

# 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](http://www.co.hidalgo.tx.us/auditor)

June 21, 2024

The Honorable Richard Cortez, Hidalgo County Judge  
The Honorable David Fuentes, Commissioner, Precinct No. 1  
The Honorable Eduardo "Eddie" Cantu, Commissioner, Precinct No. 2  
The Honorable Everardo "Ever" 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, Letty Chavez, County Auditor of Hidalgo County, certify to the Hidalgo County Commissioners Court the receipt of an award from the Texas Veteran Commission. These funds may now be made available by creating a new special budget or amending a current budget for its intended purposes.

AMOUNT  
\$ 300,000.00

PURPOSE  
2025 TVC Veterans Mental Health Grant Program - Peer Support Services  
TVC Grant Number:VSO24-P-022

CERTIFIED BY

  
\_\_\_\_\_  
Letty Chavez, County Auditor

7/3/2024  
\_\_\_\_\_  
Date

**HIDALGO COUNTY DISTRICT JUDGES**

LUIS M. SINGLETERRY JUDGE, 92<sup>ND</sup> D.C.    FERNANDO MANCIAS JUDGE, 93<sup>RD</sup> D.C.    J. R. "BOBBY" FLORES JUDGE, 139<sup>TH</sup> D.C.    ROSE GUERRA REYNA JUDGE, 206<sup>TH</sup> D.C.    MARLA CUELLAR JUDGE, 275<sup>TH</sup> D.C.    MARIO E. RAMIREZ, JR. JUDGE, 332<sup>ND</sup> D.C.    NOE GONZALEZ JUDGE, 370<sup>TH</sup> D.C. OVERSEER    LETICIA LOPEZ JUDGE, 389<sup>TH</sup> D.C.    L. KENO VASQUEZ JUDGE, 398<sup>TH</sup> D.C.    ISRAEL RAMON, JR. JUDGE, 430<sup>TH</sup> D.C.    RENEE R. BETANCOURT JUDGE, 449<sup>TH</sup> D.C.    JOSE "JOE" RAMIREZ JUDGE, 464<sup>TH</sup> D.C.    YSMAEL FONSECA JUDGE, 476<sup>TH</sup> D.C.

AI-95509

Veterans Services 37. A.

**CC REGULAR AGENDA SPECIAL MTG**

**Meeting Date:** 07/09/2024

**Submitted For:** Samuel Perez, VETERANS SERVICES

**Submitted By:** Amanda Silva

**Department:** VETERANS SERVICES

**CAPTION**

FY 2025 Texas Veterans Commission (TVC) Fund for Veterans Assistance - Veterans Mental Health Grant Program - Peer Support Services

***Hidalgo County Patriot Support Center***

1. Approval to accept the FY 2025 Funds for Veteran's Assistance Veterans Mental Health Grant Award, from the Texas Veterans Commission (TVC) in the amount of \$300,000 for the period 07/01/2024 to 06/30/2025, with authority of the County Judge as authorized official to sign required documents.
2. Approval of certification of revenues by the County Auditor for the amount of \$300,000 and appropriation of the same.

**BACKGROUND**

**Fiscal Impact**

**CALENDAR YEAR:** 2024

**ACCT. #:** 4-1283-444-00-370-005-5-XXX

**FUNDS AVAILABLE Y/N?:** Y

**MATCHING FUNDS Y/N?:** N

**BUDGETARY IMPACT:**

Appropriation of funds for FY 2025 (7-1-2024 to 6-30-2025) TVC Mental Health Grant Program. No cash match required.

Revenue acct #4-1283-334-10-370-005-5-000 TVC MENTAL HEALTH REVENUES

**Attachments**

Agreement

NOGA

Appropriation

**Form Review**

**Inbox**

Budget & Management

Final Approval

Form Started By: Amanda Silva

**Reviewed By**

Melannie Rivera

**Date**

06/07/2024 08:51 AM

Started On: 05/28/2024 11:20 AM

### Hidalgo County



ID: R-2023-2018004418  
VCSO: Yes

Start Date: 2024-07-01  
End Date: 2025-06-30

**Veterans Mental Health Program  
Peer Support Services**

**Submission Deadline: 2023-12-04**

Amount Awarded: \$300,000.00  
Budgeted Amount: \$300,000.00

**TVC ID: VSO24-P-022**

**Award Type: A-Awarded**

**Grant Officer: Norma Valle**

#### Request Status

|       |        |      |        |        |
|-------|--------|------|--------|--------|
| Draft | Review | NOGA | Active | Closed |
|-------|--------|------|--------|--------|

#### ▼ Negotiations

##### Feedback

10JUN2024: see email from Noah Mitchell -----  
----- 29MAY2024: 1. See TVC-FVA 2024-25 Grant Management Documents, User Guides, and additional information under Grantee Resources: <https://tvc.texas.gov/grants/grantees/> 2. Principal Participants: update as needed. 3. Budget Tables: create narratives for each Budget Group Expense in appropriate Line Item Details field explaining the use of requested funds. See TVC-FVA Grant Management Documents for guidance and verbiage (ideally verbatim).

##### Comments for TVC:

Wanting to change our name from Broken Arrow to Hidalgo County Patriot Support Center

#### NOGA Agreement

**Are you the signature authority or delegate accepting the NOGA terms?**

NOGA DOCUMENTS

NOGA.docx

**NOGA**  
Added at 4:28 AM on June 19, 2024

**I hereby confirm that I have the authority to enter this organization into a contract with Texas Veteran's Commission. (Delegation of Authority letter has been uploaded as required.):**



I have read, understand, and accept the terms of this grant contract according to federal & state regulations, and TVC policies outlined in the RFA, Program Requirements, and the Notice of Grant Award statement.

Date:

Signature Authority Name:

Status

Pending NOGA Signature

▼ Table of Contents

- Additional Organization Information
- Full Application
- Summary of Services
- Marketing and Outreach
- Financial Information
- Budget Tables
- Documents

Additional Organization Information

|   |      |
|---|------|
| <b>How many organizational employees working on the grant funded project are veterans?*</b> | 1    |
| <b>On average, how many veterans does the organization serve annually? *</b>                | 6000 |
| <b>On average, how many clients does the organization serve annually? *</b>                 | 6500 |
| <b>Percentage of clients served by the organization who are veterans:</b>                   | 92%  |

Principal Participants

|   |                  |
|---|------------------|
| <b>Executive Director *</b>                 | Richard Cortez   |
| <b>Chief Financial Officer *</b>            | Leticia Chavez   |
| <b>Chief Operations Officer:</b>            | Samuel Perez     |
| <b>Project Manager / Coordinator *</b>      | Samuel Perez     |
| <b>Project Accountant *</b>                 | Karmina Martinez |
| <b>Media / Communications Coordinator *</b> | Samuel Perez     |
| <b>PRR Reporter 1:</b>                      |                  |
| <b>PRR Reporter 2:</b>                      |                  |

▼ Full Application

▼ Summary of Services

**Geographic Service Area(s)\*** Hidalgo

|   |  |
|---|--|
| <b>What types of services does the organization currently provide to the community in the proposed service area?*</b>       | Does not currently provide services in area  |
| <b>What types of services does the organization currently provide to veterans in the proposed geographic service area?*</b> | Financial Assistance, Funeral Assistance, Mortgage, Rent, Utilities, Vehicle Maintenance |
| <b>Who will the organization provide direct services to under the proposed project? Check boxes below.*</b>                 |  |
| <b>Veterans:</b>  | Yes  |
| <b>Dependents:</b>  | No   |
| <b>Surviving Spouses:</b>   | No   |
| <b>Number of Unduplicated Veterans*</b>   | 300  |
| <b>Total Number of Unduplicated Clients to be Served:</b>   | 300  |

**Will your organization ensure that the beneficiaries served, reported monthly to FVA are unduplicated? \*** Yes

**Describe how your organization will ensure that beneficiaries reported to FVA are unduplicated. \***  
Google Spreadsheet.

**Will your organization collect and verify authorized beneficiary eligibility documents as prescribed by the RFA?\*** Yes

**Describe how the eligibility verification documents are securely maintained (example: in locked filing cabinet or electronically on your organization's server).\***  
Electronically and locked filing cabinets.

**How long does your agency retain grant documentation?\***  
3 years.

**Describe the services that your project will provide with this funding, and the specific veteran beneficiaries who will receive the services\***  
We will provide Mental Health Peer support services under the FVA guidelines for our Veterans. There is a need of additional mental health resources in our community to assist with our high suicide rate.

**What types of eligible beneficiaries from the United States military components will your organization serve with TVC grant funding? (select all that apply)\*** National Guard, Reserves , Veteran

**Choose the veteran discharge status(es) (Characterization of Service) that your organization will serve with TVC grant funding? (select all that apply)\***

Honorable, General Under Honorable Conditions, Other Than Honorable Conditions, Uncharacterized, Dishonorable, Bad Conduct

**Describe any other restrictions on eligibility, if applicable (example: income level, VA disability rating, etc).**

N/A

**At what location(s) will beneficiary intake occur?\***

Organization Office, Beneficiary Home, Via Phone

**At what location(s) will beneficiaries receive services?\***

Organization Office, Beneficiary Home, Other Location

**Can beneficiaries request services over the phone?\***

Yes

**If yes, provide phone number for beneficiaries' to contact for application and/or client intake?\***

956-292-7076

*Must be formatted as XXX-XXX-XXXX*

**Can beneficiaries request services or make an appointment online?\***

No

**Can beneficiaries apply for services via walk-in? \***

No

**Are services provided by appointment only?\***

Yes

**How will beneficiaries be evaluated to determine priority of service?\***

Demonstrated Need

**Once eligibility is determined, how many days will it take for requested services to be provided?\***

7

**Will your organization be providing mental health services as a component of your grant project?\***

Yes

**If Yes, select the conditions served :**

Peer support services

**Which individual, manualized trauma-focused Evidence-Based Practices(EBP) modalities does your organization use to treat mental health conditions? \***

N/A

**List all EBP certifications held by the organization staff that will be utilized for the scope of this grant. \***

N/A

|   |
|---|
| EBP CERTIFICATIONS - ACCOMPANYING DOCUMENTS |
|   |

EBP Certification Document

**Note : These EBP documents are required before grant services begin.**

**▼ Marketing and Outreach**

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**Will your organization conduct outreach events/ interactions to promote grant-funded services? \*** Yes

**Describe the organization's outreach plan.\***  
 Will utilize a marketing and outreach approach by attending workshops, conferences, and providing publications.

**How many hours a week, on average, will you conduct outreach with grant funding?\*** 40

**Will your organization conduct marketing to mass audiences promoting grant-funded services?\*** Yes

**Describe the organization's marketing plan.\***  
 Will utilize a marketing and outreach approach by attending workshops, conferences, and providing publications.

**What marketing techniques will your organization be using to promote grant funded services ?** Social Media , Broadcast Media, Flyers and Brochures

**Will beneficiary satisfaction of grant-funded services be measured? \*** Yes

**Will this include a satisfaction survey after all services have been provided? \*** Yes

**▼ Financial Information**

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**Does your organization have a maximum allowable amount per client? \*** No

**Does your organization have the ability to sustain this project without FVA funding?\*** No

**Does your organization use software to record accounting transactions and manage financial book keeping?\*** Yes

**What is the name, type, and version of the software?\*** ALIO and google spreadsheets

*Note: The values entered for Total Assets, Total Liabilities, Net Assets should be based on the attached financial documents.*

|   |             |
|---|-------------|
| <b>Total Assets*</b>                      | \$99,750.37 |
| <b>Total Liabilities*</b>                 | \$99,750.37 |
| <b>Net Assets at the end of the Year*</b> | \$0.00      |

Budget Tables

### Salary & Fringe Group

| Name  | Job Title  | Annual Salary   | % Time to TVC Grant  | Total Grant Funded Salary        |
|---|--|---|--|----------------------------------|
|   | Case Manager   | \$44,741.00   | 100%   | \$44,741.00                      |
| <b>Total Fringe: \$22,849.45</b>  |  | <b>Total Grant Funded Fringe: \$22,849.45</b>                       |  |                                  |
| <b>Social Security:</b><br>\$3,422.69<br><b>Medicare:</b><br>FICA: \$3,422.69 | <b>Health:</b> \$13,212.00<br><b>Dental:</b><br><b>Vision:</b> | <b>Life:</b> \$56.16<br><b>Disability:</b><br><b>Worker's Comp:</b> | <b>Unemployment:</b><br>\$268.45<br><b>Retirement:</b><br>\$5,890.15 | <b>Parking:</b><br><b>Phone:</b> |
| <b>Total Salary + Fringe: \$67,590.45</b>                                     |  | <b>Fringe % of Salary: 51.07%</b>                                   |  |                                  |
|   | Counselor  | \$44,741.00   | 100%   | \$44,741.00                      |
| <b>Total Fringe: \$22,849.45</b>  |  | <b>Total Grant Funded Fringe: \$22,849.45</b>                       |  |                                  |
| <b>Social Security:</b><br>\$3,422.69<br><b>Medicare:</b><br>FICA: \$3,422.69 | <b>Health:</b> \$13,212.00<br><b>Dental:</b><br><b>Vision:</b> | <b>Life:</b> \$56.16<br><b>Disability:</b><br><b>Worker's Comp:</b> | <b>Unemployment:</b><br>\$268.45<br><b>Retirement:</b><br>\$5,890.15 | <b>Parking:</b><br><b>Phone:</b> |
| <b>Total Salary + Fringe: \$67,590.45</b>                                     |  | <b>Fringe % of Salary: 51.07%</b>                                   |  |                                  |
|   | Outreach Specialist I  | \$29,181.00   | 100%   | \$29,181.00                      |
| <b>Total Fringe: \$19,517.28</b>  |  | <b>Total Grant Funded Fringe: \$19,517.28</b>                       |  |                                  |
| <b>Social Security:</b><br>\$2,232.35<br><b>Medicare:</b><br>FICA: \$2,232.35 | <b>Health:</b> \$13,212.00<br><b>Dental:</b><br><b>Vision:</b> | <b>Life:</b> \$56.16<br><b>Disability:</b><br><b>Worker's Comp:</b> | <b>Unemployment:</b><br>\$175.09<br><b>Retirement:</b><br>\$3,841.68 | <b>Parking:</b><br><b>Phone:</b> |
| <b>Total Salary + Fringe: \$48,698.28</b>                                     |  | <b>Fringe % of Salary: 66.88%</b>                                   |  |                                  |
|   | Outreach Specialist II   | \$32,885.00   | 100%   | \$32,885.00                      |
| <b>Total Fringe: \$20,310.48</b>  |  | <b>Total Grant Funded Fringe: \$20,310.48</b>                       |  |                                  |
| <b>Social Security:</b><br>\$2,515.70<br><b>Medicare:</b><br>FICA: \$2,515.70 | <b>Health:</b> \$13,212.00<br><b>Dental:</b><br><b>Vision:</b> | <b>Life:</b> \$56.16<br><b>Disability:</b><br><b>Worker's Comp:</b> | <b>Unemployment:</b><br>\$197.31<br><b>Retirement:</b><br>\$4,329.31 | <b>Parking:</b><br><b>Phone:</b> |
| <b>Total Salary + Fringe: \$53,195.48</b>                                     |  | <b>Fringe % of Salary: 61.76%</b>                                   |  |                                  |
| <b>Total Salary</b>   |  |   |  | \$237,074.66                     |

### Travel Group

| Category | Unit Cost | # Units | # Staff | Amount Requested |
|----------|-----------|---------|---------|------------------|
|----------|-----------|---------|---------|------------------|

|                      |        |     |   |            |
|----------------------|--------|-----|---|------------|
| Local Mileage & Fees | \$0.67 | 750 | 4 | \$2,010.00 |
| <b>Total</b>         |        |     |   | \$2,010.00 |

### Supplies Group

| Category          | Unit Cost  | Quantity | Amount Requested |
|-------------------|------------|----------|------------------|
| Computer Device   | \$1,200.00 | 2        | \$2,400.00       |
| Office Furniture  | \$1,000.00 | 2        | \$2,000.00       |
| Phone Devices     | \$200.00   | 2        | \$400.00         |
| Office Supplies   | \$4,000.00 | 1        | \$4,000.00       |
| Janitorial        | \$50.00    | 2        | \$100.00         |
| Electronic Device | \$300.00   | 1        | \$300.00         |
| Electronic Device | \$800.00   | 1        | \$800.00         |
| Office Furniture  | \$300.00   | 3        | \$900.00         |
| Office Furniture  | \$250.00   | 4        | \$1,000.00       |
| <b>Total</b>      |            |          | \$11,900.00      |

### Direct Client Services Group

| Category              | Unit Cost   | Quantity | Amount Requested |
|-----------------------|-------------|----------|------------------|
| Peer Support Services | \$12,500.00 | 2        | \$25,000.00      |
| <b>Total</b>          |             |          | \$25,000.00      |

### Other Direct Cost Group

| Category               | Unit Cost  | Quantity | Amount Requested |
|------------------------|------------|----------|------------------|
| Printing               | \$1,000.00 | 1        | \$1,000.00       |
| Marketing and Outreach | \$1,000.00 | 1        | \$1,000.00       |
| <b>Total</b>           |            |          | \$2,000.00       |

### IDC Group

| Category | Amount Requested |
|----------|------------------|
|----------|------------------|

|                                     |                    |
|-------------------------------------|--------------------|
| Administrative and Facilities Costs | \$22,015.34        |
| <b>Total</b>                        | <b>\$22,015.34</b> |

**Total Budget:** \$300,000.00

▼ Documents

Select the financial document that applies to your organization as per the RFA:

POLICY/PROCEDURE DOCUMENTS

Capitalization and Equipment

Cash Management

Payroll

Procurement

Travel

Vendor Payments



# Fund for Veterans' Assistance

*Helping Veterans Start Here*

## Notice of Grant Award

### NOGA

#### AWARD INFORMATION

**TVC Grant Number:**  
VSO24-P-022

**Grantee Organization:**  
Hidalgo County

**Award Issue Date:**  
05/16/2024

**Fluxx Grant ID:**  
R-2023-2018004418

#### AWARDING AGENCY

**Grantor Organization:**  
Texas Veterans Commission

#### AWARD AMOUNT

**Total Awarded Amount:**  
\$ 300,000

#### AWARD DETAILS

**Program Category:**  
Veterans Mental Health Program

**Service Category:**  
Peer Support Services

**Grant Period Start Date:**  
07/01/2024

**Grant Period End Date:**  
06/30/2025

### Terms and Conditions

The approved signature below serves as a formal acceptance by the Texas Veterans Commission (TVC) of the Grantee's Application, and addenda (if any) and the approval of this Notice of Grant Award creates a legally binding agreement between the Grantee and TVC. The TVC Grant Program Requirements as stated in (1) the applicable federal and/or state statute and regulations, (2) the original Request for Applications (RFA) including any addenda issued, (3) the budget tables, budget group allocations, and budget narratives and notes in the addenda to Grantee's Application, and (4) Grantee's Application are incorporated into and made a part of this Notice of Grant Award for all purposes, supersede any prior or contemporaneous understandings between the parties pertaining to the subject matter herein whether oral or written, and collectively constitute the entire agreements between the parties. In the event of a conflict in the language contained in the incorporated documents, conflicts shall be resolved by reference to the language contained in the documents in the order listed above. Any changes to the approved Grant must follow TVC's amendment process.

#### AUTHORIZATION

**Authorized Representative Name:**  
Richard Cortez

**Authorized Representative Title:**  
Signature Authority

**Executive Director:**  
Thomas Palladino

**Authorized Representative Title:**  
Executive Director



DATE: July 9, 2024

DEPARTMENT HEAD: Dagoberto Soto, Budget Officer

2024  
Appropriation  
AI-95509



DEPARTMENT NAME: Department of Budget & Management for Veterans Services TVC "Mental Health" Grant

ACCOUNT NUMBER: 4-1283-444-00-370-005-5-XXX

Contact Person: Antonio Zavala Ph#: Ext. 5425

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            |
|---|-----|-----------------------|-----------------------|-------------------|
| 4-1283-444-00-370-005-5-                | 113 | TVC MENTAL HEALTH     | REG F/T EMPLOYEES     | 151,548.00        |
| 4-1283-444-00-370-005-5-                | 211 | TVC MENTAL HEALTH     | HEALTH INSURANCE      | 52,848.00         |
| 4-1283-444-00-370-005-5-                | 212 | TVC MENTAL HEALTH     | LIFE INSURANCE        | 224.64            |
| 4-1283-444-00-370-005-5-                | 220 | TVC MENTAL HEALTH     | FICA                  | 11,593.43         |
| 4-1283-444-00-370-005-5-                | 230 | TVC MENTAL HEALTH     | RETIREMENT            | 19,951.29         |
| 4-1283-444-00-370-005-5-                | 250 | TVC MENTAL HEALTH     | UNEMPLOYMENT          | 909.30            |
| 4-1283-444-00-370-005-5-                | 310 | TVC MENTAL HEALTH     | OFFICIAL/ADMIN SRV    | 22,015.34         |
| 4-1283-444-00-370-005-5-                | 532 | TVC MENTAL HEALTH     | WIRELESS DEVICES      | 300.00            |
| 4-1283-444-00-370-005-5-                | 540 | TVC MENTAL HEALTH     | ADVERTISING STATUTORY | 1,000.00          |
| 4-1283-444-00-370-005-5-                | 550 | TVC MENTAL HEALTH     | PRINTING & BINDING    | 1,000.00          |
| 4-1283-444-00-370-005-5-                | 581 | TVC MENTAL HEALTH     | TRAVEL IN COUNTY      | 2,010.00          |
| 4-1283-444-00-370-005-5-                | 610 | TVC MENTAL HEALTH     | GENERAL SUPPLIES      | 11,600.00         |
| 4-1283-444-00-370-005-5-                | 843 | TVC MENTAL HEALTH     | AID TO NONGOVT        | 25,000.00         |
| 4-1283-334-10-370-005-5-                | 000 | TVC MENTAL HEALTH     | REVENUES              | 300,000.00        |
| <b>TOTAL BUDGET INCREASE (DECREASE)</b> |     |                       |                       | <b>300,000.00</b> |

**REASON:** To appropriate grant award from Texas Veterans Commission (TVC) FY 2025 Veterans's Assistance - Veterans Mental Health Grant Program - Peer Supportive Services. Grant# R-2023-2018004418. Grant period is from 7-1-2024 to 6-30-2025. No cash match required.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

DATE

ATTEST COUNTY CLERK

----- Forwarded message -----

From: **Amanda Silva** <[amanda.silva@co.hidalgo.tx.us](mailto:amanda.silva@co.hidalgo.tx.us)>

Date: Fri, Jun 21, 2024 at 9:06 AM

Subject: Requesting Certification of Revenues from the County Auditor.

To: Letty Chavez <[letty.chavez@auditor.co.hidalgo.tx.us](mailto:letty.chavez@auditor.co.hidalgo.tx.us)>

Cc: Reynaldo Cantu <[reynaldo.cantu@auditor.co.hidalgo.tx.us](mailto:reynaldo.cantu@auditor.co.hidalgo.tx.us)>, Merlen Munoz <[merlen.munoz@auditor.co.hidalgo.tx.us](mailto:merlen.munoz@auditor.co.hidalgo.tx.us)>, perez, samuel <[samuel.perez@co.hidalgo.tx.us](mailto:samuel.perez@co.hidalgo.tx.us)>

Good morning,

**Requesting Certification of Revenues from the County Auditor.**

Attached you will find the Notice of Grant Agreement (NOGA) from the Texas Veterans Commission (TVC) Fund for Veteran's Assistance. Hidalgo County Veterans Services was awarded \$300,000.00 for the Veteran's Mental Health Program - Peer Support Services.

Agenda Item #95509 has been placed for Commissioners Court approval on July 09, 2024.

This information has been provided to the Budget Department for Appropriation of Funds.

If any other information is required please let me know.

Thank you,

Sincerely,

***Amanda Silva***

**Hidalgo County Veterans Services**

**10213 N. 10th Street, Suite B**

**McAllen, TX 78504**

**(956) 318-2436 Office**

**(956) 318-2439 Fax**

**NOTICE**

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Respectfully,

*Isabel Rodriguez*

Grants Accounting Supervisor | Hidalgo County Auditor's Office

2808 S. Business Highway 281 | Edinburg, TX 78539

(956)318-2511 Ext. 4604 | [isabel.rodriguez@auditor.co.hidalgo.tx.us](mailto:isabel.rodriguez@auditor.co.hidalgo.tx.us)

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Thank you,

*Isabel Rodriguez*