Area Agency on Aging of Southeast Texas
Direct Purchase of Services
October 1, 2025 - September 30, 2026

Contractor Application

PLEASE TYPE OR CLEARLY PRINT APPLICATION INFORMATION

Contractor 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.**

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:** _____

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

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

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 contractor 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 Contract

Name and Address of Contractor Agency:

_____

_____

Individuals Authorized to sign Contract Agreement and/or Contractor Invoice:

CONTRACTOR AGREEMENT	CONTRACTOR AGREEMENT
_____ Typed Name, Title (Above Line)	_____ Typed Name, Title (Above Line)
_____ Signature	_____ Signature
CONTRACTOR INVOICES	**CONTRACTOR INVOICES**
_____ Typed Name, Title (Above Line)	_____ Typed Name, Title (Above Line)
_____ Signature	_____ Signature

Name of Contacts at your Agency

NAME OF CONTRACTOR EMPLOYEE COORDINATING LINKAGE CLIENTS	NAME OF BILLING CONTACT PERSON
_____ Name	_____ Name
_____ Email address	_____ Email address
_____ Phone	_____ Phone
_____ Fax Number	_____ Fax Number

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

_____ X_____

Printed or Typed Name and Title of Authorized Official | **Signature and Date**