



**Fiscal Year 2021/2022 WIC Local Agency Contractor Information 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.

ORGANIZATION INFORMATION			
1a) LEGAL BUSINESS NAME (no abbreviations)		Check if information changed <input type="checkbox"/>	
Hidalgo County			
b) Legal Doing Business As (DBA) Name (name registered with the State of Texas - no abbreviations)		Check if information changed <input checked="" type="checkbox"/>	
dba Hidalgo County WIC Department			
2) PHYSICAL MAILING ADDRESS (street address, city, county, state and zip code)		Check if information changed <input type="checkbox"/>	
3105 W. University Drive, Edinburg, TX 78539			
3) PAYEE Name and Mailing Address (where payment is to be received if different from above)		Check if information changed <input type="checkbox"/>	
Hidalgo County Treasurer, 2801 S. Business 281, Edinburg, TX 78539-0834			
4) DUNS Number (9-digits)		103110834	
5) FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER (9-digits)		746000717	
6) STATE OF TEXAS COMPTROLLER VENDOR ID/PAYEE ID/TIN (11-digits)		17460007176	
7a) 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) * NON-PROFIT OR FOR-PROFIT CORPORATIONS ONLY – Provide the following:			
i. Secretary of State charter number/file number (9-digits):			
ii. Texas Franchise Tax Number:			
8) LIST OF COUNTIES ASSIGNED BY THE WIC PROGRAM: Hidalgo, Starr			
9) PROGRAM DIRECTOR (WIC Director)		Check if information changed <input type="checkbox"/>	
Name:	Clarissa Ramirez	Phone:	(956)381-4646 ext 4041
Title:	WIC Director	Email:	clarissa.ramirez@wic.co.hidalgo.tx.us
Mail	3105 W. University, Edinburg, TX 78539		
10) PROGRAM ACCOUNTANT(S) - List lead & any additional staff involved with processing WIC billings.		Check if information changed <input checked="" type="checkbox"/>	
Name:	Margarita Gonzalez	Name:	Deborah Fischer
Title:	Grant Accountant	Title:	Director of Accounting
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
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@auditr.co.hidalgo.tx.us
Mail	2801 S. Business 281 Edinburg, Texas 78539-6243		
12) AUTHORIZED REPRESENTATIVE – person designated by organization to sign contract with HHSC.		Check if information changed <input type="checkbox"/>	
Name:	Richard F. Cortez	Phone:	(956)318-2600
Title:	Hidalgo County Judge	Email:	richard.cortez@co.hidalgo.tx.us
Mail	100 E. Cano St. 2nd Floor, Edinburg, TX 78539		
13) Person Completing Form:	Margarita Gonzalez	14) Date Completed/Updated:	3/22/2021

WIC LOCAL AGENCY CONTRACTOR INFORMATION FORM - INSTRUCTIONS

- The Local Agency Contractor Information Form assists HHSC to develop contract documents.
- **Your organization is responsible for notifying the Texas WIC Contract Manager throughout the fiscal year of any changes to the information on this form.**
- This form 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@hhs.texas.gov.

PDFs, Handwritten, typed hardcopy, or scanned forms cannot be accepted.

Contact the WIC contract manager at cynthia.wright@hhs.texas.gov 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 form 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 required documentation needed along with forms that might need to be completed before there can be any changes made to a WIC local agency contract and the HHS contracting system.

- 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.
- 4) **DUNS Number (9-digits)** – Verify that your organization's DUNS number is entered and correct
A DUNS# is a unique number that identifies the physical location of your organization. It is a tool of the federal government to track how federal money is distributed.
DUNS Number must be able to be verified the System for Award Management (SAM) – the official website of the U.S. government.
- 5) **FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER-FEIN (9-digits)** – Verify that your organization's Tax ID is entered and correct
Also known as an **Employer Identification Number (EIN)** or the **Federal Tax Identification Number**, is a unique number assigned by the Internal Revenue Service (IRS) to business entities for the purposes of identification.
- 6) **STATE OF TEXAS COMPTROLLER VENDOR ID (11-digits)** – Also known as Texas Identification Number (TIN), Texas Payee ID.
Verify that your organization's Vendor Identification Number assigned by the Texas State Comptroller is entered and correct
- 7a) **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.
- b) **NON-PROFIT OR FOR-PROFIT CORPORATIONS ONLY**
- i. **Secretary of State 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).
- ii. **Texas Franchise Tax Number:** Unless exempt, provide/verify your organization's Texas Franchise Tax Number which is obtained from the Texas Comptroller of Public Accounts. The number begins with the letters FQ followed by 6 digits.
- 8) **LIST OF COUNTIES ASSIGNED BY THE WIC 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 the information currently documented/submitted to HHSC, the organization is required to notify the WIC Contract Manager at cynthia.wright@hhs.texas.gov.**

- 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. Contact the WIC contract manager if there are any changes to this information at cynthia.wright@hhs.texas.gov.
* 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@hhs.texas.gov.**
- 12) **AUTHORIZED REPRESENTATIVE (Designated Signatory)** - 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@hhs.texas.gov.**

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