

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

March 6, 2020

The Honorable Richard F. Cortez, 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 Ellie Torres, 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
\$437,771.00	Award No. HHS00068610020
	TB/PC-Fed Tuberculosis Prevention and Control-Federal

CERTIFIED BY:

Maria Arcilia Duran
Maria Arcilia Duran, CPA
Hidalgo County Auditor

3-9-2020
Date

HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY JUDGE, 12 th D.C.	RODRIGUEZ MORALES JUDGE, 13 th D.C.	J. R. "BOBBY" FLORES JUDGE, 13 th D.C.	ROSE GUERRA REYNA JUDGE, 20 th D.C.	MARLA CUELLAR JUDGE, 23 rd D.C.	MARIO E. RAMIREZ, JR. JUDGE, 32 nd D.C.	NOE GONZALEZ JUDGE, 37 th D.C. OVERSEER	LETICIA LOPEZ JUDGE, 38 th D.C.	L. KEND VASQUEZ JUDGE, 38 th D.C.	ISRAEL RAMON, JR. JUDGE, 43 rd D.C.	RENEE R. BETANCOURT JUDGE, 44 th D.C.	YSMAEL D. FORSECA JUDGE, 44 th D.C.
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AI-74682

Health & Human Services
Dept. 17. C.

CC REGULAR AGENDA SPECIAL MTG Other

Meeting Date: 03/10/2020

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

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

Department: HEALTH & HUMAN SERVICES DEPT.

Information

CAPTION

Requesting approval of the Certification of Revenue in the amount of \$437,771.00 as approved by County Auditor for the Tuberculosis Prevention and Control Federal FY 20 grant program and appropriation of the same and appropriation of the local match in the amount of \$87,554.00.

BACKGROUND

11/19/2019 - AI-73144 - Acceptance of the Tuberculosis Prevention & Control FY 20 Grant Contract. (#HHS000686100020)

Fiscal Impact

CALENDAR YEAR:	2020	ACCT. #:	0-1293-441-00-340-011-0-XXX
FUNDS AVAILABLE Y/N?:	Y	MATCHING FUNDS Y/N?:	Y

BUDGETARY IMPACT:

Grant program requires 20% local match.

Attachments

Budget Appropriation

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	03/04/2020 11:16 AM
Final Approval		
Form Started By: Mike Escaname		Started On: 03/03/2020 03:57 PM



Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>

Request for Certification of Revenue - TB Federal FY 20 - \$437,771.00

1 message

Miguel Escaname <miguel.escaname@hchd.org>

Tue, Mar 3, 2020 at 4:44 PM

To: Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>

Cc: Deborah Fischer <deborah.fischer@auditor.co.hidalgo.tx.us>

Minerva,

I'd appreciate if you can arrange for a Certification of Revenue in the amount of \$437,771.00 for the grant funds from the TB Federal FY 20 program.

AI-74682 will be presented to CC on 03/10/2020 to appropriate.

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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

 **AI-74682 Budget Appropriation 031020.pdf**
97K

DATE: March 3, 2020

DEPARTMENT HEAD: Eduardo Olivarez

2020
Appropriation
AI-74682



DEPARTMENT NAME: Health and Human Services Department

ACCOUNT NUMBER: 0-1293-441-00-340-011-0-XXX

Contact Person: Mike Escaname Ph#: ext. 7210

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
Personnel		
0-1293-441-00-340-011-0-113	TB PREV&CNTRL FEDERAL-REG F/T EMPLOYEES	350,559.00
Fringes		0.*
0-1293-441-00-340-011-0-211	TB PREV&CNTRL FEDERAL-HEALTH INSURANC	74,445.00
0-1293-441-00-340-011-0-212	TB PREV&CNTRL FEDERAL-LIFE INSURANC	350,559.00+
0-1293-441-00-340-011-0-220	TB PREV&CNTRL FEDERAL-FICA	74,445.00+
0-1293-441-00-340-011-0-230	TB PREV&CNTRL FEDERAL-RETIREMENT	42,594.00
0-1293-441-00-340-011-0-250	TB PREV&CNTRL FEDERAL-UNEMPLOYMENT C	431.00+
0-1293-441-00-340-011-0-260	TB PREV&CNTRL FEDERAL-WORKERS COM	2,104.00
Travel		26,818.00+
0-1293-441-00-340-011-0-581	TB PREV&CNTRL FEDERAL-IN COUNTY	42,594.00+
0-1293-441-00-340-011-0-583	TB PREV&CNTRL FEDERAL-TRAVEL OUT OF C	2,104.00+
Supplies		3,296.00+
0-1293-441-00-340-011-0-610	TB PREV&CNTRL FEDERAL-GENERAL SUPPLIE	15,887.00+
Other		1,815.00+
0-1293-441-00-340-011-0-550	TB PREV&CNTRL FEDERAL-PRINTING & BINDI	6,376.00+
0-1293-331-12-340-011-0-000	TB PREV&CNTRL FEDERAL REVENUE	1,000.00+
0-1293-391-01-011-100-0-000	TRANSFERS IN - GENERAL FUND PROG 011 (DO N	525,325.00*
0-1100-491-01-011-293-0-891	TRANSFERS OUT - HEALTH GRANTS (DO NOT POST)	87,554.00
TOTAL BUDGET INCREASE (DECREASE)		525,325.00

REASON: To appropriate the budget for the TB/PC Federal grant program to run from 01/01/2020 to 12/31/2020. Budgeted amounts include grant and local match amounts.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK

**SIGNATURE DOCUMENT FOR
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000686100020
UNDER THE
TUBERCULOSIS PREVENTION AND CONTROL – FEDERAL (TB/PC-FEDERAL)
GRANT PROGRAM**

I. PURPOSE

The Department of State Health Services (“**DSHS**”) and Hidalgo County (“**Grantee**”), each a “**Party**” and collectively the “**Parties**,” enter into the following grant contract for the Tuberculosis Prevention and Control - Federal Grant Program (the “**Contract**”).

II. LEGAL AUTHORITY

This Contract is authorized by and in compliance with the provisions of *Texas Government Code* Chapter 791, and *Texas Health and Safety Code* Chapters 12 and 1001.

III. STATEMENT OF SERVICES TO BE PROVIDED

Grantee shall perform services related to the Tuberculosis Prevention and Control - Federal (“**TB/PC-Federal**”) Program in accordance with the requirements stated in Attachment A, **Statement of Work**.

IV. DURATION

The Contract is effective on January 1, 2020, and terminates on December 31, 2020, unless renewed, extended, or terminated pursuant to the terms and conditions of the Contract. DSHS, at its sole discretion, may extend this Contract for any period(s) of time, provided the Contract term, including all extensions or renewals, does not exceed two years.

V. PAYMENT FOR SERVICES PERFORMED

The total amount of DSHS’s share of this Contract shall not exceed \$437,771.00. Grantee’s required cash match for this Contract shall not exceed \$87,554.00. The total not to exceed amount of the Contract, therefore, is \$525,325.00. All expenditures under this Contract will be in accordance with **Attachment B**, Budget.

VI. CONTRACT REPRESENTATIVES

The following individuals will act as the designated Representative authorized to administer activities, communications, and non-legal notices under this Contract on behalf of their respective Party.

DSHS

Samantha Lavoie, CTCM
1100 West 49th Street, MC 1990
Austin, Texas 78756
(512) 776-2152
samantha.lavoie@dshs.texas.gov

Grantee

Richard F. Cortez
Hidalgo County
1304 S. 25th Avenue
Edinburg, Texas 78539
(956) 318-2600
countyjudge@co.hidalgo.tx.us

Either Party may change its designated Contract Representative by providing written notice to the other Party.

VII. ADDITIONAL GRANT INFORMATION

Federal Award Identification Number (FAIN): U52PS004694
Federal Award Date: December 31, 2018
Name of Federal Awarding Agency: Centers for Disease Control and Prevention
CFDA Name and Number: 93.116 – Tuberculosis Elimination and Laboratory Cooperative Agreement – Prevention & Control
Awarding Official Contact Information: Shanica Alexander, (404) 718 - 3149
DUNS: 807391511

VIII. LEGAL NOTICES

Any legal notice required under this Contract shall be deemed delivered when deposited by DSHS either in the United States mail, postage paid, certified, return receipt requested; or with a common carrier, overnight, signature required, to the appropriate address below:

If to DSHS:

Department of State Health Services
Attention: Office of the General Counsel
1100 West 49th Street, MC 1911
Austin, Texas 78756

If to Grantee:

Hidalgo County
Attention: Richard F. Cortez
1304 S. 25th Avenue
Edinburg, Texas 78539

Notice given by Grantee will be deemed effective when received by DSHS. Either Party may change its address for notice by written notice to the other Party.

IX. REPORTING REQUIREMENTS

Grantee shall satisfy all reporting requirements stated within **Article IV** of Attachment A, Statement of Work.

X. PRIVACY, SECURITY, AND BREACH NOTIFICATION

Grantee certifies it is, and shall remain for the term of this Contract, in compliance with all applicable state and federal laws and regulations with respect to privacy, security, and breach notification in accordance with Attachment E, Data Use Agreement.

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR
DSHS CONTRACT NO. HHS000686100020**

Department of State Health Services

Hidalgo County

By: _____

By: _____

Name: _____

Title: _____

Date of Signature: _____

Date of Signature: _____

The following Attachments are hereby incorporated by reference into the Contract:

Attachment A - Statement of Work

Attachment B - Budget

Attachment C - HHSC Uniform Terms and Conditions-Grant, Version 2.16.1

Attachment D - HHSC TB/PC Supplemental and Special Conditions

Attachment E - HHS Data Use Agreement

Attachment F - Non-Exclusive List of Applicable Laws

Attachment G - Federal Funding Accountability Transparency Act (FFATA) Form

Attachment H - Federal Assurances and Certification

Attachment I - Contract Affirmations

ATTACHMENTS FOLLOW

Attachment A

Statement of Work

I. GRANTEE RESPONSIBILITIES

Grantee will:

- A. Comply with the most current version of the Tuberculosis Work Plan located at: <http://www.dshs.texas.gov/idcu/disease/tb/policies/>.
- B. Use federal funds provided by DSHS under this Contract to support core TB control front-line activities including but not limited to:
 - 1. Directly Observed Therapy (“DOT”);
 - 2. Outpatient services (tuberculin skin testing, chest radiography, medical evaluation, treatment);
 - 3. Contact Investigation;
 - 4. Cohort Review;
 - 5. Surveillance;
 - 6. Reporting;
 - 7. Data analyses;
 - 8. Cluster investigations; and
 - 9. Provider education.
- C. Provide a cash match of no less than 20% of DSHS’ share of actual expenditures up to the budgeted match amount, as reflected in Article V of the Contract Signature Document (relating to Payment for Services Provided). If the required cash match is not provided, DSHS may withhold payments, use administrative offsets, or request a refund from Grantee until such time as the required match ratio is met. No federal or other grant funds can be used as part of meeting the match requirement.
- D. Ensure no DSHS funds or matching funds are used for:
 - 1. Medication purchases;
 - 2. Inpatient clinical care (hospitalization services);
 - 3. Entertainment;
 - 4. Furniture;
 - 5. Equipment; and
 - 6. Sectarian worship, instruction, or proselytization.Food and incentives are allowed using DSHS funds but are not allowed for matching funds.
- E. Not lapse more than 1% of the total funded amount of the Contract.
- F. Maintain and adjust spending plan throughout the Contract term to avoid lapsing funds. During the term of this Contract, DSHS reserves the right to decrease funding amounts because of the Grantee’s budgetary shortfalls or due to the Grantee lapsing more than 1% of total funds, or both.

- G. Maintain staffing levels to meet required activities of the Contract and to ensure all funds in the personnel category are expended.
- H. Use DSHS-designated data systems available for local entry. All collected TB information shall be entered into a designated state TB information system, including all data fields on the Report of Verified Case of Tuberculosis, TB340, any laboratory results received locally, and any additional clinical information, according to documented timelines and specifications. Data entered into DSHS data systems will be considered submitted to DSHS.
- I. Comply with all applicable federal and state statutes and regulations, policies and guidelines as revised.

II. PERFORMANCE MEASURES

DSHS will monitor the Grantee's performance of the requirements in Attachment A and compliance with the Contract's terms and conditions.

If Grantee fails to meet any of the performance measures, Grantee will respond to any finding in a written narrative explaining the barriers and the plan to address those barriers. This requirement does not excuse any violation of this Contract, nor does it limit DSHS as to any options available under the Contract regarding breach.

III. INVOICE AND PAYMENT

Grantee will request payment by preparing an invoice and submitting acceptable supporting documentation for reimbursement of the required services/deliverables. Invoices and supporting documentation shall be submitted to DSHS no later than 30 days after the last day of each month.

- 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 49th Street
P.O. Box 149347
Austin, TX 78714-9347
FAX: (512) 458-7442
EMAIL: invoices@dshs.texas.gov & CMSinvoices@dshs.texas.gov

- B. Grantee will email the Financial Status Report (FSR-269A) and the Match Certification Form (B-13A) to the following: Invoices@dshs.texas.gov and TBContractReporting@dshs.texas.gov. Grantee must submit final FSR and a reimbursement or final payment request no later than 45 calendar days following the end of the Contract term.
- C. Grantee will be paid on a cost reimbursement basis and in accordance with the Budget in Attachment B of this Contract.

IV. PROGRAMMATIC REPORTING REQUIREMENTS

Report Name	Frequency	Period Begin	Period End	Due Date
FY20 Annual Narrative Report	Annually	January 1, 2020	December 31, 2020	April 1, 2021
FY21 Annual Narrative Report	Annually	January 1, 2021	December 31, 2021	April 1, 2022
FSR & Match Reimbursement/Certification Form (Form B-13A)	Quarterly	January 1, 2020	March 31, 2020	April 30, 2020
FSR & Form B-13A	Quarterly	April 1, 2020	June 30, 2020	July 31, 2020
FSR & Form B-13A	Quarterly	July 1, 2020	September 30, 2020	October 31, 2020
FSR & Form B-13A	Quarterly	October 1, 2020	December 31, 2020	February 15, 2021

Annual Report Submission Instructions:

Submit program reports to the TB Reporting Mailbox at TBContractReporting@dshs.texas.gov. The DSHS TB Program will provide the form and format for the Annual Narrative Report. The Annual Narrative Report will be a separate report for the Grantee and must not be included with reports for the Region.

Financial Status Reports:

Department of State Health Services
 Claims Processing Unit, MC 1940
 1100 West 49th Street
 P.O. Box 149347
 Austin, Texas 78714-9347
 Fax: (512) 458-7442
 Email: invoices@dshs.texas.gov and CMSinvoices@dshs.texas.gov

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Attachment B**Budget**

Grantee: Hidalgo County

Program ID: TB/PC-Federal

Contract Number: HHS000686100020

I. Budget

Budget Categories	DSHS Funds	Cash Match	Category Total
Personnel	\$289,467.00	\$61,092.00	\$350,559.00
Fringe Benefits	\$123,602.00	\$26,086.00	\$149,688.00
Travel	\$17,702.00	\$0.00	\$17,702.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$6,000.00	\$376.00	\$6,376.00
Contractual	\$0.00	\$0.00	\$0.00
Other	\$1,000.00	\$0.00	\$1,000.00
Total Direct Costs	\$437,771.00	\$87,554.00	\$525,325.00
Indirect Costs	\$0.00	\$0.00	\$0.00
Totals:	\$437,771.00	\$87,554.00	\$525,325.00

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