



Department of State Health Services

**FORM A: FACE PAGE - FY12 Child Health & Dental Renewal**

Application as authorized by Community Health Services - (RFP # DFCHS-0388.1)

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 proposal and must be completed in its entirety.

APPLICANT INFORMATION	
1) LEGAL BUSINESS NAME: Hidalgo County Health & Human Services Department	
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): <span style="float: right;">Check if address change <input type="checkbox"/></span> Mailing address: 1304 S. 25th Ave Street address: City: Edinburg County: Hidalgo State: Tx Zip code: 78542	
3) PAYEE Name and Mailing Address (if different from above): <span style="float: right;">Check if address change <input type="checkbox"/></span> Mailing address: Norma Garcia, County Treasurer Street address: 2810 S. Business Hwy. 281 City: Edinburg County: Hidalgo State: Tx Zip code: 78539	
4) DUNS Number (9-digit) 10-311-0834 with CCR number (4-digit): N/A	
5) Federal Tax ID No. (9 digit) 746000717 State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit): <i>*The applicant acknowledges, understands and agrees that the applicant'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.</i>	
6) Medicaid Provider Number: 1932146636 OR Date Medicaid Application Submitted & TMHP Ticket #:	
7) TYPE OF ENTITY (check all that apply) <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"/> Faith Based (Nonprofit Org) <input type="checkbox"/> Other (specify): _____	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>	
8) PROPOSED BUDGET PERIOD: Start Date: 09-01-2011 End Date: 08/31/2012	
9) COUNTIES SERVED BY PROJECT: Include completed list of counties to be served behind Face Page.	
10) AMOUNT OF FUNDING REQUESTED: \$ 34,833.00	
11) PROJECTED EXPENDITURES: \$ 2,390,655.00  Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 10 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) PROJECT CONTACT PERSON Name: Eduardo Olivarez Phone: 956-383-6221 Fax: 956-383-3229 E-mail: eddie.olivarez@hchd.org
13) FINANCIAL OFFICER Name: Raymundo Eufrazio Phone: 956-318-2511 Fax: 956-318-2577 E-mail: ray.eufrazio@auditor.co.hidalgo.tx.us	
The facts affirmed by me in this proposal are truthful and I warrant the applicant is in compliance with the assurances and certifications contained in DSHS Assurances and Certifications. I understand 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.	
14) AUTHORIZED REPRESENTATIVE <span style="float: right;">Check if change <input type="checkbox"/></span> Name: Ramon Garcia Title: Hidalgo County Judge Phone: 956-318-2600 Fax: 956-318-2699 ramon.garcia@co.hidalgo.tx.us E-mail:	15) SIGNATURE OF AUTHORIZED REPRESENTATIVE  16) DATE 8/14/11