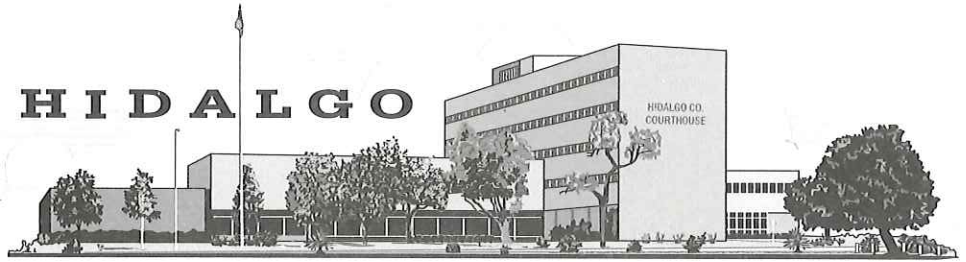


COUNTY of HIDALGO



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

EDINBURG, TEXAS 78539

May 13, 2022

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, Linda Fong, Interim 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
\$75,000.00	Award No. HHS001057600025 Amendment No. 1 COVID-19 Health Disparities Fellowship Program

CERTIFIED BY:

Linda Fong, CPFO
Hidalgo County Interim County Auditor

05/16/2022

Date



HIDALGO COUNTY DISTRICT JUDGES

- LUIS M. SINGLETERRY
JUDGE, 92ND D.C.
- FERNANDO MANCIAS
JUDGE, 93RD D.C.
- J. R. "BOBBY" FLORES
JUDGE, 139TH D.C.
- ROSE GUERRA REYNA
JUDGE, 208TH D.C.
- MARLA CUELLAR
JUDGE, 275TH D.C.
- MARIO E. RAMIREZ, JR.
JUDGE, 332ND D.C.
- NOE GONZALEZ
JUDGE, 370TH D.C.
OVERSEER
- LETICIA LOPEZ
JUDGE, 389TH D.C.
- L. KENO VASQUEZ
JUDGE, 398TH D.C.
- ISRAEL RAMON, JR.
JUDGE, 430TH D.C.
- RENEE R. BETANCOURT
JUDGE, 448TH D.C.
- JOSE "JOE" RAMIREZ
JUDGE, 464TH D.C.

AI-85760

Health & Human Services Dept.

CC REGULAR AGENDA SPECIAL MTG**Meeting Date:** 05/17/2022**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 and for County Judge to e-sign the Health Disparities grant HHS001057600025 Amendment No. 1. The purpose of the amendment is to add \$75,000.00 for the period of June 1, 2022 through May 31, 2023.
2. Requesting approval for the Certification of Revenue in the amount of \$75,000.00 and to appropriate the same.

BACKGROUND

08/24/2021 - AI-82045 - Acceptance of the COVID-19 Health Disparities grant contract.

10/19/2021 - AI-82856 - Approval to submit budget for the Fellowship program.

Fiscal Impact**CALENDAR YEAR:** 2022**ACCT. #:** 2-1293-441-10-340-083-1-XXX**FUNDS AVAILABLE Y/N?:** Y**MATCHING FUNDS Y/N?:** N**BUDGETARY IMPACT:**

No local match required.

AttachmentsGrant Contract Amendment
Budget Appropriation**Form Review****Inbox****Reviewed By****Date**

Mike Escaname

05/09/2022 01:39 PM

Form Started By: Mike Escaname

Started On: 05/09/2022 01:39 PM



Stephanie Palacios <stephanie.palacios1@auditor.co.hidalgo.tx.us>

Request for Certification of Revenue - \$75,000.00 - Health Disparities Fellowship Program

1 message

Miguel Escaname <miguel.escaname@hchd.org>

Tue, May 10, 2022 at 2:04 PM

To: Stephanie Palacios <stephanie.palacios1@auditor.co.hidalgo.tx.us>

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

Hello Stephanie,

I'd appreciate it if you can arrange to have a Certification of Revenue approved in the amount of \$75,000.00. Agenda number AI-85760 has been prepared to present the grant contract amendment to Commissioner's Court on 05/17/2022. Please review the ALIO account structure that has been used and let me know if it's acceptable.

Let me know if you have any questions.

tnx.

--

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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 BA-Health Disparities Fellowship Program.pdf
558K

DATE: May 17, 2022

DEPARTMENT HEAD: Eduardo Olivarez

DEPARTMENT NAME: Health & Human Services

ACCOUNT NUMBER: 2-1293-441-10-340-083-1-XXX

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

2022
Appropriation
AI-85760



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
2-1293-441-10-340-083-1-113	HEALTH DISP REG F/T EMPLOYEES	43,968.00
2-1293-441-10-340-083-1-211	HEALTH DISP HEALTH INSURANCE	8,414.00
2-1293-441-10-340-083-1-212	HEALTH DISP LIFE INSURANCE	44.00
2-1293-441-10-340-083-1-220	HEALTH DISP FICA	0 * 3,364.00
2-1293-441-10-340-083-1-230	HEALTH DISP RETIREMENT	5,729.00
2-1293-441-10-340-083-1-250	HEALTH DISP UNEMPLOYMENT COMP	440.00
2-1293-441-10-340-083-1-260	HEALTH DISP WORKERS COMP	440.00
2-1293-441-10-340-083-1-581	HEALTH DISP TRAVEL IN COUNTY	44.00 + 4,484.00
2-1293-441-10-340-083-1-583	HEALTH DISP TRAVEL OUT OF COUNTY	3,364.00 + 1,802.00
2-1293-441-10-340-083-1-610	HEALTH DISP GENERAL SUPPLIES	5,729.00 + 4,634.00
2-1293-441-10-340-083-1-660	HEALTH DISP FURNITURE & EQUIP-CONTROLLED	440.00 + 1,366.00
2-1293-441-10-340-083-1-584	HEALTH DISP REGISTRATION FEE	4,484.00 + 315.00
		1,802.00 +
		4,634.00 +
		1,366.00 +
		315.00 +
		75,000.00 *
2-1293-331-12-340-083-1-010	HEALTH DISP REVENUES	75,000.00
TOTAL BUDGET INCREASE (DECREASE)		75,000.00

REASON: Appropriation of funds for HEALTH DISPARITIES - FELLOWSHIP 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

**DEPARTMENT OF STATE HEALTH SERVICES
CONTRACT NO. HHS001057600025
AMENDMENT NO. 1**

The **DEPARTMENT OF STATE HEALTH SERVICES** (DSHS or System Agency) and **HIDALGO COUNTY** (Grantee), Parties to that certain COVID-19 Health Disparities Program Contract, effective September 1, 2021, and denominated as DSHS Contract No. **HHS001057600025** (the "Contract"), now want to amend the Contract.

WHEREAS, DSHS wants to make additional funds available in support of the services provided under the Contract, and

WHEREAS, DSHS wants to update the agency's Legal Notices contact information.

NOW, THEREFORE, the Parties agree as follows:

1. **SECTION IV, BUDGET**, of the Contract is amended by adding \$75,000.00 for the period June 1, 2022 through May 31, 2023. The total not-to-exceed amount of this Contract is increased to \$575,000.00. All expenditures of the additional funds must conform with **ATTACHMENT B-1, REVISED BUDGET**.
2. **ATTACHMENT B, BUDGET**, is deleted and replaced in its entirety with **ATTACHMENT B-1, REVISED BUDGET**.
3. **SECTION VI, LEGAL NOTICES**, of the Contract is amended to update DSHS contact information as follows:

System Agency
Health and Human Services Commission
Attn: Office of Chief Counsel
4601 W. Guadalupe, MC 1100
Austin, Texas 78751

With copy to:
Department of State Health Services
Attn: General Counsel
P.O. Box 149347 – MC 1919
Austin, Texas 78714-9347

4. This Amendment shall be effective as of the date last signed below, but in no event prior to June 1, 2022.
5. Except as modified by this Amendment, all terms and conditions of the Contract shall remain in full force and effect.
6. Any further revision to the Contract shall be by written agreement of the Parties.

Signature Page to follow

**SIGNATURE PAGE FOR AMENDMENT NO. 1
DSHS CONTRACT NO. HHS001057600025**

DEPARTMENT OF STATE HEALTH SERVICES

HIDALGO COUNTY

By: _____

By: _____

Name: _____

Title: _____

Date of Signature: _____

Date of Signature: _____

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

ATTACHMENT B-1 REVISED BUDGET

ATTACHMENT FOLLOWS

**ATTACHMENT B-1
REVISED BUDGET**

CONTRACT NO. **HHS001057600025**

	Initial Grant Funding: September 1, 2021 to May 31, 2023	Additional Grant Funding: June 1, 2022 to May 31, 2023	TOTAL
PERSONNEL	\$223,146.00	\$43,968.00	\$267,114.00
FRINGE BENEFITS	\$93,565.00	\$18,431.00	\$111,996.00
TRAVEL	\$6,809.00	\$6,286.00	\$13,095.00
EQUIPMENT	\$0.00	\$0.00	\$0.00
SUPPLIES	\$44,070.00	\$6,000.00	\$50,070.00
CONTRACTUAL	\$0.00	\$0.00	\$0.00
OTHER	\$132,410.00	\$315.00	\$132,725.00
TOTAL DIRECT CHARGES	\$500,000.00	\$75,000.00	\$575,000.00
INDIRECT CHARGES	\$0.00	\$0.00	\$0.00
TOTAL	\$500,000.00	\$75,000.00	\$575,000.00

Certificate Of Completion

Envelope Id: D556916BE78949A087573622C324B6B7	Status: Sent
Subject: HHS001057600025 - Hidalgo County Health Department - Amendment No. 1 - Health Disparities	
Source Envelope:	
Document Pages: 3	Signatures: 0
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
EnvelopeId Stamping: Enabled	CMS Internal Routing Mailbox
Time Zone: (UTC-06:00) Central Time (US & Canada)	11493 Sunset Hills Road
	#100
	Reston, VA 20190
	CMS.InternalRouting@dshs.texas.gov
	IP Address: 167.137.1.17

Record Tracking

Status: Original	Holder: CMS Internal Routing Mailbox	Location: DocuSign
5/6/2022 1:16:20 PM	CMS.InternalRouting@dshs.texas.gov	

Signer Events

Signature	Timestamp
Judge Richard F. Cortez countyjudge@co.hidalgo.tx.us Hidalgo County Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 4/21/2022 3:38:52 PM ID: b9fee7f8-2c31-471b-9a34-38d6b91d36fc	Sent: 5/6/2022 1:24:28 PM
Susana Garcia Susana.Garcia@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 5/6/2022 12:58:58 PM ID: 215db67e-9d81-4fe2-b4ce-1afa41944748	
Patty Melchior Patty.Melchior@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 5/5/2022 12:43:08 PM ID: f01589da-43a7-481e-996a-7c50409e5d48	
Kirk Cole Kirk.Cole@dshs.texas.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Accepted: 5/5/2022 2:01:34 PM ID: 3a139cdd-61ea-4bc9-bed6-26ec685c9979	

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
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Sandy Clark
sandy.clark@dshs.texas.gov
Contract Manager
Texas Health and Human Services Commission
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

COPIED

Sent: 5/6/2022 1:24:27 PM

Eduardo Olivarez, Chief Administrator Officer
eduardo.olivarez@hchd.org
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

COPIED

Sent: 5/6/2022 1:24:28 PM
Viewed: 5/9/2022 8:07:04 AM

CMS Internal Routing Mailbox
CMS.InternalRouting@dshs.texas.gov
Security Level: Email, Account Authentication (None)
Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	5/6/2022 1:24:27 PM
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Payment Events	Status	Timestamps
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Electronic Record and Signature Disclosure
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ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, DSHS Contract Management Section (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through the DocuSign system. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to this Electronic Record and Signature Disclosure (ERSD), please confirm your agreement by selecting the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. You will have the ability to download and print documents we send to you through the DocuSign system during and immediately after the signing session and, if you elect to create a DocuSign account, you may access the documents for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through the DocuSign system all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact DSHS Contract Management Section:

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: alison.joffrion@hhsc.state.tx.us

To advise DSHS Contract Management Section of your new email address

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at alison.joffrion@hhsc.state.tx.us and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

To request paper copies from DSHS Contract Management Section

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to alison.joffrion@hhsc.state.tx.us and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with DSHS Contract Management Section

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;

ii. send us an email to alison.joffrion@hhsc.state.tx.us and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

The minimum system requirements for using the DocuSign system may change over time. The current system requirements are found here: <https://support.docusign.com/guides/signer-guide-signing-system-requirements>.

Acknowledging your access and consent to receive and sign documents electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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- You can access and read this Electronic Record and Signature Disclosure; and
- You can print on paper this Electronic Record and Signature Disclosure, or save or send this Electronic Record and Disclosure to a location where you can print it, for future reference and access; and
- Until or unless you notify DSHS Contract Management Section as described above, you consent to receive exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you by DSHS Contract Management Section during the course of your relationship with DSHS Contract Management Section.