



HIDALGO COUNTY, TEXAS APPLICATION FOR OFFICIAL TRAVEL

	DATE OF REQUEST: 05/24/12
DEPARTMENT NAME: Safety Division	TOTAL NUMBER OF EMPLOYEES TRAVELING: 2
NAME & TITLE OF EMPLOYEE(S) TRAVELING: Armando Guzman & Lorenzo Ortiz (Safety Officers)	

EVENT INFORMATION			
TITLE OF EVENT: Texas Forest Services 2012 Position Specific Training			
EVENT DATE(S) FROM: 06/25/12	TO: 06/28/12		
DEPARTURE DATE: 06/24/12	RETURN DATE: 06/29/12		
LOCATION OF EVENT: CITY: Waco	STATE: Texas		

PURPOSE OF TRAVEL

Place an "X" by the applicable purpose of the trip.

- To obtain statutorily required continuing professional education.
- To obtain continuing education related to an employee's work or maintenance of a license or certification.
- To testify before legislative bodies, regulatory agencies and commissions, and other forums that may make decisions affecting the County and its affiliated organizations and operations.
- To participate in professional organizations related to the employee or official's job assignment.
- To conduct essential research & information-gathering for improvement of County operations or compliance with law.
- To monitor the development of state or federal legislation or implementation of legislation that might affect the County
- To participate in forums, coalitions, & discussions relating to the policy, legislative & regulatory interests of the County
- To pursue the County's interests in litigation or criminal justice.
- To promote the economic development interests of the County.
- To carry out other purposes determined by Commissioners' Court to be in the interest of the County.

JUSTIFICATION FOR THE NEED TO TRAVEL OUT-OF-STATE

Explain the benefits that this trip it will bring to Hidalgo County. Attach an itinerary, agenda, or schedule for the conference and/ or event. If applicable, justify the need for multiple persons traveling to the same event.

SUMMARY OF ESTIMATED TRAVEL EXPENSES	ESTIMATED EXPENSES	(DBM USE ONLY) FUNDS AVAILABLE BALANCE	MODE OF TRAVEL (Place an "X" by applicable mode of travel)
1. REGISTRATION FEE(S)	\$ -		AIRFARE* <input type="checkbox"/>
Subtotal for Object Code 584	\$ -	\$ -	BUS** <input type="checkbox"/>
2. AIRFARE- ROUNDTRIP COACH FARE ONLY	\$ -		Rental Car** <input type="checkbox"/>
3. TAXI FARE	\$ -		County Vehicle** <input type="checkbox"/>
4. BUS FARE	\$ -		Private Vehicle** <input type="checkbox"/>
5. RENTAL CAR	\$ -		OTHER** (Specify) <input type="checkbox"/>
6. GASOLINE/DIESEL/FUEL	\$ -		* If traveling by airplane, the traveler should consider purchasing a refundable fare if possibility of a cancellation exists. ** If mode of travel includes bus, rental car, county vehicle, private vehicle, or other form of transportation, a comparison of the savings that will be achieved by not choosing to travel by airplane must be provided with supporting documentation.
7. MILEAGE REIMBURSEMENT	\$ -		
8. TELEPHONE CALLS	\$ -		
9. PARKING	\$ -		
10. LODGING	\$ -		
11. MEALS	\$ 468.00		
12. OTHER EXPENSES	\$ -		
Subtotal for Object Code 583	\$ 468.00		
13. TOTAL ESTIMATED TRAVEL EXPENSES	\$ 468.00	\$ -	

14. IF HIDALGO COUNTY IS NOT FUNDING ANY OR PART OF THIS TRIP, INDICATE BELOW THE EXPENSE TYPE & SOURCE OF PAYMENT:

Lodging will be provided by Texas Forest Service and actual cost of fuel will be reimbursed.

NOTE: If trip duration is extended to take advantage of lower airfare, a comparison of the savings to the additional estimated cost must be provided with supporting airfare rate documentation.

ELECTED OFFICIAL/DEPARTMENT HEAD CERTIFICATION (Place an "X" by each of the certifications)

I certify that:

- Trip expenses are necessary and will be incurred for official county business.
- Reasonable efforts to minimize the use of county funds have been explored.
- Sufficient funds are available within in my department's budget to pay for the related travel expenses without the need of a budget amendment.

If this trip is for out-of-state training, the training is not available in some other form that does not require out-of-state travel.

APPROVED BY ELECTED OFFICIAL/DEPARTMENT HEAD:	DATE:	DEPARTMENT CONTACT PERSON:	PHONE NO.:
		Roy Quintanilha	292-7032

FOR DEPARTMENT OF BUDGET & MANAGEMENT (DBM) USE ONLY:

TRAVEL IS **APPROVED** for the individuals listed below:

TRAVEL IS **NOT APPROVED** for the individuals listed below:

REVIEWED BY (PRINT NAME):	DATE:	REVIEWER'S SIGNATURE:	PHONE NO.:
DBM'S DEPARTMENT HEAD APPROVAL (PRINT NAME):	DATE:	SIGNATURE OF DBM DEPARTMENT HEAD:	



HIDALGO COUNTY, TEXAS
SEMINAR, HOTEL, CAR RENTAL, AND AIRFARE
CHECK REQUEST FORM
PAGE 1 OF 2

DEPARTMENT:	Safety Division		
DEPARTURE DATE:	6/24/2012	RETURN DATE:	6/29/2012
TO CITY:	Waco	STATE:	Texas
NAME OF EMPLOYEES ATTENDING SEMINAR:	Armando Guzman & Lorenzo Ortiz		
TOTAL# OF EMPLOYEES ATTENDING SEMINAR:	2		
PURPOSE/BENEFIT TO HIDALGO COUNTY:	attending the Texas Forest Services 2012 Position Specific Training		

A. WORKSHOP/SEMINAR REGISTRATION(S)

TITLE OF WORKSHOP/SEMINAR:	Texas Forest Services 2012 Position Specific Training		
SPONSORED BY:	Texas Forest Services		
REGISTRATION CHECK PAYABLE TO:			
REGISTRATION ADDRESS:		SEMINAR START DATE:	
		SEMINAR END DATE:	
		PURCHASE ORDER NO.	
1. REGISTRATION COST PER EMPLOYEE:		NO. OF EMPLOYEES ATTENDING AT THIS RATE:	
2. REGISTRATION COST PER EMPLOYEE:		NO. OF EMPLOYEES ATTENDING AT THIS RATE:	
3. "FREE REGISTRATION COST:	"FREE"	NO. OF EMPLOYEES ATTENDING FOR "FREE":	FREE
GL ACCT NO.:	2-1100-419-50-125-003-0-583	TOTAL NO. OF EMPLOYEES ATTENDING:	2
TOTAL COST OF SEMINAR (Registration Cost per Employee x Number of Employees Attending at a rate) A.	\$		-
(SEE PAGE 2 FOR SECTIONS B, C, & D)	TOTAL THIS PAGE (A):	\$	-
	TOTAL 2ND PAGE (B + C + D):	\$	-
	GRAND TOTAL (A + B + C + D)	\$	-

E. CERTIFICATIONS AND EMPLOYEE AUTHORIZATIONS FOR PAYROLL DEDUCTIONS

DEPARTMENT'S PUBLIC OFFICIAL CERTIFICATION: I hereby certify that trip expenditures are necessary and will be incurred for official county business. Reasonable efforts to minimize the use of county funds have been explored. The information and estimates provided on this form are true and as accurate as possible. If it becomes necessary to cancel a trip, all necessary cancellations and notices will be made to the applicable vendors and departments in accordance with the Travel Policy, Guidelines, and Procedures. Travelers have read the Travel Policy, Guidelines, and Procedures and understand that failure to cancel reservations for any reasons other than those allowed by the Travel Policy will be at their expense.

	Roy Quintanilha	292-7030
DEPARTMENT'S PUBLIC OFFICIAL (Signature)	DEPARTMENT'S CONTACT PERSON	PHONE #

TRAVELER'S AUTHORIZATION: I certify that if it becomes necessary to cancel a trip, all necessary cancellations and notices will be made to the applicable vendors and departments in accordance with the Travel Policy, Guidelines, and Procedures. If I fail to cancel reservations for reasons other than those allowed by Section 17 of the Travel Policy, Guidelines, and Procedures, I authorize the deduction of any travel expenses incurred by the county on my behalf from my payroll check.

Armando Guzman		129356
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
Lorenzo Ortiz		37982
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.
EMPLOYEE NAME (PRINT)	EMPLOYEE'S SIGNATURE	EMPLOYEE NO.



HIDALGO COUNTY, TEXAS OUT-OF-COUNTY – TRAVEL ADVANCE REQUEST

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Lorenzo Ortiz	EMPLOYEE I.D. NO.:	037982	EMPLOYEE TITLE:	Safety Officer	
DEPARTMENT:	Safety Division	DO YOU HAVE AN OUSTANDING TRAVEL ADVANCE?	no			
DEPARTURE DATE:	6/24/12	RETURN DATE:	6/29/12			
TIME OF DEPARTURE:	7:30 AM	TIME OF RETURN:	7:00 PM			
TO CITY:	Waco	STATE:	Texas			
SEMINAR/CONFERENCE/MEETING:	START DATE:	6/25/2012	END DATE:	6/28/2012	ACTUAL NO. OF DAYS	4
TITLE OF WORKSHOP/CONFERENCE:	Texas Forest Service 2012 Position Specific Training					
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	County Vehicle	IS COORDINATION OF TRAVEL REQUIRED? IF NO, ATTACH WRITTEN EXPLANATION FROM THE COUNTY OFFICIAL.				
LIST NAMES OF COUNTY EMPLOYEES TRAVELING WITH YOU IN THE COUNTY VEHICLE, CAR RENTAL, OR PERSONAL VEHICLE?	Armando Guzman & Lorenzo Ortiz					
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT?	yes	IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE?				
PURPOSE/BENEFIT TO HIDALGO COUNTY:						

B. ESTIMATED EXPENSES:

I. MEALS: (Meals for one-day travel not requiring an overnight stay will not be advanced)

Meals will be prorated for partial days	Meal Rate	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	Total
		24-Jun	25-Jun	26-Jun	27-Jun	28-Jun	29-Jun		
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00		\$54.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00		\$72.00
Dinner	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00	\$18.00		\$108.00
Total	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$0.00	\$234.00

Requestion # 216721
Duchy approval

Meal per diems must be prorated for 1st day and last day of travel as follows:

Departure:	Arrival:
Before 8:00 a.m. (breakfast, lunch, & dinner)	Before 8:00 a.m. (breakfast)
\$ 39.00	\$ 9.00
8:00 a.m. - 1:00 p.m. (lunch & dinner)	8:00 a.m. - 6:00 p.m. (breakfast & lunch)
\$ 30.00	\$ 21.00
After 1:00 p.m. (dinner)	After 6:00 p.m. (breakfast, lunch, & dinner)
\$ 18.00	\$ 39.00

II. INCIDENTAL EXPENSES (taxi fare, shuttle fare, gas charges for car rentals, airport and hotel parking):

Expense type: _____ days @ \$ 20.00 \$ -

III. PERSONAL VEHICLE MILEAGE _____ Miles @ \$ 0.510 (Current Rate) \$ -

(Note: Mileage may be advanced calculated on a point-to-point basis using "Mapquest" at the current county adopted rate per highway mile. Incidental mileage will not be advanced. In addition, "Coordination of Travel" may apply (see Section 7 of the Travel Policies, Guidelines, and Procedures). When traveling out of state, if the most economical means of travel is driving, traveler must supply documentation to support the price of the airfare at the time of travel.

Mapquest

IV. OTHER (Itemize)

_____ \$ _____

_____ \$ _____

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE: _____

VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ **234.00**

VII. COMMENTS: _____

VII. GENERAL LEDGER ACCOUNT NUMBER: _____

C. CERTIFICATION AND AUTHORIZATION TO PAYROLL DEDUCTIONS

I hereby certify that information provided on this form is true and estimated expenditures are reasonable and necessary. The funds will be used by me for the specific trip listed above and not given to or used by another county employee. If my trip is cancelled, I will immediately return the travel advance funds to the County Treasurer no later than 20 calendar days after the seminar/conference/ meeting end date by submitting a Final Travel Expense Claim. In addition, I agree to account for all travel expenditures including the travel advance by submitting a Final Travel Expense Claim, accompanied by required original supporting documentation, no later than 20 days after my seminar/conference/meeting end date. Any unused funds will also be returned to the County Treasurer's Office no later than 20 days after my seminar/conference/meeting end date.

Should I fail to submit a Final Travel Expense Claim, I understand that I will not be allowed to obtain another travel advance until the pending travel advance is settled. In addition, I agree to repay Hidalgo County and further consent to payroll deductions by the County Treasurer to recover the pending travel advance amount.

EMPLOYEE SIGNATURE	Roy Quintanilha DEPARTMENT OFFICIAL'S NAME <small>(Print Name)</small>	DEPARTMENT OFFICIAL'S APPROVAL (Signature)
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HIDALGO COUNTY, TEXAS OUT-OF-COUNTY – TRAVEL ADVANCE REQUEST

A. TRIP AND TRAVELER INFORMATION

EMPLOYEE NAME:	Armando Guzman	EMPLOYEE I.D. NO.:	129356	EMPLOYEE TITLE:	Safety Officer
DEPARTMENT:	Safety Division	DO YOU HAVE AN OUTSTANDING TRAVEL ADVANCE?	no		
DEPARTURE DATE:	6/24/12	RETURN DATE:	6/29/12		
TIME OF DEPARTURE:	7:30 AM	TIME OF RETURN:	7:00 PM		
TO CITY:	Waco	STATE:	Texas		
SEMINAR/CONFERENCE/MEETING:	START DATE: 6/25/2012	END DATE: 6/28/2012	ACTUAL NO. OF DAYS	4	
TITLE OF WORKSHOP/CONFERENCE:	Texas Forest Service 2012 Position Specific Training				
METHOD OF TRAVEL (AIR TRAVEL/ PERSONAL VEHICLE/ COUNTY VEHICLE/ CAR RENTAL):	County Vehicle	IS COORDINATION OF TRAVEL REQUIRED? IF NO, ATTACH WRITTEN EXPLANATION FROM THE COUNTY OFFICIAL.			
LIST NAMES OF COUNTY EMPLOYEES TRAVELING WITH YOU IN THE COUNTY VEHICLE, CAR RENTAL, OR PERSONAL VEHICLE?	Armando Guzman & Lorenzo Ortiz				
DO YOU HAVE A COUNTY VEHICLE ASSIGNED TO YOUR DEPARTMENT?	yes	IF YES, EXPLAIN REASON FOR NOT UTILIZING COUNTY VEHICLE?			
PURPOSE/BENEFIT TO HIDALGO COUNTY:					

B. ESTIMATED EXPENSES:

I. MEALS: (Meals for one-day travel not requiring an overnight stay will not be advanced)

Meals will be prorated for partial days	Meal Rate	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	MONTH / DAY	Total
		24-Jun	25-Jun	26-Jun	27-Jun	28-Jun	29-Jun		
Breakfast	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00	\$9.00		\$54.00
Lunch	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00	\$12.00		\$72.00
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Total	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$39.00	\$0.00	\$234.00

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Departure:	Arrival:
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\$ 39.00	\$ 9.00
\$ 30.00	\$ 21.00
\$ 18.00	\$ 39.00

II. INCIDENTAL EXPENSES (taxi fare, shuttle fare, gas charges for car rentals, airport and hotel parking):

Expense type: _____ days @ \$ 20.00 \$ -

III. PERSONAL VEHICLE MILEAGE _____ Miles @ \$ 0.510 (Current Rate) \$ -

(Note: Mileage may be advanced calculated on a point-to-point basis using "Mapquest" at the current county adopted rate per highway mile. Incidental mileage will not be advanced. In addition, "Coordination of Travel" may apply (see Section 7 of the Travel Policies, Guidelines, and Procedures). When traveling out of state, if the most economical means of travel is driving, traveler must supply documentation to support the price of the airfare at the time of travel.

Mapquest

IV. OTHER (Itemize)

_____ \$ _____

_____ \$ _____

V. P.O. # ISSUED UNDER EMPLOYEE'S NAME FOR THE AMOUNT OF THE TRAVEL ADVANCE: _____ **VI. TOTAL TRAVEL ADVANCE REQUESTED: \$ 234.00**

VII. COMMENTS: _____ **VII. GENERAL LEDGER ACCOUNT NUMBER:** _____

C. CERTIFICATION AND AUTHORIZATION TO PAYROLL DEDUCTIONS

I hereby certify that information provided on this form is true and estimated expenditures are reasonable and necessary. The funds will be used by me for the specific trip listed above and not given to or used by another county employee. If my trip is cancelled, I will immediately return the travel advance funds to the County Treasurer no later than 20 calendar days after the seminar/conference/ meeting end date by submitting a Final Travel Expense Claim. In addition, I agree to account for all travel expenditures including the travel advance by submitting a Final Travel Expense Claim, accompanied by required original supporting documentation, no later than 20 days after my seminar/conference/meeting end date. Any unused funds will also be returned to the County Treasurer's Office no later than 20 days after my seminar/conference/meeting end date.

Should I fail to submit a Final Travel Expense Claim, I understand that I will not be allowed to obtain another travel advance until the pending travel advance is settled. In addition, I agree to repay Hidalgo County and further consent to payroll deductions by the County Treasurer to recover the pending travel advance amount.

 EMPLOYEE SIGNATURE	Roy Quintanilha DEPARTMENT OFFICIAL'S NAME (Print Name)	 DEPARTMENT OFFICIAL'S APPROVAL (Signature)
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Req# 216718
pending approval

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION

See Reverse for
 Privacy Act Statement

O.M.B. No. 1660-0100
Expires August 31, 2013

SECTION I - GENERAL INFORMATION

1. U.S. Citizen YES NO If No, City and Country of Birth: _____

2. NAME (Last, First, Middle Initial, Suffix)
 Guzman Jr. Armando

3. SOCIAL SECURITY NUMBER
 456-33-6465

4. HOME ADDRESS (Street, avenue, road no./city or town, state, and zip code)
 8012 N. 19th Street
 McAllen TX. 78504

5. WORK PHONE NO. (956) 328-7027

6. HOME PHONE NO. (956) 687-2778

7. FAX NO. (956) 318-2658

8. E-MAIL ADDRESS: armando.guzman@hidalgoco.tx.us

9a. ENTER COURSE CODE AND TITLE: (If you wish to apply for more than one course, please attach a sheet of paper to this application)
 SOFRL954

9b. COURSE LOCATION
 Waco

9c. DATES REQUESTED (Please give three choices)
 6-25-2012

10. COMPLETE THE ITEMS BELOW REGARDING THE PREREQUISITES OF THE COURSE FOR WHICH YOU ARE APPLYING

INSTITUTION	DEGREE/CERTIFICATE	DATE EARNED	COURSE/FIELD OF STUDY

11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING?
 NO YES (If yes, describe & indicate any special assistance required on a separate sheet)

SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION

12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED
 Hidalgo County Safety Division
 2818 S. Bus. 281 Edinburg, TX. 78539

12b. NFIRS # (NFA STUDENTS ONLY)

13. CURRENT POSITION AND NUMBER OF YEARS IN POSITION
 8

14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION

14 a. JURISDICTION			14 b. ORGANIZATION			15. CURRENT STATUS			
1. <input type="checkbox"/> STATEWIDE	4. <input type="checkbox"/> SPECIAL DISTRICT/TOWNSHIP	7. <input type="checkbox"/> FOREIGN	1. <input type="checkbox"/> ALL CAREER	2. <input checked="" type="checkbox"/> ALL VOLUNTEER	3. <input type="checkbox"/> COMBINATION	1. <input checked="" type="checkbox"/> PAID FULL TIME	2. <input type="checkbox"/> PAID PART TIME	3. <input type="checkbox"/> VOLUNTEER	4. <input type="checkbox"/> DISASTER RESERVIST
2. <input checked="" type="checkbox"/> COUNTY GOVERNMENT	5. <input type="checkbox"/> FEDERAL/MILITARY (non-DHS)	8. <input type="checkbox"/> DHS/FEMA							
3. <input type="checkbox"/> CITY/TOWN/VILLAGE	6. <input type="checkbox"/> INDUSTRY/BUSINESS	9. <input type="checkbox"/> TRIBAL NATION							

16. Briefly describe your activities/responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. Attach an organizational chart for the organization being represented and indicate your position. If you need more space, please attach a sheet to this application.

17. CHECK ONE BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.

17a. PRIMARY RESPONSIBILITY	17b. TYPE OF EXPERIENCE	17c. NUMBER OF YEARS OF EXPERIENCE
1. <input type="checkbox"/> MANAGEMENT	1. <input type="checkbox"/> INCIDENT COMMAND	5
2. <input type="checkbox"/> TRAINING/EDUCATION	2. <input type="checkbox"/> ADMINISTRATION/STAFF SUPPORT	17d. SIZE OF DEPARTMENT 11
3. <input type="checkbox"/> SCIENTIFIC/ENGINEERING	3. <input type="checkbox"/> SUPERVISION	17e. BUSINESS TYPE
4. <input type="checkbox"/> INVESTIGATION	4. <input type="checkbox"/> BUDGET/PLANNING	1. <input checked="" type="checkbox"/> GOVERNMENT
5. <input type="checkbox"/> FIRE PREVENTION	5. <input type="checkbox"/> PROGRAM DEVELOPMENT/DELIVERY	2. <input type="checkbox"/> EDUCATION
6. <input type="checkbox"/> FIRE SUPPRESSION	6. <input type="checkbox"/> COORDINATION/LIAISON	3. <input type="checkbox"/> FIRE SERVICE
7. <input type="checkbox"/> PROGRAM/ACTIVITY	7. <input type="checkbox"/> PUBLIC EDUCATION	4. <input type="checkbox"/> LAW ENFORCEMENT
8. <input type="checkbox"/> HEALTH	8. <input type="checkbox"/> CODE DEVELOPMENT	5. <input type="checkbox"/> VOLUNTEER AGENCY
9. <input type="checkbox"/> PUBLIC WORKS	9. <input type="checkbox"/> CODE ENFORCEMENT/INSPECTION	6. <input type="checkbox"/> EMERGENCY MANAGEMENT
10. <input type="checkbox"/> DISASTER RESPONSE/RECOVERY	10. <input checked="" type="checkbox"/> SUPPORT SERVICES	7. <input type="checkbox"/> HEALTH CARE
11. <input type="checkbox"/> EMERGENCY MEDICAL SERVICE	11. <input type="checkbox"/> RESEARCH AND DEVELOPMENT	8. <input type="checkbox"/> PUBLIC WORKS
12. <input type="checkbox"/> HAZARD MITIGATION	12. <input type="checkbox"/> ARSON	
13. <input type="checkbox"/> EMERGENCY PREPAREDNESS	13. <input type="checkbox"/> LAW ENFORCEMENT	
14. <input type="checkbox"/> OTHER (Specify) <u>Safety</u>	14. <input type="checkbox"/> DESIGN AND PLANNING	
	15. <input type="checkbox"/> OTHER (Specify) _____	

18. DATE OF BIRTH
 03-30-1961

19. GENDER
 Male Female

20a. ETHNICITY
 HISPANIC or LATINO NOT HISPANIC or LATINO

20b. RACE (Please check all that apply)

1. AMERICAN INDIAN or ALASKA NATIVE 2. ASIAN 3. BLACK or AFRICAN AMERICAN 4. WHITE 5. NATIVE HAWAIIAN or PACIFIC ISLANDER

SECTION III - ENDORSEMENT AND CERTIFICATION

21a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C. 1001).

21b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief or designee.

21c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.

21d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC, and NTF. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) and FEMA-wide courses.

SIGNATURE OF APPLICANT

DATE

5-23-2012

22. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION

"By signing this application, I certify that my organization does not discriminate on the basis of age, sex, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees."

22a. SIGNATURE

22b. PRINTED NAME AND TITLE

23. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE:

23a. SIGNATURE AND DATE (State Office)

23b. SIGNATURE AND DATE (FEMA Regional Office)

24a. FOR NFA REGIONAL DELIVERY COURSES AND COURSES DELIVERED AT EMMITSBURG, MD. SUBMIT APPLICATION TO:

NATIONAL EMERGENCY TRAINING CENTER
OFFICE OF ADMISSIONS, BLDG. I-216
16825 SOUTH SETON AVENUE
EMMITSBURG, MD. 21727

24b. FOR EMI AND FEMA-WIDE COURSES DELIVERED AT NETC, MWEOC, OR NTF SUBMIT APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY MANAGEMENT COORDINATOR OR FEMA REGIONAL TRAINING MANAGER TO NETC.

24c. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO APPROPRIATE SPONSOR.

25. DISPOSITION

 ACCEPTED REJECTED

SIGNATURE OF REVIEWER

DATE

EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, sex, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply for all courses.

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for admission to NFA, EMI or any FEMA Agency-wide training.

AUTHORITY - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 *et seq.*; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121 *et seq.*; Title 44 U.S.C., Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES - To determine eligibility for participation in NFA, EMI and any FEMA Agency-wide training courses. Information such as age, sex, and ancestral heritage are used for statistical purposes only.

USES - Information may be released to: 1) FEMA staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) a physician to provide medical assistance to students who become ill or are injured during courses; 3) Members of the Board of Visitors for the purpose of evaluating programmatic statistics; 4) sponsoring States, local officials, or State agencies to update/evaluate statistics of NFA and EMI and FEMA-wide participants; 5) Members of Congress seeking first party information; and 6) Agency training program contractors and computer centers performing administrative functions.

EFFECTS OF NONDISCLOSURE - Personal information is provided on a volunteer basis. Failure to provide information on this form, however, may result in a delay in processing your application and/or certifying completion of the course.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PL 93-579, SECTION 7(b) - E.O. 9397 authorizes the collection of the SSN. The SSN is necessary because of the large number of individuals who have identical names and birthdates and whose identities can only be distinguished by the SSN. The SSN is used for recordkeeping purposes, i.e., to ensure that your academic record is maintained accurately. Disclosure of the SSN is voluntary. However, if you do not provide your SSN, another number will be substituted, which will delay processing your application or course certificate.

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 9 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0100). **NOTE: Do not send your completed form to this address.**

DEPARTMENT OF HOMELAND SECURITY
FEDERAL EMERGENCY MANAGEMENT AGENCY
GENERAL ADMISSIONS APPLICATION

See Reverse for
Privacy Act Statement

O.M.B. No. 1660-0100
Expires August 31, 2013

SECTION I - GENERAL INFORMATION

1. U.S. Citizen YES NO If No, City and Country of Birth: _____

2. NAME (Last, First, Middle Initial, Suffix)
Ortiz, Lorenzo Jr.

3. SOCIAL SECURITY NUMBER
467-41-9767

4. HOME ADDRESS (Street, avenue, road no./city or town, state, and zip code)
3209 N. Inspiration RD. Apt. 2
Mission, TX. 78573

5. WORK PHONE NO. (956) 292-7030

6. HOME PHONE NO. (956) 534-1540

7. FAX NO. (956) 318-2658

8. E-MAIL ADDRESS: lorenzo.ortiz@co.hidalgo.tx.us

9a. ENTER COURSE CODE AND TITLE: (If you wish to apply for more than one course, please attach a sheet of paper to this application)

9b. COURSE LOCATION

9c. DATES REQUESTED (Please give three choices)

SOFRL954

Waco

6-25-2012

10. COMPLETE THE ITEMS BELOW REGARDING THE PREREQUISITES OF THE COURSE FOR WHICH YOU ARE APPLYING

INSTITUTION

DEGREE/CERTIFICATE

DATE EARNED

COURSE/FIELD OF STUDY

11. DO YOU HAVE ANY DISABILITIES (Including special allergies or medical disabilities) WHICH WOULD REQUIRE SPECIAL ASSISTANCE DURING YOUR ATTENDANCE IN TRAINING?
 NO YES (If yes, describe & indicate any special assistance required on a separate sheet)

SECTION II - EMPLOYMENT INFORMATION AND AUTHORIZATION

12a. NAME AND COMPLETE ADDRESS OF ORGANIZATION BEING REPRESENTED
Hidalgo County Safety Division
2818 S. Bus. 281 Edinburg, TX. 78539

12b. NFIRS #
(NFA STUDENTS ONLY)

13. CURRENT POSITION AND NUMBER OF YEARS IN POSITION
Safety Officer 5yrs

14. CHECK THE BOX(ES) BELOW THAT BEST DESCRIBE YOUR ORGANIZATION

14 a. JURISDICTION

1. STATEWIDE
2. COUNTY GOVERNMENT
3. CITY/TOWN/VILLAGE

4. SPECIAL DISTRICT/TOWNSHIP
5. FEDERAL/MILITARY (non-DHS)
6. INDUSTRY/BUSINESS

7. FOREIGN
8. DHS/FEMA
9. TRIBAL NATION

14 b. ORGANIZATION

1. ALL CAREER
2. ALL VOLUNTEER
3. COMBINATION

15. CURRENT STATUS

1. PAID FULL TIME
2. PAID PART TIME
3. VOLUNTEER
4. DISASTER RESERVIST

16. Briefly describe your activities/responsibilities as they relate to the course for which you are applying and identify how you will use the information obtained from the course. Attach an organizational chart for the organization being represented and indicate your position. If you need more space, please attach a sheet to this application.

17. CHECK **ONE** BOX IN EACH COLUMN THAT BEST DESCRIBES YOUR PRESENT PRIMARY RESPONSIBILITY AND TYPE OF EXPERIENCE AS IT RELATES TO THE COURSE FOR WHICH YOU ARE APPLYING. ALSO ENTER THE NUMBER OF YEARS OF EXPERIENCE.

17a. PRIMARY RESPONSIBILITY

1. MANAGEMENT
2. TRAINING/EDUCATION
3. SCIENTIFIC/ENGINEERING
4. INVESTIGATION
5. FIRE PREVENTION
6. FIRE SUPPRESSION
7. PROGRAM/ACTIVITY
8. HEALTH
9. PUBLIC WORKS
10. DISASTER RESPONSE/RECOVERY
11. EMERGENCY MEDICAL SERVICE
12. HAZARD MITIGATION
13. EMERGENCY PREPAREDNESS
14. OTHER (Specify) Safety

17b. TYPE OF EXPERIENCE

1. INCIDENT COMMAND
2. ADMINISTRATION/STAFF SUPPORT
3. SUPERVISION
4. BUDGET/PLANNING
5. PROGRAM DEVELOPMENT/DELIVERY
6. COORDINATION/LIAISON
7. PUBLIC EDUCATION
8. CODE DEVELOPMENT
9. CODE ENFORCEMENT/INSPECTION
10. SUPPORT SERVICES
11. RESEARCH AND DEVELOPMENT
12. ARSON
13. LAW ENFORCEMENT
14. DESIGN AND PLANNING
15. OTHER (Specify) _____

17c. NUMBER OF YEARS OF EXPERIENCE 5

17d. SIZE OF DEPARTMENT 11

17e. BUSINESS TYPE

1. GOVERNMENT
2. EDUCATION
3. FIRE SERVICE
4. LAW ENFORCEMENT
5. VOLUNTEER AGENCY
6. EMERGENCY MANAGEMENT
7. HEALTH CARE
8. PUBLIC WORKS

18. DATE OF BIRTH
03-29-1972

19. GENDER
 Male Female

20a. ETHNICITY
 HISPANIC or LATINO NOT HISPANIC or LATINO

20b. RACE (Please check all that apply)

1. AMERICAN INDIAN or ALASKA NATIVE 2. ASIAN 3. BLACK or AFRICAN AMERICAN 4. WHITE 5. NATIVE HAWAIIAN or PACIFIC ISLANDER

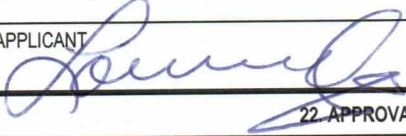
SECTION III - ENDORSEMENT AND CERTIFICATION

21a. I certify that the information recorded on this application is correct. Falsification of information will result in denial of a course certificate and stipend (18 U.S.C. 1001).

21b. I hereby authorize the release of any and all information concerning my enrollment in this course to the chief officer in charge, or designee, of my organization. All requests for information shall be in writing from said chief or designee.

21c. Further, I understand that the National Emergency Training Center (NETC), the Mt. Weather Emergency Operations Center (MWEOC), and the Noble Training Facility (NTF) are not authorized to provide medical or health insurance for students. I maintain appropriate insurance on an individual basis.

21d. I agree to abide by the rules, policies, and regulations of NETC, MWEOC, and NTF. Failure to do so will result in denial of the student stipend, expulsion from the course, and possible barring from future National Fire Academy (NFA) and Emergency Management Institute (EMI) and FEMA-wide courses.

SIGNATURE OF APPLICANT 	DATE 05-24-12
---	-------------------------

22. APPROVAL BY THE HEAD OF THE SPONSORING ORGANIZATION

"By signing this application, I certify that my organization does not discriminate on the basis of age, sex, race, color, religious belief, national origin, economic status, or disability in providing educational opportunities for its employees."

22a. SIGNATURE	22b. PRINTED NAME AND TITLE Lorenzo Ortiz Jr. - Safety Officer
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23. ADDITIONAL ENDORSEMENTS FOR APPLICATION TO THE EMERGENCY MANAGEMENT INSTITUTE:

23a. SIGNATURE AND DATE (State Office)	23b. SIGNATURE AND DATE (FEMA Regional Office)
--	--

24a. FOR NFA REGIONAL DELIVERY COURSES AND COURSES DELIVERED AT EMMITSBURG, MD. SUBMIT APPLICATION TO: <p align="center">NATIONAL EMERGENCY TRAINING CENTER OFFICE OF ADMISSIONS, BLDG. I-216 16825 SOUTH SETON AVENUE EMMITSBURG, MD. 21727</p>	24b. FOR EMI AND FEMA-WIDE COURSES DELIVERED AT NETC, MWEOC, OR NTF SUBMIT APPLICATION THROUGH THE APPROPRIATE STATE EMERGENCY MANAGEMENT COORDINATOR OR FEMA REGIONAL TRAINING MANAGER TO NETC. 24c. FOR FIELD PROGRAM COURSES, SUBMIT APPLICATION TO APPROPRIATE SPONSOR.
--	--

25. DISPOSITION <input type="checkbox"/> ACCEPTED <input type="checkbox"/> REJECTED	SIGNATURE OF REVIEWER	DATE
--	-----------------------	------

EQUAL OPPORTUNITY STATEMENT

NFA and EMI are Equal Opportunity institutions. They do not discriminate on the basis of age, sex, race, color, religious belief, national origin, or disability in their admissions and student-related procedures. Both schools make every effort to ensure equitable representation of minorities and women in their student bodies. Qualified minority and women candidates are encouraged to apply for all courses.

PRIVACY ACT STATEMENT

GENERAL - This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), Title 5 United States Code (U.S.C.) Section 552a, for individuals applying for admission to NFA, EMI or any FEMA Agency-wide training.

AUTHORITY - Federal Fire Prevention and Control Act of 1974, as amended, Title 15 U.S.C., Sections 2201 *et seq.*; Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Title 42 U.S.C., Sections 5121 *et seq.*; Title 44 U.S.C., Section 3101; Executive Orders 12127, 12148, and 9397; Title VI of the Civil Rights Act of 1964; and Section 504 of the Rehabilitation Act of 1973.

PURPOSES - To determine eligibility for participation in NFA, EMI and any FEMA Agency-wide training courses. Information such as age, sex, and ancestral heritage are used for statistical purposes only.

USES - Information may be released to: 1) FEMA staff to analyze application and enrollment patterns for specific courses, and to respond to student inquiries; 2) a physician to provide medical assistance to students who become ill or are injured during courses; 3) Members of the Board of Visitors for the purpose of evaluating programmatic statistics; 4) sponsoring States, local officials, or State agencies to update/evaluate statistics of NFA and EMI and FEMA-wide participants; 5) Members of Congress seeking first party information; and 6) Agency training program contractors and computer centers performing administrative functions.

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Juan Martinez

From: Koenig, Bob [bkoenig@tfs.tamu.edu]
Sent: Wednesday, April 25, 2012 6:07 PM
To: Moon, Linda; Aubrey Holmes (aholmes@wilco.org); Baucom, Sam; Bill Gardner; Bill Weske (william.weske@wichitafallstx.gov); Chad Berg; Chad Berg; Clay W. Fenwick; Darrell Johnston (djohnston@odessa-tx.gov); David Saenz; Del Albright; Dennis Beyer (dennis.beyer@okstate.edu); Donald Moore (dmoore@bloomfieldct.org); Earl Foster (Earl.Foster@wichitafallstx.gov); Edward Marks; Elizabeth Barney; Greg Goetsch; Jack Harper; Jason Lane; Jeff Jones (JJJones@ci.sherman.tx.us); Jeff Kelley; Jeff Meiner; Jody Gonzalez; John O'Valle; Jose Gonzalez (joselg@cctexas.com); Juan Martinez; Ken Olson; Kyle Coleman; Lance Phelps; Larry McRae; Lewis Treadwell (Treadwell@suddenlink.net); Major William Diggs; Mark Ethridge; Michael Hemby; Mike Czepiel; Patrick Hughes; Patrick Shipp; Patrick Zepeda (Patrick.zepeda@sanantonio.gov); Ralph Johnson; Richard Johnson; Robie Robinson (robie.robinson@tccd.edu); Roland Asebedo; Rolando Benavides; Russell Marshall; scordova@ydsp-nsn.gov; Scott Parker; Tim Ocnaschek; Tommy Gonzalez (thomas.gonzalez@dps.texas.gov); Tony Alotto; Troy German (TGerman@dps.state.ok.us); Victoria Koenig (victoria_koenig@att.net); Victoria Lafollett-Koenig (victoria.koenig@teex.tamu.edu)
Cc: Koenig, Bob; Hannemann, Paul F.; Carman Apple; Dennis Baker; Jimmy Chew; Jon Reese; Kent Morrill (kmorrill@LongviewTexas.gov); Margaret Seville; Tonya Hunter
Subject: 2012 Position Specific Training Schedule
Attachments: 2012 Position Specific Training Dates.pdf

All,

Attached is the 2012 position specific training schedule. All classes will be conducted at the McLennan County Emergency Services Training Center in Waco.

Personnel will be reimbursed per diem not to exceed \$46 per day. Privately owned vehicle mileage will be reimbursed at the prevailing Texas Forest Service rate at the time of training. Actual costs for fuel will be reimbursed for agency vehicles. The use of carpools and agency vehicles is encouraged as a cost containment measure. Double occupancy lodging will be provided by the Texas Forest Service. This decision has been made in order to reduce lodging costs by 50% which will allow for deliveries of all position specific classes. If an attendee declines Texas Forest Service lodging, the attendee will be required to provide their lodging at their expense with no reimbursement. Please ensure that this information is provided to all team members.

Please provide your team rosters for each training to me not later than May 15, 2012. Please ensure that all attendees have met prerequisites for the course they would like to attend. For example, an individual requesting to attend the PSC class should have completed the RESL and SITL classes. This is in line with the decision made at the last Steering Committee meeting in Arlington to enhance position requirements. Attendance at any course is based on prerequisite completion, the number of available seats and funding.

If you have any questions, please contact me.

Bob

will be certified

Bob Koenig
 State Incident Management Team Coordinator
 Chief, Incident Response Training
 Incident Response Department
 Texas Forest Service
 200 Technology Way, Suite 1162
 College Station, Texas 77845
 Phone: 979-450-8659
 Fax: 979-458-7314

5/23/2012

2012 POSITION SPECIFIC TRAINING SCHEDULE

COURSE TITLE	DELIVERY DATES
IC L950	6-11 TO 6-15
PIO I952	7-9 TO 7-12
SOFR L954	6-25 TO 6-28
LOFR L956	6-11 TO 6-12
OSC L958	7-9 TO 7-12
	7-16 TO 7-19
DIVS L960	6-13 TO 6-15
PSC L962	7-9 TO 7-12
	7-16 TO 7-19
SITL L964	8-6 TO 8-9
RESL L965	8-20 TO 8-24
LSC L967	8-6 TO 8-10
SUPL L970	6-25 TO 6-28
FACL L971	8-20 TO 8-24
FSC L973	8-20 TO 8-22
FAUL L957	8-20 TO 8-22

Waco Safety Officers course

Depart: 7:00 AM

7/8 to 7/13 at 6:00 pm

Waco

Waco - Same

SAFETY OFFICER, L954, JUNE 25-28, 2012

21 STUDENTS

NAME	AGENCY	EMAIL ADDRESS	CELL PHONE	APP	LODGING
Terry Jones	Midland FD				
Bobby Valles	Odessa FD	bvalles@odessa-tx.gov	432-230-7167		yes
Darrell Johnston	Odessa FD	djohnston@odessa-tx.gov	432-967-2880		yes
Rachelle Powers	SAPD				
Willie Mendez	SAPD				
Robert Guerrero	BCSO				
Michael Hemby	TCSO				
Danny Lammons	Lubbock	diammons@mylubbock.us	806-535-9049		yes
Donn Barnes	DSHS				
Sandi Henley	DSHS				
Ester Salinas	Elite EMS	esalinas41@gmail.com	956-754-6735		yes
Michael McLemore					
Edward Hawthorne					
John Avara					
Robert Falls	Beaumont PH	robert-falls@sbcglobal.net	409-466-8839		Yes
Chris Campbell	Amarillo FD				
Brian Forns	Hillsboro				
Elizabeth Barney	Hillsboro				
Jack Harper	Hillsboro				
Tim Birdwell	Red Oak FD				
Jose Gonzalez	Corpus Christi F.D.	Jose.lg@cctexas.com	361-658-7675		yes
Armando Guzman	Hidalgo Co. Safety Div	armando.guzman@co.hidalgo.tx.us	956-328-7027		yes
Lorenzo Ortiz	Hidalgo Co. Safety Div	lorenzo.ortiz@co.hidalgo.tx.us	956-534-1540		no