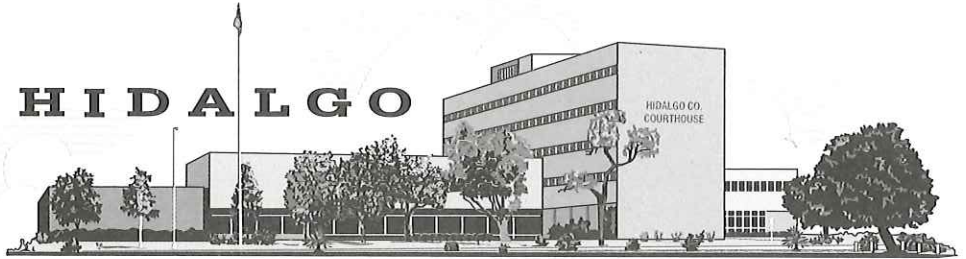


COUNTY of HIDALGO



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

August 17, 2021

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 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 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. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT	PURPOSE
\$500,000.00	Award No. HHS001057600025 COVID-19 Health Disparities Program

CERTIFIED BY:



Maria Arcilia Duran, CPA
Hidalgo County Auditor

08/20/2021

Date

HIDALGO COUNTY DISTRICT JUDGES

LUIS M. SINGLETERRY JUDGE, 92 ND D.C.	FERNANDO MANCIAS JUDGE, 93 RD D.C.	J. R. "BOBBY" FLORES JUDGE, 139 TH D.C.	ROSE GUERRA REYNA JUDGE, 208 TH D.C.	MARLA CUELLAR 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.	JOSE "JOE" RAMIREZ JUDGE, 464 TH D.C.
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**AI-82045 -
CC REGULAR AGENDA REGULAR
MTG**

**Health & Human Services Dept. 25.0.
Other**

Meeting Date: 08/24/2021

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

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

Department: HEALTH & HUMAN SERVICES DEPT.

CAPTION

1. Requesting approval to accept the COVID-19 Health Disparities grant contract HHS001057600025 and for the County Judge to e-sign the contract and related documents.
2. Requesting approval of the certification of revenue as certified by the County Auditor in the amount of \$500,000.00 and appropriation of the same.

BACKGROUND

07/13/2021 - AI-81406 - Approval to submit grant application for the Health Equity program.

Fiscal Impact

CALENDAR YEAR: 2021

ACCT. #: 1-1293-441-00-340-083-1-XXX

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?: N

BUDGETARY IMPACT:

No local match required.

Attachments

Grant Contract

Budget Appropriation

Form Review

Inbox

Reviewed By

Date

Budget & Management

Final Approval

Form Started By: Mike Escaname

Started On: 08/16/2021 09:16 AM



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

Request for Certification of Revenue - \$500,000 - Health Disparities

1 message

Miguel Escaname <miguel.escaname@hchd.org>

Mon, Aug 16, 2021 at 9:42 AM

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

Cc: Minerva Diaz <minerva.diaz@auditor.co.hidalgo.tx.us>, Bryon Vela <bryon.vela@hchd.org>

Lillian,

I'd appreciate it if you can arrange to have a certification of revenue in the amount of \$500,000.00 approved for the attached new grant contract that will be presented to CC on 08/24/2021.

New program number of 083 is being used.

--

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

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3 attachments **HHS001057600025_CC.pdf**
765K **BA-Health Disparities.pdf**
52K **AI-82045 Request to Accept the Health Dispariteis Grant Contract 08-24-21.pdf**
118K

DATE: August 24, 2021

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 1-1293-441-00-340-083-1-XXX

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

2021 Appropriation AI-82045



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).

Table with 3 columns: INCREASE ACCOUNT NUMBER(S), ACCOUNT (OBJECT) NAME, and AMOUNT. It lists various budget items for health services with their respective amounts and cumulative totals.

REASON: Appropriation of funds for HEALTH DISPARITIES program that starts on date that last party signs and ends on 05/31/2023.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK

**SIGNATURE DOCUMENT FOR
DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001057600025
UNDER THE
COVID-19 HEALTH DISPARITIES GRANT**

I. PURPOSE

The **DEPARTMENT OF STATE HEALTH SERVICES** (“**SYSTEM AGENCY**”), a pass-through entity, and **HIDALGO COUNTY** (“**GRANTEE**”) each a “Party” and collectively the “Parties” enter into the following grant contract to provide funding for the COVID-19 Health Disparities Program (the “Contract”).

II. LEGAL AUTHORITY

This Contract is authorized by *Texas Government Code Chapter 791, Texas Health and Safety Code Chapters 12 and 121* and Grant Number: 1 NH75OT000045-01-00.

III. DURATION

The Contract is effective on September 1, 2021 or the signature date of the latter of the Parties to sign this Contract, whichever is later, and terminates on May 31, 2023, unless renewed, extended, or terminated pursuant to the terms and conditions of the Contract. System Agency, 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 five years. Notwithstanding the limitation in the preceding sentence and subject to having the legal authority to do so, System Agency, at its sole discretion, also may extend the Contract beyond five years as necessary to ensure continuity of service, for purposes of transition, or as otherwise determined by System Agency to serve the best interests of the State.

IV. BUDGET

The total amount of this Contract will not exceed **\$500,000.00**. Grantee is not required to provide matching funds.

All expenditures under the Contract will be in accordance with **ATTACHMENT B, BUDGET**.

V. CONTRACT REPRESENTATIVES

The following will act as the representative authorized to administer activities under this Contract on behalf of its respective Party.

System Agency

Department of State Health Services

P.O. Box 149347 – Mail Code 1990
Austin, Texas 78714-9347
Attention: Sandy Clark

Grantee

Hidalgo County
1304 S. 25th Ave.
Edinburg, Texas 78542-7205
Attention: Eduardo Olivarez

VI. LEGAL NOTICES

Any legal notice required under this Contract shall be deemed delivered when deposited by the System Agency 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:

System Agency

Health and Human Services Commission
Attn: Office of the Chief Counsel MC 1100
4900 North Lamar Boulevard
Austin, Texas 78751

With copy to

Department of State Health Services
Attention: General Counsel
P.O. Box 149347 – Mail Code 1911
Austin, Texas 78714-9347

Grantee

Hidalgo County
1304 S. 25th Ave.
Edinburg, Texas 78542-7205
Attention: Judge Richard F. Cortez

VII. NOTICE REQUIREMENTS

Notice given by Grantee will be deemed effective when received by the System Agency. Either Party may change its address for notices by providing written notice to the other Party. All notices submitted to System Agency must:

- A. include the Contract number;
- B. be sent to the person(s) identified in the Contract; and,
- C. comply with all terms and conditions of the Contract.

VIII. ADDITIONAL GRANT INFORMATION

System Agency Data Universal Numbering System (DUNS) Number: 807391511

Federal Award Identification Number (FAIN): NH75OT000045

Assistance Listing Name and Number: Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises; 93.391 -

Federal Award Date: May 26, 2021

Federal Award Project Period through May 31, 2023

Name of Federal Awarding Agency: Centers for Disease Control and Prevention

Awarding Official Contact Information: Ms. Christine Graaf

Email: khx2@cdc.gov

SIGNATURE PAGE FOLLOWS

**SIGNATURE PAGE FOR SYSTEM AGENCY
CONTRACT NO. HHS001057600025**

SYSTEM AGENCY

GRANTEE

Signature

Signature

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

Date of Execution: _____

Date of Execution: _____

**THE FOLLOWING ATTACHMENTS TO SYSTEM AGENCY CONTRACT NO.
HHS001057600025 ARE INCORPORATED BY REFERENCE:**

ATTACHMENT A: STATEMENT OF WORK

ATTACHMENT B: BUDGET

ATTACHMENT C: HHS UNIFORM TERMS AND CONDITIONS - GRANT

ATTACHMENT D: HHS CONTRACT AFFIRMATIONS

ATTACHMENT E: FEDERAL ASSURANCES AND CERTIFICATIONS

ATTACHMENT F: FFATA FORM

ATTACHMENTS FOLLOW

ATTACHMENT A: STATEMENT OF WORK

I. GRANTEE RESPONSIBILITIES

To ensure community engagement in targeted communities disproportionately impacted by COVID-19 and the building of sustainable relationships in those targeted communities, Grantee will conduct the following activities:

- A. Submit a workplan within 30 days of contract effective date to System Agency outlining how required activities will be accomplished. System Agency must approve the workplan before Grantee begins activities with targeted communities.
- B. Identify Grantee staff (new and existing) who will be leads for the Contract. Any changes to these staff members must be reported to System Agency in the monthly program report.
- C. Identify and target communities disproportionately impacted by COVID-19. Grantee will specify how the target communities were identified and report the disproportionately impacted communities that will be targeted in the Grantee workplan.
- D. Engage targeted communities disproportionately impacted by COVID-19 through:
 1. Establishing rapport and developing relationships by spending time in the community and building trust through outreach activities.
 2. Listening to community needs by attending community events (e.g., town halls, listening sessions, interviews, and focus groups). The frequency of those meetings will be identified in the Grantee workplan.
 3. Developing a sustainability plan to stay engaged with the community after funding ends. Sustainability plan must be submitted to System Agency no later than April 30, 2023.
- E. Build sustainable relationships in targeted communities disproportionately impacted by COVID-19 through:
 1. Identifying and engaging community partners (e.g., hospitals, clinics, Federally Qualified Health Centers, community-based organizations, faith-based organizations, and social service agencies).
 2. Building cross-sector partnerships (e.g., public health, healthcare, and social services) by meeting with identified partners. The frequency of those meetings will be identified in the Grantee workplan.
 3. Documenting community partners by creating a list of partners interested in working on and addressing health disparity initiatives. This list will be shared with System Agency in the monthly report.
- F. Work with targeted communities to identify and document ideas on how to increase COVID-19 vaccination rates in targeted communities.

- G. Work with targeted communities to design an intervention aimed at addressing a community need identified through community engagement. This intervention should target a risk factor that caused the community to be disproportionately impacted by COVID-19. The intervention design will be shared with System Agency no later than April 30, 2023.
- H. Develop and implement information sharing and learning opportunities with the targeted communities.
- I. Participate in and attend System Agency meetings and trainings as deemed necessary by System Agency after contract execution.
- J. Submit a monthly program report on the report template to be provided by System Agency by the 15th of each month for the previous month's activities. Submit reports by electronic mail to healthdisparities@dshs.texas.gov and to healthdisparitiescms@dshs.texas.gov. The email "Subject Line" and the name of the attached file for all reports should be clearly identified with the Grantee's Name and Contract Number.
- K. Grantee may not use funds for construction, research, clinical care, fundraising activities, or funding an award to another party or provider who is ineligible. Other than normal and recognized executive-legislative relationships, no funds may be used for:
 - 1. Publicity or propoganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body;
 - 2. The salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative act or Executive order proposed or pending before any legislative body.

II. PERFORMANCE MEASURES

The System Agency will monitor the Grantee's performance of the requirements in Attachment A 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.shtm>. The 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

System Agency Contract HHS001057600025

Page 6 of 7

Austin, TX 78714-9347
FAX: (512) 458-7442
EMAIL: invoices@dshs.state.tx.us
EMAIL: CMSInvoices@dshs.texas.gov

- B. Grantee will be paid on a cost reimbursement basis and in accordance with **ATTACHMENT B, BUDGET** to this Contract.
- C. Grantee shall maintain all documentation that substantiate invoices and make the documentation available to System Agency upon request. In the event a cost reimbursed under the Contract is later determined to be unallowable, then the Grantee will reimburse System Agency for that cost.
- D. Grantee will submit quarterly Financial Status Reports (FSRs) to System Agency by the last business day of the month following the end of each quarter of the Contract for System Agency review and financial assessment. The quarters are as follows:
1. September 1 through November 30
 2. December 1 through February 28
 3. March 1 through May 31
 4. June 1 through August 31
- E. Grantee will submit a request for reimbursement (HHS Form B-13) as a final close-out invoice not later than forty-five (45) calendar days following the end of the term of the Contract. Reimbursement requests received in the System Agency office more than forty-five (45) calendar days following the termination of the Contract may not be paid.
- F. Grantee will submit a final FSR as a final close-out FSR not later than forty-five (45) calendar days following the end of the term of the Contract.

ATTACHMENT B BUDGET

CONTRACT No. HHS001057600025

PERSONNEL	\$223,146.00
FRINGE BENEFITS	\$93,565.00
TRAVEL	\$6,809.00
EQUIPMENT	\$0.00
SUPPLIES	\$44,070.00
CONTRACTUAL	\$0.00
OTHER	\$132,410.00
TOTAL DIRECT CHARGES	\$500,000.00
INDIRECT CHARGES	\$0.00
TOTAL	\$500,000.00