



**Division for Regional and Local Health Services  
FY 2012 Local Public Health Services**

**FORM A - FACE PAGE**

This form requests basic information about the respondent and project, including the signature of the authorized representative.

<b>RESPONDENT INFORMATION</b>	
1) <b>LEGAL NAME:</b> Hidalgo County Health & Human Services Department	
2) <b>MAILING Address Information</b> (include mailing address, street, city, county, state and zip code):  1304 S. 25 <sup>th</sup> Ave. Edinburg, Hidalgo, Texas 78542	
3) <b>PAYEE Mailing Address</b> (if different from above):  Norma Garcia, Hidalgo County Treasurer 2810 S. Business Hwy. 281, Edinburg, Hidalgo, Texas 78539	
4) <b>Federal Tax ID No.</b> (9 digit), <b>State of Texas Comptroller Vendor ID No.</b> (14 digit) or if an individual, <b>Social Security Number</b> (9 digit) : 746000717 <small>*The vendor acknowledges, understands and agrees that the vendor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</small>	
5) <b>TYPE OF ENTITY</b> (check all that apply):	
<input type="checkbox"/> City <input checked="" type="checkbox"/> Regions/Counties/LHD <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization <input type="checkbox"/> Faith-based Organization
<input type="checkbox"/> Individual <input type="checkbox"/> FQHC <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____	
<small>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</small>	
6) <b>COUNTIES OR REGION SERVED BY PROJECT:</b> See attached County/Region list. Hidalgo County	
7) <b>PROJECT CONTACT PERSON</b>	<b>CHECK FUNDING APPLYING FOR:</b>
Name: Eduardo Olivarez Phone: 956-383-6621 Fax: 956-383-3229 E-mail: eddie.olivarez@hchd.org	<input checked="" type="checkbox"/> LPHS      \$
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications attached in <b>FORM E</b> , and will provide services in accordance with <b>25 Texas Administrative Code, §§37.51-37.65</b> . This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.	
8) <b>AUTHORIZED REPRESENTATIVE</b>	9) <b>SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>
Name: Ramon Garcia Title: Hidalgo County Judge Phone: 956-318-2600 Fax: 956-318-2699 E-mail: ramon.garcia@co.hidalgo.tx.us	
	10) <b>DATE</b> 8/9/11

**\*Form A – FACE PAGE must be faxed with signature to (512) 776 7154**

**APPROVED BY  
COMMISSIONERS' COURT  
ON: 11/18/11 MB**