



Department of State Health Services

FORM A: FACE PAGE

DFHCS/HTB 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
Lita Leo, Hidalgo County Treasurer 2810 S. Business Hwy. 281 Edinburg, TX 78539-6243		
4) DUNS Number (9-digit) required if receiving federal funds: LHACK1UL6NR3/103110834		
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):		
<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): _____
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>		
6a) CONTRACTORS' FISCAL YEAR END DATE (MM/DD): 08/31		
7) PROPOSED BUDGET PERIOD:	Start Date: 09/01/2023	End Date: 08/31/2024
8) COUNTIES SERVED BY PROJECT: Hidalgo & Starr		
9) AMOUNT OF FUNDING REQUESTED: \$200,000.00	11) PROJECT CONTACT PERSON	
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>	Name: Clarissa Ramirez Phone: (956) 381-4646 Fax: (956) 381-4056 Email: clarissa.ramirez@wic.co.hidalgo.tx.us	
	12) FINANCIAL OFFICER Name: Letty Chavez Phone: 956-3812511 ext:468 Fax: (956)381-2577 Email: letty.chavez@auditor.co.hidalgo.tx.us	
13) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/>	14) DATE 12/06/23	
Name: Richard F. Cortez Title: Hidalgo County Judge Phone: (956)318-2600 Fax: Email: countvjudge@co.hidalgo.tx.us		