



# AgriLIFE EXTENSION

Texas A&M System

## CERTIFICATE OF COMPLETION

Pesticide Applicator Training

**LARRY MIDDLEBROOKS**

Participant Name and Applicator License Number

#12,194(1)

has earned 5 total Continuing Education Units, as mandated for licensing by the Texas Department of Agriculture, with credits divided as follows among required categories:

1 laws and regulations      2 integrated pest management  
   drift minimization         general

Sawalla

AgriLife Extension Representative

0611313  
TDA Course number

Thursday, Nov. 17, 2011      1st Baptist      Roysse City, TX

Day - Date      Location      City,      TX      Hunt      County

FILED FOR RECORD  
at 11:30 o'clock PM

DEC 13 2011

JENNIFER LINDENZWEIG  
County Clerk - Hunt County, TX  
By [Signature]

NOTICE TO RECIPIENTS: Keep this certificate. At the end of your license period, you are responsible for reporting your continuing education units to the Texas Department of Agriculture by self-certification. Duplicate records of your completed CEUs will NOT be kept by Texas AgriLife Extension or the Texas Department of Agriculture

# 12, 197

**Professional Services Agreement  
Hunt County Clerk- iDocket.com Ruby Service**

**Parties** - This agreement is between iDocket.com, hereinafter referred to as iDocket, a Texas Limited Liability Company, LLC, whose offices are located at 1616 S. Kentucky, Ste. D100, Amarillo, TX 79102, and the County of Hunt, Texas under the supervision of the Hunt County Clerk, whose office mailing address is P.O. Box 1316, Greenville, TX 75403.

**Services Provided by iDocket**

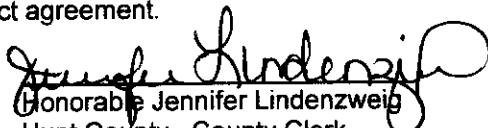
- A. Provide the software necessary to extract, filter, compress, and transfer, as designated by the County, information from the county's file and fee docket that is currently available for public inspection in the county's office, for placement on the Internet.
- B. Will provide and host the web site for the county's court information on the Internet.
- C. iDocket agrees that all information provided by the county for placement on the Internet is not subject to resell or distribution to any other party not used for any other purpose not stated within this agreement.
- D. Revenue Sharing - County shall receive 20% of subscription revenues from Users indicating Clerk's County as their primary county of interest. Payment shall be made quarterly and along with a check, the Clerk will receive a report listing quarterly subscription revenues for the County.
- E. iDocket agrees to implement, support, and maintain the court information web site as stipulated in the agreement at no charge to the county.
- F. iDocket shall hold in trust for the county, and shall not disclose to any nonparty to the agreement, any confidential information of the county. Confidential information is information that relates to the county's research, development, trade secrets or business affairs, but does not include information which is generally known or easily ascertainable by non-parties of ordinary skill in computer design and programming.
- G. Clerk has the discretion of using iDocket document image viewing capabilities whereby iDocket redacts documents selected for viewing after charging copy fees for the Clerk. Copy fees collected are paid monthly.

**Quality of Services** – iDocket will provide adequate Internet access to the information given by the county. Adequate Internet access is defined as providing public access to case information on the Internet for a minimum of five (5) days in any given week. Normal and acceptable access will allow for maintenance updates requiring periodic downtime.

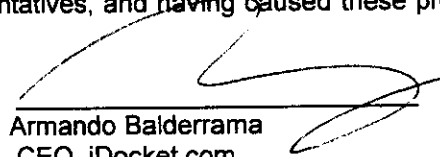
**Termination of the Agreement** – Either party may terminate this agreement without cause with ninety (90) days written notice to the address stated herein.

**Indemnification** – For the consideration described above, iDocket hereby agrees to fully indemnify Hunt County for the cost of defense and damages related to iDocket's negligence or breach of contract, or any claim by a third party against Hunt County or the Hunt County Clerk for errors or omissions caused by iDocket's actions or negligence.

**Execution** – IN WITNESS, thereof the CONTRACTOR (iDocket.com) and COUNTY (Hunt) have hereunto affixed their hand and seal, by duly authorized representatives, and having caused these present to execute this contract agreement.

  
Honorable Jennifer Lindenzweig  
Hunt County, County Clerk


December 27, 2011  
Date

  
Armando Balderrama  
CEO, iDocket.com

1/07/12  
Date

**FILED FOR RECORD**  
at 1:42 o'clock P M

JAN 05 2012

JENNIFER LINDENZWEIG  
County Clerk, Hunt County, Tex.  
By 



# CERTIFICATE OF LIABILITY INSURANCE

OP ID L1

DATE (MM/DD/YYYY)

12/01/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Robertson Ryan & Assoc., Inc. Two Plaza East, Suite 650 330 East Kilbourn Avenue Milwaukee WI 53202 Phone: 414-271-3575 Fax: 414-271-0196	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: <b>PRODUCER CUSTOMER ID #:</b> IDOCK-1	FAX (A/C, No):
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> IdoCKET.com P.O. Box 31023 Amarillo TX 79102	<b>INSURER A:</b> THE TRAVELERS INSURANCE CO	<b>NAIC #</b>
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

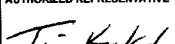
**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSUR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR. WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		TT06305397	11/15/11	11/15/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOPP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BA7119R387	11/15/11	11/15/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in IH) <input type="checkbox"/> Y/N N/A If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<input checked="" type="checkbox"/> Errors & Omissions Liability		TT06305397	11/15/11	11/15/12	Limit 100000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 RE: Includes 1605 Beech St., Suite A-1, El Paso, TX 79925

**CERTIFICATE HOLDER** **CANCELLATION**

<b>Mark &amp; Julie Tomlin</b> 760 Coeur Dalene Circle El Paso TX 79922	<b>TOMLINS</b>	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		<b>AUTHORIZED REPRESENTATIVE</b> 

# 12,200

DEPARTMENT OF STATE HEALTH SERVICES

FILED FOR RECORD  
at 11:32 o'clock  
DEC 13 2011

JENNIFER LINDENZWEIG  
County Clerk  
Hunt County, Tex.  
*Jennifer Lindenzweig*



This contract, number 2012-040276 (Contract), is entered into by and between the Department of State Health Services (DSHS or the Department), an agency of the State of Texas, and HUNT COUNTY (Contractor), a Non Profit Entity, (collectively, the Parties).

1. **Purpose of the Contract.** DSHS agrees to purchase, and Contractor agrees to provide, services or goods to the eligible populations as described in the Program Attachments.
2. **Total Amount of the Contract and Payment Method(s).** The total amount of this Contract is \$100,000.00, and the payment method(s) shall be as specified in the Program Attachments.
3. **Funding Obligation.** This Contract is contingent upon the continued availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or health and human services agencies, amendment to the Appropriations Act, health and human services agency consolidation, or any other disruptions of current appropriated funding for this Contract, DSHS may restrict, reduce, or terminate funding under this Contract.
4. **Term of the Contract.** This Contract begins on 01/01/2012 and ends on 08/31/2013. DSHS has the option, in its sole discretion, to renew the Contract as provided in each Program Attachment. DSHS is not responsible for payment under this Contract before both parties have signed the Contract or before the start date of the Contract, whichever is later.
5. **Authority.** DSHS enters into this Contract under the authority of Health and Safety Code, Chapter 1001.
6. **Documents Forming Contract.** The Contract consists of the following:

- a. Core Contract (this document)
- b. Program Attachments:

2012-040276-001 Potentially Preventable Hospitalizations Initiative (Office of State Epidemiolog

- c. General Provisions (Sub-recipient)
- d. Exhibits

Any changes made to the Contract, whether by edit or attachment, do not form part of the Contract unless expressly agreed to in writing by DSHS and Contractor and incorporated herein.

7. **Conflicting Terms.** In the event of conflicting terms among the documents forming this Contract, the order of control is first the Core Contract, then the Program Attachment(s), then the General Provisions, then the Solicitation Document, if any, and then Contractor's response to the Solicitation Document, if any.

8. **Payee.** The Parties agree that the following payee is entitled to receive payment for services rendered by Contractor or goods received under this Contract:

Name: HUNT COUNTY  
Address: 4815 KING ST STE B  
GREENVILLE, TX 75401-5520  
Vendor Identification Number: 17560010203002

9. **Entire Agreement.** The Parties acknowledge that this Contract is the entire agreement of the Parties and that there are no agreements or understandings, written or oral, between them with respect to the subject matter of this Contract, other than as set forth in this Contract.

By signing below, the Parties acknowledge that they have read the Contract and agree to its terms, and that the persons whose signatures appear below have the requisite authority to execute this Contract on behalf of the named party.

DEPARTMENT OF STATE HEALTH SERVICES

HUNT COUNTY

By: \_\_\_\_\_  
Signature of Authorized Official

By:   
Signature

\_\_\_\_\_  
Date

Dec 13, 2011  
Date

Bob Burnette, C.P.M., CTPM

John L. Horn / Hunt Co. Judge  
Printed Name and Title

Director, Client Services Contracting Unit

2507 LEES ST  
Address

1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756

Greenville, TX 75409  
City, State, Zip

(512) 458-7470

903-908-4446  
Telephone Number

Bob.Burnette@dshs.state.tx.us

JOHN.HORN@HUNT.COUNTY.TX  
E-mail Address for Official Correspondence

2012-040276-001

Categorical Budget:

PERSONNEL	
FRINGE BENEFITS	\$11,000.00
EQUIPMENT	\$3,020.00
CONTRACTUAL	\$0.00
TOTAL DIRECT CHARGES	\$94,434.00
INDIRECT COSTS	
TOTAL	\$100,000.00
CONTRACTOR SHARE	\$0.00

Total reimbursements will not exceed \$100,000.00

Equipment List Attached.

The budgeted indirect cost amount is based an indirect cost rate agreement approved by a Federal cognizant agency or a state single audit-coordinating agency. A copy of the current approved rate agreement is on file at DSHS.



**Hunt County Health Department, Medical Services**  
**4815 King Street Suite B**  
**Greenville, Texas 75401**  
**Phone: (903) 455-4433**  
**Fax: (903) 455-4956**

**Budget Draft**  
**Reducing Adult Potentially Preventable Hospitalizations**  
**(Bacterial Pneumonia and COPD)**  
**Jan 1, 2012-Aug 31, 2013**

<b>Cost Categories</b>	<b>Funds Projective</b>	<b>Purpose and Justification</b>
Personnel	\$56,160.	2 LVN/RN working 16 hours week at \$20.17 per hour. Provide influenza and pneumococcal vaccines. Conduct activities giving information/education to targeted groups. Run successful program.
Fringe Benefits	\$11,000.	FICA 7.65%, Worker's Comp 1.0163%, Unemployment 0.58% per each employee (may vary)
Travel	\$1,724.	In and out of county at .50 per mile (may vary)
Equipment	\$4,000.	2 Desks-\$388. 2 chairs-\$298. 1 file cabinet-\$144.

		<p>1 all in one-colored print, copy, scan, fax-\$611.  2 computer sets-\$1,597.  1 projector screen-\$150.  1 projector-\$812.</p>
Supplies	\$10,000.	<p><b>(\$5,000. office and \$5,000. medical supplies)</b>  Copy paper, education materials, pens, staples, printing cartridges, postage, notebooks, writing paper, vaccine administration supplies, medical waste disposal, etc.</p>
Other	\$11,500.	<p>Internet monthly charge, fax modern line, install telephone lines, equipment maintenance, etc.-\$2,500., printing/advertising-\$1,500., influenza and pneumococcal vaccine-\$7,500.</p>
Total Direct Charges	\$94,384.	
Indirect Charges	\$5,616.	<p>Rent-\$3,600., electric/gas-\$1,320., security system-\$136., telephone-\$560.  (10% of employee wages)</p>
Total	\$100,000.	