloway YuVonda.Galloway@hhsc.state.tx.us (512) 341-4573	\$11,082,893.00	X	X	X
Peer Counselor	Kristina Arrieta Kristina.Arrieta@hhsc.state.tx.us (512) 341-4593	\$821,302.00			X
Registered Dietitian	Yvonne Martinez Yvonne.Martinez2@hhsc.state.tx.us (512) 341-4514	\$60,000.00	X	X	X
Lactation Services	Faith Njoroge Faith.Njoroge@hhsc.state.tx.us (512) 341-4575	\$50,500.00			X
Lactation Centers	Tracy Erickson Tracy.Erickson@hhsc.state.tx.us (512) 341-4521	\$289,000.00			X
Contract Total		\$12,303,695.00			

This notice of funding amounts is provided **for informational purposes only and is not intended to create a binding contract**. DSHS, at its sole discretion, may deem it necessary to adjust the funding amounts while in the process of developing contract amendments.

This notice does not relieve the agency from seeking additional approvals as required by WIC Policy.

Requests for purchases should be submitted electronically to the Contract Development and Support Branch email box at: CDSB@dshs.state.tx.us.

Questions concerning billing should be directed to Contract Development and Support Branch WIC voucher processing staff at WicVouchers@dshs.state.tx.us.

If you have any questions or require additional information regarding your special projects, please use the project contact information listed above.

Krisandra (Krisy) Wilson

Business Operations Support Specialist for
Patrick Kampman, Director
WIC - Business Support and Operations, MC 1933
4616 West Howard Lane, Bldg. 8, Ste. 840
Austin, TX 78728

Phone: (512) 341-4652

Fax (512) 341-4441



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

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

**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**

By:  DocuSigned by:
F90010121CFB41D...

Name: Charles Smith

Title: Executive Commissioner

Date of Execution: 2/17/2017

**HIDALGO COUNTY HEALTH AND HUMAN
SERVICES**

By:  DocuSigned by:
48B14348AA3D4D3...

Name: Ramon Garcia

Title: County Judge

Date of Execution: 2/9/2017


**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.***

Legal Name of Contractor: Hidalgo County	FFATA Contact # 1 Name, Email and Phone Number: Ramon Garcia ramon.garcia@co.hidalgo.tx.us (956) 318-2600																				
Primary Address of Contractor: 100 E. Cano, 2nd Fl. Edinburg, TX 78539	FFATA Contact #2 Name, Email and Phone Number: Raymundo Eufrazio, CPA ray.eufrazio@auditor.co.hidalgo.tx.us (956) 318-2511																				
ZIP Code: 9-digits Required www.usps.com <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">78539</td> <td style="width: 10%;">455</td> <td style="width: 10%;">9</td> <td style="width: 10%;">-</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>	78539	455	9	-							DUNS Number: 9-digits Required www.sam.gov <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">10311</td> <td style="width: 10%;">088</td> <td style="width: 10%;">4</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>	10311	088	4							
78539	455	9	-																		
10311	088	4																			
State of Texas Comptroller Vendor Identification Number (VIN) 14 Digits <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 10%;">17460007</td> <td style="width: 10%;">176060</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>		17460007	176060																		
17460007	176060																				

Printed Name of Authorized Representative Ramon Garcia	Signature of Authorized Representative <div style="border: 1px solid black; padding: 2px; display: inline-block;"> DocuSigned by:  48B14348AA3D4D3 </div>
Title of Authorized Representative County Judge	Date 2/9/2017

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:

Certificate Of Completion

Envelope Id: 9103C49F8B744F558E12DDFCD6408133

Subject: \$12,378,695.00,DSHS Amend No. 2017-049851-001A; Hidalgo Co HHS; NSS WIC-LAC-CTR

Source Envelope:

Document Pages: 10

Supplemental Document Pages: 0

Certificate Pages: 4

AutoNav: Enabled

EnvelopeStamping: Enabled

Time Zone: (UTC-06:00) Central Time (US & Canada)

Signatures: 3

Initials: 0

Payments: 0

Status: Completed

Envelope Originator:

Sheila Slaughter

1860 Michael Faraday Dr

Reston, VA 20190

sheila.slaughter@hhsc.state.tx.us

IP Address: 167.137.1.14

Record Tracking

Status: Original
1/23/2017

Holder: Sheila Slaughter
sheila.slaughter@hhsc.state.tx.us

Location: DocuSign

Signer Events

Ayeola Williams

Ayeola.Williams@hhsc.state.tx.us

Staff Attorney, System Contracting

HHSC

Security Level: Email, Account Authentication
(None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign
ID:

Signature

Completed

Using IP Address: 160.42.85.9

Timestamp

Sent: 1/23/2017

Viewed: 1/23/2017

Signed: 1/23/2017

Charles Rotan

Charles.Rotan@dshs.state.tx.us

Manager V

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: 160.42.85.9

Sent: 1/23/2017

Viewed: 1/23/2017

Signed: 1/23/2017

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: 1/23/2017

Viewed: 1/23/2017

Signed: 1/23/2017

Evelyn Delgado

evelyn.delgado@dshs.state.tx.us

Associate Commissioner - FCHS

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: 160.42.85.9

Sent: 1/23/2017

Viewed: 1/23/2017

Signed: 1/23/2017

Signer Events

Kirk Cole
kirk.cole@dshs.state.tx.us
Associate Commissioner
Texas Health and Human Services Commission
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign
ID:

John Hellerstedt
John.Hellerstedt@dshs.state.tx.us
Commissioner
Texas Health and Human Services Commission
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign
ID:

Ramon Garcia
countyjudge@co.hidalgo.tx.us
County Judge
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign
ID:

Electronic Record and Signature Disclosure:
Not Offered via DocuSign
ID:

Matthew Chaplin
Matthew.Chaplin@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:

Karen Ray
Karen.Ray@hhsc.state.tx.us
Chief Counsel
HHSC
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign
ID:

Charles Smith
Charles.Smith@hhsc.state.tx.us
Executive Commissioner
HHSC
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign
ID:

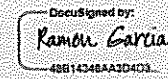
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Completed

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Completed

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Viewed: 1/25/2017
Signed: 1/25/2017

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Viewed: 1/25/2017
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Sent: 1/25/2017
Viewed: 2/8/2017
Signed: 2/9/2017

Sent: 2/9/2017
Viewed: 2/9/2017
Signed: 2/9/2017

Sent: 2/9/2017
Viewed: 2/16/2017
Signed: 2/16/2017

Sent: 2/16/2017
Viewed: 2/17/2017
Signed: 2/17/2017

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**

Cynthia Wright
Cynthia.Wright@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:

COPIED

Sent: 1/23/2017

Clay Scallan
clay.scallan@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:

COPIED

Sent: 1/23/2017

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:

COPIED

Sent: 1/23/2017

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:

COPIED

Sent: 1/23/2017

Clarissa Ramirez
clarissa.ramirez@wic.co.hidalgo.tx.us
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign
ID:

COPIEDSent: 1/25/2017
Viewed: 1/25/2017

Pam Wells
pam.wells@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:

COPIED

Sent: 2/16/2017

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

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:

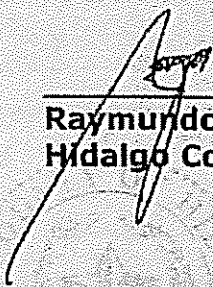
The county auditor shall certify to the commissioners' court the receipt of all public or private grant or aid money that is available for disbursement in a fiscal year but not included in the budget for that fiscal year. On certification, the court shall adopt a special budget for the limited purpose 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. DUMLESSERT
JUDGE, 1 ST D.C. | RODOLFO DELGADO
JUDGE, 2 ND D.C. | J. R. "BOBBI" FLORES
JUDGE, 3 RD D.C. | ROSE GUERRA REYNA
JUDGE, 4 TH D.C. | ALAN R. PARTIDA
JUDGE, 5 TH D.C. | MARIO E. RAMIREZ, JR.
JUDGE, 6 TH D.C. | ROSE GONZALEZ
JUDGE, 7 TH D.C.
OVERSEER | LETICIA LOPEZ
JUDGE, 8 TH D.C. | L. HENRI VARGAS
JUDGE, 9 TH D.C. | ISRAEL RAMON, JR.
JUDGE, 10 TH D.C. | FENCER R. BETANCOURT
JUDGE, 11 TH D.C. |
|---|--|---|--|--|--|--|--|--|---|--|

Zimbra

mague.gonzalez@wic.co.hidalgo.tx.us

Fwd: Contact Information and WIC Form A Face Page for 2018 input requested by COB January 6, 2017

From : Clarissa Ramirez <clarissa.ramirez@wic.co.hidalgo.tx.us> Tue, Jan 03, 2017 10:07 AM
Subject : Fwd: Contact Information and WIC Form A Face Page for 2018 input requested by COB January 6, 2017 2 attachments
To : Mague Gonzalez <mague.gonzalez@wic.co.hidalgo.tx.us>

Clarissa Ramirez
Director
Hidalgo County WIC Program
3105 W. University Dr.
Edinburg, TX 78539
(956) 381-4646

From: "Elsa Rodriguez (DSHS)" <Elsa.Rodriguez@dshs.state.tx.us>
Cc: "Cynthia Wright (DSHS)" <Cynthia.Wright@dshs.state.tx.us>
Sent: Friday, December 23, 2016 5:36:52 PM
Subject: Contact Information and WIC Form A Face Page for 2018 input requested by COB January 6, 2017

Good Afternoon- WIC Directors,

Sending the following information in behalf of Cynthia Wright.

The Health and Human Services (HSS) System is dedicated to improving the health, safety, and well-being of Texans. This mission is fulfilled through key contracting partnerships with various entities throughout the State of Texas. In an effort to enhance our contracting endeavors, HHS System staff will begin the process of distributing contract documents within the next few months. This effort will ensure that contracts are in place timely for efficient service delivery. The contract documents for the upcoming state fiscal year (September 1, 2017 – August 31, 2018) will arrive shortly and include amending your organization's FY2017 WIC Local Agency contract funding.

In preparation for this upcoming contracting cycle we will need updated contact information, particularly the most up-to-date email information for your organization's designated signatory so attached is a FY2018 WIC Form A Face Page that needs to be completed and returned to me on or before Friday January 6, 2017. We realize this is a short turnaround time to return this form and we appreciate your assistance.

When the contract documents are received, please review, complete the related documents, sign the contract, and return the documents by the deadline requested.

If you receive a contract via DocuSign, please submit electronically by the requested due date.

As the contract documents are reviewed, please note that services should begin upon the effective date of the contract and that current funding levels are based on the last executed contract on file. Upon official notification of the 2018-2019 final legislative appropriations, HHS will adjust the contract award accordingly.

If you have any questions or have concerns regarding this email, including requested return date of contract documents, please contact me at

cynthia.wright@dshs.state.tx.us.

M. Elsa Rodriguez, CTCM

NECS Unit Coordinator

WIC Program / Clinic Services Section

Texas Department of State Health Services

Work: M-F 9-6, Phone(512) 341-4595

Mobile (512) 917-8976 ****New Number****

Fax: (512) 341-4419

elsa.rodriquez@dshs.state.tx.us

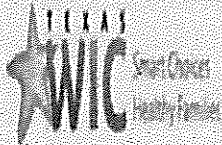


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3 KB



WIC LA FORM A Face Page- FY2018.doc

105 KB
