



April 20, 2021

The Honorable Richard Cortez, Hidalgo County Judge
 The Honorable David Fuentes, Commissioner, Precinct No. 1
 The Honorable Eduardo Cantu, Commissioner, Precinct No. 2
 The Honorable Everardo Villarreal, 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 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 Texas Department of State Health Services. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT
 \$200,000.00

PURPOSE
 Award No. HHS000455900001 Amend. No. 2
 MCH Lactation Support Center Services- Strategic Expansion Program

CERTIFIED BY:

Maria A. Duran
 Maria Arcilia Duran, CPA



4-19-21
 Date

HIDALGO COUNTY DISTRICT JUDGES

- LUIS M. SINGLETERRY
JUDGE, 82ND D.C.
- BERNARDO MANGAS
JUDGE, 89TH D.C.
- J. R. "BOBBY" FLORES
JUDGE, 139TH D.C.
- ROSE GUERRA REYNA
JUDGE, 208TH D.C.
- MARLA CUELLAR
JUDGE, 278TH D.C.
- MARIO E. RAMIREZ, JR.
JUDGE, 322ND D.C.
- NOE GONZALEZ
JUDGE, 370TH D.C.
OVERSEER
- LETICIA LOPEZ
JUDGE, 383RD D.C.
- L. KENO VASQUEZ
JUDGE, 398TH D.C.
- ISRAEL RAMON, JR.
JUDGE, 435TH D.C.
- RENEE R. BETANCOURT
JUDGE, 448TH D.C.
- JOSE "JOE" RAMIREZ
JUDGE, 464TH D.C.

AI-80364

WIC 38.0.

CC REGULAR AGENDA SPECIAL MTG

Meeting
Date: 04/20/2021

Submitted Margarita Gonzalez, WIC

By:

Department: WIC

Information

CAPTION

WIC Lactation Support Center Services (1292):

1. Requesting permission to accept the Amendment #2 to Contract No.HHS000455900001 in the amount of \$200,000.00 to increase the total amount of the contract to \$600,000.00.
2. Requesting approval for County Judge to DocuSign the Signature page for Amendment #2 Contract No. HHS000455900001.
3. Requesting approval for the Certification of Revenue in the amount \$200,000.00as approved by County Auditor.
4. Requesting approval of the Budget Appropriation the amount of \$200,000.00.

BACKGROUND

Budget represents initial funding from Department of State Health Services Contract No. HHS000455900001 Amendment No. 2

Attachment Signature Page for Amendment No.2 DSHS Contract No. HHS000455900001

Attachment B-2 FY22 Budget

Budget Appropriation FY 22

Fiscal Impact

CALENDAR
YEAR:

2021 ACCT. #:

1-1292-441-00-350-018-2-XXX

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

BUDGETARY IMPACT:

No Budgetary Impact: 100% Grant Funded.

Attachments

LSCS FY 22 Amendment #2

LSCS FY 22 Budget Appropriation

Form Review

Inbox	Reviewed By	Date
Budget & Management	Veronica Ortiz	04/09/2021 03:15 PM
Final Approval		
Form Started By: Margarita Gonzalez		Started On: 04/09/2021 11:30 AM



Lillian Hernandez <lillian.hernandez@auditor.co.hidalgo.tx.us>

AI-80364 Certification of Revenue Request

3 messages

Margarita Gonzalez <mague.gonzalez@wic.co.hidalgo.tx.us> Fri, Apr 9, 2021 at 3:24 PM
To: Lillian Hernandez <lillian.hernandez@auditor.co.hidalgo.tx.us>, "fischer, Deborah" <deborah.fischer@auditor.co.hidalgo.tx.us>, "fong, linda" <linda.fong@auditor.co.hidalgo.tx.us>, "ramirez, clarissa" <clarissa.ramirez@wic.co.hidalgo.tx.us>

Lillian, I would like to request the Certification of Revenue for the following grant.

Grant:	Account Number:	Amount:
WIC - Lactation Support Center Services	1-1292-441-00-350-018-1-000	\$200,000.00

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Hidalgo County WIC Program
Margarita Gonzalez
Division Grant Manager II
mague.gonzalez@wic.co.hidalgo.tx.us
(956)381-4646 ext.4042

Lillian Hernandez <lillian.hernandez@auditor.co.hidalgo.tx.us> Fri, Apr 9, 2021 at 4:02 PM
To: Margarita Gonzalez <mague.gonzalez@wic.co.hidalgo.tx.us>
Cc: "fischer, Deborah" <deborah.fischer@auditor.co.hidalgo.tx.us>, "fong, linda" <linda.fong@auditor.co.hidalgo.tx.us>, "ramirez, clarissa" <clarissa.ramirez@wic.co.hidalgo.tx.us>

Good afternoon Mague,

Upon review of your request, the agenda item listed on the subject line is requesting certification of revenue for FY22. Please resubmit your request for certification of revenue reflecting the correct revenue account number as such: 1-1292-**334-10**-350-018-**2**-000.

If you have any questions or concerns, please do not hesitate to contact me.
Thank you.

[Quoted text hidden]

Lillian A. Hernandez

Grant Accountant I
Hidalgo County Auditor's Office
2808 S. Bus Hwy 281 Edinburg, TX 78539
Ph: (956) 318-2511 Ext. 4674



Margarita Gonzalez <mague.gonzalez@wic.co.hidalgo.tx.us> Fri, Apr 9, 2021 at 4:08 PM
To: Lillian Hernandez <lillian.hernandez@auditor.co.hidalgo.tx.us>, "fischer, Deborah" <deborah.fischer@auditor.co.hidalgo.tx.us>, "fong, linda" <linda.fong@auditor.co.hidalgo.tx.us>

Grant:	Account Number:	Amount:
WIC - Lactation Support Center Services	1-1292-334-10-350-018-2-000	\$200,000.00

[Quoted text hidden]



TEXAS
Health and Human
Services

Texas Department of State Health Services

John Hellerstedt, M.D.
Commissioner

The Honorable Richard F. Cortez
County Judge
Hidalgo County
3105 W. University
Edinburg, Texas 78539

Subject: Lactation Support Center Services Program
Contract Number: HHS000455900001, Amendment No. 2
Contract Amount: \$600,000.00
Contract Term: September 1, 2019 – August 31, 2022

Dear Judge Cortez:

Enclosed is the Lactation Support Center Services Program Contract between the Department of State Health Services and Hidalgo County.

The purpose of this Contract is to develop and implement the Lactation Support Center Services – Strategic Expansion Program and provide a training center, lactation education, counseling, and referral services to women not currently participating in the Texas Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).

This Amendment increases the Contract by \$200,000.00 and extends the termination date to August 31, 2022.

With all renewals exercised, the total Contract amount is projected to be \$1,000,000.00.

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

Sincerely,

Kevin Ruiz, CTCM
Contract Manager
512-776-2192
Kevin.ruiz@dshs.texas.gov

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS000455900001**

AMENDMENT NO. 2

The Department of State Health Services ("System Agency" or "DSHS") and Hidalgo County ("Grantee"), each a "Party" and collectively the "Parties" to DSHS Contract No. HHS000455900001 effective September 1, 2019 (the "Contract"), now want to further amend the Contract.

Whereas, DSHS wants to renew the Contract for the period of September 1, 2021 through August 31, 2022 ("FY 2022");

Whereas, the Parties want to increase the Contract amount for services delivered during FY 2022;

Whereas, the Parties want to revise the Budget for FY 2022; and

Whereas, the Parties want to amend Sections I and III of the Statement of Work.

The Parties therefore agree as follows:

1. Section III of the Contract, Duration, is hereby amended to extend the termination date to August 31, 2022.
2. Section IV of the Contract, Budget, is hereby amended to add \$200,000.00 in state funds to the Contract for services delivered during FY2022. The total Contract amount is not to exceed \$600,000.00; and all expenditures incurred during FY2022 must be in accordance with Attachment B-2 – Budget (FY 2022).
3. Attachment A – Statement of Work, Section (I) (relating to Grantee Responsibilities), subsection (A)(4)(a) is deleted in its entirety and replaced with the following:

Information education, and referrals on key maternal, infant, and early childhood health topics supportive of optimal infant feeding and maternal and infant health outcomes, which will include perinatal depression screening and referral, urgent maternal warning signs, and infant sleep safety, and may include, but not be limited to, maternal-infant attachment; baby behavior; maternal health and safety; infant and early childhood development and care; appropriate introduction of complementary foods (e.g., avoidance of solids in bottles, delaying introduction of complementary foods to 6 months); importance of medical home; perinatal mental and behavioral health; or other topics as approved by System Agency; and

4. Attachment A – Statement of Work, Section (I), subsection (K)(5) is deleted in its entirety and replaced with the following:

Submit Annual Report, which is due on October 15, 2022, to update System Agency on assessments, activities carried out, and intervention impact.

5. Attachment A – Statement of Work, Section (III) (relating to Invoice and Payment), **subsection (A)** is deleted in its entirety and replaced with the following:

Grantee shall bill the System Agency in accordance with the Contract. Unless otherwise specified in the Contract, Grantee shall submit requests for reimbursement or payment monthly by the last business day of the month following the month in which expenses were incurred or services provided. Grantee shall use the State of Texas Purchase Voucher (Form B-13) at <http://www.dshs.texas.gov/grants/forms.shtm>. Form B-13 (voucher) shall be marked as "MCH Lactation Support Center Services-Strategic Expansion Program" and any supporting documentation shall be mailed or submitted electronically to the address/number below. Grantee shall electronically submit a final close-out voucher and final financial status report not later than thirty (30) days following each fiscal year end. Vouchers received more than thirty (30) days following the end of each fiscal year are subject to denial of payment.

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

6. This Amendment shall be effective on September 1, 2021.
7. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in effect.
8. Any further revisions to the Contract shall be by written agreement of the Parties.

SIGNATURE PAGE FOLLOWS

SIGNATURE PAGE FOR AMENDMENT NO. 2

DSHS CONTRACT NO. HHS000455900001

DEPARTMENT OF STATE HEALTH SERVICES HIDALGO COUNTY

By:

By:

Signature of Authorized Representative

Signature of Authorized Representative

Date

Date

THE FOLLOWING DOCUMENT IS ATTACHED TO THIS AMENDMENT, AND ITS TERMS ARE HEREBY INCORPORATED INTO THE CONTRACT BY REFERENCE:

ATTACHMENT B -2Budget (FY 2022)

—0—

ATTACHMENTS FOLLOW

**ATTACHMENT B-2
BUDGET (FY 2022)**

DSHS Contract No. HHS000455900001

CATEGORY	AMOUNT
PERSONNEL	\$ 144,677.00
FRINGE BENEFITS	\$ 51,534.00
TRAVEL	\$ 1,038.00
EQUIPMENT	\$ 0.00
SUPPLIES	\$ 2,001.00
CONTRACTUAL	\$ 0.00
OTHER	\$ 750.00
TOTAL DIRECT COSTS	\$ 200,000.00
INDIRECT COSTS	\$ 0.00
TOTAL	\$ 200,000.00

DATE: April 9, 2021

DEPARTMENT HEAD: Clarissa Ramirez

2021

Appropriation
AI-80364



DEPARTMENT NAME: WIC

ACCOUNT NUMBER: 1-1292-441-00-350-018-2-XXX WIC LAC SUPP CENTER

Contact Person: Hector Sandoval Ph#: (956)381-4646 ext. 4045

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
1-1292-441-00-350-018-2-113	WIC LAC SUPP CENTER-REG F/T EMPLOYEES	143,573.00
1-1292-441-00-350-018-2-115	WIC LAC SUPP CENTER-LONGEVITY PAY	1,104.00
1-1292-441-00-350-018-2-211	WIC LAC SUPP CENTER-HEALTH INSURANCE	19,719.00
1-1292-441-00-350-018-2-212	WIC LAC SUPP CENTER-LIFE INSURANCE	104.00
1-1292-441-00-350-018-2-220	WIC LAC SUPP CENTER-FICA	11,068.00
1-1292-441-00-350-018-2-230	WIC LAC SUPP CENTER-RETIREMENT	18,415.00
1-1292-441-00-350-018-2-250	WIC LAC SUPP CENTER-UNEMPLOYMENT COMP	868.00
1-1292-441-00-350-018-2-260	WIC LAC SUPP CENTER-WORKERS COMP	1,360.00
1-1292-441-00-350-018-2-584	WIC LAC SUPP CENTER-REGISTRATION FEES	1,038.00
1-1292-441-00-350-018-2-610	WIC LAC SUPP CENTER-GENERAL SUPPLIES	2,001.00
1-1292-441-00-350-018-2-812	WIC LAC SUPP CENTER-SOFTWARE LICENSE REN	750.00
1-1292-334-10-350-018-2-000	WIC LAC SUPP CENTER REVENUES	200,000.00
TOTAL BUDGET INCREASE (DECREASE)		200,000.00

REASON:

To appropriate the LSCS-SEP FY22 state grant/contract budget awarded by the Department of State Health Services (DSHS), contract # HHS000455900001, Amendment #2. Grant contract renewal period is from 09/01/2021 to 08/31/2022.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK

143,573.0000+
1,104.0000+
19,719.0000+
104.0000+
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1,360.0000+
1,038.0000+
2,001.0000+
750.0000+
200,000.0000+
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