

STATE OF TEXAS §
COUNTY OF HIDALGO §

**SECOND AMENDMENT TO THE
CARES ACT INTERLOCAL COOPERATION AGREEMENT
BETWEEN THE COUNTY OF HIDALGO, TEXAS
AND CITIES IN HIDALGO COUNTY**

THIS AMENDMENT (“Amendment”) TO THE CARES ACT INTERLOCAL COOPERATION AGREEMENT between the COUNTY OF HIDALGO, TEXAS (“County”) and the CITIES in HIDALGO COUNTY (“Cities”), is made and entered effective November 24, 2020, between the County and Cities, collectively referred to as the (“Parties”) pursuant to the provisions of the Texas Interlocal Cooperation Act, Ch. 791, et seq, Texas Government Code, as follows:

WHEREAS, on or about March 27, 2020, the United States Federal Government passed the Coronavirus Aid Relief and Economic Security Act (“CARES Act”), including the Coronavirus Relief Fund (“CRFund”) which provides for direct payments to qualifying units of local governments navigating the impact of the COVID-19 outbreak; and

WHEREAS, the County met the population threshold and received a direct distribution of the CRFund to be used for expenditures that were directly related to and incurred as a result of the COVID-19 public health emergency; and

WHEREAS, the Hidalgo County Commissioners Court approved the Cares Act Interlocal Cooperation Agreement (“Agreement”) on or about June 23, 2020, wherein the County entered into an Interlocal with the Cities to allow for the disbursement of CRFund monies received by County from the U.S. Department of Treasury; and

WHEREAS, the Parties and their constituents continue to be affected by the COVID-19/Coronavirus public health emergency and the resulting Federal, State and Local disaster declarations and executive orders regarding the same; and

WHEREAS, the Parties now desire to amend the Agreement as hereinafter provided to allow for additional time of the Cities to submit revised budgets consideration and approval and for the allocation of additional time in which the Cities are to expend their designated funds and submit final reports and requests for reimbursement;

NOW THEREFORE, for the purposes stated herein, the Parties hereby agree to the following amendments to the Agreement:

1. Section 3.2 of the Agreement is amended to allow additional time for Cities to expend designated funds by December 1, 2020. Failure to expend the designated funds by

December 1, 2020, may result in re-programming and/or reallocation of CRFunds by County.

2. Section 3.7 of the Agreement is amended to allow additional time for Cities to submit revised budgets for review and approval by County, as noted below:

“3.7 Upon demonstration of additional need or change in circumstance related to the COVID-19 public health emergency, the County will review all requests for Budget increases on or before December 1, 2020.”

3. As County has agreed to extend the performance period for the Agreement as stated in §3.2., Section 6.2 is therefore amended to allow for the submission of final Cost Reimbursement Forms and supporting documentation by December 1, 2020.
4. Except as modified herein, all terms and conditions of the Agreement, as amended, remain in full force and effect and the Parties ratify and confirm the terms and provisions of the Agreement as amended.

WITNESS THE HANDS OF THE PARTIES effective as of the day and year first written above.

Approved by the Hidalgo County Commissioners Court on November 24, 2020.

APPROVAL FOR COUNTY:

THE COUNTY OF HIDALGO



Arturo Guajardo Jr.

Arturo Guajardo, Jr., County Clerk

Richard F. Cortez

Richard F. Cortez, County Judge

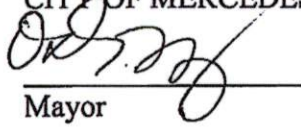
APPROVED BY
COMMISSIONERS' COURT
ON: 11/24/20 *grs*

APPROVED AS TO FORM FOR COUNTY:
Office of Hidalgo County Criminal District Attorney,
Ricardo Rodriguez, Jr.

By: *Josephine Ramirez-Solis*
Josephine Ramirez-Solis
Assistant District Attorney

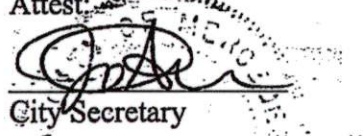
APPROVAL FOR CITIES:

CITY OF MERCEDES



Mayor

Attest:



City Secretary

CITY OF MERCEDES






HIDALGO COUNTY Coronavirus Relief Fund

Proposed Budget

ENTITY CONTACT INFORMATION			
SECTION 1	1. Entity Name: City of Mercedes	2. Contact Name: Sergio Zavala	3. Contact Title: City Manager
	4. Mailing Address: (Street, city, state and ZIP code) 400 S Ohio Ave, Mercedes, TX 78570		5. Contact Phone: (956) 565-3114 ext.

BUDGET PROPOSAL			
SECTION 2	6. Justification by Cost Category	7. Incurred Expenses	8. Proposed Expenses
	Category 1 - Medical expenses		
	Category 2 - Public health expenses		
	PPE, Cleaning Supplies, COVID-19 meetings, foggers, Covid 19- sealed ambulance, radios, air-packs, medical tent, trailer, 2020 ranger	\$ 571,212.79	
	Category 3 - Payroll expenses for public safety, public health, health care, human services, and similar employees whose services are substantially dedicated to mitigating or responding to the COVID-19 public health emergency		
	Public Safety and other staff dedicated to COVID-19 response	\$ 1,506,080.58	
	Category 4 - Expenses of actions to facilitate compliance with COVID-19 related public health measures		
	Category 5 - Expenses associated with the provision of economic support in connection with the COVID-19 public health		
Small business grants and individual assistance for people affected by COVID-19	\$ 94,434.63		
Category 6 - Any other COVID-19-related expenses reasonably necessary to the function of government that satisfy the			
Administration cost for management of funds	\$ 20,000.00		
SUBTOTALS	\$ 2,191,728.00	\$ 0.00	
	TOTAL AWARD	\$ 2,191,728.00	

CERTIFICATION	
SECTION 3	By signing below, I hereby certify that I understand and agree that the CARES Act Funds may only be used to cover costs that: (1) are necessary expenditures incurred due to the public health emergency with respect to the Coronavirus Disease 2019 (COVID-19); (2) were not accounted for in the budget most recently approved as of March 27, 2020; and (3) were incurred during the period that begins on March 1, 2020, and ends on October 31, 2020. I also understand and agree that my entity will be required to provide supporting documentation reflecting the expenditure of grant funds.
	9. Name: Oscar D. Montoya Sr.
	10. Title: Mayor
11. Signature: 	12. Date: 12/15/2020

HIDALGO COUNTY Coronavirus Relief Fund

Instructions For Proposed Budget

GENERAL INSTRUCTIONS

Please complete all sections of the Proposed Budget and submit along with the Interlocal Cooperation Agreement.

Section 1: Entity Contact Information

1. **Entity Name:** Enter the name of the entity.
2. **Contact Name:** Enter the name of the person we should contact for questions related to the proposed budget.
3. **Contact Title:** Enter the title of the contact person.
4. **Mailing Address:** Enter the mailing address of the entity.
5. **Contact Phone:** Enter the Contact's phone number (and ext., if applicable.)

Section 2: Budget Proposal

6. **Justification by Cost Category:** Enter the justification for and/or description of incurred or proposed expenses for each category of expense for which the entity intends to seek reimbursement.
7. **Incurred Expenses:** Enter the amount of expenses already incurred (paid) by the entity by category of expense.
8. **Proposed Expenses:** Enter the amount of proposed expenses by category of expense.

Section 4: Certification

9. **Name:** Enter or print the name of the authorized representative signing this form.
10. **Title:** Enter the title of the authorized representative signing the form.
11. **Signature:** Original signature of the authorized representative is required.
12. **Date:** Enter or print the date the form was signed.