



Department of State Health Services

FORM A: FACE PAGE

FY 2020 Lactation Support Center Services

Strategic Expansion Program (LSCS-SEP)

This form requests basic information about the respondent and project. .

RESPONDENT INFORMATION																			
1) LEGAL BUSINESS NAME: Hidalgo County																			
2) MAILING AddressInformation (include mailing address, street, city, county, state and 9-digit zip code): Check if address change <input checked="" type="checkbox"/> 100 North Closner Edinburg, Hidalgo, Texas 78539																			
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change <input checked="" type="checkbox"/> Lita L. Leo, 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 <i>*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.</i>																			
6) TYPE OF ENTITY (check all that apply): <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input checked="" type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> Federally Qualified Health Centers</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Faith Based (Nonprofit Org)</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table> <p><i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i></p>		<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): _____
<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): _____																	
6a) CONTRACTORS' FISCAL YEAR END DATE (MM/DD): 08/31																			
7) PROPOSED BUDGET PERIOD: Start Date: End Date: 09/01/2019 08/31/2020																			
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)381-4056 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 checked="" type="checkbox"/> No <input type="checkbox"/> <i>**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.</i>	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 Check if change<input checked="" type="checkbox"/> Name: Richard F. Cortez Title: Hidalgo County Judge Phone: (956)318-2600 Fax: (956)318-2577 Email: countviudgae.co.hidalgo.tx.us	14) DATE 03/12/2019																		