

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: _____

2. Proposed Service: _____

A. Service Area: _____

B. Proposed AAA Cost per Unit: _____ Standard Cost per Unit: _____

3. Proposed Service: _____

A. Service Area: _____

B. Proposed AAA Cost per Unit: _____ Standard Cost per Unit: _____

4. Proposed Service: _____

A. Service Area: _____

B. Proposed AAA Cost per Unit: _____ Standard Cost per Unit: _____

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

Typed Name, Title (Above Line)

Signature

CONTRACTOR AGREEMENT

Typed Name, Title (Above Line)

Signature

CONTRACTOR INVOICES

Typed Name, Title (Above Line)

Signature

CONTRACTOR INVOICES

Typed Name, Title (Above Line)

Signature

Name of Contacts at your Agency

**NAME OF CONTRACTOR EMPLOYEE
COORDINATING LINKAGE CLIENTS**

Name

Email address

Phone

Fax Number

NAME OF BILLING CONTACT PERSON

Name

Email address

Phone

Fax Number

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

**Printed or Typed Name and
Title of Authorized Official**

X_____
Signature and Date