



COMMISSIONER SID MILLER

# Texas Department of Agriculture

## Texans Feeding Texans: Home-Delivered Meal Grant Program

**POSTMARK DEADLINE: FRIDAY, NOVEMBER 1, 2019**

**LATE APPLICATIONS WILL NOT BE ACCEPTED. [Click here for submission instructions](#)**

### Application Checklist

#### **REQUIRED:**

#### **All Applicants (Nonprofit and Governmental agency)**

Notarized Application Form GTBD-201.

Attachment A – Meal Number Documentation Worksheet. - *see worksheet below.*

[TDA-approved resolution](#) completed by the county in which you are applying and meals are delivered. ← *Click blue hyperlink to download the most current version.*

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).

Copy of most recent Health Inspection report, food establishment permit, or proof of exemption.

Payee Identification Number Application

Direct Deposit Form to arrange electronic deposit of grant payments

#### ***Additional Required Documents for Nonprofits only***

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

List of nonprofit's Board of Directors and Officers, if applicable.

**ALL APPLICATIONS, INCLUDING REQUIRED DOCUMENTATION, MUST BE COMPLETE AND POSTMARKED (OR RECEIVED BY 5:00 PM (CT TIME), IN THE CASE OF ELECTRONIC SUBMISSIONS) BY NOVEMBER 1, 2019**

After November 1, 2019, applicants will not be able to supplement applications with additional required documentation.

Mailing Address: P.O. Box 12847, Austin, Texas 78711

Physical Address: 1700 N. Congress Avenue, Austin, Texas

78701 Voice (800) 835-5832 ♦ (512) 463-7448

[www.TexasAgriculture.gov](http://www.TexasAgriculture.gov) ♦ E-mail [Grants@TexasAgriculture.gov](mailto:Grants@TexasAgriculture.gov)

## PROJECTED TIMELINE OF EVENTS

- **TDA to Begin Accepting Applications** **September 1, 2019**
- **Application Deadline** **November 1, 2019**

*All applications, including required documentation, must be complete and postmarked (or received by 5:00 pm (CT time), in the case of electronic submissions) by November 1, 2019. After November 1, 2019, applicants will not be able to supplement applications with additional required documentation.*
- **Meal Verification Process** **Mid November to Early December 2019**

*TDA works with the Department of Aging and Disabilities (DADs) and the Area Agency on Aging (AAA) to determine the total number of meals their records support to determine number of eligible meals for grant calculations. AAA and DADs may contact you about your meals delivered during this process.*

*Whether funded in whole or in part, Title III, Title XX and Program Income meals are considered "funded meals". By law, TDA may only consider meals that were not funded by these sources in the grant award calculation. Any remaining home-delivered meals are considered "eligible meals."*
- **Eligible Meal Certification** **Mid December 2019**

*TDA will send an email confirmation to the person listed in the Primary Contact section with the total number of meals delivered minus the meals paid for by AAA and DADs to show the number of eligible meals that will be used in the grant calculation to determine the providers total Texans Feeding: Home Delivered Meals Grant Award.*

*Please be aware that if the Number of Eligible Meals calculated is 0 or a negative, the provider does not qualify for this grant program.*

*Once eligible meals are determined, TDA will run the calculation to determine each providers HDM grant award per application. As a reminder, an application should be submitted for each county in which an applicant provides service. Once awards are calculated a grant agreement will be issued to each provider. If a provider has an application for multiple counties, a single grant agreement will be issued in a cumulative grant amount to the provider. **If a total grant award (combined value of multi-county applications, if applicable) to each provider is less than \$200, a grant agreement will not be issued.***
- **Announcement of Grant Awards** **Late December 2019**
- **Grant Agreement Processing** **Early January 2020**
- **Anticipated Start Date of Project** **February 1, 2020**
- **Payment processing** **February 2020 and August 2020**

*TDA will distribute funds after applications are processed and grant agreements have been fully executed. In the event that the amount of qualifying grants exceeds the amount of funds available, funds may be distributed on a pro rata basis. Fifty percent (50%) of any grant awarded shall be distributed on or before February 1 or as soon as administratively possible. The remaining fifty percent (50%) of the grant award shall be distributed to each Grantee on or before August 1 or as soon as administratively possible.*
- **End Date of Project** **January 31, 2021**

## DEFINITION OF CLIENTS

For purposes of this Grant Program, "Homebound" means a person who is unable to leave his or her residence without aid or assistance or whose ability to travel from the residence is substantially impaired; "Elderly" means an individual who is 60 years of age or older; and "Disability" means a physical, mental or developmental impairment, temporarily or permanently limiting an individual's capacity to adequately perform one or more essential activities of daily living, which include, but are not limited to, personal and health care, moving around, communicating and housekeeping.

Applicants should note that congregate meals are **not** eligible and will not be counted in the eligible meal calculation under HDM. A congregate meal is a meal served in a group setting, not at an eligible person's personal home.



COMMISSIONER SID MILLER

# Texas Department of Agriculture Texans Feeding Texans: Home-Delivered Meal Grant Program

[FOR TDA USE ONLY]

File No. \_\_\_\_\_

Ref. File No: \_\_\_\_\_

Postmark/Recieved: \_\_\_\_\_

## GTBD-201

### Section A. Organization Information

Full Legal Business Name: \_\_\_\_\_

DBA 'Doing Business As' Name:  
(if applicable) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address Texas County

City State Zip Code

Physical Address: \_\_\_\_\_  
Street Address Texas County

City State Zip Code

Federal Identification Number:  
(must be nine (9) digits) \_\_\_\_\_ - \_\_\_\_\_

In order to receive this grant, the organization must be a private nonprofit with a volunteer board of directors, exempt from taxation under §501(a) of the Internal Revenue Code of 1986 as described by §501 (c) (3) of that code, or a governmental agency.

Please indicate which of the following apply:  Private nonprofit organization  Governmental agency

### Section B. Contact Personnel

(1) Name of Primary Program Contact (This person can answer day-to-day questions about the organization.)

Title:  Executive Director  Program Administrator  Chief Executive Officer  
(Check one)  President  Other: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Last  Mr.  Dr.  
 Ms.  Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( ) - Ext. Alt Phone:( ) -

**(2) Name of Authorized Official** *(This person is authorized to enter into legal agreements on behalf of the organization. This person's name will appear on the grant agreement for signature.)*

Same As Above

Title:  Executive Director  Chief Financial Officer  Chief Executive Officer  
 (Check one)  County Judge  Other: \_\_\_\_\_

Full Name: \_\_\_\_\_  
First Last  Mr.  Dr.  
 Ms.  Other \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: ( ) - Ext. Alt Phone:( ) -

**Section C. 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: \_\_\_\_\_

**1.A. County Grant:** Indicate the amount of the County Grant stated on the signed resolution from the county. \$ \_\_\_\_\_  
*Each organization will be required to document proof of receipt of County Grant has been received from the county and used with in the term stated in the county resolution. Must equal amount documented on county resolution*

**2. Total number of HOME-DELIVERED meals delivered** to homebound persons 60 years or older and/or disabled in the county stated in Question #1 between September 1, 2018 and August 31, 2019 (regardless of funding source). \_\_\_\_\_  
*NOTE: If this number is miscalculated, includes congregate meals, includes meals from another county served, or other errors, the applicant will be required to repay TDA for all or part of the FY 2020 grant. Must match attachment A*

**3. Does the applicant organization serve congregate meals** in the county stated in Question #1?  Yes  No  
*\*Congregate meals are not considered eligible meals under the HDM program calculation and must be documented separately.*  
 If you answered 'YES' to question #3, the signature in Section D is confirmation that congregate meals were not calculated in the total number of home-delivered meals reported in Question #2.

**4. Does the applicant organization serve home-delivered meals** in multiple Texas Counties?  Yes  No  
 If you answered 'YES' to Question #4, the signature in Section D is confirmation that only home-delivered meals delivered in the county stated in Question #1 were calculated in the total number of home-delivered meals reported in Question #2.

**5. If you answered 'Yes' to Question #4, please list all of the Texas counties** in which the organization serves home-delivered meals, **including** those for which you do not intend to apply for TDA grant funds.

N/A or list counties \_\_\_\_\_

**6. Total number of HOME-DELIVERED clients** on your roster between: September 1, 2018 and August 31, 2019. \_\_\_\_\_

Section D. Certifications

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
(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.

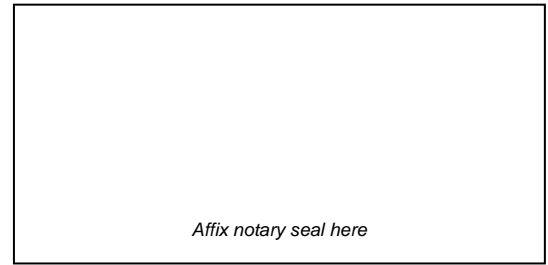
Applicant further certifies that:

- (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 Attachment A. 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 Attachment A, 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: (Person listed in section B.2 of contact information)

Signature line with X, Date line with / /

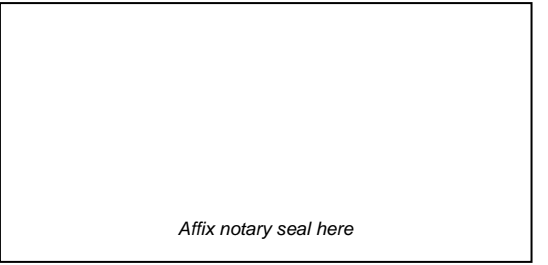
State of Texas
County of
SWORN TO AND SUBSCRIBED before me on
the \_\_\_ day of \_\_\_, 20\_\_\_.
X
Notary Public, State of Texas
Notary's printed name:
Notary's commission expires:



\*Secondary Official: (for nonprofits only) \*\*NOTE\*\* A non-profit must have two individuals sign their application. The Authorized Official cannot sign in both places. If the Authorized Official is the Chair of the Board, the Vice-Chair should sign as the secondary.

Signature line with X, Date line with / /

State of Texas
County of
SWORN TO AND SUBSCRIBED before me on
the \_\_\_ day of \_\_\_, 20\_\_\_.
X
Notary Public, State of Texas
Notary's printed name:
Notary's commission expires:





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

SAMPLE - The fillable Resolution can be downloaded from TDA's webpage.
https://texasagriculture.gov/GrantsServices/TradeandBusinessDevelopment/
HomeDeliveredMealsGrantProgram.aspx

PROGRAM YEAR 2020

A resolution of the County of \_\_\_\_\_ (County) Texas, certifying that the county has made a grant to
\_\_\_\_\_ (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 desires 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); and

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

WHEREAS, the County recognizes \_\_\_\_\_ (Authorized Official) as an official of the Organization
applying for a Home-Delivered Meal Grant from the Texas Department of Agriculture.

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
\$\_\_\_\_\_ to be used between the:--- click the following link to see the minimum grant amount each county should provide to qualify for
the full grant amount. https://texasagriculture.gov/Portals/0/forms/ER/2010%20Census%20Info.xls

\_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_ and the \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_
Day Month Year Day Month Year

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 Uniform Grant
Management Standards promulgated by the Texas Comptroller of Public Accounts.

Introduced, read, and passed by the affirmative vote of the County Commissioners Court on this \_\_\_\_\_
day of \_\_\_\_\_, 20\_\_\_\_\_

Signature of Authorized Official of the County

Typed Name and Title



# Texans Feeding Texans: Home-Delivered Meal Grant Program

## Attachment A – Meal Number Documentation Worksheet

COMMISSIONER SID MILLER

**Applicant Organization:** \_\_\_\_\_

**Numbers provided below represent meals delivered in the County of :** \_\_\_\_\_

Please indicate the number of home-delivered meals the organization delivered\* during State FY 2017, September 1, 2018 – August 31, 2019, to eligible clients\*\* in the County. The purpose of this page is to assist the organization in determining the total number of meals delivered by the organization. Your organization may update categories as needed.

The organization must maintain sufficient documentation to confirm the meal numbers provided below. This may include, but is not limited to: daily logs, tally sheets, spreadsheets, or any software tracking system. Clients' intake files must also be maintained by the organization. You may be asked to provide backup documentation during the application process or during future monitoring visits.

A	B	C	D	E	F	G	H	I	J
Month	Title III C-2 Meals (AAA)	Program Income Meals (AAA)	Title XIX Meals (DADS)	Title XX Meals (DADS)	Evercare/ StarPlus Meals	Locally Funded Meals***	Other Meals****	TOTAL Home- Delivered Meals	Congregate Meals (regardless of sources) ●
Sep-18									
Oct-18									
Nov-18									
Dec-18									
Jan-19									
Feb-19									
Mar-19									
Apr-19									
May-19									
Jun-19									
Jul-19									
Aug-19									
<b>TOTAL</b>									

\*Delivered - See TDA's Texans Feeding Texans: Home-Delivered Meals website for a full definition.

\*\*Eligible Clients – Homebound persons 60 years of age or older and/or disabled.

\*\*\*Locally Funded Meals may include meals paid for by fundraising and other private sources, such as United Way.

\*\*\*\* List Other Meal sources on a separate page, if needed. Include meals funded with Texans Feeding Texans: Home-Delivered Meals funds

● Congregate meals are not eligible for consideration and should not be included in the total Home-Delivered Meals number. Applicants must separate home-delivered meals from congregate meals in order to avoid errors in grant calculations.

\_\_\_\_\_  
X

\_\_\_\_\_

Signature of Organization Representative

Date

\_\_\_\_\_

Printed Name and Title

## REQUIRED - FINANCIAL FORMS

For the 2020 Home Delivered Meals Application the Texas Department of Agriculture requires the following Forms to be completed. TDA has implemented a new accounting system and is collecting both forms to ensure your organization is set up correctly to receive payment in the new system.

1. Application for Texas Identification number. Completing a new form will not create a new number for your organization. This helps HDM program staff ensure your organization is correctly entered into the payment system as a grantee.

2. Direct Deposit form - For FY 2020 the direct deposit form is **required**. Please submit a new direct deposit form even if you have submitted one in the past. This helps HDM Program staff ensure your payment information is entered into the new accounting system to make payments. If you have never submitted this form, TDA is moving toward ensuring HDM payments are made via electronic submission.

You can click on the yellow highlighted areas for tips. If these forms are not submitted with the application, there may be delays in getting your first installment.



For Comptroller's use only

# Application for Texas Identification Number

• See instructions on back

1. Is this a new account?  YES Mail Code 000  NO Enter Mail Code \_\_\_\_\_ Agency number \_\_\_\_\_  
 Complete Sections 1 - 5 Complete Sections 1, 2 & 5

**Section 1**

2. **Texas Identification Number (TIN)** - Indicate the type of number you are providing to be used for your TIN

Employer Identification Number (EIN) (9 digits)  
 Social Security number (SSN) (9 digits) Enter the number indicated \_\_\_\_\_  
 Individual Taxpayer Identification Number (ITIN) (9 digits)  
 Comptroller's assigned number (FOR STATE AGENCY USE ONLY) (11 digits) **PLEASE COMPLETE SECTION 2 & 3**  
 Current Texas Identification Number (FOR STATE AGENCY USE ONLY) (11 digits)

3. Are you currently reporting any Texas tax to the Comptroller's office such as sales tax or franchise tax?  YES  NO If "YES," enter Texas Taxpayer Number \_\_\_\_\_

**Section 2**

**Payee Information (Please type or print)**

4. **Name of payee** (Individual or business to be paid) \_\_\_\_\_

5. Mailing address where you want to receive payments \_\_\_\_\_

6. (Optional) \_\_\_\_\_

7. (Optional) \_\_\_\_\_

8. (Optional) \_\_\_\_\_

9. City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

10. Payee telephone number (Area code and number) \_\_\_\_\_ SIC code \_\_\_\_\_ Security type code ( 0, 1, 2 ) \_\_\_\_\_ Zone code \_\_\_\_\_

**Section 3**

11. **Ownership Codes** - Check only one code by the appropriate ownership type that applies to you or your business. TDA has added notes to help clarify common mistakes. Click on the yellow box for more details

**I** - Individual Recipient (not owning a business)  **L** - Texas Limited Partnership: If checked, enter the Texas File Number \_\_\_\_\_  
 **S** - Sole Ownership (Individual owning a business): If checked, enter the owner's name and Social Security number (SSN)  
 Owner's name \_\_\_\_\_  
 SSN / ITIN (9 digits) \_\_\_\_\_  **T** - **Texas Corporation**: If checked, enter the Texas File Number \_\_\_\_\_  
 **P** - Partnership: If checked, enter two partner's names and Social Security numbers (SSN). If a partner is a corporation, use the corporation's Employer Identification Number (EIN).  
 Name \_\_\_\_\_  
 SSN / ITIN / EIN (9 digits) \_\_\_\_\_  **A** - Professional Association: If checked, enter the Texas File Number \_\_\_\_\_  
 **C** - Professional Corporation: If checked, enter the Texas File Number \_\_\_\_\_  
 Name \_\_\_\_\_  
 SSN / ITIN / EIN (9 digits) \_\_\_\_\_  **O** - Out-of-State Corporation  
 **G** - **Governmental Entity**  
 **U** - **State agency / University**  
 **F** - Financial Institution  
 **R** - Foreign (out of U.S.A.)  
 **N** - Other: If checked, explain. \_\_\_\_\_

**Section 4**


12. Payment Assignment?  YES  NO *Note: A copy of the assignment agreement between payees must be attached.*

Assignee name \_\_\_\_\_

Assignee TIN \_\_\_\_\_ Assignment date \_\_\_\_\_

**Section 5**

13. Comments \_\_\_\_\_

14.  Authorized signature (Applicant or authorized agent) \_\_\_\_\_ Date \_\_\_\_\_

Agency name \_\_\_\_\_ Prepared by \_\_\_\_\_ Phone (Area code and number) \_\_\_\_\_

15. \_\_\_\_\_

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

SECTION 1	<input 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 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 type="checkbox"/> Vendor or other recipient	<input type="checkbox"/> Social Security Number (SSN)*		
	Payee name		Phone number	
			ext.	
	Mailing address	City	State	ZIP code

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

SECTION 3	Financial institution name		City	State
	Routing transit number (9 digits)		Customer account number (maximum 17 characters)	
	Type of account			
	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		
	Financial representative name (optional)		Title (optional)	
	Financial representative signature (optional)		Phone number (optional)	
			ext.	
			Date (optional)	

### 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 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.)		
	<b>sign here</b> ▶	Authorized signature	Printed name

### Cancellation by Agency (for state agency use)

SEC 7	Reason		Date

### Authorized Signature (for state agency use)

SECTION 8	<b>sign here</b> ▶	Signature	Date
		Phone number	Agency number
		ext.	
		Agency name	
	Comments		

<b>Please return your completed form to:</b>	
TEXAS COMPTROLLER OF PUBLIC ACCOUNTS Fiscal Management - Direct Deposit Program P.O. Box 13528 Austin, TX 78711-3528	
FAX: 512-475-5424	Phone: 512-936-8138