



Texas Department of State Health Services (DSHS)

FORM A: Renewal Application

Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

This form is part of the organization's contractual agreement with DSHS and must be completed in its entirety.

The organization is responsible for notifying DSHS of any changes within the fiscal year of the information documented on this form.

ORGANIZATION INFORMATION			
1) LEGAL BUSINESS NAME (no abbreviations): Hidalgo County Health and Human Services WIC Program			
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): 3105 W. University Drive Edinburg, Texas 78539			
3) PAYEE Name and Mailing Address (where payment is to be received if different from above): Norma Garcia, Hidalgo County Treasurer 2801 S. Business 281 Edinburg, Texas 78539-6243			
4a) DUNS Number (9-digit): 10-311-0834			
b) CCR number (optional/please provide if available):			
5) Federal Tax ID No. (9 digit) or State of Texas Comptroller Vendor ID No. (14 digit): 74-6000717			
6a) TYPE OF ENTITY (check all that apply by double-clicking on the box provided):			
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*		
<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*		
<input type="checkbox"/> State Agency	<input type="checkbox"/> HUB certified		
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> Community Based Organization		
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization		
<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Federally Qualified Health Centers		
<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> Hospital		
<input type="checkbox"/> Other (specify):			
6b) If a Non-Profit or For-Profit Corporation, provide the charter/file number assigned by the Texas Secretary of State: _____			
7) CONTRACT/BUDGET PERIOD: Start Date: October 1, 2016 End Date: September 30, 2017			
8) COUNTIES SERVED BY PROGRAM (counties assigned by the WIC program) Hidalgo and Starr Counties			
9) PROGRAM DIRECTOR (WIC Director)			
Name:	Clarissa Ramirez		
Title:	WIC Director		
Phone:	(956)381-4646 ext. 4041		
Fax:	(956)380-4056		
Email:	clarissa.ramirez@wic.co.hidalgo.tx.us		
Mailing Address:	3105 W. University Drive, Edinburg, Texas 78539		
10) PROGRAM ACCOUNTANT(S) Add additional names if more than 1 accountant is processing WIC vouchers			
Name:	Margarita Gonzalez	Name:	Deborah Fischer
Title:	Grant Accountant	Title:	Grant Accountant Supervisor
Phone:	(956)381-4646 ext. 4042	Phone:	(956)381-2511 ext.4670
Fax:	(956)380-4056	Fax:	(956)381-2577
Email:	mague.gonzalez@wic.co.hidalgo.tx.us	Email:	deborah.fischer@auditor.co.hidalgo.tx.us
11) CHIEF FINANCIAL OFFICER(CFO)			
Name:	Raymundo Eufrazio, CPA		
Title:	Hidalgo County Auditor		
Phone:	(956)318-2511 ext. 4604		
Email:	ray.eufrazio@auditor.co.hidalgo.tx.us		
Mailing Address:	2808 S. Business 281, Edinburg, Texas 78539-6243		
12) AUTHORIZED REPRESENTATIVE			
Name:	Ramon Garcia		
Title:	Hidalgo County Judge		
Phone:	(956)381-2600		
Email:	ramon.garcia@co.hidalgo.tx.us		
Overnight Mail Address:	100 E. Cano St. 2 nd Floor, Edinburg, Texas 78539		
13) Person Completing Form: Margarita Gonzalez		14) Date Completed: 6/7/16	



WIC FORM A: RENEWAL APPLICATION INSTRUCTIONS

- The Form A is requesting basic information about the WIC organization and contact information for the upcoming contract year.
 - The Form A is part of the organization's contractual agreement with DSHS and must be completed in its entirety and returned to DSHS by the date designated.
 - The organization is responsible for notifying DSHS throughout the contract term of any changes to the information submitted on this form.
 - This form must be completed in the format given and returned electronically as a WORD document (attached to an email) to the DSHS WIC contract manager at cmb@dshs.state.tx.us. **Handwritten, typed hardcopy, or scanned (includes PDF) forms cannot be accepted.**
 - Contact the WIC contract manager at cynthia.wright@dshs.state.tx.us with questions concerning the completion and submission of this form.
- 1) LEGAL BUSINESS NAME - Enter the legal name of the organization. If you are unsure of the legal name, contact your organization's legal department.
 - 2) MAILING ADDRESS INFORMATION - Enter the organization's complete mailing address, city, county, state, and zip code.
 - 3) PAYEE NAME AND MAILING ADDRESS - Enter the PAYEE name and mailing address if different from the mailing address. The PAYEE is the corporation, entity or vendor who will be receiving payments.
 - 4a) DUNS Number - a unique 9-character number that identifies the physical location of your organization. It is a tool of the federal government to track how federal money is distributed. If your organization does not have a DUNS number, use the Dun & Bradstreet (D&B) online registration to receive one free of charge. <http://fedgov.dnb.com/webform>
b) Central Contractor Registration database (CCR) - This is a federally run database that collects, validates, and disseminates information about the organizations that receive contracts and grants from the federal government. CRR is a 4 digit number which is not required to be obtained by DSHS at this time. If your organization has a CCR number, please document in the space provided.
 - 5) FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digits).
 - 6a) TYPE OF ENTITY - Check the type of entity that represents your organization. You may reference the Secretary of State webpage for business structure definitions at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and http://www.sos.state.tx.us/corp/nonprofit_org.shtml.
b) Organization Charter/File Number: This number is assigned to a Non-Profit or For-Profit Organization by the Texas Secretary of State (SOC). This number can vary in digits depending of the year that the organization filed for a certificate of formation with the SOC.
 - 7) CONTRACT/BUDGET PERIOD - If blank, enter the contract period for which this information applies.
 - 8) COUNTIES SERVED BY PROGRAM - Enter all of the counties the organization will serve by the WIC program.
*Note that any additions and/or changes to the list of counties that have been previously submitted to DSHS must have written approval from the WIC program.
*If an agency ceases to provide services in a county listed on this form after the contract is executed, it may affect the WIC funding formula and necessitate a contract amendment. Contact the WIC contract manager for any questions.
 - 9) PROGRAM CONTACT PERSON - Enter the name, phone, fax, email and mailing addresses of the main person responsible/main contact for this organization's WIC program. If there any changes to any of this information, need to notify DSHS Contract Development & Support Branch (CDSB) at cdsb@dshs.state.tx.us and the WIC program at WICclinics@dshs.state.tx.us.
 - 10) PROGRAM ACCOUNTANT(S) - Enter name, phone number, fax and email address of all of the staff responsible to process and submit your organization's WIC local agency billings. If there is additional staff responsible for processing WIC billing, add additional lines on this form to document the names, phone numbers, fax and email addresses of other staff.
** If the WIC director is the only person that processes WIC billings, then insert the WIC director's name for #10.
 - 11) CHIEF FINANCIAL OFFICER (CFO) - Enter the name, title, mailing address, phone, fax, and email address for the person who is responsible for the financial aspects of this organization. If there any changes to any of this information, need to notify DSHS Contract Development & Support Branch (CDSB) at cdsb@dshs.state.tx.us and the WIC program at WICclinics@dshs.state.tx.us.
 - 12) AUTHORIZED REPRESENTATIVE - Enter the name, title, overnight mailing address, phone, fax, and email address for the person authorized to represent of this organization. This person is designated by your organization to sign contracts and amendments. If there any changes to any of this information, need to notify DSHS Contract Development & Support Branch (CDSB) at cdsb@dshs.state.tx.us and the WIC program at WICclinics@dshs.state.tx.us.
 - 13) PERSON COMPLETING FORM - document name of person who completed this form.
 - 14) DATE COMPLETED- document the date this form was completed. If any updates are submitted, this date needs to be updated also.