



**Area Agency on Aging of Southeast Texas**  
**Direct Purchase of Services**  
**October 1, 2019 - September 30, 2020**  
**Vendor Application**



**PLEASE TYPE OR CLEARLY PRINT APPLICATION INFORMATION**

\_\_\_\_\_  
**Vendor Name/Legal Entity**

\_\_\_\_\_  
**DBA (if applicable)**

\_\_\_\_\_  
**Physical Address**

\_\_\_\_\_  
**Mailing Address**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**Fax Number**

\_\_\_\_\_  
**Tax Identification Number (SSN or Federal ID):**

**Type of Provider**(Please Check ✓ Applicable):

- City Government       Private Non-Profit       Private For Profit  
 County Government       Other \_\_\_\_\_

**Authorizing Official:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Is Agency designated as a Historically Underutilized Business? (Attach documentation)**  
 \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Is Agency designated as a Minority Owned Business? (Attach documentation)**  
 \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Number of Years Organization has been in business:** \_\_\_\_\_

**Is Agency Bonded (Attach certificate):**  
 \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Has anyone involved in direct provision of client services been convicted of a felony?**  
 \_\_\_\_\_ Yes      \_\_\_\_\_ No

**If yes, explain:**

**Does organization have liability insurance? (Attach certificate of all insurances)**  
 \_\_\_\_\_ Yes      \_\_\_\_\_ No

**Attach a copy of all applicable State and Federal license and /or certifications that regulate your business.**

**Conflicts of Interest:** Attach information of applicable names and relationship of any employee(s) or officers of your organization that may have a conflict of interest with an Area Agency on Aging of Southeast Texas staff person or Advisory Council member.

## **Service and Bidding/Cost Information**

1. Proposed Service: \_\_\_\_\_

A. Service Area: \_\_\_\_\_

B. Proposed AAA Cost per Unit: \_\_\_\_\_ Standard Cost per Unit: \_\_\_\_\_

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2. Proposed Service: \_\_\_\_\_

A. Service Area: \_\_\_\_\_

B. Proposed AAA Cost per Unit: \_\_\_\_\_ Standard Cost per Unit: \_\_\_\_\_

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3. Proposed Service: \_\_\_\_\_

A. Service Area: \_\_\_\_\_

B. Proposed AAA Cost per Unit: \_\_\_\_\_ Standard Cost per Unit: \_\_\_\_\_

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4. Proposed Service: \_\_\_\_\_

A. Service Area: \_\_\_\_\_

B. Proposed AAA Cost per Unit: \_\_\_\_\_ Standard Cost per Unit: \_\_\_\_\_

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5. Proposed Service: \_\_\_\_\_

A. Service Area: \_\_\_\_\_

B. Proposed AAA Cost per Unit: \_\_\_\_\_ Standard Cost per Unit: \_\_\_\_\_

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**NOTE:** See attached service and unit definition(s) for specific service and unit information. If any rate listed above is higher than those normally charged to DHS-eligible seniors or to other agencies, please attach a thorough explanation for the rate difference. If your agency contracts with another Area Agency on Aging and the above rate is higher than the current rate given to that Area Agency on Aging of Southeast Texas, attach a thorough explanation for the rate difference.

Documentation of Standard Fees such as a fee schedule or certification of cost is required for organizations proposing to provide services at reduced rates. The Area Agency on Aging reports the difference in rates as program match.

## **Service Availability**

<b>Days of the Week Available:</b>
<b>Hours Available:</b>
<b>Advance Notice Desired:</b>
<b>Holidays Observed:</b>
<b>Describe any restrictions or limitations on the availability of service such as eligibility criteria, geographic limitations, minimum/maximum number of service units:</b>
<b>Specify names and skill levels of all bi-lingual staff:</b>

### **Additional Required Attachment:**

- A. Authorized Signature Page
- B. Historically Underutilized Business Documentation (if applicable)
- C. Minority Owned Business Documentation (if applicable)
- D. Liability and other Insurance Proof (Documentation)
- E. All License and Certification Documentation (if applicable)
- F. Bond Certificate (if applicable)

## SIGNATURE PAGE

As Chairperson/Proprietor, I certify that the information contained in this application is true and fairly represents the organization and its proposed unit cost for the specified project. I acknowledge that I have read and understood the requirements and provisions in this vendor request and the Agency is prepared to implement the program as specified in this application.



\_\_\_\_\_  
**Chair / Proprietor's Name (Printed or Typed Name)**

\_\_\_\_\_  
**Title**



**X** \_\_\_\_\_  
**Authorized Signature**

\_\_\_\_\_  
**Date**

**Area Agency on Aging of Southeast Texas**  
**Authorized Signature Form for Request for Payment**  
**Direct Purchase of Services Vendor**

**Name and Address of Vendor Agency:**

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**Individuals Authorized to sign Vendor Agreement and/or Vendor Invoice:**

<b>VENDOR AGREEMENT</b>	<b>VENDOR AGREEMENT</b>
<hr/> Typed Name, Title (Above Line)	<hr/> Typed Name, Title (Above Line)
<hr/> Signature	<hr/> Signature

<b>VENDOR INVOICES</b>	<b>VENDOR INVOICES</b>
<hr/> Typed Name, Title (Above Line)	<hr/> Typed Name, Title (Above Line)
<hr/> Signature	<hr/> Signature

**Name of Contacts at your Agency**

<b>NAME OF VENDOR EMPLOYEE COORDINATING LINKAGE CLIENTS</b>	<b>NAME OF BILLING CONTACT PERSON</b>
<hr/> Name	<hr/> Name
<hr/> Email address	<hr/> Email address
<hr/> Phone	<hr/> Phone
<hr/> Fax Number	<hr/> Fax Number

**I certify that the signatures above are of the individuals authorized to sign for Vendor Agreement and/or Vendor Invoice.**

_____ <b>Printed or Typed Name and Title of Authorized Official</b>	X _____ <b>Signature and Date</b>
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