

**URBAN COUNTY  
PROGRAM**  
**Hidalgo County Commissioners' Court  
Agenda Request Form**

No. 98392  
**Gabriel Gonzalez**

Date: February 11, 2025 Meeting Date Request: February 18, 2025

Deadline for Action: ASAP Contact Person: Joel Rivera, Ph.D.

Department: Urban County Program Phone: (956) 787-8127 Fax: (956) 318-2988

*Joel Rivera, Ph.D., UCP Director* *JR*

**Caption:**

- A.) Approval of amended resolution authorizing signatories for the Texas General Land Office 2019 Disasters Infrastructure Competitions grant under contract number 24-067-022-E209.
- B.) Authorize the Hidalgo County Judge and others to sign documents as indicated on GLO Depository/Authorized Signatories Designation form for the Texas General Land Office 2019 Disasters Infrastructure Competitions grant under contract number 24-067-022-E209.

**Background:**

This Resolution and associated GLO form are required by the Texas General Land Office for the funding authorized for Hidalgo County under GLO Contract No. 24-067-022-E209. The Resolution designate certain authorized bonded signatories for the 2019 Disasters Infrastructure Competitions grant under the aforementioned GLO contract number.

Deputy Director: *Ab* Finance: *JG*

**Please initial for approval:**

Legal Counsel \_\_\_\_\_ Budget \_\_\_\_\_ Human Resources \_\_\_\_\_

Dept./Fund No. \_\_\_\_\_ Amt. Expended: \$ \_\_\_\_\_ Funds/Staffing Budgeted: Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Account Code: \_\_\_\_\_ Impact on Future Budget: Yes \_\_\_\_\_ No \_\_\_\_\_

**Comments:**

**Action taken by Commissioner's Court:**

Approved \_\_\_\_\_ Tabled \_\_\_\_\_ Denied \_\_\_\_\_ Motion made by \_\_\_\_\_ Seconded \_\_\_\_\_ Vote \_\_\_\_\_

**APPROVED**  
*County Commissioners' Court*  
DATE: 2/18/25 *JR*

FILED

9:30 O'CLOCK A M

A100

FEB 27 2025

ARTURO GUAJARDO, JR. COUNTY CLERK  
HIDALGO CO. TEXAS

**RESOLUTION AUTHORIZING SIGNATORIES**

DEPUTY

A RESOLUTION OF THE COMMISSIONERS COURT THE COUNTY OF HIDALGO, TEXAS DESIGNATING AUTHORIZED SIGNATORIES FOR CONTRACTUAL DOCUMENTS AND FINANCIAL DOCUMENTS FOR REQUESTING FUNDS PERTAINING TO THE TEXAS GENERAL LAND OFFICE (GLO) COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RECOVERY (DR) PROGRAM THROUGH THE CITY OF PALMVIEW AWARDED AS **CONTRACT NUMBER 24-067-022-E209 (A.K.A. COMMUNITY DEVELOPMENT BLOCK GRANT DISASTER RECOVERY PROGRAM INFRASTRUCTURE PROJECTS 2019 DISASTERS INFRASTRUCTURE COMPETITIONS FUNDING.**

WHEREAS, the County of Hidalgo, Texas has received a 2019 infrastructure grant award to provide flood drainage improvements, and:

WHEREAS, it is necessary to appoint persons to execute contractual documents and financial documents for requesting funds from the Texas General Land Office, and:

WHEREAS, an original signed copy of the community development revitalization (CDR) *Depository/Authorized Signatories Designation Form* is to be submitted with a copy of this Resolution, and:

WHEREAS, the County of Hidalgo, Texas acknowledges that in the event that an authorized signatory of the County changes (elections, illness, resignations, etc.), the County must provide CDR with the following:

- A resolution stating who the new authorized signatory is (not required if this original resolution names on the title and not the name of the signatory); and
- A revised CDR *Depository/Authorized Signatories Designation Form*.

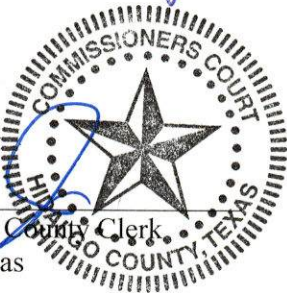
NOW THEREFORE, BE IT RESOLVED BY THE COMMISSIONER'S COURT OF THE CITY OF PALMVIEW OF HIDALGO COUNTY, TEXAS, AS FOLLOWS:

The County Judge and the Chief of Staff for the County Judge be authorized to: execute a grant application, accept a grant award and execute any subsequent contractual documents, certify environmental review documents between the Texas General Land Office and the County for GLO's 2019 Disasters Infrastructure Grant.

The County Judge and the Chief of Staff for the County Judge, Urban County Program Director, Urban County Program Deputy Director, and Urban County Program State Coordinators be authorized to prepare, certify, execute and submit the *Texas General Land Office Disaster Recovery Program Request for Payment (Form A203)* as well as all other Texas General Land Office forms/documents related to and/or required for requesting funds approve for GLO's 2019 Disasters Community Development Block Disaster Recovery Infrastructure Grants.

PASSED AND APPROVED BY THE COMMISSIONER'S COURT OF THE COUNTY OF HIDALGO, TEXAS ON 18th day of February, 2025.

*Arturo P*  
Arturo Guajardo, Jr., County Clerk  
Hidalgo County, Texas



*Richard F. Cortez*  
Richard F. Cortez, County Judge  
Hidalgo County, Texas

APPROVED BY  
COMMISSIONERS COURT  
ON: 2/18/25



**COMMUNITY DEVELOPMENT & REVITALIZATION**  
**The Texas General Land Office**  
*Depository/Authorized Signatories Designation Form*

Subrecipient	Hidalgo County	Contract Number:	24-067-022-E209
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The individuals below are designated by resolution as authorized signatories for contractual documents. At least two signatories required.

Richard F. Cortez	Isaac Sulemana
Name	Name
Hidalgo County Judge	Chief of Staff at H.C. Judge's Office
Title	Title

Subrecipient	Hidalgo County	Contract Number:	24-067-022-E209
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The individuals below are designated by resolution as authorized signatories for contractual documents. At least two signatories required.

Richard F. Cortez	Isaac Sulemana
Name	Name
Hidalgo County Judge	Chief of Staff at H.C. Judge's Office
Title	Title

Signature	Signature

The financial lending institution listed here will serve as the depository for the Texas General Land Office-Disaster Recovery Program Community Development Block Grant (CDBG) funds:

Lone Star National Bank	
Name of Lending Institution	
206 W. Ferguson Avenue	
Address	
Pharr, Texas 78577	
City, State, Zip Code	
Fund Account Number:	

The individuals below are designated by resolution as authorized signatories for financial documents. At least two signatories required.



Joel Rivera Ph.D.	Armando Garza
Name	Name
Urban County Program Director	Urban County Program Deputy Director
Title	Title

Signature	Signature

APPROVED BY  
 COMMISSIONERS COURT  
 ON: 2/18/25



**COMMUNITY DEVELOPMENT & REVITALIZATION**  
**The Texas General Land Office**  
**Depository/Authorized Signatories Designation Form**

Richard F. Cortez	Isaac Sulemana
Name	Name
Hidalgo County Judge	Chief of Staff at H.C. Judge's Office
Title	Title
	
Signature	Signature

**NOTE: A copy of a Resolution passed by the city council or county commissioner's court authorizing the signatories must be submitted along with this form.**

*Disclaimer: The Texas General Land Office has made every effort to ensure the information contained on this form is accurate and in compliance with the most up-to-date CDBG-DR and/or CDBG-MIT federal rules and regulations, as applicable. It should be noted that the Texas General Land Office assumes no liability or responsibility for any error or omission on this form that may result from the interim period between the publication of amended and/or revised federal rules and regulations and the Texas General Land Office's standard review and update schedule.*

APPROVED BY  
COMMISSIONERS COURT  
ON: 2/18/25 

For Comptroller's Use Only

# Direct Deposit Authorization

This form may be used by vendors, individual recipients or state employees to receive payments from the state of Texas by direct deposit or to change/cancel existing direct deposit information.

## Transaction Type

24-067-022-E209

SECTION 1	<input checked="" type="checkbox"/> New setup (Sections 2, 3, 5 and 6)	<input type="checkbox"/> Change account type (Sections 2, 3, 4, 5 and 6)
	<input type="checkbox"/> Change financial institution (Sections 2, 3, 4, 5 and 6)	<input type="checkbox"/> Cancellation (Sections 2 and 6 - Sections 7 and 8 for state agency use)
	<input type="checkbox"/> Change account number (Sections 2, 3, 4, 5 and 6)	

## Payee Identification

SECTION 2	Payee type	<input checked="" type="checkbox"/> Texas Identification Number (TIN)	<input type="checkbox"/> Individual Taxpayer Identification Number (ITIN)	Mail code (If not known, leave blank.)
	<input type="checkbox"/> State employee	<input type="checkbox"/> Employer Identification Number (EIN)		
	<input checked="" type="checkbox"/> Vendor or other recipient	<input type="checkbox"/> Social Security Number (SSN)*		
	Payee name	Phone number		
	<b>County of Hidalgo Urban County Program - Accounts Payable</b>	<b>956-787-8127</b> ext. <b>2252</b>		
	Mailing address	City	State	ZIP code
	<b>1916 Tesoro Street</b>	<b>Pharr</b>	<b>TX</b>	<b>78577</b>

## New Account Information (Setups and Changes) (Completion by financial institution is recommended.)

SECTION 3	Financial institution name	City	State
	<b>Lone Star National Bank</b>	<b>Pharr</b>	<b>TX</b>
	Routing transit number (9 digits)	Customer account number (maximum 17 characters)	Type of account
	<b>1 1 4 9 - 1 1 6 8 - 7</b>	<b>7 1 0 1 5 6 7 1</b>	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings
	Financial representative name (optional)	Title (optional)	
	Financial representative signature (optional)	Phone number (optional)	Date (optional)
		<b>956-984-2147</b> ext.	

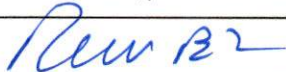
## Existing Account Information (Changes Only)

SEC 4	Routing transit number (9 digits)	Customer account number (maximum 17 characters)	Type of account
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings

## International Payments Verification (required)

SEC 5	Will these payments be forwarded to a financial institution outside the United States?..... <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

## Authorization for Setup, Changes or Cancellation (required)

SECTION 6	I authorize the Texas Comptroller of Public Accounts to deposit my payments from the state of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error. I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. (For further information on these rules, please contact your financial institution.)		
	Authorized signature	Printed name	Date
	<b>sign here</b> 	<b>Richard F. Cortez, County Judge</b>	<b>2/18/25</b>

## Cancellation by Agency (for state agency use)

SEC 7	Reason	Date

## Authorized Signature (for state agency use)

SECTION 8	Signature	Date
	<b>sign here</b>	
	Phone number	Agency number
	ext. <b>305</b>	
	Agency name	
	<b>General Land Office</b>	
	Comments	

**Please return your completed form to:**

General Land Office  
 Accounts Payable/Direct Deposit Program  
 1700 North Congress Avenue, Suite 746L  
 Austin, TX 78701-1436

Phone: 512-463-5194

## Instructions for Direct Deposit Authorization

*You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. To request information for review or to request error correction, use the contact information on this form.*

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### Section 1: Transaction Type

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Select the appropriate transaction type(s).

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### Section 2: Payee Identification

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Select payee type, provide the Texas Identification Number (TIN), Employer Identification Number (EIN) Social Security Number (SSN)\* or Individual Taxpayer Identification Number (ITIN) and enter payee contact information.

**\*Federal Privacy Act Statement**

*Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law, 42 U.S.C. sec. 405(c)(2)(C)(i); Texas Govt. Code Sections 403.011, 403.056, and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.*

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### Section 3: New Account Information (Needed for setups and changes)

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Completion by financial institution is recommended.

**Important:** Your direct deposit account information may be different from the account information printed on your checks. It is recommended that you contact your financial institution to confirm your direct deposit account information.

**Prenote Test:**

A prenote test will be sent to your financial institution for the account information provided. The prenote test is for a period of six banking days, and it is sent to your financial institution to verify your account information. If no further action is required by your financial institution, your direct deposit instructions will become effective when the six banking day prenote time frame has expired.

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### Section 4: Existing Account Information (Needed for changes to existing account information)

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When requesting a change to your existing direct deposit account information, you must complete Section 4 with the existing account information for verification purposes. This measure will help the paying state agency verify accuracy of the requested change.

Any change to banking information begins a prenote test period. See explanation in Section 3, above.

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### Section 5: International Payments Verification

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Check "YES" or "NO" to indicate if direct deposit payments to the account information designated in Section 3 of this form will be forwarded to a financial institution outside the United States. If "YES," also complete the ACH (Direct Deposit) Payment Destination Confirmation (Form 74-227).

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### Section 6: Authorization for Setup, Changes or Cancellation

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Must be completed in its entirety, and no alterations to the authorization language will be accepted.

### *For State Agency Use*

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### Section 7: Cancellation by Agency

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Provide reason for cancellation request.

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### Section 8: Authorized Signature

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For state agency use only.