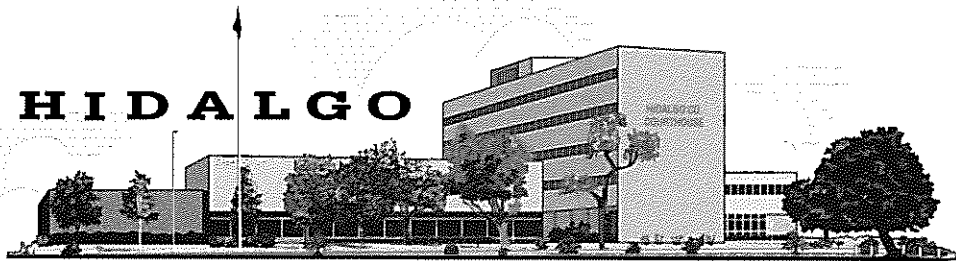


# COUNTY of HIDALGO



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](http://www.co.hidalgo.tx.us/auditor)

October 20, 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 Department of State Health Services (DSHS). These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

Award No. 537-17-0287-00001 Preventive Health and Health Services Block Grant

AMOUNT:

\$102,273.00	December 1, 2017 - August 31, 2018
\$136,363.00	September 1, 2018 - August 31, 2019
<u>\$ 11,364.00</u>	<u>September 1, 2019 - September 30, 2019</u>
\$250,000.00	

CERTIFIED BY:

Raymundo Eufrazio, CPA

10-23-17

Date

**HIDALGO COUNTY DISTRICT JUDGES**

- LUIS M. SINGLETERRY JUDGE, 17<sup>th</sup> D.C.
- RODOLFO DELGADO JUDGE, 13<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, 37<sup>th</sup> D.C.
- MARCO E. RAMIREZ, JR. JUDGE, 32<sup>nd</sup> D.C.
- MOE GONZALEZ JUDGE, 37<sup>th</sup> D.C. OVERSEER
- LETICIA LOPEZ JUDGE, 38<sup>th</sup> D.C.
- L. KENO YASQUEZ JUDGE, 28<sup>th</sup> D.C.
- ISRAEL RAMON, JR. JUDGE, 43<sup>rd</sup> D.C.
- RENEE R. BETANCOURT JUDGE, 44<sup>th</sup> D.C.

AI-62123

Health & Human Services Dept. 23. A.

CC - REGULAR

Other

Meeting Date: 10/24/2017

Submitted For: Eddie Olivarez, HEALTH & HUMAN SERVICES DEPT.

Submitted By: Mike Escaname, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

Health - PHHS (1293):

1. Requesting approval to accept the Preventive Health and Health Services grant contract Amendment #537-17-0287-00001A in the amount of \$250,000.00 for the period of December 1, 2017 to September 30, 2019.
2. Requesting approval for County Judge to e-sign contract Amendment and related documents.
3. Requesting approval of the Certification of Revenue in the amount of \$250,000.00.
4. Requesting approval of the budget appropriations in the amount of \$102,273.00 for 12/01/2017 to 08/31/2018; \$136,363.00 for 09/01/2018 to 08/31/2019 and \$11,364.00 for 09/01/2019 to 09/30/2019.
5. Approval to authorize supplemental pay allowance, effective 12/01/17:

Employee #	Dept./ Prg.	Slot #	Position Title	Proposed Allowance Amount
221171	340-070	0001	Public Health Technician I	\$4,080.00

BACKGROUND

04/05/2017 - AI-59105 - Acceptance of initial grant contract for the PHHS program.

06/27/2017 - AI-60385 - Approval to submit grant amendment request for the PHHS program.

Fiscal Impact

CALENDAR YEAR: 2017

ACCT. #: 7-1293-441-1X-340-070-7-XXX

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Appropriation of funds; no local match.

Attachments

Amendment

Appropriation

Salary Budget

PAR

Fiscal Note

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**Form Review**

<b>Inbox</b>	<b>Reviewed By</b>	<b>Date</b>
Budget & Management	Veronica Ortiz	10/16/2017 10:52 AM
Human Resources	Katia Garcia	10/17/2017 04:04 PM
Final Approval	Debbie Tamez	10/19/2017 11:05 AM
Form Started By: Mike Escaname		Started On: 10/13/2017 04:04 PM
Final Approval Date: 10/19/2017		

## Minerva Diaz

---

**From:** Mike Escaname [miguel.escaname@hchd.org]  
**Sent:** Monday, October 16, 2017 3:13 PM  
**To:** minerva.diaz@auditor.co.hidalgo.tx.us  
**Cc:** Deborah Fischer; rene.cavazos@hchd.org  
**Subject:** Request for Certification of Revenue - PHHS - \$250,000.00.  
**Attachments:** AI-62123 Acceptance of PHHS Amendment 102417.pdf; \$250000\_537-17-0287-00001A Not Signed 102417.pdf

Minerva,

I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$250,000.00. We are presenting to Commissioner's Court a contract amendment on our PHHS program next Tuesday, 10/24/17.

Attached is a copy of a preliminary agenda item for AI-62123. It has yet to be completed by Human Resources as it includes a request for supplemental pay.

Additionally, please review the ALIO account number structure I included in the budget appropriation as this Amendment includes 3 budget periods.

Let me know if you have any questions.

Thanks,

*Mike Escaname*

Chief Financial Officer  
Hidalgo County Health & Human Services Department  
1304 S. 25<sup>th</sup> Ave  
Edinburg, TX 78542-7205  
Main Line (956) 383-6221  
Direct Line (956) 292-7000 ext. 7210

**CONFIDENTIALITY NOTICE:** This email and any files transmitted with it may contain Protected Health Information under the Federal Health Insurance Portability and Accountability Act (HIPAA). If the receiver of this email is a Covered Entity under the regulations, you are obligated to treat this information accordingly. If this email was sent to you in error, you are prohibited from utilizing or disseminating this email or any attachments. Please immediately delete it from your computer system and notify the sender of their error.

**DEPARTMENT OF STATE HEALTH SERVICES**  
**CONTRACT NO. 537-17-0287-00001A**  
**AMENDMENT NO. 1**

The DEPARTMENT OF STATE HEALTH SERVICES ("DSHS") and HIDALGO COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT ("Grantee"), who are collectively referred to herein as the "Parties," to that certain Contract effective April 1, 2017, and denominated DSHS Contract No. 537-17-0287-00001 (the "Contract"), now desire to amend the Contract.

WHEREAS, the Parties desire to make additional funds available in support of the services provided under the Contract; and

WHEREAS, the Parties desire to add a Statement of Work which applies to Contract activities conducted during the contract period of December 1, 2017, through September 30, 2019; and

WHEREAS, the Parties desire to make budget revisions to allow for successful completion of the project.

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

1. SECTION IV of the Contract, BUDGET, is amended to reflect a total amount that payments under the Contract will not exceed of THREE HUNDRED NINETY-FIVE THOUSAND EIGHT HUNDRED THIRTY-THREE DOLLARS (\$395,833.00).

Total payments for the contract period of December 1, 2017, through August 31, 2018, will not exceed ONE HUNDRED TWO THOUSAND TWO HUNDRED SEVENTY-THREE DOLLARS (~~\$102,273.00~~) as reflected by activities in ATTACHMENT A-1-SUPPLEMENTAL STATEMENT OF WORK.

Total payments for the contract period of September 1, 2018, through August 31, 2019, will not exceed ONE HUNDRED THIRTY-SIX THOUSAND THREE HUNDRED SIXTY-THREE DOLLARS (\$136,363.00) as reflected by activities in ATTACHMENT A-1 - SUPPLEMENTAL STATEMENT OF WORK.

Total payments for the contract period of September 1, 2019, through September 30, 2019, will not exceed ELEVEN THOUSAND THREE HUNDRED SIXTY-FOUR DOLLARS (\$ ~~11,364.00~~) as reflected by activities in ATTACHMENT A-1 -SUPPLEMENTAL STATEMENT OF WORK.

2. ATTACHMENT A of the Contract, STATEMENT OF WORK, is hereby supplemented with the addition of ATTACHMENT A-1, SUPPLEMENTAL STATEMENT OF WORK, which is attached hereto and incorporated into the Contract as if fully set forth therein, for the period of December 1, 2017, through September 30, 2019.

3. **ATTACHMENT B** of the Contract, **BUDGET**, is hereby deleted in its entirety and replaced with **ATTACHMENT B-1, REVISED BUDGET**, which is attached hereto and incorporated into the Contract as if fully set forth therein.
4. This Amendment No. 1 shall be effective as of December 1, 2017.
5. Except as amended and modified by this Amendment No. 1, all terms and conditions of the Contract 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. 537-17-0287-00001A**

**DEPARTMENT OF STATE HEALTH SERVICES**

**HIDALGO COUNTY HEALTH AND HUMAN  
SERVICES DEPARTMENT**

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

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

Manda Hall, M.D.  
Associate Commissioner  
Community Health Improvement

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

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

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

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

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

- ATTACHMENT A-1 SUPPLEMENTAL STATEMENT OF WORK**
- ATTACHMENT B-1 REVISED BUDGET**

**ATTACHMENT A-1  
SUPPLEMENTAL STATEMENT OF WORK**

**I. GRANTEE RESPONSIBILITIES**

Grantee will:

- A. Provide System Agency with evidence of activity related to the implementation of the Community and Clinical Health Bridge (CCHB) project. The CCHB project aims to reduce the impact of obesity and related chronic diseases in the State of Texas by focusing on locally driven clinical and community systems-level enhancements.
- B. Coordinate with clinical and community partners within their service area to implement a minimum of three total strategies for the CCHB project.
- C. Implement, at minimum, the following two priority strategies:
  - 1. Priority Strategy 2: Develop community-clinical referral mechanisms for improved obesity and related chronic disease systems of care; and
  - 2. Priority Strategy 3: Facilitate evidence-based education and training for providers, patients and the community to ensure consistent messaging of reliable health information and collaboration.
- D. Implement, at minimum, the following optional strategy:
  - 1. Optional Strategy 1: Reduce barriers to accessing healthcare for prevention of disease, increased early detection, and reduction of complications.
  - 2. Optional Strategy 3: Engage community and clinical partners to strengthen partnerships and increase sustainability.
  - 3. Optional Strategy 4: Encourage healthy lifestyles for individuals, families, and communities through health promotion, outreach, and marketing.
- E. Conduct activities based on the FY18 Work Plan that was previously approved by System Agency. Approved activities include:
  - 1. Engage and partner with eight (8) health systems/agencies and other clinical/community stakeholders on overweight and obesity management (Priority Strategy #2).
  - 2. Develop and implement a standardized referral system with Salud y Vida for diabetes education and case management services (Priority Strategy #2).
  - 3. Conduct Eating Smart-Being Active program (Priority Strategy #3).
  - 4. Inform clinical and community providers about the Eating Smart-Being Active program as a local resource (Priority Strategy #3).
  - 5. Promote healthy messages and local resources through Hidalgo County Health website, social media, and community events (Optional Strategy #4).
  - 6. Promote the use of parks and recreation sites, including the milestone markers and bicycle racks (Optional Strategy #4).

- F. Submit the FY19 Work Plan for review and approval by System Agency prior to conducting activities. System Agency will provide written approval and confirmation that FY19 activities may be completed.
- G. Conduct evaluation activities based on the FY18 Evaluation Plan that was previously approved by System Agency. Approved activities must assess progress in the following focus areas:
  - 1. Partnerships: The quality, contributions and impacts of the partnerships created or enhanced through this funding opportunity.
  - 2. Process: The extent to which the work plan was implemented as planned.
  - 3. Program Outcomes: The extent to which activities outlined in the work plan yielded the intended results.
- H. Develop and submit an annual Success Story with two (2) photographs and two (2) photograph release forms to System agency. A Success Story Draft must be reviewed and approved by System Agency prior to the final version submission date. Success Story draft and final due dates are as follows:

Success Story	Period Covered	Due Date
FY18 Draft, with 2 photographs and 2 photo release forms	12/01/17 – 09/30/18	08/01/18
FY18 Final	12/01/17 – 09/30/18	10/01/18
FY19 Draft, with 2 photographs and 2 photo release forms	10/01/18 – 09/30/19	08/01/19
FY19 Final	10/01/18 – 09/30/19	09/30/19

- I. Develop and submit an annual Project Work Plan in preparation for fiscal years 2019 and 2020 to System Agency. The Work Plan must contain activities that support the priority and optional strategies selected as well as staff/organizational responsibility and timeframe. A Project Work Plan Draft must be reviewed and approved by System Agency prior to the final version submission date. Work Plan draft and final due dates are as follows:

Work Plan	Period Covered by the Work Plan	Due Date
FY19 Draft	10/01/18 – 09/30/19	07/31/18
FY19 Final	10/01/18 – 09/30/19	09/28/18
FY20 Draft	10/01/19 – 09/30/20	07/31/19
FY20 Final	10/01/19 – 09/30/20	09/30/19

- J. Develop and submit an annual Evaluation Plan in preparation for fiscal years 2019 and 2020 to System Agency. The Evaluation Plan must contain activities that evaluate progress toward the priority and optional strategies and activities submitted in the Work Plan. An Evaluation Plan Draft must be reviewed and approved by System Agency prior to the final version submission date. Evaluation Plan draft and final due dates are as follows:

Evaluation Plan	Period Covered by the Evaluation Plan	Due Date
FY19 Draft	10/01/18 – 09/30/19	07/31/18
FY19 Final	10/01/18 – 09/30/19	09/28/18
FY20 Draft	10/01/19 – 09/30/20	07/31/19
FY20 Final	10/01/19 – 09/30/20	09/30/19

- K. Participate in monthly feedback calls (i.e., monthly project status reports) with System agency Program to be conducted on or before the 15<sup>th</sup> of each month of the contract term, unless otherwise agreed to in writing by System Agency. On the calls, Grantee will discuss the following: 1) Implementation status; 2) barriers and methods to address those barriers; 3) opportunities to enhance the activities; 4) lessons learned; and 5) next steps. Other calls may be added, as appropriate, with Grantee and System Agency Program.
- L. Submit quarterly Progress Reports to System Agency via the electronic Performance Management and Tracking System (PMATS). The information and documentation required in the Progress Reports will be based on the CCHB priority and optional strategies selected. Progress report due dates are as follows:

Progress Report #	Period Covered	Due Date
FY18 Quarter 1	12/01/17 - 12/31/17	01/15/18
FY18 Quarter 2	01/01/18 – 03/31/18	04/16/18
FY18 Quarter 3	04/01/18 – 06/30/18	07/16/18
FY18 Quarter 4	07/01/18 – 09/30/18	10/15/18
FY19 Quarter 1	10/01/18 - 12/31/18	01/15/19
FY19 Quarter 2	01/01/19 – 03/31/19	04/15/19
FY19 Quarter 3	04/01/19 – 06/30/19	07/15/19
FY19 Quarter 4	07/01/19 – 09/30/19	09/30/19

**II. PERFORMANCE MEASURES**

The System Agency will monitor the Grantee’s performance of the requirements in Attachment A, A-1, and compliance with the Contract’s terms and conditions.

**III. INVOICE AND PAYMENT**

- A. Grantee will request payments using the State of Texas Purchase Voucher (Form B-13) at <http://www.dshs.state.tx.us/grants/forms/b13form.doc>. Voucher and any supporting documentation will be mailed or submitted by fax or electronic mail to the address/number below.

Department of State Health Services  
 Claims Processing Unit, MC 1940  
 1100 West 49<sup>th</sup> Street  
 P.O. Box 149347  
 Austin, TX 78714-9347  
 FAX: (512) 458-7442  
 EMAIL: [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov)

**B. Grantee will be paid in accordance with the Budget in Attachment B-1 of this Contract Amendment.**

**C. All invoices must reference Contract Amendment and PO numbers once issued.**

**ATTACHMENT B-1**  
**REVISED BUDGET**  
 Contract No. 537-17-0287-00001A

Categorical Budget: April 1, 2017 –November 30, 2017

<b>PERSONNEL</b>	\$23,445.00
FRINGE BENEFITS	\$9,709.00
TRAVEL	\$8,151.00
EQUIPMENT	\$0.00
SUPPLIES	\$32,713.00
CONTRACTUAL	\$0.00
OTHER	\$71,815.00
<b>TOTAL DIRECT CHARGES</b>	<b>\$145,833.00</b>
INDIRECT CHARGES	\$0.00
<b>TOTAL</b>	<b>\$145,833.00</b>
Match	\$0.00
<b>Total Budget</b>	<b>\$145,833.00</b>

Categorical Budget: December 1, 2017 – September 30, 2019

<b>PERSONNEL</b>	\$65,400.00
FRINGE BENEFITS	\$26,762.00
TRAVEL	\$11,774.00
EQUIPMENT	\$0.00
SUPPLIES	\$95,462.00
CONTRACTUAL	\$0.00
OTHER	\$50,602.00
<b>TOTAL DIRECT CHARGES</b>	<b>\$250,000.00</b>
INDIRECT CHARGES	\$0.00
<b>TOTAL</b>	<b>\$250,000.00</b>
Match	\$0.00

Total Budget

\$250,000.00

**Certificate Of Completion**

Envelope Id: 6C34DD489F4B4730A5EDA99617AAF64E Status: Sent  
 Subject: \$250,000; 537-17-0287-00001A; Hidalgo Co. HHS Dept.; DSHS; DCPS  
 Source Envelope:  
 Document Pages: 75 Signatures: 0 Envelope Originator:  
 Certificate Pages: 2 Initials: 0 William Potthoff  
 AutoNav: Enabled 1860 Michael Faraday Dr  
 EnvelopeId Stamping: Enabled Reston, VA 20190  
 Time Zone: (UTC-06:00) Central Time (US & Canada) william.potthoff@hpsc.state.tx.us  
IP Address: 167.137.1.16

**Record Tracking**

Status: Original Holder: William Potthoff Location: DocuSign  
 10/12/2017 | 9:07 AM william.potthoff@hpsc.state.tx.us

**Signer Events**

Signature	Timestamp
Ramon Garcia ramon.garcia@co.hidalgo.tx.us Hidalgo County Judge Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	Sent: 10/12/2017   9:15 AM

Manda Hall, M.D.  
Manda.Hall@dshs.texas.gov  
Security Level: Email, Account Authentication (None)  
**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

**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
Tina Longoria Tina.Longoria@hpsc.state.tx.us Security Level: Email, Account Authentication (None) <b>Electronic Record and Signature Disclosure:</b> Not Offered via DocuSign	Sent: 10/12/2017   9:15 AM Viewed: 10/12/2017   9:22 AM

COPIED

Carolyn DeBoer  
carolyn.deboer@dshs.texas.gov  
Contract Manager  
Department of State Health Services  
Security Level: Email, Account Authentication (None)  
**Electronic Record and Signature Disclosure:**  
Not Offered via DocuSign

COPIED

Sent: 10/12/2017 | 9:15 AM  
Viewed: 10/12/2017 | 9:28 AM

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

Mike Escaname

mike.escaname@hchd.org

Security Level: Email, Account Authentication  
(None)Electronic Record and Signature Disclosure:  
Not Offered via DocuSign**COPIED**

Sent: 10/12/2017 | 9:15 AM

Viewed: 10/12/2017 | 9:23 AM

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

Envelope Sent

Hashed/Encrypted

10/12/2017 | 9:15 AM

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

DATE: October 24, 2017

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 7-1293-441-1X-340-070-7-XXX (Preventive Health & Health 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 (increase) to my department budget in accordance with Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
<b>Personnel</b>		
7-1293-441-11-340-070-7-113	PHHS - Full-time Employees	\$ 23,562.00
7-1293-441-11-340-070-7-117	PHHS - Supplemental Pay	\$ 3,060.00
<b>Fringes</b>		
7-1293-441-11-340-070-7-211	PHHS - Health Insurance	\$ 5,175.00
7-1293-441-11-340-070-7-212	PHHS - Life Insurance	\$ 33.00
7-1293-441-11-340-070-7-220	PHHS - FICA	\$ 2,037.00
7-1293-441-11-340-070-7-230	PHHS - Retirement	\$ 3,142.00
7-1293-441-11-340-070-7-250	PHHS - Unemployment	\$ 267.00
7-1293-441-11-340-070-7-260	PHHS - Workmans Comp	\$ 267.00
<b>Travel</b>		
7-1293-441-11-340-070-7-581	PHHS - In-County Travel	\$ 3,065.00
7-1293-441-11-340-070-7-583	PHHS - Out-of-County Travel	\$ 1,753.00
<b>Supplies</b>		
7-1293-441-11-340-070-7-610	PHHS - General Supplies	\$ 39,053.00
<b>Other</b>		
7-1293-441-11-340-070-7-540	PHHS - Advertising	\$ 20,210.00
7-1293-441-11-340-070-7-584	PHHS - Registration Fees	\$ 649.00
<b>TOTAL APPROPRIATION</b>		\$ 102,273.00
7-1293-331-12-340-070-7-000	PHHS - Revenue	\$ 102,273.00
<b>TOTAL APPROPRIATION</b>		\$ 102,273.00

REASON: To appropriate the Preventive Health & Health Services grant award that belongs to the PHHS for FY 18 (9 months only) (Budget Period of 12/01/17 to 08/31/2018).

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

DATE: October 24, 2017

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

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I would like to request the following amendments (increase) to my department budget in accordance with  
Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
<b>Personnel</b>		
7-1293-441-12-340-070-7-113	PHHS - Full-time Employees	\$ 31,759.00
7-1293-441-12-340-070-7-117	PHHS - Supplemental Pay	\$ 4,080.00
<b>Fringes</b>		
7-1293-441-12-340-070-7-211	PHHS - Health Insurance	\$ 6,900.00
7-1293-441-12-340-070-7-212	PHHS - Life Insurance	\$ 44.00
7-1293-441-12-340-070-7-220	PHHS - FICA	\$ 2,742.00
7-1293-441-12-340-070-7-230	PHHS - Retirement	\$ 4,229.00
7-1293-441-12-340-070-7-250	PHHS - Unemployment	\$ 359.00
7-1293-441-12-340-070-7-260	PHHS - Workmans Comp	\$ 358.00
<b>Travel</b>		
7-1293-441-12-340-070-7-581	PHHS - In-County Travel	\$ 4,085.00
7-1293-441-12-340-070-7-583	PHHS - Out-of-County Travel	\$ 2,337.00
<b>Supplies</b>		
7-1293-441-12-340-070-7-610	PHHS - General Supplies	\$ 52,070.00
<b>Other</b>		
7-1293-441-12-340-070-7-540	PHHS - Advertising	\$ 26,947.00
7-1293-441-12-340-070-7-584	PHHS - Registration Fees	\$ 453.00
<b>TOTAL APPROPRIATION</b>		\$ 136,363.00
7-1293-331-12-340-070-7-000	PHHS - Revenue	\$ 136,363.00
<b>TOTAL APPROPRIATION</b>		\$ 136,363.00

REASON: To appropriate the Preventive Health & Health Services grant award that belongs to  
the PHHS for FY 19 (12 months) (Budget Period of 09/01/18 to 08/31/2019).

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

DATE: October 24, 2017

DEPARTMENT HEAD: Eduardo Olivarez, Chief Administrative Officer

DEPARTMENT NAME: Hidalgo County Health & Human Services Department

ACCOUNT NUMBER: 7-1293-441-1X-340-070-7-XXX (Preventive Health & Health Services)

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Chapter 111, Subchapter C

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following amendments (increase) to my department budget in accordance with  
Local Government Code, Chapter 111, Subchapter C.

INCREASE OBJECT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
<b>Personnel</b>		
7-1293-441-13-340-070-7-113	PHHS - Full-time Employees	\$ 2,601.00
7-1293-441-13-340-070-7-117	PHHS - Supplemental Pay	\$ 340.00
<b>Fringes</b>		
7-1293-441-13-340-070-7-211	PHHS - Health Insurance	\$ 575.00
7-1293-441-13-340-070-7-212	PHHS - Life Insurance	\$ 4.00
7-1293-441-13-340-070-7-220	PHHS - FICA	\$ 225.00
7-1293-441-13-340-070-7-230	PHHS - Retirement	\$ 347.00
7-1293-441-13-340-070-7-250	PHHS - Unemployment	\$ 29.00
7-1293-441-13-340-070-7-260	PHHS - Workmans Comp	\$ 29.00
<b>Travel</b>		
7-1293-441-13-340-070-7-581	PHHS - In-County Travel	\$ 340.00
7-1293-441-13-340-070-7-583	PHHS - Out-of-County Travel	\$ 194.00
<b>Supplies</b>		
7-1293-441-13-340-070-7-610	PHHS - General Supplies	\$ 4,435.00
<b>Other</b>		
7-1293-441-13-340-070-7-540	PHHS - Advertising	\$ 2,245.00
<b>TOTAL APPROPRIATION</b>		\$ 11,364.00
7-1293-331-12-340-070-7-000	PHHS - Revenue	\$ 11,364.00
<b>TOTAL APPROPRIATION</b>		\$ 11,364.00

REASON: To appropriate the Preventive Health & Health Services grant award that belongs to  
the PHHS for FY 20 (1 month only) (Budget Period of 09/01/19 to 09/30/2019).

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S

DATE

ATTEST CO. CLERK

**Preventive Health & Health Services FY 18 (program 070)**  
**12/01/2017 - 08/31/2018**  
**Partial FY 18 (9 months only)**

Preventive Health & Health Services FY 18 (program 070)

Slet #	Position Title	2017 Payroll Salary	2018 Budget Salary With 0% COLA	Hourly Rate		# of Hours in 2017	# of Hours in 2018	2017 Salary Amount from 12/01/17 - 12/31/17	2018 Salary Amount from 01/01/18 - 08/31/18	Fiscal Year Salary Amount 12/01/17 - 08/31/18	Monthly Salary	FICA (7.65%)	Fringes			Insurance		Projected Fringes	Projected Total Salaries & Fringes
				Hourly Rate (current)	Hourly Rate With 0%								Retirement (11.80%)	Unemployment (0.1%)	Workers Comp (0.1%)	Health Ins.	Life Ins.		
0001	Public Health Technician I	31,255.00	31,255.00	15.0264	15.0264	168	1,480	2,524.44	21,037.02	23,561.46	2,356.15	1,802.45	2,760.95	235.61	235.61	5,175.00	32.67	10,281.60	33,823.07
	Supplemental Pay			17.0000	17.0000		180	-	3,060.00	3,060.00	306.00	234.09	561.08	30.60	30.60	-	-	656.37	3,716.37
		<b>31,255.00</b>	<b>31,255.00</b>					<b>2,524.44</b>	<b>24,997.02</b>	<b>26,621.46</b>	<b>2,662.15</b>	<b>2,036.54</b>	<b>3,141.33</b>	<b>266.21</b>	<b>266.21</b>	<b>5,175.00</b>	<b>32.67</b>	<b>10,917.97</b>	<b>37,539.44</b>

Notes:

- 1 A 0% cost of living increase is budgeted from 01/01/18 to 09/30/18. CC approval Did not approve a COLA.
- 2 2018 fringe benefit rates are used as this is the latest information available at this time.
- 3 Health insurance premium is \$575.00 / month (\$575.00 x 9 mo) 5,175.00
- 4 Life insurance premium is \$43.56 per year / per employee. (prorated for 9 months only)
- 5 Supplemental Pay is based on \$17 / hr, with average of 20 hours per month.  
 20 hrs \* 9 months = 180 hrs; 180 hrs \* \$17.00 / hr = \$3,060.00

**Preventive Health & Health Services FY 19 (program 070)**  
**09/01/2018 - 08/31/2019**  
**For Budget Purposes Only**

Preventive Health & Health Services FY 19 (program 070)

Slot #	Position Title	2018 Payroll Salary	2019 Budget Salary With 3% COLA	Hourly Rate		# of Hours in 2018	# of Hours in 2019	2018 Salary Amount from 09/01/18 - 12/31/18	2019 Salary Amount from 01/01/19 - 08/31/19	Fiscal Year Salary Amount 09/01/17 - 08/31/18	Monthly Salary	FICA (7.65%)	Fringes			Insurance		Projected Total Salaries & Fringes
				Hourly Rate (current)	Hourly Rate With 3%								Retirement (11.80%)	Unemployment (0.1%)	Workers Comp (0.1%)	Health Ins.	Life Ins.	
0001	Public Health Technician I	31,255.00	32,192.65	15.0264	15.4772	688	1,384	10,338.19	21,420.49	31,758.69	2,646.56	2,429.54	3,747.52	317.59	317.59	6,900.00	43.56	45,514.48
	Supplemental Pay			17.0900	17.0900		240	-	4,080.00	4,080.00	340.00	312.12	481.44	40.00	40.00	-	-	875.16
		31,255.00	32,192.65					10,338.19	25,500.49	35,838.69	2,986.56	2,741.66	4,228.96	358.39	358.39	6,900.00	43.56	50,469.64

Notes:

- 1 A 3% cost of living increase is budgeted from 01/01/19 to 08/30/19. (Pending CC approval)
- 2 2018 fringe benefit rates are used as this is the latest information available at this time. 6,900.00
- 3 Health insurance premium is \$575.00 / month (\$575.00 x 12 mo)
- 4 Life insurance premium is \$43.56 per year
- 5 Supplemental Pay is based on \$17 / hr, with average of 20 hours per month. 20 hrs \* 12 months = 240 hrs. 240 hrs \* \$17.00 / hr = \$4,080.00.

**Preventive Health & Health Services FY 20 (program 070)**  
**09/01/2019 - 09/30/2019**  
**For Budget Purposes Only**

Preventive Health & Health Services FY 20 (program 070)

Slot #	Position Title	2019 Payroll Salary	2019 Budget Salary With 3% COLA	Hourly Rate		# of Hours in 2018	# of Hours in 2019	2018 Salary Amount from 09/01/18 - 12/31/18	2019 Salary Amount from 01/01/19 - 08/31/19	Fiscal Year Salary Amount 09/01/17 - 08/31/18	Monthly Salary	Fringes				Projected Fringes	Projected Total Salaries & Fringes			
				Hourly Rate (current)	Hourly Rate With 3%							RCA (7.65%)	Retirement (11.20%)	Unemployment (0.1%)	Workers Comp (0.1%)			Health Ins.	Life Ins.	
0001	Public Health Technician I	-	32,192.65	-	15.4772	0	168	-	2,600.18	2,600.18	216.68	196.91	306.82	26.00	26.00	26.00	575.00	3.63	1,136.37	3,736.54
	Supplemental Pay	-	-	17.0000	17.0000		20	-	340.00	340.00	28.33	25.01	40.12	3.40	3.40	3.40	-	-	72.93	412.93
		-	32,192.65					-	2,940.18	2,940.18	245.01	224.92	346.94	29.40	29.40	29.40	575.00	3.63	1,209.30	4,149.47

Notes:

- 1 A 3% cost of living increase is budgeted from 01/01/19 to 09/30/19. (Pending CC approval)
- 2 2018 fringe benefit rates are used as this is the latest information available at this time. 575.00
- 3 Health Insurance premium is \$575.00 / month (\$575.00 x 1 mo)
- 4 Life Insurance premium is \$43.56 per year
- 5 Supplemental Pay is based on \$17 / hr. with average of 20 hours per month. 20 hrs \* 1 month = 20 hrs; 20 hrs \* \$17.00 / hr = \$340.00.

Personnel	Fringes
57,920.32	
7,480.00	
<u>65,400.32</u>	<u>26,758.23</u>



# COUNTY OF HIDALGO

## Human Resources Department



### PERSONNEL ADJUSTMENT REQUEST FORM (ALLOWANCES)

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

DATE: 10/16/2017 CURRENT POSITION TITLE: Public Health Technician I  
 DEPARTMENT NAME: Health & Human Services CURRENT SLOT NO.: 0001  
 DEPARTMENT NO.: 340 REQUESTED POSITION TITLE: Public Health Technician I

**ALLOWANCE REQUEST: Type of Allowance**

- Longevity  
 Supplemental

- Interpreter  
 Auto

- Clothing

Allowance Amount:	\$ 0.00	\$ 4,080.00 <del>\$7,480.00</del>	\$ 4,080.00 <del>\$7,480.00</del>
	Current Budgeted Amount	Proposed Budgeted Amount	Net Change

TOTAL BUDGETARY IMPACT: \$7,480.00

**POSITION/ALLOWANCE TO BE FUNDED FROM ONE OF THE FOLLOWING:**

- Current Department Budget       Annual Budget Cycle       Will Require Additional Funds  
 Salary Adjustment       Other PHHS Program (F1293, Program 070)

- 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      FLSA:  Exempt  
 Non-Exempt       Non-Exempt

**JUSTIFICATION/PRIORITY: (Explain why this allowance request is essential)**

The Department of State Health Services has requested that exploratory data evaluations for the CCHB program be conducted with program participants through focus groups which will require transcription & translation duties.

**COMMENTS: (Any comments you wish to make regarding this request, attach additional pages if needed)**

\$7,480.00 is the total budget for 22 months of program services. \$3,060.00 for 12/01/17 to 08/31/18; \$4,080.00 for 09/01/18 to 08/31/19 and \$340.00 for 09/01/19 to 09/30/19; Based on \$17 / hr for 440 hrs during 22 months.

[Signature]  
 Department Head  
[Signature]  
 Department of Human Resources  
[Signature]  
 Department of Budget & Management

10-16-17  
 Date  
10/17/2017  
 Date  
10/19/2017  
 Date



