

# Tobacco Compliance Grant Application for Local Law Enforcement Agencies



Please indicate if you are:  County Sheriff  District Attorney  
 Municipal Chief of Police  Constable

Fiscal Year 2012: Sept. 1, 2011, through Aug. 31, 2012

Name of organization <b>Hidalgo County Constable Precinct 3</b>		Federal Employer Identification Number (FEIN)	
Applicant title <b>Constable</b>	Applicant first name <b>Lazaro</b>	Applicant middle initial	Applicant last name <b>Gallardo, Jr.</b>
Mailing address <b>730 N. Breyfogle Rd, Ste B.</b>		City <b>Mission</b>	State <b>Texas</b>
County <b>Hidalgo</b>	ZIP code <b>78574</b>		
Phone (Area code and number) <b>(956) 581-6800</b>		FAX number (Area code and number) <b>(956) 519-4245</b>	
E-mail address <b>constablepct3@swbell.net</b>		Have you been a previous tobacco compliance grant recipient? (Check one) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

1. Department or Division responsible for managing your tobacco compliance program **Hidalgo County Constable Pct. 3**  
 Grant Contact Information (if different from above) **Chief deputy constable Horaldo Sanchez**  
**730 N. Breyfogle Rd, Ste. B Mission Texas 78574**  
**956-581-6800 956-519-4245 horaldo.sanchez@co.hidalgo.tx.us**

2. What is the approximate number of tobacco products retailers within your jurisdiction? **243**

Please answer Questions 3 - 5 on separate sheets of paper.

- A list of ZIP codes included in your full jurisdictional boundaries - (Note: If a ZIP code is not wholly included within that boundary, please estimate the percentage that is in your jurisdiction.)
- A list of agencies with whom your agency has an existing Interagency Agreement or Memorandum of Understanding/Agreement (formal or informal) that may restrict your agency's ability to provide full enforcement capabilities within jurisdictional boundaries - (Example: A Sheriff's Office or Constable's Office that does not enforce laws within the corporate city limits of a town or municipality in their county or precinct)
- Explain your agency's plan to implement this grant and how it will support and enforce Health and Safety Code, Chapter 161, as it relates to educating local retailers and court personnel and reducing illegal tobacco sales to minors.
- Have you obtained the appropriate approval from your governing body (city council or county commissioners' court) to accept this grant if awarded?  YES  NO  
 (If "NO," we encourage you to seek approval prior to Aug. 10, in the event your agency is awarded a grant.)

<b>Certification Section: To the best of my knowledge and belief, information in this application and any attachments is true and correct. The document has been duly authorized by the applicant.</b>	
Typed name and title <b>Constable Lazaro Gallardo, Jr.</b>	
sign here <b>Lazaro Gallardo Jr.</b>	Date <b>04-29-11</b>