



Department of State Health Services

FORM A: FACE PAGE

FY22 DFCHS/LSCS-SEP Program

This form requests basic information about the respondent and project.

RESPONDENT INFORMATION

1) **LEGAL BUSINESS NAME:** Hidalgo County

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**
 Lita Leo, Hidalgo County Treasurer
 2801 S. Business Hwy. 281 Edinburg, TX 78539-6243

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 **74-6000717**
Social Security Number (9-digit):

**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:*

6a) **CONTRACTORS' FISCAL YEAR END DATE (MM/DD):** 08/31

7) **PROPOSED BUDGET PERIOD:** **Start Date:** 09/01/2021 **End Date:** 08/31/2022

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

9) **AMOUNT OF FUNDING REQUESTED:** \$200,000.00

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
 Phone: (956) 381-4646
 Fax: (956) 381-4056
 Email: clarissa.ramirez@wic.co.hidalgo.tx.us

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**

Name: Richard F. Cortez
 Title: Hidalgo County Judge
 Phone: (956) 318-2600
 Fax: (956) 318-2699
 Email: richard.cortez@co.hidalgo.tx.us

14) **DATE**