



<b>VENDOR INFORMATION</b> <b>NEW</b> <input type="checkbox"/> <b>or</b> <b>Update Information</b> <input checked="" type="checkbox"/>																	
1a. Legal name of <b>Other Party (OP)</b> as it appears on documentation from IRS, Comptroller, or Secretary of State. This is the name that will appear on the contract document either as "Contractor" or by name. If using an assumed name, please attach documentation from Office of the Secretary of State or County Attorney.  <p style="text-align: center; margin: 0;"><b>Hidalgo County</b></p>																	
1b. <b>OP Address</b> (Include Street and Mailing Addresses, City, County, State and 9 digit Zip Code):  <p style="text-align: center; margin: 0;"><b>100 E. Cano    Edinburg    Hidalgo County,    TX    78539-4533</b></p>																	
1c. <b>PAYEE Name and Mailing Address and 9 digit Zip Code</b> (as it should appear on financial instruments and remittances): Lita Leo, Hidalgo County Treasurer 2810 South Business HWY 281 Edinburg, TX 78539																	
1d. Federal Employer Identification No. [FEIN] (9 digit), name and Social Security Number (SSN), if individual, or State of Texas Comptroller Vendor Identification No. (14 digit).    FEIN is 74-6000717 <b>NOTE: Use of SSN may result in it becoming part of documents that are subject to the Public Information Act. DSHS will not redact SSN when releasing information to the public.</b>																	
1e. <b>Mail code</b> , if known (3 digits):																	
1f. DUNS Number (9 digits - required for subrecipient contractors):    10-311-0834 For instructions to obtain a DUNS refer to FFATA Guidance at <a href="http://www.dshs.state.tx.us/grants/gen-prov.shtm">http://www.dshs.state.tx.us/grants/gen-prov.shtm</a>																	
2. TYPE OF ENTITY (enter appropriate letter in box): <input style="width: 30px; text-align: center;" type="text" value="A"/> Is your entity certified as a HUB? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																	
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">A. City or County (Governmental Entity)</td> <td style="width: 25%;">E. Texas Non-profit Corporation *</td> <td style="width: 25%;">I. Sole Proprietor</td> <td style="width: 25%;">M. Out-of-State Corp</td> </tr> <tr> <td>B. State Agency</td> <td>F. Texas For Profit Corporation*</td> <td>J. Individual</td> <td>N. Other ***</td> </tr> <tr> <td>C. State Institution of Higher Learning</td> <td>G. Professional Association*</td> <td>K. Partnership**</td> <td></td> </tr> <tr> <td>D. Other Political Subdivision</td> <td>H. Regular Association</td> <td>L. Limited Partnership**</td> <td></td> </tr> </table>		A. City or County (Governmental Entity)	E. Texas Non-profit Corporation *	I. Sole Proprietor	M. Out-of-State Corp	B. State Agency	F. Texas For Profit Corporation*	J. Individual	N. Other ***	C. State Institution of Higher Learning	G. Professional Association*	K. Partnership**		D. Other Political Subdivision	H. Regular Association	L. Limited Partnership**	
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*Please provide 10-digit charter or file number assigned by the Secretary of State: <u>N/A</u>																	
** Please provide the name and SSN or FEIN of each partner. <u>N/A</u>																	
***If "Other", specify.    _____																	
3a. Legal name of person or entity authorized to contract with Department of State Health Services. <b>Richard F. Cortez</b>																	
3b. Typed <b>Name &amp; Title of Person</b> Authorized to Sign Contracts:  <p style="text-align: center; margin: 0;"><b>Richard F. Cortez    Hidalgo County Judge</b></p>	3b. Telephone  <p style="text-align: center; margin: 0;">(956) 318-2600</p>																
3c. Authorized to Sign Contracts email address: <b>countyjudge@co.hidalgo.tx.us</b>																	
3d. Typed <b>Name &amp; Title</b> of Contact Person (Contract Documents and Correspondence)  <p style="text-align: center; margin: 0;"><b>Eduardo Olivarez, Chief Administrator Officer</b></p>	3c. Telephone  <p style="text-align: center; margin: 0;">(956) 383-8858</p>																
3e. Contact Person's E-mail Address <b>eduardo.olivarez@hchd.org</b>																	
4a. Signature of person Authorized to Sign Contracts :	4b. Date																