


URBAN COUNTY PROGRAM
Hidalgo County Commissioners' Court
Agenda Request Form

Agenda No. 92005
 Lupita Garcia, CDBG Manager

Date: August 8, 2023 Meeting Date Request: August 22, 2023
 Deadline for Action: A.S.A.P. Contact Person: Steven De La Garza, Director
 Department: Urban County Program Phone: 787-8127 Fax: 318-2988

Steven De La Garza, Urban County Director 

Caption:


A Requesting exemption from competitive bidding requirements pursuant to Texas Local Government Code 262.024 (a)(7)(A) an item that can only be obtained from one source because of the existence of patents, copyrights, secret processes or monopolies;

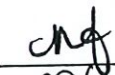
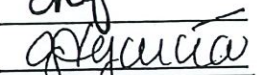
B. Acceptance and approval of the sole source Declaration for Diatron US, Inc. with authority to purchase through the supplier, Medline Industries, LP in the total amount of \$37,934.35 for the purchase of Gemini Auto Elisa Analyzer and testing supplies. CDBG-CV Other Public Services funds will be utilized.

Background: The Hidalgo County Urban County Program requested quotes for the purchase of Gemini Auto Elisa Analyzer and testing supplies for the CDBG-CV Health Facility (Bio Safety Lab). It was determined that Diatron US, Inc was the sole provider of said instrument, therefore, a sole source declaration was requested and approved by the Purchasing Department. Medline Industries, LP is the supplier/vendor from which a quote for purchase of the equipment was received.

Supplier/Vendor: Medline Industries, LP
Amount: \$37,934.35

Available Funding: \$1,147,592.59 CDBG-CV Other Public Service Funds

APPROVED
 County Commissioners' Court
 DATE: 8/22/2023 

Finance Manager: 
 CDBG/ESG Manager: 

Please initial for approval:

Legal Counsel		Budget		Human Resources	
Dept./Fund No.		Amt. Expended:		Funds/Staffing Budget:	Yes <input type="checkbox"/> No <input type="checkbox"/>
Account Code:		Impact on Future Budget:		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

Comments:

PO # 11188

Action taken by Commissioner's Court:

Approved	<input type="checkbox"/>	Tabled	<input type="checkbox"/>	Denied	<input type="checkbox"/>	Motion Made by	<input type="checkbox"/>	Seconded	<input type="checkbox"/>	Vote	<input type="checkbox"/>
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2812 S. Bus. Hwy 281, Edinburg, Texas 78539 | Phone: (956) 318-2626 | www.co.hidalgo.tx.us/purchasing

MEMORANDUM SOLE SOURCE DECLARATION

TO: Hidalgo County Commissioner's Court

FROM: Ignacio Amezcua MBA, CTCM, CTCD IA

DATE: August 1, 2023

RE: Sole Source Declaration for Diatron US, Inc. "Gemini Auto Elisa Analyzer"

The Hidalgo County Health and Human Services, in conjunction with the Hidalgo Urban County Program, seeks to procure the purchase of Gemini Auto Elisa Analyzer from Diatron US, Inc.

Gemini is an Automated 96 Well ELISA System computer-controlled microplate processing system that fully automates ELISA assays. The Gemini line automates the sample distribution, incubation, reagent addition, washing, and detection phases of microplate assays. Smart time management allows processing up to 16 IFA slides or 3 microplates simultaneously. Trusted ELISA performance is based on the well-established Gemini processor. Intuitive slide designer and flexible trays are included for various slide types. It provides a high degree of flexibility, which meets current quality standards and the system is designed to simplify the daily routine and laboratories. It is an open software with complete data reduction and LS interface and dual technology without hardware modification required. It is also Designed with sample and reagent ID barcode reading.

The Gemini will be primarily used to test patients that are currently infected for infectious diseases such as for Measles, Mumps, Rubella and Varicella. In order to detect current infection, BOTH IgM and IgG of a certain test is performed.

A proposal was requested from Medline (supplier) for another instrument with specific tests (Measles, Mumps, Rubella and Varicella) as required but did not meet these specifications. Medline found the Gemini with those specific tests directly from Diatron US, Inc. (main manufacture). One other supplier (Fisher) does offer the Gemini but were unable to provide a quote from Diatron US, Inc. stating That a quote from another supplier (Medline) was already obtained. Another instrument similar to the Gemini that performs as required however it is larger which is meant for a high-volume hospital and is much more expensive.

In Accordance with the Texas Local Government Code Chapter 262.024 (a)(7)(A), (a) A contract for the purchase of any of the following items is exempt from the requirement established by section 262.023 if the commissioners court by order grants the exemption: (7) Any item that can be obtained from only one source, including: (A) Items for which competition is precluded because of the existence of patents, copyrights, secret processes, or monopolies;

Therefore, for the reason stated herein, we humbly request that the Hidalgo County Commissioners' Court declare a Sole Source Vendor, for the purpose of procuring the purchase with Diatron US, Inc. This sole source declaration will remain in effect through the life term of the contract, unless otherwise revoked by the Hidalgo County Commissioners Court.



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 Edinburg, Texas 78539
 Phone: (956) 318-2626
 Fax: (956) 318-2629
 www.co.hidalgo.tx.us/purchasing

Hidalgo County Purchasing Department Sole Source Affidavit

THIS IS AN OFFICIAL PURCHASING DOCUMENT – RETAIN WITH PURCHASE ORDER

Before me, the undersigned official, on this day, personally appeared Francis Matuszak a person known to me to be the person whose signature appears below, whom after being duly sworn upon his/her oath deposed and said:

1. My name is Francis Matuszak. I am over the age of 18, have never been convicted of a crime, and am competent to make this affidavit.
2. I am an authorized representative of the following company or firm: Diatron US Inc
3. The above-named company or firm is the sole source for the following item(s), product(s), or service(s):
Gemini Auto Elisa Analyzer
4. Competition in providing the above-named item(s), product(s), service(s) is precluded by the existence of a patent, copyright, secret process, or monopoly as stated under Section 262.024(a)(7)(A), of the Local Government Code. Also, attached hereto is a sole source letter, which sets forth the reasons why this Vendor is a sole source provider (dated and signed).
5. There is/are no other like item(s) or product(s) available for purchase that would serve the same purpose or function.
6. Note: This Vendor understands that by providing false information on this Sole Source Affidavit, it may be considered a non-responsible Vendor on this and future purchases and may result in discontinuations of any/all business with Hidalgo County.

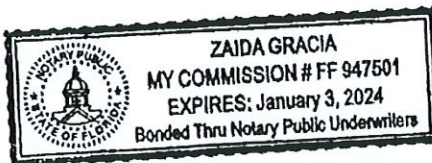
Signature: [Handwritten Signature]

SWORN AND SUBSCRIBED TO under oath before me on 6th day of July, 2022

Notary Public
ZAIDA GRACIA

Printed Name
JANUARY 3, 2024

My Commission Expires



Company Name: Diatron US Inc
 Address, City, State & Zip Code: 12601 NW 115th Ave Suite A113
 Phone Number: 833-228-7931 Fax: _____
 Contact Name and Title: Frank Matuszak General Manager WEB Address: www.diatron.com
 Email: frank.matuszak@diatron.com Federal Tax ID Number: 27-2533007 Texas Sales Tax Number: _____

July 6, 2023

Amber Castillo MLS (ASCP)

Med Tech/LIS Analyst III

Re: Sole Source Letter Gemini

I am writing this letter to confirm that Diatron US, Inc. (Diatron) is the sole supplier of the Gemini Auto Elisa Analyzer in the United States.

The Gemini Microplate Processor, is the only automated Elisa system providing the following unique features developed for Automated Elisa testing.

- Dual Pipetting safety by Capacitive and Barometric technology
- Archiving of Samples
- Up to 3 microplates simultaneously
- Onboard User Management
- Touchscreen with intergrated PC
- Full Quantiferon TB Gold implementation for automated TB testing
- Full Process Control and Audit of the assay insuring that all assay steps have been completed within specification
- More than 7,000 units produced and placed worldwide
- Reagent trays that accomdate multiple sizes of bottle found in Elisa test kits
- Intergrated Barcode reader that allows for both reagents and samples to be read while loading

Table A provides the instrument name and part number.

Table A

Description	Diatron Catalog Number
<i>Gemini Auto Elisa Analyzer</i>	DTN9162800000

Diatron US, Inc. is a subsidiary of Diatron MI a Multinational Manufacturer and Distributor of Clinical Diagnostics and Analytical Instrumentation, based in Medley, Fl.

Thank you,


 Frank Matuszak
 General Manager, Diatron US
 Frank.Matuszak@diatron.com

diatron ●●



Diatron IA Instrument Quotation Presentatio

Date: July 24, 2023

Presented by: Ivan Korkes - Instrument Lab Specialist
This Quotation is valid until: August 31, 2023

Customer Information

Name	Amber Castillo MLS (ASCP)cm
Institution	Hildago County Health & Human Service Department
Address	1304 South 25th Ave
City, State, ZIP	Edinburg TX 78542
POC	Amber Castillo MLS (ASCP)cm
Contact Information	amber.castillo@hchd.org

Instrumentation Pricing

	Part Number	Discounted Price
<i>Gemini Auto Elisa Analyzer</i>	DTN9162800000	\$29,386.80

Reagent Pricing

Assay	Reagent Part Number	Price Per Kit	Total Cost
<i>Measles IgG 96T</i>	<i>DTN2326000</i>	\$206.25	
<i>Measles IGM 96T</i>	<i>DTN2326060</i>	\$247.50	
<i>Mumps IgG 96T</i>	<i>DTN2325900</i>	\$206.25	
<i>Rubella IgG 96T</i>	<i>DTN2325300</i>	\$226.87	
<i>Rubella IgM 96T</i>	<i>DTN2325360</i>	\$226.87	
<i>VZV IgG 96T</i>	<i>DTN2325600</i>	\$185.63	
<i>VZV IgM 96T</i>	<i>DTN2325650</i>	\$210.00	
<i>Gemini disposable pipet tips 1100ul 9,600/BX</i>	<i>DTN6510000044</i>	\$1,315.44	

Gemini disposable pipet tips 300ul 17,280 /BX	DTN6510000045	\$1,499.31	
Gemini waste biohazard label bag 10/BX	DTN6900000140	\$58.84	
NUNC DW Microplate pre-dilution plate for Gemini 500ul 120/CS	DTN267245	\$637.25	
Control Vial Rack, 16 Vials (12- 14mm diameter)	DTN7620026101	\$288.44	
Reagent Rack (2 Lanes, 6 x 35/2 x 38mm)	DTN7620031301	\$758.63	
Adapter, 25mm for use with 10044396/ mg.# 7620031301	DTN10044927	\$367.27	
Printer	No-charge Shipping	No-charge \$1,500.00	
		Subtotal	\$7,934.55
		Total including analyz	\$37,321.35

Acquisition Options

Purchase Option:

Cash Purchase

Lease Type:

Lease Factor:

Warranty

Additional Years Up Front:

One Year Standard

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:

2023-1000789

Date Filed:

09/30/2023

Date Acknowledged:

04/05/2023

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

Medline Industries Holdings, LP
 Northfield, IL United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Hidalgo County

3 Provide the Identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

5320-85-0500-5000-0000-00
 Cepheid system

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY CERTIFICATION OF FILING

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Medline Industries Holdings, LP
Northfield, IL United States

Certificate Number:
2023-1000789

Date Filed:
03/30/2023

Date Acknowledged:

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Hidalgo County

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5320-85-0500-5000-0000-00
Cephed system

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

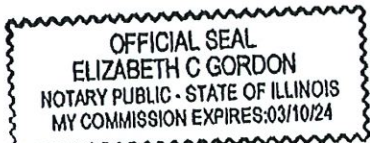
6 UNSWORN DECLARATION

My name is Chris Powers and my date of birth is 7/27/1969

My address is 3 Lakes Drive, IL 60093 US
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Cook County, State of Illinois, on the 30 day of March, 2023
(month) (year)



[Signature]
Signature of authorized agent of contracting business entity
(Declarant)

Elizabeth C. Gordon
3/30/23



Appendix F

CERTIFICATION REGARDING DEBARMENT

**Certification
Regarding Debarment, Suspension and Ineligibility**

As is required by the Federal Regulations Implementing Executive Order 12549, Debarment and Suspension, 45 CFR Part 76, Government-wide Debarment and Suspension, the applicant certifies, to the best of his or her knowledge and belief, that both it and its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency;
- b. Have not within a three-year period preceding this bid proposal and/or application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity with commission of any of the offenses enumerated herein; and
- d. Have not within a three-year period preceding this bid proposal and/or application had one or more public transactions terminated for cause or default.

AGENCY NAME: Medline INDUSTRIES, LP

PRINTED NAME: Chris Powers

TITLE: VP of Government Sales

UEI NUMBER: DMPAKJ9N9K66

SIGNATURE: 

TELEPHONE NUMBER: 8006335463

ADDRESS: 3 Lakes Drive, Northfield, IL 60093

DATE: 3/30/2023

If the bidder is unable to certify to all of the statements in this certification, such bidder should attach an explanation to this proposal.

DEBARMENT CERTIFICATION CHECKLIST
****FOR UCP USE ONLY****

VENDOR/AGENCY NAME: Medline Industries, LP

UNIQUE IDENTIFYING NUMBER: DMPAKJ9N9K66

DATE VERIFIED ON SAM.GOV: 4-5-2023

EXCLUSIONS: _____ YES NO

NAME OF UCP COORDINATOR: n/a

PRINT VERIFICATION REPORT AND ATTACH: YES NO

ASSISTANT DIRECTOR APPROVAL: Guadalupe García

DATE SUBMITTED TO FINANCE: 4/5/2023

FINANCE MANAGER ACCEPTANCE: Hellin - Jms



MEDLINE INDUSTRIES, LP

Unique Entity ID DMPAKJ8N9K66	CAGE / NCAGE 0PMN3	Purpose of Registration All Awards
Registration Status Active Registration	Expiration Date Nov 29, 2023	
Physical Address 3 Lakes DR Northfield, Illinois 60093-2753 United States	Mailing Address 3 Lakes DR Northfield, Illinois 60093-2753 United States	

Financial Information

Doing Business as (blank)	Division Name (blank)	Division Number (blank)
Congressional District Illinois 09	State / Country of Incorporation Illinois / United States	URL (blank)

Registration Dates

Activation Date Dec 1, 2022	Submission Date Nov 29, 2022	Initial Registration Date Feb 1, 2002
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Entity Dates

Entity Start Date Sep 7, 2021	Fiscal Year End Close Date Dec 31
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Immediate Owner

CAGE 95T39	Legal Business Name MOZART GP, LLC
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Highest Level Owner

CAGE 95TH5	Legal Business Name MOZART HOLDCO, INC.
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Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USApending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM.gov) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2. C.F.R. 200 Appendix XII. Their responses are displayed in the responsibility/qualification section of SAM.gov. Maintaining an active registration in SAM.gov demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?
No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:
Yes

Entity Types

Business Types		
Entity Structure Partnership or Limited Liability Partnership	Entity Type Business or Organization	Organization Factors Manufacturer of Goods
Profit Structure For Profit Organization		

Socio-Economic Types

Check the registrant's Reqs & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Financial Information

Accepts Credit Card Payments Yes	Debt Subject To Offset No
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EFT Indicator 0000	CAGE Code OPMN3
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Point of Contact

Electronic Business

Ⓜ Chris Meyer, Sr Mgr Govt Sales Administration	3 Lakes DR Northfield, Illinois 60093 United States
Chris Meyer, Sr Mgr Govt Sales Administration	3 Lakes DR Northfield, Illinois 60093 United States

Government Business

Ⓜ Chris Powers, VP Government Sales	3 Lakes DR Northfield, Illinois 60093 United States
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Service Classifications

NAICS Codes

Primary	NAICS Codes	NAICS Title
Yes	339113	Surgical Appliance And Supplies Manufacturing
	325412	Pharmaceutical Preparation Manufacturing
	334510	Electromedical And Electrotherapeutic Apparatus Manufacturing
	339112	Surgical And Medical Instrument Manufacturing
	423450	Medical, Dental, And Hospital Equipment And Supplies Merchant Wholesalers

Product and Service Codes

PSC	PSC Name
6505	Drugs And Biologicals
6508	Medicated Cosmetics And Toiletries
6510	Surgical Dressing Materials
6515	Medical And Surgical Instruments, Equipment, And Supplies
6520	Dental Instruments, Equipment, And Supplies
6530	Hospital Furniture, Equipment, Utensils, And Supplies
6532	Hospital And Surgical Clothing And Related Special Purpose Items
6550	In Vitro Diagnostic Substances, Reagents, Test Kits And Sets
6630	Chemical Analysis Instruments
6640	Laboratory Equipment And Supplies
7920	Brooms, Brushes, Mops, And Sponges
8520	Toilet Soap, Shaving Preparations, And Dentifrices

Product Exclusions

Yes, this entity appears in the disaster response registry.

Bonding Levels	Dollars
(blank)	(blank)

States
Any

Counties
(blank)

Metropolitan Statistical Areas
(blank)

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Mozart Holdings, LP

2 Business name/disregarded entity name, if different from above
Medline Industries, LP

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC

C Corporation

S Corporation

Partnership

Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
3 Lakes Dr

6 City, state, and ZIP code
Northfield, IL 60093

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-			-				
--	--	--	---	--	--	---	--	--	--	--

or

Employer identification number

8	7	-	2	4	7	8	0	3	1
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Jim Du Noille Date ▶ 1-1-2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISO (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



APPENDIX D

Conflict of Interest Questionnaire

“CIQ”

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.
This questionnaire is being filled in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).
By law this questionnaire must be filled with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filled. See Section 176.006(a-1), Local Government Code.
A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

Medline Industries, LP

2 Check this box if you are filling an update to a previously filled questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

N/A

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7 
Signature of vendor doing business with the governmental entity

3/30/2023
Date



U.S. Department of Housing and Urban
Development
451 Seventh Street, SW
Washington, DC 20410
www.hud.gov
espanol.hud.gov

**Environmental Review
for Activity/Project that is Exempt or
Categorically Excluded Not Subject to Section 58.5
Pursuant to 24 CFR 58.34(a) and 58.35(b)**

Project Information

Project Name: 2020-CDBG-CV-Other-Public-Services

HEROS Number: 900000010183904

State / Local Identifier:

Project Location: 1304 S. 25th Avenue, Edinburg, TX 78539

Additional Location Information:

Project area is located on the corner of 25th avenue behind the existing Hidalgo County Health Department.

Description of the Proposed Project [24 CFR 50.12 & 58.32; 40 CFR 1508.25]:

Project includes the purchase of furniture, fixtures and equipment for the overall operations of the Health Facility.

Level of Environmental Review Determination:

Activity / Project is Categorically Excluded Not Subject to per 24 CFR 58.35(b):
58.35(b)(3)

Funding Information

Grant Number	HUD Program	Program Name
B-20-UW-48-0501	Community Planning and Development (CPD)	Community Development Block Grant CARES Act (CDBG-CV)

Estimated Total HUD Funded Amount: \$1,500,000.00

Estimated Total Project Cost [24 CFR 58.2 (a) (5)]: \$1,500,000.00

Mitigation Measures and Conditions [CFR 1505.2(c)]:

Summarized below are all mitigation measures adopted by the Responsible Entity to reduce, avoid or eliminate adverse environmental impacts and to avoid non-compliance or non-conformance with the above-listed authorities and factors. These measures/conditions must be incorporated into project

contracts, development agreements and other relevant documents. The staff responsible for implementing and monitoring mitigation measures should be clearly identified in the mitigation plan.

Law, Authority, or Factor	Mitigation Measure or Condition	Comments on Completed Measures	Complete
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Preparer Signature: Guadalupe Garcia Date: 4/6/2021

Name / Title / Organization: Guadalupe V Garcia / HIDALGO COUNTY

Responsible Entity Agency Official Signature: PR. Avila Date: 4/6/2021

Name / Title: PATRICIO R. AVILA, UCP DIRECTOR, AUTHORIZED SIGNATORY

This original, signed document and related supporting material must be retained on file by the Responsible Entity in an Environment Review Record (ERR) for the activity / project (ref: 24 CFR Part 58.38) and in accordance with recordkeeping requirements for the HUD program(s).

HIDALGO COUNTY-URBAN COUNTY PROGRAM
CITY REPORT ENDING AS OF 8/08/2023

MASK: 5320-??-????-????-????-??

ACCOUNT NUMBER / DESCRIPTION	MONTH TO DATE	YEAR TO DATE	YTD ECUM	ANNUAL BUDGET	BUDGET BAL
5320-85-0316-5000-0000-00 HEALTH FACILITIES	0.00	0.00	0.00	48,717.54	48,717.54
5320-85-0316-5200-8537-03 E-CON GROUP, LLC	0.00	3,996,327.82	1,909,329.96	5,905,657.78	0.00
5320-85-0316-5250-8537-01 FOREMOST TELE. CORP.	0.00	12,500.00	0.00	12,500.00	0.00
5320-85-0316-5300-8537-01 AEP TEXAS CENTRAL COMPANY	0.00	16,262.68	0.00	16,262.68	0.00
5320-85-0316-5300-8537-02 METRO ELECTRIC, INC.	0.00	80,462.00	0.00	80,462.00	0.00
5320-85-0500-5000-0000-00 PUBLIC SERVICE (GENERAL)	0.00	0.00	0.00	1,147,592.59	1,147,592.59
5320-85-0500-5250-8789-08 ARTEL, INC	0.00	0.00	27,655.00	27,655.00	0.00
5320-85-0500-5325-8789-01 HENRY SCHEIN, INC.	0.00	0.00	70,103.15	70,103.15	0.00
5320-85-0500-5325-8789-02 FISHER SCIENTIFIC COMPANY	0.00	90,849.01	55,337.35	146,186.36	0.00
5320-85-0500-5325-8789-04 MCKESSON MEDICAL-SURGICAL	0.00	9,930.00	0.00	9,930.00	0.00
5320-85-0500-5325-8789-05 BIOMERIEUX, INC	0.00	168,030.00	19,385.50	187,415.50	0.00
5320-85-0500-5325-8789-06 MEDLINE INDUSTRIES, LP	0.00	47,301.51	35,897.06	83,198.57	0.00
5320-85-0500-5325-8789-07 BECKMAN COULTER INC	0.00	0.00	49,990.00	49,990.00	0.00
5320-85-0500-5330-8789-03 FISHER SCIENTIFIC COMPANY	0.00	418.50	2,172.23	2,590.73	0.00
5320-85-0500-5330-8789-06 MEDLINE INDUSTRIES, LP	0.00	338.10	0.00	338.10	0.00
5320-99-2101-6110-8539-00 REGULAR EMPLOYEES	2,272.20	16,094.49	0.00	24,274.08	8,179.59
5320-99-2101-6111-8539-00 LONGEVITY	39.60	304.30	0.00	1,848.00	1,543.70
5320-99-2101-6210-8539-00 HEALTH INSURANCE	380.29	2,544.05	0.00	12,583.80	10,039.75
5320-99-2101-6221-8539-00 FICA TAX	139.73	980.24	0.00	5,669.92	4,689.68
5320-99-2101-6222-8539-00 MEDICARE TAX	32.68	229.23	0.00	1,363.00	1,133.77
5320-99-2101-6230-8539-00 RETIREMENT	293.15	2,096.72	0.00	11,032.43	8,935.71
5320-99-2101-6250-8539-00 UNEMPLOYMENT TAX	3.47	22.49	0.00	519.99	497.50
5320-99-2101-6260-8539-00 WORKERS' COMPENSATION	0.00	25.37	0.00	336.33	310.96
5320-99-2101-6290-8539-00 LIFE INSURANCE	2.41	14.56	0.00	69.72	55.16
5320-99-2101-6321-8539-00 ACCOUNTING & AUDIT FEES	0.00	0.00	0.00	21,006.73	21,006.73
5320-99-2101-6501-8539-00 DUES & SUBSCRIPTIONS	0.00	114.81	0.00	0.00	(114.81)
5320-99-2101-6529-8539-00 INSURANCE	0.00	1,829.55	0.00	0.00	(1,829.55)
5320-99-2101-6531-8539-00 TELEPHONE	0.00	0.00	0.00	0.00	0.00
5320-99-2101-6532-8539-00 POSTAGE	0.00	0.00	0.00	800.00	800.00
5320-99-2101-6540-8539-00 ADVERTISING	0.00	9,881.20	0.00	8,530.00	(1,351.20)
5320-99-2101-6580-8539-00 TRAVEL	0.00	386.82	0.00	0.00	(386.82)
5320-99-2101-6582-8539-00 MILEAGE	17.03	17.03	0.00	3,000.00	2,982.97
5320-99-2101-6610-8539-00 OFFICE SUPPLIES	0.00	0.00	0.00	2,000.00	2,000.00
TOTAL	3,180.56	4,456,960.48	2,169,870.25	7,881,634.00	1,254,803.27