

Applicant Contact Information

Organization DBA

El Paso County

Name of Authorized Official

(This person is authorized to enter into legal agreements on behalf of the applicant/organization. This person's name will appear on the grant agreement for signature.)

Select the Authorized Official of your organization from the drop-down list below. *

Prefix: *Ricardo Samaniego*

First Name: *Ricardo*

Last Name: *Samaniego*

Suffix:

Job Title: *County Judge*

Telephone: *(915) 546-2098*

Email: *cjdjudge@epcounty.com*

Name of Application Preparer / Administrative Contact

(This person can answer day-to-day questions about the organization and the project.) *

Prefix: *Ricardo Samaniego*

First Name: *Ricardo*

Last Name: *Samaniego*

Suffix:

Position or Title: *County Judge*

Telephone: *(915) 546-2098*

Email: *cjdjudge@epcounty.com*

Name of Additional Contact for Project

(Optional: This person may not have a role in the TDA-GO system, but is knowledgeable on the project's technical matters.)

Prefix:

First Name: *Ernesto*

Last Name: *Hernandez*

Suffix:

Position or Title: *Sr. Program Manager*

Telephone: *(915) 775-2746*

Email: *ern.hernandez@epcounty.com*

Please select the county where your headquarters/main offices are located.

County * *El Paso County* **TDA Region** *1*

Legislative Districts

Provide the legislative district(s) for the primary location of the project. This information is available here. Press the plus button next to each option to add multiple selections. *

US Congressional District:

Texas House District:

Texas Senate District:

	<i>77</i>	
	<i>78</i>	
<i>16</i>	<i>79</i>	<i>29</i>
<i>23</i>	<i>75</i>	
	<i>74</i>	

Service Information

An organization must submit one application per county. If the applicant delivers meals in multiple counties, a separate application is required to document the meals in each county for which a grant is sought. Only meals delivered in the applying county are considered eligible. ***Attachment A-Meal Number Documentation Worksheet*** must be completed to include all home-delivered meals to homebound elderly, homebound disabled and homebound disabled elderly, regardless of funding source.

1. The **County** in which **home-delivered meals** were delivered: *

El Paso County

County Grant: Indicate the amount of the County Grant stated on the signed resolution from the county. *

\$35,734.75

2. Does the applicant organization serve **congregate meals** in the county stated in Question #1? *

Congregate meals are not considered eligible meals under the HDM program calculation and must be documented separately.

Yes

No

3. Does the applicant organization serve **home-delivered meals** in multiple Texas Counties?

Yes

No

4. Total number of **HOME-DELIVERED clients** on your roster during the most recent State Fiscal Year, Sept 1 and Aug 31. *

1,780

Title III C-2 Meals (AAA)	2,293	2,497	2,654	2,559	2,460	2,199	2,606	2,222	6,125	5,691	5,269	5,554	42,129	
Program Income Meals (AAA)													0	
CARES Title III C-2 Meals (AAA)													0	
COVID 19 Title III C-2 (AAA)	1,146	789	760	721	660	649	828	698	360	0	0	0	6,611	
Title XX Meals (HHSC)	32,211	32,321	33,033	33,449	32,273	30,129	34,200	32,239	34,394	33,096	32,664	34,660	394,669	
Evercare/ StarPlus Meals	854	788	943	1,006	1,082	974	1,086	959	1,081	951	889	1,052	11,665	
Locally Funded Meals****													0	
Other Meals****	1,876	1,814	2,170	2,801	3,637	3,697	4,032	3,360	162	171	153	158	24,031	
40,536													0	
TOTAL Home-Delivered Meals	38,380	38,209	39,560	40,112	37,648	42,752	39,478	42,122	39,909	38,975	41,424	479,105	0	

Certification

By signing below, Applicant:

1. Certifies all information provided in connection with this application is true and correct to the best of Applicant's knowledge;
2. Acknowledges any misrepresentation or false statement made by Applicant, or an authorized agent of Applicant, in connection with this application, whether intentional or not, will constitute grounds for denial of this application;
3. Acknowledges acceptance of funds in connection with this application acts as an acceptance of the authority of TDA and the State Auditor's Office (SAO) or any successor agency to conduct an investigation in connection with those funds, and Applicant further agrees to cooperate fully with TDA and/or SAO or its successor in the conduct of the audit or investigation, including allowing TDA and/or SAO to inspect Applicant's premises and providing all records requested;
4. Acknowledges this application and any payments owed to Applicant in connection with this application may be reduced or denied because of Applicant's owing any debt to the State of Texas, and if Applicant is an individual, that this application and any payments owed to Applicant in connection with this application may be denied because of delinquency in payment of a guarantee student loan and for failure to pay child support; and
5. By submission of this application, Applicant acknowledges as a condition of receipt of grant funds under this program the Applicant will be required to execute a grant agreement with the Texas Department of Agriculture, and further acknowledges that failure to timely execute the grant agreement will result in withdrawal of any grant funds awarded, and those funds will be redistributed to other qualified applicants in accordance with state law and TDA rules.

Applicant further certifies that:

1. Applicant is a qualifying governmental agency or nonprofit private organization that is exempt from taxation under §501(a), Internal Revenue Code of 1986, as an organization described by §501(c)(3) of that code, which is a direct provider of home-delivered meals to homebound elderly persons or persons with disabilities in Texas.
2. Applicant enforces nondiscrimination practices.
3. Applicant has an accounting system or fiscal agent approved by the county where it provides meals and has a system to prevent the duplication of services to clients.
4. Applicant has received a grant from the county in which the organization is delivering meals, in accordance with Title 4, Part 1, Subchapter O, Section 1.953 of the Texas Administrative Code.
5. Applicant agrees to use funds received through the home-delivered meal grant program only to supplement or extend existing home-delivered meal services.
6. Applicant authorizes TDA to review, verify and authenticate all information provided in this application.
7. Applicant understands TDA may request further documentation supporting this application, including contacting other agencies, organizations, facilities or third parties to verify data provided by an Applicant from the records of such agencies, organizations, facilities or third parties.
8. **Applicant acknowledges, affirms, consents to, and understands that Applicant is solely responsible for calculating and verifying the information contained in Section C of the application, along with the information provided in Meal Number Documentation Section. Applicant acknowledges, affirms, consents to, and understands that if any inaccurate, incorrect, false, or misleading information is supplied in the application, including, without limitation, the information provided in Section C and Meal Number Documentation, Applicant may be required to refund or pay back a portion or all of the funds awarded pursuant to this Grant. Notice of Penalties: The penalty for knowingly making false statements or false entries, or attempts to secure money through fraudulent means, may include fines and/or incarceration and/or forfeiture of funds under applicable state law.**

Authorized Official

Title

Date

After saving your signature, when you are ready to submit this application to TDA, you **MUST** change the status by selecting **"Submit Application"** under the Status Options heading in the navigation menu to the left.



**TEXAS DEPARTMENT OF AGRICULTURE
TEXANS FEEDING TEXANS: HOME-DELIVERED MEAL
GRANT PROGRAM**

**RESOLUTION AUTHORIZING COUNTY GRANT
PROGRAM YEAR 2024**

A resolution of the County of El Paso (County) Texas certifying that the County has made a grant to El Paso County Nutrition Program, (Organization), an organization that provides home-delivered meals to homebound persons in the County who are elderly and/or have a disability, and certifying that the County has approved the Organization's accounting system or fiscal agent.

WHEREAS, the Organization seeks to apply for grant funds from the Texas Department of Agriculture to supplement and extend existing services for homebound persons in the County who are elderly and/or have a disability pursuant to the Home-Delivered Meal Grant Program (Program);

WHEREAS, the Program rules require the County in which an Organization is providing home-delivered meal services to make a grant to the Organization in order for the Organization to be eligible to receive Program grant funds; and

WHEREAS, the Program rules further require the County approve the Organization's accounting system or fiscal agent in order for the Organization to be eligible to receive Program grant funds;

BE IT RESOLVED BY THE COUNTY:

SECTION 1: The County hereby certifies that it has made a grant to the Organization in the amount of \$35,734.75 to be used between the:

1 of February 2024 and the 31 of January 2025

SECTION 2: The County hereby certifies that the Organization provides home-delivered meals to homebound persons in the County who are elderly and/or have a disability.

SECTION 3: The County hereby certifies that it has approved the Organization's accounting system or fiscal agent which meets financial management system requirements as set forth in the Texas Grant Management Standards promulgated by the Texas Comptroller of Public Accounts.

Introduced, read, and passed by the affirmative vote of the County on this 23 day of October, 2023.

~

Signature of Authorized Official of the County

Ricardo A. Samaniego / Honorable County Judge

Typed Name and Title

Required Uploads

TDA Approved Resolution - Completed by the county in which you are applying and meals are delivered. *

↓ Financial Statements - Balance Sheet (Assets/Liabilities) and Profit and Loss Statement from the previous 12 month period
OR
Audited Financial Statement (IRS Form 990 is **not** accepted). * *9/25 = uploaded*

↓ Copy of most recent Health Inspection Report, food establishment permit, or proof of exemption. *

↓ *Southside Health Inspection 3-16-23.pdf* *uploaded by Lizette*

↓ W9 Form - upload here. * *uploaded by Lizette*

↓ *W9-2023 County of El Paso 1-19-23.pdf* *uploaded by Lizette*

pending Payee Identification Number Application - This will be required for all applicants. Per the Texas Comptroller Purchasing Guideline, TDA is required to collect this document every year to ensure payments are being issued correctly.

pending from Auditor

Additional Required Documents for Nonprofits only

Documentation of qualifying nonprofit private organization (i.e., IRS Determination Letter).

List of nonprofit's Board of Directors and Officers.

El Paso County Board of Directors.docx

Do you have new bank account information that grant payments should be deposited to? *

Yes No