

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 07, 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 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 Office of the Health and Human Services. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT	PURPOSE
\$9,500,000.00	Award No. 2017-049851-001 WIC Administrative Prog. 001 FY19

CERTIFIED BY:

Maria Arcilia Duran
Maria Arcilia Duran, CPA

9-10-18
Date



HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY JUDGE, 92 ND D.C.	JAI ME TLERINA JUDGE, 93 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.	MARCO 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.
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AMOUNT	PURPOSE
\$821,302.00	Award No. 2017-049851-001 WIC Breastfeeding Prog. 002 FY19

CERTIFIED BY:



Maria Arcilia Duran, CPA

9-10-18

Date



HIDALGO COUNTY DISTRICT JUDGES

- LUIS M. SINGLETERRY JUDGE, 92ND D.C.
- JAMIE TLIERNA JUDGE, 93RD D.C.
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AMOUNT	PURPOSE
\$60,000.00	Award No. 2017-049851-001 WIC Registered Dietician Prog. 012 FY19

CERTIFIED BY:

Maria Arcilia Duran
Maria Arcilia Duran, CPA

9-10-18
Date



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AMOUNT
\$289,000.00

PURPOSE
Award No. 2017-049851-001
WIC Lactation Service Center Prog. 017 FY19

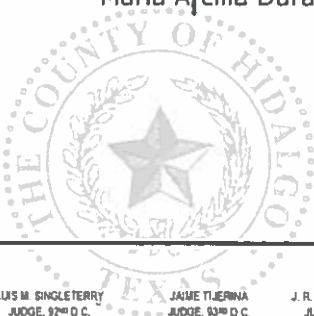
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JUDGE, 332ND D.C.
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JUDGE, 370TH D.C.
OVERSEER
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JUDGE, 430TH D.C.
- RENEE R. BETANCOURT
JUDGE, 449TH D.C.

AI-66381

WIC 13. A.

CC - REGULAR

Meeting Date: 09/11/2018

Submitted By: Margarita Gonzalez, WIC

Department: WIC

Information

CAPTION

WIC ADMIN-Program 001-(1292):

1. Requesting approval to accept the Health and Human Services Contract No. 2017-049851-001 Amendment No.2 in the amount \$11,924,881.00 for the contract period of October 1, 2018 through September 30, 2019.
2. Requesting approval for County Judge to DocuSign the Signature Page for Amendment No.2 HHSC Contract No.2017-049851-001.
3. Requesting for County Judge to DocuSign Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification.
4. Requesting approval of the Certification of Revenue in the amount of \$9,500,000.00 as approved by the County Auditor for the WIC Admin Grant.
5. Requesting approval of the Budget Appropriation in the amount of \$9,500,000.00 for the FY 2019 WIC Admin Grant.

WIC BF-Program 002-(1292):

1. Approval of Certification of Revenues in the amount of \$821,302.00 as certified by the County Auditor for the FY 2019 BF Peer Counselor Program Grant.
2. Approval of appropriation of funds in the amount of \$821,302.00 for the FY 2019 BF Peer Counselor Program Grant.

WIC Registered Dietician-Program 012-(1292):

1. Approval of Certification of Revenues in the amount of \$60,000.00 as certified by the County Auditor for the FY 2019 Registered Dietician Program Grant.
2. Approval of appropriation of funds in the \$60,000.00 for the FY 2019 Registered Dietitian Grant.

WIC Lactation Service Center-Program 017-(1292):

1. Approval of Certification of Revenues in the amount of \$289,000.00 as certified by the County Auditor for the FY 2019 WIC Lactation Service Center
2. Approval of appropriation of funds in the amount of \$289,000.00 for the FY 2019 WIC Lactation Service Center Grant.

BACKGROUND

Notice of Funding for FY 19

Fiscal Impact

CALENDAR YEAR: 2018

ACCT. #: 8.1292.441.00.350.001.9.xxx

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Appropriation of funds in the amount of \$9,500,000.00.

WIC Administrative Revenues-8-1292-331-12-350-001-9-000

No County Match-100% Federally Funded

CALENDAR YEAR: 2018

ACCT. #: 8.1292.441.00.350.002.9.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 Revenue-8-1292-331-12-350-002-9-000

No County Match - 100% Federal Funded.

CALENDAR YEAR: 2018

ACCT. #: 8.1292.441.00.350.012.9.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 Dietitian Revenue- 8-1292-331-12-350-012-9-000

No County Match - 100% Federally Funded.

CALENDAR YEAR: 2018

ACCT. #: 8.1292.441.00.350.017.9.xxx

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

Appropriation of funds in the amount of \$289,000.00

WIC Lactation Service Centers - 8.1292.331.12.350.017.9.000

No County Match- 100% Federally Funded

Attachments

HHSC Contract No.2017-049851-001

Signature Page for Amendment 2 & FFATA

Notice of Funding FY 19

2019 WIC Budget Amendment

FY 19 BF Budget Amendment

FY 19 RD Budget Amendment

FY 19 LSC Budget Amendment

Form Review

DATE: 8/29/2018

DEPARTMENT HEAD: Clarissa Ramirez

DEPARTMENT NAME: HIDALGO COUNTY WIC DEPARTMENT

ACCOUNT NUMBER: 8-1292.441.00.350.001.9.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
8-1292-441-00-350-001-9-112	Salaries	93,857.59
8-1292-441-00-350-001-9-113	Perm F/T Employees	5,476,264.01
8-1292-441-00-350-001-9-114	Perm P/T Employees	200,275.53
8-1292-441-00-350-001-9-115	Longevity	107,420.00
8-1292-441-00-350-001-9-211	Health Insurance	1,277,911.73
8-1292-441-00-350-001-9-212	Life Insurance	7,666.56
8-1292-441-00-350-001-9-220	FICA	449,653.01
8-1292-441-00-350-001-9-230	Retirement	698,450.04
8-1292-441-00-350-001-9-250	Unemployment	35,266.90
8-1292-441-00-350-001-9-260	Workers Comp	55,251.48
8-1292-441-00-350-001-9-411	Water /Sewer	13,000.00
8-1292-441-00-350-001-9-413	Survellance & Security	5,500.00
8-1292-441-00-350-001-9-421	Disposal	20,000.00
8-1292-441-00-350-001-9-430	Bldg.Repair & R&M Service	47,043.35
8-1292-441-00-350-001-9-441	Land & Bldg.Rental	582,703.80
8-1292-441-00-350-001-9-442	Equip & Vehicle Rental	936.00
8-1292-441-00-350-001-9-520	Other Insurance	46,000.00
8-1292-441-00-350-001-9-531	Telephone	130,000.00
8-1292-441-00-350-001-9-532	Wireless devices	5,000.00
8-1292-441-00-350-001-9-534	Internet	8,000.00
8-1292-441-00-350-001-9-535	Postage	28,000.00
8-1292-441-00-350-001-9-540	Advertising	2,000.00

8-1292-441-00-350-001-9-550	Printing	1,500.00
8-1292-441-00-350-001-9-581	Travel In County	4,000.00
8-1292-441-00-350-001-9-583	Travel Out Of County	6,000.00
8-1292-441-00-350-001-9-584	Registration	2,000.00
8-1292-441-00-350-001-9-610	Office & Computer Supplies	75,000.00
8-1292-441-00-350-001-9-622	Electricity	95,000.00
8-1292-441-00-350-001-9-626	Gas/Diesel	8,000.00
8-1292-441-00-350-001-9-631	Bottle Water	7,000.00
8-1292-441-00-350-001-9-660	Furnishing & Equipment	500.00
8-1292-441-00-350-001-9-780	Capital Lease	10,050.00
8-1292-441-00-350-001-9-810	Dues & Memberships	600.00
8-1292-441-00-350-001-9-811	License & Permits	150.00
8-1292-331-12-350-001-9-000	WIC Program Revenue	9,500,000.00
	TOTAL FUND BALANCE IMPACT	9,500,000.00

REASON: Appropriate the FY2019 WIC Admin. grant award for the full grant cycle.

DATE: 8/29/2018
DEPARTMENT HEAD: Clarissa Ramirez
DEPARTMENT NAME: HIDALGO COUNTY WIC DEPARTMENT
ACCOUNT NUMBER: 8-1292-441-00-350-002-9-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
8-1292-441-00-350-002-9-113	Salaries of F/T Employees	540,939.71
8-1292-441-00-350-002-9-115	Longevity	8,382.76
8-1292-441-00-350-002-9-211	Health Insurance	145,217.24
8-1292-441-00-350-002-9-212	Life Insurance	871.20
8-1292-441-00-350-002-9-220	FICA	42,023.17
8-1292-441-00-350-002-9-230	Retirement	65,274.97
8-1292-441-00-350-002-9-250	Unemployment Compensation	3,295.94
8-1292-441-00-350-002-9-260	Workers Comp	5,163.63
8-1292-441-00-350-002-9-532	Wireless Device	700.00
8-1292-441-00-350-002-9-581	Travel in County	3,780.00
8-1292-441-00-350-002-9-583	Out of County Travel	2,000.00
8-1292-441-00-350-002-9-584	Registration	800.00
8-1292-441-00-350-002-9-610	General Supplies	2,853.38
8-1292-331-12-350-002-9-000	WIC BF Program Revenues	821,302.00
TOTAL FUND BALANCE IMPACT		821,302.00

REASON: Appropriate the FY19 BF Peer Counselor grant award for the full grant cycle.

DATE: 8/29/2018

DEPARTMENT HEAD: Clarissa Ramirez

DEPARTMENT NAME: HIDALGO COUNTY WIC DEPARTMENT

ACCOUNT NUMBER: 8-1292.441.00.350.012.9.XXX REGISTERED DIETICIAN

SUBJECT: Budget Amendments (Increases) in Accordance with Local Government Code, Chapter 111, Subchapter C

Honorable Commissioner's Court of Hidalgo County :

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INCREASE OBJECT NUMBERS	ACCOUNT (OBJECT) NAME	AMOUNT
8-1292-441-00-350-012-9-113	Salaries	43,523.89
8-1292-441-00-350-012-9-211	Health Insurance	7,260.86
8-1292-441-00-350-012-9-212	Life Insurance	43.56
8-1292-441-00-350-012-9-220	FICA	3,329.57
8-1292-441-00-350-012-9-230	Retirement	5,171.85
8-1292-441-00-350-012-9-250	Unemployment	261.14
8-1292-441-00-350.012-9-260	Workers Comp	409.13
8-1292-331-12-350-012-9-000	WIC Program Revenue	60,000.00
TOTAL FUND BALANCE IMPACT		60,000.00

REASON: Appropriate grant FY 2019 Registered Dietitian grant award for the full grant cycle.

DATE: 8/29/2018
DEPARTMENT HEAD: Clarissa Ramirez
DEPARTMENT NAME: HIDALGO COUNTY WIC DEPARTMENT
ACCOUNT NUMBER: 8-1292-441-00-350-017-9-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
8-1292-441-00-350-017-9-113	Perm F/T Employees	173,199.96
8-1292-441-00-350-017-9-114	Perm P/T Employees	12,808.80
8-1292-441-00-350-017-9-115	Longevity	1,754.48
8-1292-441-00-350-017-9-211	Health Insurance	36,304.31
8-1292-441-00-350-017-9-212	Life Insurance	217.80
8-1292-441-00-350-017-9-220	FICA	14,363.89
8-1292-441-00-350-017-9-230	Retirement	22,311.54
8-1292-441-00-350-017-9-250	Unemployment	1,126.58
8-1292-441-00-350-017-9-260	Workers Comp	1,764.97
8-1292-441-00-350-017-9-441	Building Rental	20,597.50
8-1292-441-00-350-017-9-531	Telephone	1,680.00
8-1292-441-00-350-017-9-532	Wireless Device	313.53
8-1292-441-00-350-017-9-550	Printing	0.00
8-1292-441-00-350-017-9-581	In County Travel	0.00
8-1292-441-00-350-017-9-583	Out of County Travel	0.00
8-1292-441-00-350-017-9-584	Registration	0.00
8-1292-441-00-350-017-9-622	Electricity	0.00
8-1292-441-00-350-017-9-610	General Supplies	1,368.64
8-1292-441-00-350-017-9-812	Software License Renewal	1,188.00
8-1292-331-12-350-017-9-000	WIC Program Revenue	289,000.00
TOTAL FUND BALANCE IMPACT		289,000.00

REASON: Appropriate the FY2019 Lactation Service Center grant award for full grant cycle.

**HEALTH AND HUMAN SERVICES COMMISSION
CONTRACT No. 2017-049851-001
AMENDMENT No. 2**

The HEALTH AND HUMAN SERVICES COMMISSION ("HHSC" or "System Agency") and HIDALGO COUNTY DBA HIDALGO COUNTY HEALTH AND HUMAN SERVICES ("Grantee"), 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 HHSC Contract No. 2017-049851-001 ("Contract"), as amended, now desire to further amend the Contract.

RECITALS

WHEREAS, the Department of State Health Services ("DSHS") was an original party to the Contract;

WHEREAS, all functions associated with the Contract were transferred from DSHS to HHSC by operation of law in accordance with Senate Bill 200, 84th Legislature (requiring consolidation of the Health and Human Services System) and Texas Government Code Chapter 531;

WHEREAS, the Contract provides that DSHS may assign, pledge or transfer the Contract to another State agency (see Attachment B, Uniform Terms and Conditions, Section 9.06, Assignments);

WHEREAS, the Parties desire to change the name of Grantee under the Contract;

WHEREAS, System Agency has elected to extend the Contract through Fiscal Year ("FY") 2019 (October 1, 2018 through September 30, 2019) in accordance with Section III of the Contract.

WHEREAS, the Parties desire to revise the Budget for FY 2018 (October 1, 2017 through September 30, 2018) and FY 2019;

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

WHEREAS, these revisions will result in a decrease in funding of **THREE HUNDRED TWENTY-THREE THOUSAND EIGHT HUNDRED FOUR DOLLARS (\$323,804.00)** for FY 2018 and an addition of **ELEVEN MILLION NINE HUNDRED TWENTY-FOUR THOUSAND EIGHT HUNDRED EIGHTY-ONE DOLLARS (\$11,924,881.00)** in federal grant funds for FY 2019.

AGREEMENT

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

1. References in the Contract to "DSHS" are hereby changed to "HHSC".
2. References in the Contract to "Hidalgo County Health and Human Services" or "Grantee" are hereby changed to "Hidalgo County dba Hidalgo County Health and Human Services.
4. SECTION III of the Contract, DURATION, is hereby amended to reflect a new termination date of September 30, 2019.

5. SECTION IV of the Contract, BUDGET, is deleted and replaced in its entirety with the following:

IV. BUDGET

The total amount of this Contract will not exceed THIRTY-SIX MILLION TWO HUNDRED EIGHTY THOUSAND TWO HUNDRED FORTY-ONE DOLLARS (\$36,280,241.00), of which \$12,375,469.00 is allocated to FY 2017 (October 1, 2016 through September 30, 2017), \$11,979,891.00 is allocated to FY 2018 (October 1, 2017 through September 30, 2018) and \$11,924,881.00 is allocated to FY 2019 (October 1, 2018 through September 30, 2019). All expenditures under the Contract will be in accordance with Attachment A, Statement of Work.

6. SECTION I(H) of ATTACHMENT A, STATEMENT OF WORK, is deleted and replaced in its entirety with the following:

H. Conduct outreach to potential participants and implement strategies to retain existing participants.

7. SECTION I(M) of ATTACHMENT A, STATEMENT OF WORK, is deleted and replaced in its entirety with the following:

M. Allow System Agency or its agent to configure all desktop, laptops, and tablets purchase with WIC funds for access to the Texas Integrated Network ("TXIN") Management Information System ("MIS") at all Grantee WIC clinics and administrative offices. Grantee will notify System Agency in writing not less than forty-five (45) days prior to the relocation of a site, and the deployment of a new site. Grantee is responsible for all desktop, laptops, and tablet maintenance and hardware support.

8. SECTION I(N) of ATTACHMENT A, STATEMENT OF WORK, is deleted and replaced in its entirety with the following:

N. Grantee is required to immediately address, or facilitate internal access to all its clinics to the System Agency or its agent to facilitate the resolution of any issues restricting valid food benefit issuance to eligible WIC participants. Grantee is required to notify the System Agency of any issues resulting in the interruption of services for a period of four (4) hours or more.

9. SECTION I(R) of ATTACHMENT A, STATEMENT OF WORK, is amended by deleting it in its entirety and replacing it with the following:

R. Omitted.

10. SECTION I(S) of ATTACHMENT A, STATEMENT OF WORK, is deleted and replaced in its entirety with the following:

S. Implement special projects according to System Agency-approved plan related to nutrition education, outreach or breastfeeding and submit any required deliverables in a format approved by System Agency. Funding for special projects is contingent upon availability and approval in writing by System Agency of the Grantee's plan for the special project.

11. **SECTION I(BB) of ATTACHMENT A, STATEMENT OF WORK**, is deleted and replaced in its entirety with the following:
 - BB. Submit to System Agency or maintain the following deliverables in a format designated by System Agency:
 1. Monthly WIC Local Agency Performance Measure Report submitted by the 15th calendar day of the following month; and
 2. Monthly Extended Hours Summary Report submitted by the 15th calendar day of the following month.

12. **SECTION II(A) of ATTACHMENT A, STATEMENT OF WORK**, is deleted and replaced in its entirety with the following:
 - A. Grantee shall ensure:
 1. An average of 95% of families each quarter who participate in the WIC Program by receiving food benefits also receive nutrition education classes or individual counseling;
 2. Each quarter an average of 20% or greater of all pregnant women who enter the WIC Program are certified as eligible;
 3. Each quarter an average of 80% of clients who are enrolled in the WIC Program, excluding dual participants and transfer locked and/or migrant clients, participate as food benefit recipients each month (breast-feeding infants are also included in the client count); and
 4. 100% of participants who indicate during the enrollment process for the WIC Program that they have no source of health care are referred to at least one (1) source of health care at certification of eligibility.

13. **SECTION III(A) of ATTACHMENT A, STATEMENT OF WORK**, is deleted and replaced in its entirety with the following:
 - A. Grantee will request monthly payments using the State of Texas Purchase Voucher (Form 4116) at <https://hhs.texas.gov/laws-regulations/forms/4000-4999/form-4116-state-texas-purchase-voucher> and submit with any supporting documentation by electronic mail to System Agency at WicVouchers@hhsc.state.tx.us. Grantee shall indicate separately on the face of the State of Texas Purchase Voucher, the costs associated with nutrition education, breast-feeding, and other administrative costs.

14. **SECTION III(B) of ATTACHMENT A, STATEMENT OF WORK**, is amended by modifying and replacing it with the following:
 - B. Grantee will submit Financial Status Reports ("FSR") by electronic mail to the System Agency at WicVouchers@hhsc.state.tx.us by the last business day of the month following the end of each quarter of the Contract term for review and financial assessment.

15. **SECTION III(D)(3) of ATTACHMENT A, STATEMENT OF WORK**, is deleted and replaced in its entirety with the following:

3. Administrative costs will be reimbursed based on actual costs, but not to exceed the "maximum reimbursement" based upon the sum of the participants who were issued WIC EBT cards each month plus infants who do not receive any WIC EBT cards whose breastfeeding mothers were participants to the extent that the total so derived does not exceed Grantee's total assigned caseload within any given month. Surplus funds (the amount by which maximum reimbursements exceed actual costs) can be accumulated and carried forward within the same fiscal year.
16. The Parties agree to revise the supplemental condition for **Section 2.03, Financial Status Reports (FSRs)** in **ATTACHMENT D, SUPPLEMENTAL AND SPECIAL CONDITIONS** to provide as follows:
- Except as otherwise provided in these Uniform Terms and Conditions or in the terms of any Attachment(s) that is incorporated into the Contract, Grantee shall submit quarterly FSRs to System Agency by the last business day of the month following the end of each quarter of the Program Attachment term for System Agency review and financial assessment. Grantee shall submit the final FSR no later than forty-five (45) calendar days following the end of the applicable Fiscal Year.
17. The Parties agree to add the following supplemental condition to **ATTACHMENT D, SUPPLEMENTAL AND SPECIAL CONDITIONS**:
- Section 4.03, Submission of Audit**, of the Health and Human Services Commission Uniform Terms and Conditions – Grant, Version 2.13 is deleted and replaced in its entirety with the following:
- 4.03 Submission of Audit**
- Due the earlier of 30 days after receipt of the independent certified public accountant's report or nine months after the end of the fiscal year, Grantee shall submit electronically, one copy of the Single Audit or Program-Specific Audit to the System Agency as directed in this Contract and another copy to: single_audit_report@hhsc.state.tx.us.
18. **SECTION 1.16, Child Abuse Reporting Requirement** of **ATTACHMENT D, SUPPLEMENTAL AND SPECIAL CONDITIONS**, is deleted and replaced in its entirety with the following:
- Section 1.16 Child Abuse Reporting Requirement**
- a. Grantees shall comply with child abuse and neglect reporting requirements in Texas Family Code Chapter 261. This section is in addition to and does not supersede any other legal obligation of the Grantee to report child abuse.
- b. Grantee shall comply with System Agency WIC Program Child Abuse policy.
19. This Amendment No.2 shall be effective as of May 1, 2018 or upon the date this Amendment is signed by both Parties, whichever occurs later.
20. Except as amended and modified by this Amendment No. 2 all terms and conditions of the Contract, as amended, shall remain in full force and effect.

21. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR AMENDMENT NO. 2
HHSC CONTRACT No. 2017-049851-001**

**HEALTH AND HUMAN SERVICES
COMMISSION**

**HIDALGO COUNTY DBA HIDALGO
COUNTY HEALTH AND HUMAN SERVICES**

By: _____

Name: _____

Title: _____

Date of Execution: _____

Date of Execution: _____

**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

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:



May 21, 2018

Ms. Clarissa Ramirez, WIC Director
LA #12, Hidalgo County Health & Human Services
3105 West University Drive
Edinburg, TX 78539

RE: Notice of Funding for FY19 WIC Local Agency Contract by Project

Dear Ms. Ramirez:

Your agency's current WIC contract was extended to include fiscal year (FY) 2019. In order to assist your organization with budgeting approval, the table below outlines the funding available for your individual projects in FY 2019.

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

Project	Project Contact	Planned Funding (\$)	Type of Allocation		
			Admin	NE	BF
WIC Funding	Natalia Kobidze Natalia.Kobidze@hhsc.state.tx.us (512) 341-4527	10,589,379	X	X	X
Peer Counselor	Kristina Arrieta Kristina.Arrieta@hhsc.state.tx.us (512) 341-4593	821,302			X
Registered Dietitian	Stephanie Holland Stephanie.Holland1@hhsc.state.tx.us (512) 341-4577	60,000	X	X	X
Lactation Service Centers	Tracy Erikson Tracy.Erickson@hhsc.state.tx.us (512) 341-4521	289,000			X
Extra Funding*	Elsa Rodriguez Elsa.Rodriguez2@hhsc.state.tx.us (512) 341-4595	165,200	X	X	
Contract Total		\$11,924,881			

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

Ms. Clarissa Ramirez, WIC Director
May 21, 2018
Page 2

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 Program Service Unit email box at: WICLARRequests@hhsc.state.tx.us.

Questions concerning billing should be directed to WicVouchers@hhsc.state.tx.us.

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

Sincerely,

A handwritten signature in black ink, appearing to read "Edgar Curtis", with a long horizontal line extending to the right.

Edgar Curtis
Director
Nutrition Services Section

Jose L Rodriguez

From: mague gonzalez [mague.gonzalez@wic.co.hidalgo.tx.us]
Sent: Thursday, September 06, 2018 4:07 PM
To: jose rodriguez
Subject: Re: Request for the Certification of Revenues Updated

Importance: High

Jose, corrected the RD & Lactation Service Center.

From: "mague gonzalez" <mague.gonzalez@wic.co.hidalgo.tx.us>
To: "jose rodriguez" <jose.rodriguez@auditor.co.hidalgo.tx.us>
Cc: "eliazar bazan" <eliazar.bazan@co.hidalgo.tx.us>
Sent: Thursday, September 6, 2018 3:39:17 PM
Subject: Request for the Certification of Revenues

Jose, I would like to request the Certification of Revenues from the following grants.

Grant Name	Account	Revenue Account	Amount	
WIC	8-1292-441-00-350-001-9-xxx	8-1292-331-12-350-001-9-xxx	\$9,500,000.00	
BF Peer Counselor	8-1292-441-00-350-002-9-xxx	8-1292-331-12-350-002-9-xxx	821,302.00	
Registered Dietician	8-1292-441-00-350-012-9-xxx	8-1292-331-12-350-012-9-xxx	60,000.00	
Lactation Service Center	8-1292-441-00-350-017-9-xxx	8-1292-331-12-350-017-9-xxx	289,000.00	

Margarita Gonzalez
Division Manager II
Hidalgo County WIC Program
3105 W. University Dr.
Edinburg, Texas 78539
Phone: (956)381-4646 ext. 4042
Fax: (956)381-0017 Fax
mague.gonzalez@wic.co.hidalgo.tx.us