



**Department of State Health Services**  
**FORM A: FACE PAGE**

*This form requests basic information about the respondent 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.*

**RESPONDENT INFORMATION**

1) **LEGAL BUSINESS NAME:** Hidalgo County Health and Human Services WIC Program

2) **MAILING Address Information** (include mailing address, street, city, county, state and 9-digit zip code):  Check if address change  
 3105 W. University Drive, Edinburg, Texas 78539

3) **PAYEE Name and Mailing Address, including 9-digit zip code** (if different from above):  Check if address change  
 Norma Garcia, Hidalgo County Treasurer, 2801 S. Business 281, Edinburg, Texas 78539-0834

4) **DUNS Number (9-digit) required if receiving federal funds:** 10-311-0834

5) **Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit):** 74-6000717

*\*The respondent acknowledges, understands and agrees that the respondent'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.*

6) **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"/> Federally Qualified Health Centers
<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): _____

*\*If incorporated, provide 10-digit charter number assigned by Secretary of State: \_\_\_\_\_*

7) **PROPOSED BUDGET PERIOD:** Start Date: **9/1/16** End Date: **8/31/17**

8) **COUNTIES SERVED BY PROJECT:** Hidalgo and Starr

9) **AMOUNT OF FUNDING REQUESTED:** \$130,000.00

10) **PROJECTED EXPENDITURES**  
 Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's current fiscal year (excluding amount requested in line 9 above)? \*\*  
 Yes  No

*\*\*Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.*

11) **PROJECT CONTACT PERSON**  
 Name: Clarissa Ramirez, WIC Director  
 Phone: (956)381-4646  
 Fax: (956)380-4056  
 Email: clarissa.ramirez@wic.co.hidalgo.tx.us

12) **FINANCIAL OFFICER**  
 Name: Ray Eufracio, CPA  
 Phone: (956)381-2511 ext. 4604  
 Fax: (956)381-2577  
 Email: ray.eufracio@auditor

The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **APPENDIX B: 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 respondent and I (the person signing below) am authorized to represent the respondent.

13) **AUTHORIZED REPRESENTATIVE**  Check if change  
 Name: Ramon Garcia  
 HTitle: Hidalgo County Judge  
 Phone: (956)318-2600  
 Fax: (956)318-2699  
 Email: countyjudge@co.hidalgo.tx.us

14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE**

15) **DATE :**