



**Fiscal Year 2020/2021 WIC Form A: Contract Renewal Form  
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>			
<b>1a) LEGAL BUSINESS NAME</b> (no abbreviations): Hidalgo County	<b>Check if changed</b> <input type="checkbox"/>		
<b>b) Legal Doing Business As (DBA) Name</b> (no abbreviations): Hidalgo County WIC Department	<b>Check if changed</b> <input checked="" type="checkbox"/>		
<b>2) PHYSICAL MAILING ADDRESS</b> (street address, city, county, state and 9-digit zip code): 3105 W. University Drive, Edinburg, TX 78539	<b>Check if changed</b> <input type="checkbox"/>		
<b>3) PAYEE Name and Mailing Address</b> (where payment is to be received if different from above): Hidalgo County Treasurer, 2801 S. Business 281, Edinburg, TX 78539-0834	<b>Check if changed</b> <input type="checkbox"/>		
<b>4a) DUNS Number</b> (9-digit): 103110834	<b>b) CCR number</b> (optional/please provide if available):		
<b>5) STATE OF TEXAS COMPTROLLER 14-DIGIT VENDOR ID NUMBER (REQUIRED):</b> 17460007176 060			
<b>6a) TYPE OF ENTITY</b> (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>b) *If a Non-Profit or For-Profit Corporation, provide the charter/file number assigned by the Texas Secretary of State:</b>			
<b>7) COUNTIES SERVED</b> Hidalgo, Starr			
<b>8) PROGRAM DIRECTOR (WIC Director)</b>	<b>Check if information changed</b> <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		
<b>9) PROGRAM ACCOUNTANT(S) - List lead &amp; any additional person(s) involved with processing WIC billings.</b>	<b>Check if information changed</b> <input type="checkbox"/>		
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)381-0017	Fax:	(956)381-2577
Email:	mague.gonzalez@wic.co.hidalgo.tx.us	Email:	deborah.fischer@auditr.co.hidalgo.tx.us
<b>10) CHIEF FINANCIAL OFFICER (CFO)</b>	<b>Check if information changed</b> <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		
<b>11) AUTHORIZED REPRESENTATIVE - person designated by organization to sign contract with HHSC.</b>	<b>Check if information changed</b> <input 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		
<b>12) Person Completing Form: Margarita Gonzalez</b>	<b>13) Date Completed: 02/6/20</b>		

## WIC FORM A: CONTRACT RENEWAL FORM INSTRUCTIONS

- The Form A assists HHSC to develop agreements and is part of the organization's contractual agreement with 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.**
- 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.
- 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/b) **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.

***Requests to change your organization's legal name cannot be changed by completing this form.***

Requests to change an organization's legal name, including adding a DBA, must be submitted to the WIC local agency contract manager before any changes can be made to the HHS contracting system and the WIC local agency contract.

- There is documentation that will be required to be submitted to HHSC before any changes can be made to a WIC local agency contract and/or the HHS contracting system- contact the WIC contract manager for assistance.

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) **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.***
- 8) **PROGRAM DIRECTOR** - Verify that the main person responsible for this organization's WIC program (WIC Director) is documented correctly. If there 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)**.
- 9) **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.
- 10) **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)**.
- 11) **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 any agreement/contract documents are signed by a person not designated by the organization's board, this could result in audit findings.
- 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.**