

# LOCAL BORDER SECURITY PROGRAM FY08 (LBSP-08) APPLICATION

<b>1. APPLICANT NAME (Jurisdiction):</b>	HIDALGO COUNTY SHERIFF'S OFFICE														
<b>2. COUNTY:</b>	HIDALGO														
<b>3. TYPE:</b>	<input type="checkbox"/> City Government <input checked="" type="checkbox"/> County Government														
<b>5. REQUESTED PERIOD OF PERFORMANCE (NOT TO EXCEED AUGUST 15, 2008)</b>	DECEMBER 1, 2008 - AUGUST 15, 2009														
<b>6. CHECKLIST OF APPLICATION ATTACHMENTS:</b>	(See the Local Border Security Program FY08 (LBSP-08) Guide for information on completing these forms.) <input checked="" type="checkbox"/> Designation of Grant Officials (Form A-2). <input checked="" type="checkbox"/> Application for State Assistance (Form A-3). The Authorized Official must sign this form. <input checked="" type="checkbox"/> Financial Cost Estimate (Form A-4). The Grant Financial Officer must sign this form. <input checked="" type="checkbox"/> Assurances and Certifications (Form A-5). The Authorized Official must sign this form. <input checked="" type="checkbox"/> Direct Deposit Authorization Form (Form 74-176). The Grant Financial Officer must sign this form.														
<b>7. CERTIFICATION</b>	<p>This Application, together with the Local Border Security Program FY08 (LBSP-08) Guide, constitutes the work plan for the participants listed above. The undersigned agree to comply with all terms, conditions, and statements of work in the Local Border Security Program FY08 (LBSP-08) Guide.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">J.D. Salinas</td> <td style="width: 15%;"></td> <td style="width: 40%;">Guadalupe "Lupe" Trevino</td> <td style="width: 5%;"></td> </tr> <tr> <td>Hidalgo County Judge</td> <td style="text-align: center;">11/18/08</td> <td>Hidalgo County Sheriff</td> <td style="text-align: center;">11/18/08</td> </tr> </table> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%; border-top: 1px solid black;">Authorized Official (Original Signature)</td> <td style="width: 15%; border-top: 1px solid black;">Date</td> <td style="width: 40%; border-top: 1px solid black;">Grant Performance Officer (Original Signature)</td> <td style="width: 5%; border-top: 1px solid black;">Date</td> </tr> </table>			J.D. Salinas		Guadalupe "Lupe" Trevino		Hidalgo County Judge	11/18/08	Hidalgo County Sheriff	11/18/08	Authorized Official (Original Signature)	Date	Grant Performance Officer (Original Signature)	Date
J.D. Salinas		Guadalupe "Lupe" Trevino													
Hidalgo County Judge	11/18/08	Hidalgo County Sheriff	11/18/08												
Authorized Official (Original Signature)	Date	Grant Performance Officer (Original Signature)	Date												
<b>8. APPROVAL:</b>	The attached application is approved.														
	<input type="checkbox"/> Chief <input type="checkbox"/> State Coordinator of Preparedness and Operations		Date												

Form A-1  
(01/08)

Page 1 of 1

Mail completed forms and application materials to:

LBSP-08 Program Administrator  
 Operations Section  
 Governor's Division of Emergency  
 Management  
 Texas Department of Public Safety  
 PO Box 4087  
 Austin, TX 78773-0224

**LOCAL BORDER SECURITY PROGRAM FY08 (LBSP-08)  
DESIGNATION OF GRANT OFFICIALS**

<b>GRANT:</b>	<b>LOCAL BORDER SECURITY PROGRAM FY08 (LBSP-08)</b>
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<b>GRANT PERIOD:</b>	<b>December 1, 2008 - August 15, 2009</b>
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<b>AGENCY NAME:</b>	<b>HIDALGO COUNTY SHERIFF'S OFFICE</b>
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<b>Grant Performance Officer</b>	
<i>Name</i>	<b>Guadalupe "Lupe" Treviño</b>
<i>Title</i>	<b>Sheriff</b>
<i>Official Mailing Address</i>	<b>PO Box 1228 Edinburg, Texas 78540</b>
<i>Daytime Phone Number</i>	<b>956-383-8114 Ext: 6003</b>
<i>Fax Number</i>	<b>956-393-6179</b>
<i>E-mail Address</i>	<b>sheriffrevino@hidalgo.org</b>

<b>Grant Financial Officer</b>	
<i>Name</i>	<b>Ray Eufrazio</b>
<i>Title</i>	<b>County Auditor</b>
<i>Official Mailing Address</i>	<b>2808 S. Business 281 Edinburg, Texas 78539</b>
<i>Daytime Phone Number</i>	<b>956-318-2511</b>
<i>Fax Number</i>	<b>956-318-2577</b>
<i>E-mail Address</i>	<b>Ray.eufrazio@auditor.co.hidalgo.tx.us</b>

<b>Authorized Official *</b>	
<i>Name</i>	<b>J.D. Salinas</b>
<i>Title</i>	<b>County Judge</b>
<i>Official Mailing Address</i>	<b>PO Box 1356 Edinburg, Texas 78539</b>
<i>Daytime Phone Number</i>	<b>956-316-2600</b>
<i>Fax Number</i>	<b>956-318-2699</b>
<i>E-mail Address</i>	<b>Jd.salinas@hidalgo.tx.us</b>

\* An individual authorized to execute contracts on behalf of a jurisdiction or local law enforcement agency.

# APPLICATION FOR STATE ASSISTANCE

(Instructions on Reverse)

<b>1. NAME OF PROGRAM/ ASSISTANCE:</b>  <b>LOCAL BORDER SECURITY PROGRAM FY08</b>	<b>2. APPLICANT STATUS:</b>  <input type="checkbox"/> City <input checked="" type="checkbox"/> County
<b>3. START DATE:</b>  <b>DECEMBER 1, 2008</b>	<b>4. END DATE:</b>  <b>AUGUST 15, 2009</b>
<b>5. APPLICANT INFORMATION</b>	
<b>a. Legal Name of Applicant Organization (as it appears on the LSBP-08 Application/Form A-1):</b> HIDALGO COUNTY SHERIFF'S OFFICE	<b>b. Name &amp; Telephone Number of Grant Performance Officer:</b> Guadalupe "Lupe" Trevino, Sheriff 956-383-8114 Ext:6003
<b>c. Mailing Address:</b>  PO Box 1228, Edinburg, Texas 78540	<b>d. Physical Address (if different from Mailing Address):</b>  711 El Cibolo Road, Edinburg, Texas 78540
<b>6. EMPLOYER IDENTIFICATION NUMBER / TAX ID #</b>  <b><u>746000717</u></b>	
<b>7. ESTIMATED EXPENSES:</b>	
<b>a. Salary &amp; Benefits (from line ___ Form A-4)</b>	\$534,912.86
<b>b. Travel Expenses (from line ___ Form A-4)</b>	\$
<b>c. Operating Expenses (from line ___ Form A-4)</b>	\$121,078.80
<b>d. Total Expenses (A + B + C)</b>	\$655,991.66
<b>8. CERTIFICATION: I certify that to the best of my knowledge and belief this application and its attachments are true and correct.</b>	
<b>a. Typed Name of Authorized Official:</b>	J.D. Salinas
<b>b. Title of Authorized Official:</b>	County Judge
<b>c. Original Signature of Authorized Official:</b>	_____
<b>d. Date Signed:</b>	November 18, 2009

## INSTRUCTIONS FOR FRONT SIDE OF THIS FORM

1. Except as indicated below, entries are self-explanatory.
2. Item 1: Enter "Local Border Security Program FY08".
3. Item 5a: Enter the legal name of your jurisdiction. Your entry should match the Applicant Name used on the LBSP-08 Program Application (Form A-1).
4. Item 7: The data in this section should agree with the information included on the Financial Cost Estimate (Form A-4).
5. Item 8 a, b, & c. This form must be signed by an Authorized Official who is a person authorized by the governing body of the jurisdiction to apply for grants and accept grants and execute agreement and contracts on behalf of the jurisdiction. Authorized Officials are County Judges, Mayors, and many City Managers – **not** Sheriffs or Chiefs of Police.

**FINANCIAL COST ESTIMATE**

**1. NAME OF PROGRAM / ASSISTANCE:** Local Border Security Program FY08

**2. APPLICANT NAME:** HIDALGO COUNTY SHERIFF'S OFFICE

**3. ESTIMATED MONTHLY EXPENSES:**

a. *Personnel Estimate*

Position	Number of Personnel	Hourly Rate	Overtime Rate (Time and 1/2)	Number of O/T Hours per Person per Day	Number of Days	Salary	Total Fringe Benefits 19.69%	Health Ins. 1.88%	Life Insurance 0.00%	Total Salary & Fringe
patrol deputy	8	\$21.52	\$32.28	10	148	\$382,195.20	\$75,254.23	\$7,185.27	\$0.00	\$464,634.70
sergeant	1	\$26.04	\$39.06	10	148	\$57,808.80	\$11,382.55	\$1,086.81	\$0.00	\$70,278.16
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
			\$0.00			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
<b>Total Personnel Estimates</b>										<b>\$534,912.86</b>

b. *Travel & Per Diem Estimate*

Position	Number of Personnel	Commercial Travel Costs	Mileage from / to County	Estimated Ave. Daily Miles	Number of Days	Total Mileage Cost	Hotel Rate \$85 Maximum	Hotel Tax Rate	Meals \$36 Maximum	Travel Totals
						\$0.00		\$0.00		\$0.00
						\$0.00		\$0.00		\$0.00
						\$0.00		\$0.00		\$0.00
						\$0.00		\$0.00		\$0.00
<b>Total Travel &amp; Per Diem Estimate</b>										<b>\$0.00</b>

c. *Operational Cost Estimate*

Number of Cars	Number of Miles per Car	Number of Days	Rate per Mile	Subtotal
9	180	148	\$0.505	\$121,078.80
<b>Total Operational Cost Estimate</b>				<b>\$121,078.80</b>

Mileage  
Fuel Costs  
Other Costs

\*NOTE: Estimate either for fuel or mileage, not both.

**FILL IN SHADED FIELDS ONLY**

**4. NUMBER OF MONTHS IN THE GRANT PERIOD:**

**5. TOTAL AMOUNT OF APPLICATION**

a. Personnel Estimate	\$534,912.86
b. Travel & Per Diem Estimate	\$0.00
c. Operational Cost Estimate	121,078.80
<b>Total Expenses</b>	
	<b>\$655,991.66</b>

**State of Texas Assurances and Certifications  
State Uniform Administrative Requirement for Grants and Cooperative Agreements,  
Subpart B, §.14**

Note: Certain of these assurances may not be applicable to your program. If you have any questions, please contact the awarding agency.

NAME OF APPLICANT	GRANT PROGRAM
HIDALGO COUNTY SHERIFF'S OFFICE	Local Border Security Program FY08 (LBSP-08)

**This form includes Assurances and Certifications that must be read, signed, and submitted as a part of the Application for State Assistance.**

As the duly authorized representative of the applicant, I hereby certify that the applicant (subgrantee) will comply with the assurances and certifications below.

J.D. Salinas	County Judge
Typed Name of Authorized Official	Title
Signature of Authorized Official	Date Signed

**ASSURANCES**

**(1) RELATIVES.** A subgrantee must comply with Texas Government Code, Chapter 573, by ensuring that no officer, employee, or member of the applicant's governing body or of the applicant's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree.

**(2) PUBLIC INFORMATION.** A subgrantee must insure that all information collected, assembled, or maintained by the applicant relative to a project will be available to the public during normal business hours in compliance with Texas Government Code, Chapter 552, unless otherwise expressly prohibited by law.

**(3) OPEN MEETINGS.** A subgrantee must comply with Texas Government Code, Chapter 551, which requires all regular, special, or called meetings of governmental bodies to be open to the public, except as otherwise provided by law or specifically permitted in the Texas Constitution.

**(4) CHILD SUPPORT PAYMENTS.** A subgrantee must comply with Section 231.006, Texas Family Code, which prohibits payments to a person who is in arrears on child support payments.

**(5) HEALTH, HUMAN SERVICES, PUBLIC SAFETY OR LAW ENFORCEMENT AGENCY.** If the subgrantee is a health, human services, public safety, or law enforcement agency, it will not contract with or issue a license, certificate, or permit to the owner, operator, or administrator of a facility if the license, permit, or certificate has been revoked by another health and human services agency or public safety or law enforcement agency.

**(6) LAW ENFORCEMENT AGENCY.** If the subgrantee is a law enforcement agency regulated by Texas Occupations Code, Chapter 1701, it must be in compliance with all rules adopted by the Texas Commission on Law Enforcement Officer Standards and Education pursuant to Chapter 1701, Texas Occupations Code or must provide the grantor agency with a certification from the Texas Commission on Law Enforcement Officer Standards and Education that the agency is in the process of achieving compliance with such rules.

**(7) ADMINISTRATION.** When incorporated into a grant award or contract, standard assurances contained in the application package become terms or conditions for receipt of grant funds. Administering state agencies and local subrecipients shall maintain an appropriate contract administration system to insure that all terms, conditions, and specifications are met. (See Section \_\_.36 for additional guidance on contract provisions).

**(8) SUSPECTED CHILD ABUSE.** A subgrantee must comply with the Texas Family Code, Section 261.101, which requires reporting of all suspected cases of child abuse to local law enforcement authorities and to the Texas Department of Child Protective and Regulatory Services. Subgrantees shall also ensure that all program personnel are properly trained and aware of this requirement.

**(9) TAXES.** Subgrantees will comply with all federal tax laws and are solely responsible for filing all required state and federal tax forms.

**(10) COMPLIANCE WITH REQUIREMENTS.** Subgrantees will comply with all applicable requirements of all other federal and state laws, executive orders, regulations, and policies governing this program.

**(11) INELIGIBLE APPLICANTS.** The applicant certifies that it and its principals are eligible to participate and have not been subjected to suspension, debarment, or similar ineligibility determined by any federal, state, or local governmental entity and it is not listed on a state or federal government's terrorism watch list as described in Executive Order 13224. Entities ineligible for federal procurement are listed at <http://www.epls.gov>.

**(12) HIV/AIDS.** Subgrantees must adopt and implement applicable provisions of the model HIV/AIDS work place guidelines of the Texas Department of Health as required by the Texas Health and Safety Code, Ann., Sec. 85.001, *et seq.*

**(13) LEGAL AUTHORITY.** The applicant has the legal authority to apply for State assistance, and the institutional, managerial, and financial capability (including funds sufficient to pay the non-state share of project costs) to ensure proper planning, management and completion of the project described in this application.

**(14) RECORDS.** The applicant will give the awarding agency, the State Comptroller, and if applicable, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper

accounting system in accordance with generally accepted accounting standards or agency directives.

**(15) PERSONAL GAIN.** The applicant will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal gain.

**(16) COMPLETION.** The applicant will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.

## **CERTIFICATIONS**

1. **DRUG-FREE WORKPLACE** - The applicant certifies that it will provide a drug-free workplace by:
  - A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition.
  - B. Establish a drug-free awareness program to inform employees about:
    - i. the dangers of drug abuse in the workplace;
    - ii. the applicant's policy of maintaining a drug-free workplace;
    - iii. any available drug counseling, rehabilitation, and employee assistance programs; and
    - iv. the penalties that may be imposed upon employees for drug abuse violations.
  - C. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a).
  - D. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the grant, the employee will:
    - i. abide by the terms of the statement, and
    - ii. notify the employer of any criminal drug statute conviction for a violation occurring in the workplace not later than five days after such conviction.
  - E. Notifying the agency within ten days after receiving notice under subparagraph (d) (ii) from an employee or otherwise receiving actual notice of such conviction.
  - F. Taking one of the following actions with respect to any employee who is so convicted:
    - i. taking appropriate personnel action against such an employee, up to and including termination; or
    - ii. requiring such employee to participate satisfactorily in drug abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health, law enforcement, or other appropriate agency.
  - G. Making a good faith effort to continue to maintain a drug-free workplace through the implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. **LOBBYING – The applicant certifies that:**
  - A. It will not use grant funds, either directly or indirectly, in support of the enactment, repeal, modification, or adoption of any law, regulation or policy, at any level of government.
  - B. If any non-grant funds have been or will be used in support of the enactment, repeal, modification, or adoption of any law, regulation or policy, at any level of government, it will notify the Governor's Division of Emergency Management to obtain the appropriate disclosure form.
  - C. It will include the language of paragraphs A and B of this section in the award documents for all sub-awards at all tiers and will require all sub-recipients to certify accordingly.

**HIDALGO COUNTY SHERIFF'S OFFICE  
LBSP Budget Narrative worksheet**

**Purpose:**

**A. Operational Overtime:** Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

**Budget Narrative:** HCSO will participate in the daily operations, goals and objectives set forth within the LBSP operational plan. HCSO during the participation of this operation will have a total of eight (8) HCSO deputies and one (1) supervisor working 10 hours patrol shifts on four day out of the work week, patrolling the 78 miles of US/Mexico border and the 1600 square miles of jurisdiction within Hidalgo County. These HCSO deputies will make up a POWERSHIFT UNIT which will increase law enforcement presences in rural high crime areas, respond to calls for service, provide rapid response for support where needed, reduce crime rate and protect the citizens of Hidalgo County and the U.S., against those who enter into the US soil with the sole purpose of engaging in criminal activities.

<u>Name/Position</u>	<u>Computation</u>	<u>Cost</u>
12/01/08 - 8/15/09	37 weeks, 8 deputies, 10 hrs shifts x 4 days = 11.840 O/T hrs	
8 Deputies (O/T hourly rate \$32.28)	11840 x \$32.28 =	<u>\$382,195.20</u>
1 Sergeant (O/T hourly rate \$39.06)	1480 x 39.06=	<u>\$57,808.80</u>

The above projection is based on the ONE year operation. Each fiscal year having a total of fifty two working weeks.

**TOTAL \$440,004.00**

**B. Fringe Benefits:**

HCSO Established Formula

Retirement: 9.02% (HCSO policy includes Retirement)  
 FICA: 7.65  
 W/C: 2.51%  
 Unemp/Comp: 0.50%  
 Health Ins. 1.88%  
 Total: 21.57%

<u>Name/Position</u>	<u>Computation</u>	<u>Cost</u>
2009 (fiscal year)		
8 Deputies	\$382,195.20 x 21.57%	<u>\$82,439.51</u>
1 Sergeant	\$57,808.80x 21.57%	<u>\$12,469.36</u>

**TOTAL: \$94,908.86**

**Total Personnel & Fringe Benefits: \$534,912.86**

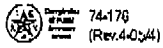
**C. Reimbursement for Mileage:** List all expenses to be paid from the grant for reimbursement for authorized mileage.

**Budget Narrative:** HCSO personnel will patrol the 78 miles of US/Mexico border and ingress/egress roads along the immediate threat within the area. HCSO patrol units will average approximately 180 miles per unit during a 10 hour shift. A total of 8 patrol units and one supervisor unit will patrol on four days out of a week for 10 hours shifts. These HCSO POWERSHIFT UNIT will start January 1<sup>st</sup> 2009 to December 31, 2009. The mission of this POWERSHIFT UNIT will be to increase law enforcement presents in high crime areas, respond to calls for service, reduce crime activity/rate and protect the citizens of Hidalgo County and the U.S against those who enter into U.S. with the sole purpose of engaging in criminal activities.

LBSP 01/01/09 to 12/31/2009 Fuel Unleaded 180 miles x 9 units x 148 days = 239,760 miles x .505 cents = \$ 121,078.80

**Subtotal \$ 170165.00**

<u>Budget Narrative Worksheet Category</u>	<u>Amount</u>
A. Operational Overtime	<u>\$440,004.00</u>
B. Fringe Benefits	<u>\$94,908.86</u>
<b><u>Equipment, Maintenance, and Fuel</u></b>	
C. Vehicle Maintenance	_____
D. Equipment Maintenance	_____
E. New/Replacement Equipment	_____
F. Fuel Cost	_____
G. Reimbursement for Mileage	<u>\$121,078.80</u>
H. Other	_____
I. Travel	_____
<b>* TOTAL ESTIMATED COSTS</b>	<b><u>\$ 655,991.66</u></b>



For Comptroller's use only		

# VENDOR DIRECT DEPOSIT AUTHORIZATION

Under Ch. 559, Government Code, you are entitled to review, request, and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code.

### INSTRUCTIONS

- Use only **BLUE** or **BLACK** ink.
- Alterations must be initialed.
- Check all appropriate box(es).
- For further instructions, see the back of this form.

### TRANSACTION TYPE

SECTION 1	<input type="checkbox"/> New setup (Sections 2, 3 & 4)	<input type="checkbox"/> Change financial institution (Sections 2, 3 & 4)
	<input type="checkbox"/> Cancellation (Sections 2 & 3)	<input type="checkbox"/> Change account number (Sections 2, 3 & 4)
		<input type="checkbox"/> Change account type (Sections 2, 3 & 4)

### PAYEE IDENTIFICATION

SECTION 2	1. Social Security number or Federal Employer's Identification (FEI) <input type="text"/>		2. Moll code (if not known, will be completed by Paying State Agency) <input type="text"/>		
	3. Name <input type="text"/>			4. Business phone number <input type="text"/>	
	5. Mailing address <input type="text"/>		6. City <input type="text"/>	7. State <input type="text"/>	8. ZIP code <input type="text"/>

### AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION

SECTION 3	9. Pursuant to Section 403.016, Texas Government Code, I authorize the Comptroller of Public Accounts to deposit by electronic transfer payments owed to me by the State of Texas and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Comptroller shall deposit the payments in the financial institution and account designated below. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.		
	I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the Comptroller's rules about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended or repealed.		
	10. Authorized signature <input type="text"/>	11. Printed name <input type="text"/>	12. Date <input type="text"/>

### FINANCIAL INSTITUTION (Completion by financial institution is recommended.)

SECTION 4	13. Financial institution name <input type="text"/>		14. City <input type="text"/>	15. State <input type="text"/>
	16. Routing transit number <input type="text"/>	17. Customer account number (Dashes required) <input type="text"/>		18. Type of account <input type="checkbox"/> Checking <input type="checkbox"/> Savings
	19. Representative name (Please print) <input type="text"/>			20. Title <input type="text"/>
	21. Representative signature (Optional) <input type="text"/>		22. Phone number <input type="text"/>	23. Date <input type="text"/>

### CANCELLATION BY AGENCY

SEC 5	24. Reason <input type="text"/>	25. Date <input type="text"/>

### PAYING STATE AGENCY

SECTION 6	26. Signature <input type="text"/>		27. Printed name <input type="text"/>		
	28. Agency name <input type="text"/>			29. Agency number <input type="text"/>	
	30. Comments <input type="text"/>		31. Phone number <input type="text"/>		32. Date <input type="text"/>

**Note:** A vendor can receive email or fax notifications providing one (1) business day advance notice of the payment posting to the vendor's account. The Advance Payment Notification is available to vendors receiving direct deposit payment(s) from the State of Texas.

To enroll in this free service, complete the Advance Payment Notification Authorization, Form 74-193, available on the Internet at:

<http://www.window.state.tx.us/taxinfo/taxforms/74-193.pdf>

For additional information or assistance, please contact the Claims Division by:

Email: [claims.pin@cpa.state.tx.us](mailto:claims.pin@cpa.state.tx.us)

Phone: 512/936-8138 in Austin or 800/531-5441 Ext. 6-8138 toll free

## INSTRUCTIONS FOR VENDOR DIRECT DEPOSIT AUTHORIZATION

### **SECTION 1: Check the appropriate box(es)**

- **NEW SETUP** - If payee is not currently on direct deposit with the state.
  - a. Complete Sections 2, 3 & 4.
  - b. Section 4 is recommended to be completed by financial institution.
- **CANCELLATION** - If payee wishes to stop direct deposit with the state.
  - a. Payee completes Sections 2 & 3.
- **CHANGE FINANCIAL INSTITUTION**
  - a. Payee completes Sections 2, 3 & 4.
  - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT NUMBER**
  - a. Payee completes Sections 2, 3 & 4.
  - b. Section 4 is recommended to be completed by financial institution.
- **CHANGE ACCOUNT TYPE**
  - a. Payee completes Sections 2, 3 & 4.
  - b. Section 4 is recommended to be completed by financial institution.

### **SECTION 2: PAYEE IDENTIFICATION**

- Item 1** Leave the boxes blank if you do not have your 11-digit Texas Identification Number. The paying state agency will provide the information in the boxes. Enter your 9-digit Social Security number or your Federal Employer's Identification (FEI) number.
- Item 2** If your 3-digit mail code address identifier is not known, it will be assigned by the paying state agency.

### **SECTION 3: AUTHORIZATION FOR SETUP, CHANGES OR CANCELLATION**

- Items 10, 11 & 12** The individual authorizing must sign, print their name and date the form.

**NOTE:** No alterations in this section will be allowed.

### **SECTION 4: FINANCIAL INSTITUTION**

**Section 4 is recommended to be completed by a financial institution.**

**NOTE:** Alterations to routing, account number and/or type of account must be initialed by the financial institution representative or the payee.

### **SECTION 5: CANCELLATION BY AGENCY (State agency use only)**

Sections 5 & 6 to be completed by the paying state agency.

### **SECTION 6: PAYING STATE AGENCY (State agency use only)**

Section 6 to be completed by the paying state agency before the form can be processed.

Submit the completed form to a state agency with which you are conducting business. This agency will be designated as your custodial agency. If the direct deposit instructions need to be updated or cancelled, you must contact this agency.

**Note:** A vendor can receive email or fax notifications providing one (1) business day advance notice of the payment posting to the vendor's account. The Advance Payment Notification is available to vendors receiving direct deposit payment(s) from the State of Texas.

To enroll in this free service, complete the Advance Payment Notification Authorization, Form 74-193, available on the Internet at:

<http://www.window.state.tx.us/taxinfo/taxforms/74-193.pdf>

For additional information or assistance, please contact the Claims Division by:

Email: [claims.pin@cpa.state.tx.us](mailto:claims.pin@cpa.state.tx.us)

Phone: 512/936-8138 in Austin or 800/531-5441 Ext. 6-8138 toll free