



Department of State Health Services
 FORM A: FACE PAGE
FY 2019 Lactation Support Center Services Strategic Expansion Program
 This form requests basic information about the respondent and project. .

RESPONDENT INFORMATION

1) LEGAL BUSINESS NAME: Hidalgo County Health and Human Services	
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): <input type="checkbox"/> Check if address change 3105 W. University, Edinburg, Texas 78539	
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): <input type="checkbox"/> Check if address change Norma Garcia, 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: 08/23	
6a) CONTRACTORS' FISCAL YEAR END DATE (MM/DD): 08/31/2019	
7) PROPOSED BUDGET PERIOD: Start Date: 09/01/2018 End Date: 08/31/2019	
8) COUNTIES SERVED BY PROJECT: Hidalgo and Starr	
9) AMOUNT OF FUNDING REQUESTED: \$200,000.00	11) PROJECT CONTACT PERSON Name: Clarissa Ramirez, WIC Director Phone: (956)381-4646 ext. 4041 Fax: (956)380-4056 Email: clarissa.ramirez@wic.co.hidalgo.tx.us
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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	
12) FINANCIAL OFFICER Name: Maria Arcilia Duran, CPA Phone: (956)318-2511 Fax: (956)318-2577 Email: arcilia.duran@auditor.co.hidalgo.tx.us	
13) AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Check if change Name: Ramon Garcia Title: Hidalgo County Judge Phone: (956)318-2600 Fax: (956)318-2577 Email: countviudge@co.hidalgo.tx.us	14) DATE