



Department of State Health Services (DSHS)
FORM A: FACE PAGE – Inter-Local
Application for Financial Assistance

This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the application and shall be completed in its entirety.

APPLICANT INFORMATION																			
1) LEGAL NAME: Hidalgo County Health & Human Services Department																			
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Check if address change <input type="checkbox"/> 1304 S. 25 th Ave. Edinburg, Hidalgo, Texas 78542																			
3) PAYEE Mailing Address (if different from above): Norma G. Garcia, Hidalgo County Treasurer 2810 S. Business Hwy 281, Edinburg, Hidalgo, Tx 78539 Check if address change <input type="checkbox"/>																			
4) Federal Tax ID No. (9 digit) or State of Texas Comptroller Vendor ID No. (14 digit)																			
5) TYPE OF ENTITY (check all that apply): <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input checked="" type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> FQHC</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private	<input type="checkbox"/> Other (specify): _____		
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<input type="checkbox"/> Other (specify): _____																			
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																			
6) HUB REQUIREMENTS: Are you a governmental body bound by HUB or MWBE (Minority & Women's Business Enterprise) mandates/requirements? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes", no further action is required. If "No", contact the DSHS HUB Coordinator at 1-800-243-7487 or by e-mail at HUB-Contact@dshs.state.tx.us .																			
7) PROPOSED BUDGET PERIOD: Start Date: 09/01/2011 End Date: 08/31/2012																			
8) COUNTIES SERVED BY PROJECT: Hidalgo																			
9) AMOUNT OF FUNDING REQUESTED: 455,507	11) PROJECT CONTACT PERSON Name: Eduardo Olivarez Phone: 956-383-6221 Fax: 956-383-3229 E-mail: eddie.olivarez@hchd.org																		
10) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	12) FINANCIAL OFFICER Name: Raymundo Eufracio Phone: 956-318-2511 Fax: 956-318-2577 E-mail: ray.eufracio@auditor.co.hidalgo.tx.us																		
The facts affirmed by me in this Application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in APPENDIX A: DSHS Assurances and Certifications . I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. 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.																			
13) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: Ramon Garcia Title: Hidalgo County Judge Phone: 956-318-2600 Fax: 956-318-2699 E-mail: ramon.garcia@co.hidalgo.tx.us	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE 15) DATE 8/9/11																		

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