

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

May 18, 2018

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, Maria Arcilia Duran, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Department of State Health Services (TDSHS). These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT	PURPOSE
\$605,561.00	Award No. 537-18-0038-00001 Amendment No. 1 TB/PC Tuberculosis Prevention and Control-State

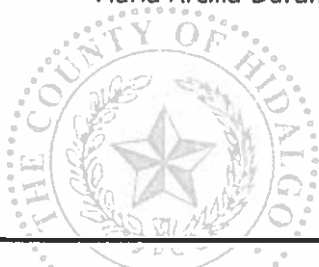
CERTIFIED BY:



Maria Arcilia Duran, CPA



Date



HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SMOLETTY JUDGE, 32 ND D.C.	RODOLFO DELGADO JUDGE, 33 RD D.C.	J. R. "BOBBY" FLORES JUDGE, 139 TH D.C.	ROSE GUERRA REYNA JUDGE, 208 TH D.C.	JUAN R. PARTIDA JUDGE, 275 TH D.C.	MARIO E. RAMIREZ, JR. JUDGE, 332 ND D.C.	NOE GONZALEZ JUDGE, 370 TH D.C. OVERSEER	LETICIA LOPEZ JUDGE, 389 TH D.C.	L. KENO VASQUEZ JUDGE, 398 TH D.C.	ISRAEL RAMON, JR. JUDGE, 430 TH D.C.	RENEE R. BETANCOURT JUDGE, 448 TH D.C.
--	---	---	--	--	--	---	--	--	--	--

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

May 18, 2018

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 commissioners' court the receipt of revenue from a new source not anticipated before the adoption of the budget and not included in the budget for that particular fiscal year. On certification, the court may adopt a special budget for the limited purpose of spending the revenue for general purposes or for any of its intended purposes.

I, Maria Arcilia Duran, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court program income in the amount of \$107,000.00 to be generated by the Hidalgo County Health & Human Services Department for the Immunization/Locals-ICC Grant Program. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT	PURPOSE
\$20,000.00	Award No. 537-18-0038-00001 Amendment No. 1 TB/PC Tuberculosis Prevention and Control-State

CERTIFIED BY:



Maria Arcilia Duran, CPA

5-21-18

Date



HIDALGO COUNTY DISTRICT JUDGES

LUIS M SINGLETERRY JUDGE, 52 ND D C	RODOLFO DELGADO JUDGE, 69 TH D C	J R "BOBBY" FLORES JUDGE, 139 TH D C	ROSE GUERRA REYNA JUDGE, 206 TH D C	JUAN R. PARTIDA JUDGE, 275 TH D C	MARIO E. RAMIREZ, JR. JUDGE, 332 ND D C	NOE GONZALEZ JUDGE 370 TH D C OVERSEER	LETICIA LOPEZ JUDGE, 389 TH D C	L. KENO VASQUEZ JUDGE, 398 TH D C	ISRAEL RAMON, JR. JUDGE, 430 TH D C	RENEE R. BETANCOURT JUDGE, 449 TH D C
---	--	--	---	---	---	---	---	---	---	---

DEPARTMENT OF STATE HEALTH SERVICES

CONTRACT NO. 537-18-0038-00001

AMENDMENT NO. 1

THE DEPARTMENT OF STATE HEALTH SERVICES ("System Agency" or "DSHS") and **HIDALGO COUNTY** ("Grantee") who are collectively referred to herein as the "Parties," to that certain grant Contract effective September 1, 2017, and denominated DSHS Contract No. 537-18-0038-00001, now desire to amend the Contract.

WHEREAS, the System Agency has chosen to exercise its option to renew the Contract in accordance with Section III of the Contract Signature Document;

WHEREAS, the Parties desire to revise the Budget to add funds for the period beginning September 1, 2018, through August 31, 2019 (hereinafter referred to as "Fiscal Year 2019" or "FY2019"); and

WHEREAS, the Parties desire to revise the Statement of Work; and

WHEREAS, the Parties desire to add to the Supplemental and Special Conditions.

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

1. **SECTION III** of the Signature Document, **DURATION**, is hereby amended to reflect a revised termination date of August 31, 2019.
2. **SECTION IV** of the Signature Document, **BUDGET**, is hereby amended to add **SIX HUNDRED FIVE THOUSAND FIVE HUNDRED SIXTY-ONE DOLLARS (\$605,561.00)** in DSHS funding with the Grantee providing a total of **ONE HUNDRED TWENTY-ONE THOUSAND ONE HUNDRED TWELVE DOLLARS (\$121,112.00)** in matching funds, for a total Contract amount not to exceed **ONE MILLION FOUR HUNDRED FIFTY-THREE THOUSAND THREE HUNDRED FORTY-SIX DOLLARS (\$1,453,346.00)**.
3. **SECTION I.G.** of **ATTACHMENT A, STATEMENT OF WORK**, is hereby deleted in its entirety and replaced with the following:

G. Not lapse more than 1% of the total funded amount of the Contract.
4. **SECTION III.A.** of **ATTACHMENT A, STATEMENT OF WORK**, is hereby amended to add the following email address to which vouchers and any supporting documentation must also be submitted by electronic mail: CMSinvoices@dshs.texas.gov.

5. The Parties agree to add to the Contract **ATTACHMENT B-1, FY2019 BUDGET**, which is attached to this Amendment and incorporated into the Contract as if fully set forth therein. All FY2019 expenditures shall be made in accordance with **Attachment B-1**.
6. **ATTACHMENT D, SUPPLEMENTAL AND SPECIAL CONDITIONS**, is hereby amended to add the following new Section 1.16 under the Special Conditions:

SECTION 1.16 GRANTEE'S CERTIFICATION OF MEETING OR EXCEEDING TOBACCO-FREE WORKPLACE POLICY MINIMUM STANDARDS.

Grantee certifies that it has adopted and enforces a Tobacco-Free Workplace Policy that meets or exceeds all of the following minimum standards of:

- a) Prohibiting the use of all forms of tobacco products, including but not limited to cigarettes, cigars, pipes, water pipes (hookah), bidis, kreteks, electronic cigarettes, smokeless tobacco, snuff and chewing tobacco;
- b) Designating the property to which this Policy applies as a "designated area," which must at least comprise all buildings and structures where activities funded under this Contract are taking place, as well as Grantee owned, leased, or controlled sidewalks, parking lots, walkways, and attached parking structures immediately adjacent to this designated area;
- c) Applying to all employees and visitors in this designated area; and
- d) Providing for or referring its employees to tobacco use cessation services.

If Grantee cannot meet these minimum standards, it must obtain a waiver from the System Agency.

7. This Amendment No. 1 shall be effective as of September 1, 2018.
8. 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. In the event of a conflict between the Contract and the terms of this Amendment, the terms of this Amendment shall control.
9. Any further revisions to the Contract shall be by written agreement of the Parties.

Signature Page Follows.

**SIGNATURE PAGE FOR AMENDMENT NO. 1
SYSTEM AGENCY CONTRACT NO. 537-18-0038-00001**

DEPARTMENT OF STATE HEALTH SERVICES GRANTEE

By: _____

Name: _____

Title: _____

Date of Execution: _____

Date of Execution: _____

**THE FOLLOWING ATTACHMENT IS ATTACHED AND INCORPORATED AS PART OF THE
CONTRACT:**

ATTACHMENT B-1 FY2019 BUDGET

**ATTACHMENT B-1
FY2019 BUDGET**

Organization Name: Hidalgo County

Program ID: TB/State

Contract Number: 537-18-0038-00001– AMENDMENT 1

Budget Categories	DSHS Funds	Cash Match	Category Total
Personnel	\$431,631.00	\$86,691.00	\$518,322.00
Fringe Benefits	\$171,228.00	\$34,391.00	\$205,619.00
Travel	\$1,727.00	\$0.00	\$1,727.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$415.00	\$30.00	\$445.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$560.00	\$0.00	\$560.00
Total Direct Costs	\$605,561.00	\$121,112.00	\$726,673.00
Indirect Costs	\$0.00	\$0.00	\$0.00
Totals	\$605,561.00	\$121,112.00	\$726,673.00

Certificate Of Completion

Envelope Id: EC60F071E3EC4D96BE61CA7AFF59F234
 Subject: Amending \$1,453,346; 537-18-0038-00001 Hidalgo County A-1; DSHS/CMS
 Source Envelope:
 Document Pages: 13 Signatures: 0
 Certificate Pages: 2 Initials: 0
 AutoNav: Enabled
 Envelope Stamping: Enabled
 Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Sent

Envelope Originator:
 Texas Health and Human Services Commission
 1100 W. 49th St.
 Austin, TX 78756
 PCS_DocuSign@hhsc.state.tx.us
 IP Address: 167.137.1.16

Record Tracking

Status: Original
 May 15, 2018

Holder: Texas Health and Human Services
 Commission
 PCS_DocuSign@hhsc.state.tx.us

Location: DocuSign

Signer Events

Greta Rymal
 Greta.Rymal@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

Signature
Completed

Timestamp
 Sent: May 15, 2018
 Viewed: May 15, 2018
 Signed: May 15, 2018

Using IP Address: 167.137.1.15

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

Sent: May 15, 2018

Andy Marker
 Edward.Marker@hhsc.state.tx.us
 Security Level: Email, Account Authentication
 (None)
Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

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

Charles Smith
 Charles.Smith@hhsc.state.tx.us
 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**

CMU Contract Inbox

cmucontracts@dshs.texas.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign**COPIED**

Sent: May 15, 2018

Viewed: May 15, 2018

Donna Ockletree

donna.ockletree@hhsc.state.tx.us

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign**COPIED**

Sent: May 15, 2018

Ebony White

Ebony White@dshs.texas.gov

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign**COPIED**

Sent: May 15, 2018

Viewed: May 15, 2018

Mike Escaname

mike.escaname@hchd.org

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign**COPIED**

Sent: May 15, 2018

Viewed: May 15, 2018

Pam Wells

pam.wells@hhsc.state.tx.us

Security Level: Email, Account Authentication (None)

Electronic Record and Signature Disclosure:
Not Offered via DocuSign**Notary Events****Signature****Timestamp****Envelope Summary Events****Status****Timestamps**

Envelope Sent

Hashed/Encrypted

May 15, 2018

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

AI-64920

Health & Human Services Dept. 24. 0.

CC - REGULAR

Other

Meeting Date: 05/22/2018

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

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

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

1. Requesting approval to accept the Tuberculosis Prevention and Control - State grant contract #537-18-0038-00001 Amendment No.1 in the amount of \$605,561.00 for the period of 09/01/2018 to 08/31/2019.
2. Requesting approval for County Judge to e-sign the TB/PC State contract Amendment and related documents.
3. Requesting approval of the Certification of Revenue in the amount of \$605,561.00
4. Requesting approval of the budget appropriation in the amount of \$605,561.00 in grant funds and \$121,112.00 in local match funds.

TB Control Program Income:

1. Requesting approval of the Certification of Revenue in the amount of \$20,000.00 for the TB Control program income.
2. Requesting approval of the budget appropriation in the amount of \$20,000.00.

BACKGROUND

04/05/17 - AI-59119 - Acceptance of the TB State FY 18 grant contract.

02/20/18 - AI-63651 - Approval to submit request for TB State FY 19 funds.

Fiscal Impact

CALENDAR YEAR: 2018

ACCT. #: 8-1293-441-00-340-008-9-XXX

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

BUDGETARY IMPACT:

Required local match is 20%; \$121,112.00 reserved during budget process.

Attachments

Grant Contract Amendment

BA

BA Prog Income

Sal Projection

Form Review

Inbox

Budget & Management

Final Approval

Form Started By: Mike Escaname

Reviewed By

Veronica Ortiz

Date

05/16/2018 11:04 AM

Started On: 05/16/2018 08:35 AM

Minerva Diaz

From: Mike Escaname [miguel.escaname@hchd.org]
Sent: Tuesday, May 15, 2018 4:19 PM
To: minerva.diaz@auditor.co.hidalgo.tx.us
Cc: Deborah Fischer
Subject: Request - Certification of Revenue - TB Control (State) FY 19 - \$605,561.00 and Program Income - \$20,000.00
Attachments: Amendment TB State FY 19 051518.pdf, TB State FY 19 Prog Income Budget.pdf

Minerva,

We have received the grant contract Amendment for our TB Control (State) FY 19 program period.

I am in the process of preparing the agenda item to have CC approve and accept this Amendment next Tuesday.

I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$605,561.00 in grant funds and \$20,000.00 in program income funds.

Unlike the Immunization program, there is no program income spending plan that is submitted to DSHS TB division other than what is reflected in the Budget Summary page (copy attached).

The \$20,000 is based on the TB program income history (with the exception of FY 17 due to a delay in the credentialing process).

Let me know if you have any questions.

Mike Escaname

Division Manager, Financial Accounting
Hidalgo County Health & Human Services Department
1304 S. 25th 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.



TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

The Honorable Ramon Garcia, County Judge
Hidalgo County
1304 South 25th Avenue
Hidalgo, Texas 78542-7205

Subject: Tuberculosis Prevention and Control Contract Amendment
Contract Number: 537-18-0038-00001, Amendment No. 1
Contract Amount: \$1,453,346.00
Contract Term: 09/01/2017 – 08/31/2019

Dear Judge Garcia:

Enclosed is the TB Prevention and Control amendment between the Department of State Health Services and Hidalgo County.

The purpose of this contract is to use state funds along with the Contractor's cash match funds, to support TB prevention and control services in the Contractor's jurisdiction.

This amendment increases the contract by \$726,673.00 for FY 2019 and extends the contract end term to August 31, 2019.

Please let me know if you have any questions or need additional information.

Sincerely,

Ebony White
Contract Manager
(512) 776-2152
ebony.white@dshs.texas.gov

DATE: May 14, 2018

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 8-1293-441-00-340-008-9-XX

Contact Person: Mike Escaname Ph#: (956) 383-6221

2018
Appropriation
A1-64920



SUBJECT: **Budget Amendments (increase (decrease))** in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

Honorable Commissioners' Court of Hidalgo County:

I would like to request the following Budget Amendments (increase (decrease)) in accordance with Local Government Code, Chapter 111, § 111.070, Item C (2).

INCREASE ACCOUNT NUMBER(S)	ACCOUNT (OBJECT) NAME	AMOUNT
8-1293-441-00-340-008-9-113	T.B. CONTROL-REG F/T EMPLOYEES	518,322.00
8-1293-441-00-340-008-9-211	T.B. CONTROL-HEALTH INSURANCE	94,213.00
8-1293-441-00-340-008-9-212	T.B. CONTROL-LIFE INSURANCE	536.00
8-1293-441-00-340-008-9-220	T.B. CONTROL-FICA	39,652.00
8-1293-441-00-340-008-9-230	T.B. CONTROL-RETIREMENT	61,163.00
8-1293-441-00-340-008-9-250	T.B. CONTROL-UNEMPLOYMENT COMP	5,183.00
8-1293-441-00-340-008-9-260	T.B. CONTROL-WORKERS COMP	4,872.00
8-1293-441-00-340-008-9-581	T.B. CONTROL-TRAVEL IN-COUNTY	545.00
8-1293-441-00-340-008-9-583	T.B. CONTROL-TRAVEL OUT OF COUNTY	1,182.00
8-1293-441-00-340-008-9-610	T.B. CONTROL-GENERAL SUPPLIES	445.00
8-1293-441-00-340-008-9-339	T.B. CONTROL-OTHER PROFESSIONAL SERVICES	560.00
8-1293-331-12-340-008-9-000	T.B. CONTROL-REVENUES	605,561.00
8-1293-391-01-008-100-9-000	TRANSFERS IN-GENERAL FUND-PROG 008 (DO NOT POST)	121,112.00
8-1100-491-01-008-293-9-891	TRANSFERS OUT-HEALTH GRANTS-PROG 008 (DO NOT POST)	57,417.00
TOTAL BUDGET INCREASE (DECREASE)		726,673.00

REASON: Appropriation of funds for TB CONTROL (STATE) FY 19 program that starts on 09/01/2018 and closes on 08/31/2019.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK

**TB CONTROL FY 19 (STATE)
Grant Application
Salary Budget
09/01/2018 - 08/31/2019
For Budget Purposes Only**

T.B. Control FY 19 Program 006

Site #	Position Title	2018 Payroll Salary	2018 Budgeted Salary With 3% COLA	2018 Budgeted Salary	Actual Salary (Prog BOB)	Actual Salary (General Fund)	Actual Salary (TB Program) (touted)	Salary (TB Program) (With 3% COLA)	% of Other Sources Funding	% of TB Grant Funding	Hourly Rate (touted)	Hourly Rate With 3%	# of Hours in 2018	# of Hours in 2019	2018		2019		Fiscal Year Salary Amount 09/01/18 - 08/31/19	Monthly Projected Salary	TB Grant Projected Salary	FICA (7.65%)	Retirement (11.9%)	Unemployment or LPA	Workers Comp (0.8%)	Insurance		Projected Total Salaries & Fringes
															Salary Amount from 09/01/18 - 12/31/18	# of Hours in 2018	Salary Amount from 01/01/19 - 08/31/19	# of Hours in 2019								Health Ins.	Life Ins.	
0001	Contract Nurse II	49,594.00	51,081.42	49,594.00	1,874.00	10,252.00	37,448.00	38,992.04	0.24	0.76	23.8433	24.5586	696	1,364	18,554.82	33,949.28	50,553.97	4,215.33	38,443.23	2,940.95	4,538.37	384.44	281.37	5,598.04	33.11	13,852.88	52,298.73	
0002	Clinical Nurse II	27,823.00	28,659.73	27,823.00	1,227.00	1,853.00	24,753.00	25,465.58	0.11	0.89	13.3774	13.7787	648	1,364	9,310.67	19,089.78	28,300.43	2,365.04	25,258.58	1,932.29	2,980.31	252.59	237.43	8,553.86	38.77	11,895.54	37,254.12	
0005	Specialist II	35,659.00	36,418.77	35,659.00	-	-	28,688.00	28,428.77	-	1.00	12.3361	12.7061	696	1,364	8,565.90	17,585.30	26,171.19	2,180.93	26,171.18	2,002.10	3,088.26	261.71	248.01	7,364.00	43.58	13,005.58	39,176.77	
0006	TB Program Manager	77,870.00	79,056.10	77,870.00	-	-	72,870.00	75,056.10	-	1.00	35.0037	36.0847	696	1,364	24,352.42	49,941.17	74,324.80	6,193.72	74,324.80	5,658.83	8,770.20	743.25	698.65	7,384.00	43.58	22,305.59	97,630.39	
0008	Registered Nurse	62,475.00	64,349.35	62,475.00	-	-	62,475.00	64,349.25	-	1.00	30.0261	30.9371	696	1,364	20,905.10	42,817.00	63,722.10	5,310.17	63,722.10	4,874.74	7,519.21	637.22	598.89	7,364.00	43.58	21,037.72	84,759.82	
0009	Clinical Nurse II	71,120.00	72,933.60	71,120.00	-	-	71,120.00	73,033.60	-	1.00	13.0385	13.4298	696	1,364	9,074.77	19,586.59	27,661.36	2,305.11	27,661.36	2,116.09	3,264.04	273.61	260.02	7,364.00	43.58	13,324.32	40,985.68	
0010	Medical Radiologist	36,453.00	37,548.59	36,453.00	-	-	36,453.00	37,548.29	-	1.00	17.2555	18.0512	696	1,364	13,197.73	24,982.82	37,180.66	3,098.39	37,180.66	2,844.32	4,387.32	371.81	349.56	7,364.00	43.58	19,206.95	56,387.61	
0011	Contract Nurse II	49,593.00	51,080.79	49,593.00	-	-	49,593.00	51,080.79	-	1.00	23.8428	24.5581	696	1,364	18,554.58	33,948.37	50,542.95	4,215.25	50,542.95	3,869.60	5,968.79	505.83	475.48	7,364.00	43.58	18,227.25	68,770.20	
0012	Clinical Nurse II	25,482.00	26,233.86	25,482.00	-	-	25,482.00	26,225.86	-	1.00	12.2413	12.6268	696	1,364	8,515.96	17,430.25	25,870.29	2,164.19	25,870.28	1,968.72	3,064.49	259.70	244.12	7,364.00	43.58	12,962.60	38,832.88	
0013	TB Outreach Worker Medical Assessment	30,546.00	31,462.38	30,546.00	-	-	30,546.00	31,462.38	-	1.00	14.8858	15.1791	696	1,364	10,221.18	20,924.56	31,152.75	2,598.31	31,152.75	2,353.41	3,678.38	311.56	292.84	7,364.00	43.58	14,071.77	45,224.52	
0014	Medical Assistant	30,546.00	31,462.38	30,546.00	-	-	30,546.00	31,462.38	-	1.00	14.8858	15.1791	696	1,364	10,221.18	20,924.56	31,152.75	2,598.31	31,152.75	2,353.41	3,678.38	311.56	292.84	7,364.00	43.58	14,071.77	45,224.52	
		428,163.00	441,287.28	428,163.00	3,111.00	12,087.00	422,945.00	438,833.33	-	-	-	-	696	1,364	118,809.39	300,279.82	446,894.01	37,240.75	431,827.02	33,019.47	50,831.99	4,218.27	4,097.29	78,628.60	483.92	171,318.54	602,842.56	

Notes:
1. The schedule was prepared on 08/08/2018. Due to DCMS on 08/12/2018.
2. A 3% cost of living increase is budgeted from 01/01/2019 to 08/31/2019. Pending CC approval.
3. All fringe benefit rates are used.
4. Health Insurance contribution rate is 8.75% (month from 09/01/18 to 12/31/18). 8.83% (month from 01/01/19 to 08/31/19). 8.75% + 4 = 12.30% (month from 09/01/19 to 08/31/20).
5. Life Insurance contribution rate is 3.50% (month from 09/01/18 to 12/31/18). 3.50% + 4 = 7.50% (month from 01/01/19 to 08/31/19). 3.50% + 4 = 7.50% (month from 09/01/19 to 08/31/20).
6. Life Insurance contribution rate is 3.50% (month from 09/01/18 to 12/31/18). 3.50% + 4 = 7.50% (month from 01/01/19 to 08/31/19). 3.50% + 4 = 7.50% (month from 09/01/19 to 08/31/20).
7. Actual work hours in 2018 are used.
8. The portion of salary paid with general fund for 1/1/19 to 8/31/19 is an Outreach Specialist salary with two GF employees is used as a contribution to the required local match. Local match schedule noted below.

