



**Fiscal Year 2019/2020 WIC 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 HHSC and has been populated with information submitted to HHSC.
- The organization is responsible to review & in needed, correct the information below. Additional information required will be highlighted in yellow.
- The organization is responsible for notifying the WIC contract manager if there are any changes to the information during the fiscal year.

| <b>ORGANIZATION INFORMATION</b>   |   |   |   |
|---|---|---|---|
| 1a) LEGAL BUSINESS NAME (no abbreviations):<br>Hidalgo County   |   | Check if changed <input type="checkbox"/>                   |   |
| b) Legal Doing Business As (DBA) Name (no abbreviations):<br>Hidalgo County Health and Human Services   |   | Check if changed <input type="checkbox"/>                   |   |
| 2) PHYSICAL MAILING ADDRESS (street address, city, county, state and 9-digit zip code):<br>3105 W. University Drive, Edinburg, TX 78539                                 |   | Check if changed <input type="checkbox"/>                   |   |
| 3) PAYEE Name and Mailing Address (where payment is to be received if different from above):<br>Hidalgo County Treasurer, 2801 S. Business 281, Edinburg, TX 78539-0834 |   | Check if changed <input type="checkbox"/>                   |   |
| 4a) DUNS Number (9-digit): 10-311-0834  |   | b) CCR number (optional/please provide if available):       |   |
| 5) STATE OF TEXAS COMPTROLLER 14-DIGIT VENDOR ID NUMBER (REQUIRED): 17460007176 060   |   |   |   |
| 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 type="checkbox"/> Community Based Organization       |   |
| <input checked="" type="checkbox"/> County  | <input type="checkbox"/> Faith Based (Nonprofit Organization) * | <input type="checkbox"/> Federally Qualified Health Centers |   |
| <input type="checkbox"/> State Agency   | <input type="checkbox"/> For Profit Organization*               | <input type="checkbox"/> Minority Organization              |   |
| <input type="checkbox"/> State Controlled Institution of Higher Learning  | <input type="checkbox"/> Other Political Subdivision: _____     | <input type="checkbox"/> HUB certified                      |   |
| <input type="checkbox"/> Hospital   | <input type="checkbox"/> Other (specify): _____                 |   |   |
| b) *If a Non-Profit or For-Profit Corporation, provide the charter/file number assigned by the Texas Secretary of State:  |   |   |   |
| 7) CURRENT CONTRACT/BUDGET PERIOD:  |   | Start Date: October 1, 2018                                 | End Date: September 30, 2019                                    |
| 8) COUNTIES SERVED<br>Hidalgo, Starr  |   |   |   |
| 9) PROGRAM DIRECTOR (WIC Director)  |   |   | Check if information changed <input type="checkbox"/>           |
| Name:   | Clarissa Ramirez  |   |   |
| Title:  | WIC Director  |   |   |
| Phone:  | (956)381-4646 ext. 4041   |   |   |
| Email:  | clarissa.ramirez@wic.co.hidalgo.tx.us                           |   |   |
| Mail:   | 3105 W. University, Edinburg, TX 78539                          |   |   |
| 10) PROGRAM ACCOUNTANT(S) - List lead & any additional person(s) involved with processing WIC billings.   |   |   | Check if information changed <input type="checkbox"/>           |
| Name:   | Margarita Gonzalez  | Name:   | Deborah Fisher  |
| Title:  | Grant Accountant  | Title:  | Grant Accountant Supervisor                                     |
| Phone:  | (956)381-4646 ext. 4042   | Phone:  | (956)381-2511 ext. 4670   |
| Fax:  | (956)381-0017   | Fax:  | (956)381-2577   |
| Email:  | maque.gonzalez@wic.co.hidalgo.tx.us                             | Email:  | deborah.fisher@auditor.co.hidalgo.tx.us                         |
| 11) CHIEF FINANCIAL OFFICER (CFO)   |   |   | Check if information changed <input type="checkbox"/>           |
| Name:   | Maria Arcilia Duran, CPA  | Phone:  | (956)381-2511 ext. 4645   |
| Title:  | Hidalgo County Auditor  | Email:  | arcilia.duran@auditor.co.hidalgo.tx.us                          |
| Mailing Address:  | 2801 S. Business 281 Edinburg, Texas 78539-6243                 |   |   |
| 12) AUTHORIZED REPRESENTATIVE – person designated by organization to sign contract with HHSC.   |   |   | Check if information change <input checked="" type="checkbox"/> |
| Name:   | Richard F. Cortez   |   |   |
| Title:  | Hidalgo County Judge  |   |   |
| Phone:  | (956)318-2600   |   |   |
| Email:  | richard.cortez@co.hidalgo.tx.us                                 |   |   |
| Mailing Address:  | 100 E. Cano St. 2 <sup>nd</sup> Floor, Edinburg, TX 78539       |   |   |
| 13) Person Completing Form: Margarita Gonzalez  |   |   | 14) Date Completed: 01/30/19                                    |

## WIC FORM A: RENEWAL APPLICATION INSTRUCTIONS

- The Form A assists HHSC to develop agreements and is part of the organization's contractual agreement with HHSC.
  - The Form A must be reviewed, updated using tracking, and returned to HHSC by the date designated - changes in tracking are necessary since there will be no opportunity to do a side by side comparisons after it's returned to HHSC.
  - The organization is responsible for notifying the Texas WIC Contract Manager throughout the contract term of any changes to the information 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 WIC contract manager at [cynthia.wright@hhsc.state.tx.us](mailto:cynthia.wright@hhsc.state.tx.us).  
**Handwritten, typed hardcopy, or scanned (includes PDF) forms cannot be accepted.**
  - Contact the WIC contract manager at [cynthia.wright@hhsc.state.tx.us](mailto:cynthia.wright@hhsc.state.tx.us) with questions concerning the completion and submission of this form.
- 1a) LEGAL BUSINESS NAME - Verify your organization's legal name- NOTE: the legal name currently documented on this WIC Form A was obtained from the current WIC Local Agency contract.  
**The organization is required to notify HHSC if there are any changes in the organization's name or ownership** within the term of the contract. Submit changes and supporting documentation (i.e.: Commissioner's court minutes, board decree, etc.) to the WIC contract manager at [cynthia.wright@hhsc.state.tx.us](mailto:cynthia.wright@hhsc.state.tx.us).
  - 2) PHYSICAL MAILING ADDRESS - Verify or enter your organization's complete mailing address, city, county, state, and zip code.
  - 3) PAYEE NAME AND MAILING ADDRESS - Verify or enter your organization's PAYEE name and mailing address if different from the mailing address above.
  - 4a) DUNS Number - Verify that your organization's DUNS number is entered and correct.  
A DUNS# is 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.
  - b) Central Contractor Registration (CCR) # - If your organization has a CCR# documented, please verify that is correct.  
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 HHSC but if your organization has a CCR number, please verify or enter the number in the space provided.
  - 5) STATE OF TEXAS COMPTROLLER VENDOR ID - Verify that your organization's Vendor Identification Number assigned by the Texas State Comptroller (14-digits) is entered and correct.
  - 6a) TYPE OF ENTITY - Verify 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](http://www.sos.state.tx.us/corp/nonprofit_org.shtml).
  - b) Organization Charter/File Number: Verify that your organization's charter# is entered and correct. This number is assigned to a Non-Profit or For-Profit Organization by the Texas Secretary of State (SOC).
  - 7) CONTRACT/BUDGET PERIOD - If blank, enter the contract period for which this information applies.
  - 8) COUNTIES SERVED BY PROGRAM - Verify the list of counties. This list should only contain counties assigned by the Texas WIC program.  
\*Note that any additions and/or changes to the list of counties listed must already have written approval from the Texas 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 DIRECTOR - Verify that the main person responsible for this organization's WIC program (WIC Director) is documented correctly. If there are any changes to any of this information, notify the WIC contract manager at [cynthia.wright@hhsc.state.tx.us](mailto:cynthia.wright@hhsc.state.tx.us).
  - 10) PROGRAM ACCOUNTANT(S) - Verify that the contact information of the person(s) responsible to process and submit your organization's WIC local agency billings is correct.  
\*\* If the WIC director is the only person that processes WIC billings, then insert the WIC director's name.
  - 11) CHIEF FINANCIAL OFFICER (CFO) - Verify that the contact information for the person who is responsible for the financial aspects of this organization is correct. (i.e. Chief Financial Officer). If there are any changes to the information currently documented/submitted to HHSC, the organization is required to notify the WIC Contract Manager at [cynthia.wright@hhsc.state.tx.us](mailto:cynthia.wright@hhsc.state.tx.us).
  - 12) AUTHORIZED REPRESENTATIVE - Verify that the contact information listed for the person authorized to represent of this organization and is designated by your organization to sign contracts and amendments. If there are any changes to the information currently documented/submitted to HHSC, the organization is required to notify the WIC Contract Manager at [cynthia.wright@hhsc.state.tx.us](mailto:cynthia.wright@hhsc.state.tx.us).

**Please note** that Incorrect contact information could impact/delay the processing of your organization's contracts.