

1. TYPE OF SUBMISSION Application: <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Pre-application: <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED: _____	APPLICANT IDENTIFIER: _____
		3. DATE RECEIVED BY STATE: _____	STATE APPLICATION IDENTIFIER: _____
		4. DATE RECEIVED BY FEDERAL AGENCY: _____	FEDERAL IDENTIFIER: _____
5. APPLICANT INFORMATION:			
Legal Name: COUNTY OF HIDALGO, TEXAS		Organizational Unit: Hidalgo County	
Address (City, County, State, and Zip Code) of applicant: HIDALGO COUNTY 100 EAST CANO 2ND FLOOR P.O. BOX 1356 EDINBURG, TEXAS 78540		Name/Title, Agency or Company, Address, Area Code, Telephone and Fax Numbers, and e-mail address of applicant preparer: DIANA R. SERNA, EXECUTIVE DIRECTOR HIDALGO COUNTY-URBAN COUNTY PROGRAM 1916 TESORO BLVD. PHARR, TX 78577 (drserna@bizrgv.rr.com)	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 746000717		6a. DUNS NUMBER: 103110834	
7. TYPE OF APPLICANT: <input type="checkbox"/> A. Municipal <input checked="" type="checkbox"/> B. County		8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	
9. NAME OF FEDERAL / STATE AGENCY: Texas Department of Rural Affairs		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-228 Title: Texas Community Development Block Grant Program (TxCDBG)	
11. PROJECT TYPE: <p style="text-align: center;">Flood and Drainage Improvements</p>		11a. TYPE OF APPLICATION: Community Development Fund	
12. TARGET AREA(S) AFFECTED BY THE PROJECT: Pct. 1-Delta Area Connector & Connecting Laterals, Pct. 2-South Fork Drain & Pharr-McAllen South Drain, Pct. No. 3 - PEÑITAS DRAIN, , Pct. 4- J-09 Channel Project & Repairs, and Repair Weirs & (Willacy & Hidalgo Co.) Bridges and Bank Erosion & Connecting Laterals		13. APPLICANT'S FISCAL YEAR: Beginning Date: <u>Jan 1, 2010</u> Ending Date: <u>Dec 31, 2010</u>	
14. CONGRESSIONAL DISTRICTS:		Representative: <u>15</u> Senate: <u>TX</u> Congress: <u>111</u>	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS	
A. TxCDBG REQUEST: <u>\$26,220,884.00</u> B. FEDERAL: <u>\$0.00</u> C. STATE: <u>\$0.00</u> D. APPLICANT: <u>\$0.00</u> E. LOCAL: <u>\$0.00</u> F. OTHER: <u>\$0.00</u> G. TOTAL: <u>\$26,220,884.00</u>		<input type="checkbox"/> Yes the preapplication / application was made available to the State Executive Order 12372 process for review on: Date: _____ <input checked="" type="checkbox"/> No <input type="checkbox"/> Program is not covered by E.O. 12372 -OR- <input type="checkbox"/> Program has not been selected by the State for review	
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes. If "Yes", attach an explanation. <input checked="" type="checkbox"/> No			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE CERTIFICATIONS AND CITIZEN PARTICIPATION PLAN INCLUDED IN THE PROCEDURES SECTION OF THE TxCDBG PROGRAM APPLICATION GUIDE IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of the Applicant's Authorized Representative: RENE A. RAMIREZ		b. Title of the Applicant's Authorized Representative: HIDALGO COUNTY JUDGE	c. Telephone Number +1 (956) 318-2600
d. Signature of the Applicant's Authorized Representative:			Date/Time Field 1/1/2010