

**DESIGNATION OF APPLICANT'S AGENT  
TEXAS DIVISION OF EMERGENCY MANAGEMENT**

FEMA Grant: DR-1791-331

Organization Name (hereafter named Organization) **Hidalgo County**

Primary Agent		Secondary Agent	
First Name <b>Belinda Alvarez</b>	First Name <b>Ricardo</b>	Last Name <b>Saldana</b>	
Organization <b>Hidalgo County</b>	Organization <b>Hidalgo County</b>		
Official Position <b>Deputy EMC</b>	Official Position <b>Emergency Management Coordinator</b>		
Mailing Address <b>302 W. University</b>	Mailing Address <b>302 W. University</b>		
City <b>Edinburg</b>	State <b>TX</b>	Zip <b>78539</b>	City <b>Edinburg</b>
Work Phone <b>(956) 318-1615</b>	Fax Number <b>(956) 289-7889</b>	Work Phone <b>(956) 318-2615</b>	Fax Number <b>(956) 289-7889</b>
E-Mail Address <b>belinda.alvarez@co.hidalgo.tx.us</b>	E-Mail Address <b>ricardo.saldana@co.hidalgo.tx.us</b>		
Cellular Phone <b>(956) 720-2165</b>	Cellular Phone <b>(956) 289-6549</b>		

The above Primary and Secondary Agents are hereby authorized to execute and file Application for Public Assistance on behalf of the Organization for the purpose of obtaining certain state and federal financial assistance under the Robert T. Stafford Disaster Relief & Emergency Assistance Act, (Public Law 93-288 as amended) or otherwise available. This agent is authorized to represent and act for the Organization in all dealings with the State of Texas for all matters pertaining to such disaster assistance required by the agreements and assurances printed on the reverse side hereof.

Chief Financial Officer		Certifying Official	
First Name <b>Ray</b>	Last Name <b>Eufracio</b>	First Name <b>Ramon</b>	Last Name <b>Garcia</b>
Organization <b>Hidalgo County</b>		Organization <b>Hidalgo County</b>	
Official Position <b>County Auditor</b>		Official Position <b>County Judge</b>	
Mailing Address <b>2808 S. Business HWY 281</b>		Mailing Address <b>302 W. University</b>	
City <b>Edinburg</b>	State <b>TX</b>	Zip <b>78539</b>	City <b>Edinburg</b>
Work Phone <b>(956) 318-2511</b>	Fax Number <b>(956) 318-2507</b>	Work Phone <b>(956) 318-2600</b>	Fax Number <b>(956) 318-2699</b>
E-Mail Address <b>ray.eufracio@auditor.co.hidalgo.tx.us</b>		E-Mail Address <b>ramon.garcia@co.hidalgo.tx.us</b>	
Cellular Phone		Cellular Phone	

**Applicant's State Cognizant Agency for Single Audit purposes (If a Cognizant Agency is not assigned, please indicate):**

Applicant's Fiscal Year (FY) End Month **December 31**

Applicant's Federal Employer's Identification Number **74-6000717**

Applicant's State Payee Identification Number **17460007176**

Certifying Official's Signature

Date