



**REQUEST FOR QUALIFICATIONS  
BY THE  
ALAMO AREA COUNCIL OF GOVERNMENTS  
  
FOR  
  
NCQA ACCREDITATION CONSULTANT**

**Issue Date: February 10, 2023 12:00 p.m.**

**Response Date: February 24, 2023 4:00 p.m.**

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**AACOG RFQ link:** <http://www.aacog.com/bids.aspx>  
<http://www.txsmartbuy.com>

**NOTICE:** Prospective proposers who have received this document from a source other than AACOG should immediately contact AACOG and provide their name, company, and email address in order that an addendum to this document or other communication can be sent to them. Any prospective proposers who fail to provide the agency with this information assumes complete responsibility for complete submission requirements.

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## **1.0 Purpose**

The Alamo Area Council of Governments (AACOG), Intellectual and Developmental Disability (IDD) Services department is issuing this Request for Qualifications (RFQ) to contract with a qualified entity to assess AACOG's readiness for National Committee for Quality Assurance (NCQA) Accreditation for Long Term Services and Supports (LTSS) Case Management (CM), to consult on the design and implementation of a work plan to improve NCQA compliance, to help AACOG, develop a work plan for continued quality assurance and sustainability of NCQA compliance, and to assist with AACOG's NCQA application, with the ultimate goal of attaining the highest level of NCQA accreditation.

## **2.0 Background Information**

AACOG is a voluntary association of municipal and county governments and special districts located in Bexar County and the surrounding thirteen counties. Defined as a political subdivision of the State of Texas, the Alamo Area Council of Governments (AACOG) was established in 1967 under Chapter 391 of the Local Government Code as a voluntary association of local governments and organizations that serves its members through planning, information, and coordination activities. AACOG serves the Alamo Area/State Planning Region 18, which covers 13 counties and 12,582 square miles. Comprising the area planning region are Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, McMullen, and Wilson counties.

## **3.0 Scope of Work**

The overall objective of this RFQ is to identify a qualified entity to provide facilitation of AACOG's intention of becoming an NCQA-accredited provider of LTSS Case Management.

## **4.0 General Work Requirements:**

The services and tasks to be provided/required will be determined by the needs of AACOG to achieve full NCQA LTSS CM Accreditation. AACOG anticipates that the following phases will be performed:

- Providing off-site and on-site consultation in preparing for NCQA LTSS CM Accreditation.
- Conducting an assessment of the entire organization to determine AACOG's current status of compliance with NCQA LTSS CM standards. This assessment will include but not limited to:
  - AACOG's practices, policies, processes,
  - program descriptions,
  - utilization of management files, care management files, credentialing files, appeals files, and employee interviews/surveys.
- Issuing an assessment report that:
  - identifies areas of non-compliance and details a work plan to educate staff,
  - a plan to correct identified gaps in NCQA compliance,
  - Recommends measures for quality improvement, and
  - Identifies all other actions needed to achieve NCQA compliance.
- Assisting in the implementation of the work plan that is developed, while periodically re-assessing and reporting readiness.
- Providing consultation for preparation, review, and approval of documents and charts prepared for submission in the NCQA LTSS CM Accreditation process.
- Providing consultation for development and implementation of Quality Improvement Activities.
- Assisting AACOG with its NCQA Application and audit preparation for NCQA LTSS CM Accreditation, once AACOG is assessed to be ready for accreditation process, .

## **5.0 Program Purpose:**

AACOG services as the designated Local IDD Authority for the service delivery area of Bexar County, TX. In that role, AACOG functions as the point of entry for publicly funded intellectual and

developmental disability (IDD) programs, whether the program is provided by a public or private entity, including but not limited to:

- providing or contracting to provide an array of services and supports for persons with intellectual and developmental disabilities;
- providing targeted case management for persons with intellectual and developmental disabilities;
- enrolling eligible individuals into the following Medicaid programs:
  - ICF/IID, which includes state supported living centers
  - Home and Community-based Services (HCS) Medicaid waiver
  - Texas Home Living (TxHmL) Medicaid waiver; and
- overseeing Permanency Planning for consumers under 22 years of age who live in an ICF/IID, state supported living center or a residential setting of the HCS Program.

## **6.0 AACOG IDDS Mission**

The mission of the IDD Services department is to ensure individuals with intellectual and developmental disabilities who live in Bexar County receive necessary quality services. Our core values include individual worth, quality, integrity, dedication, innovation, teamwork, education, and family.

## **7.0 Characteristics of Population Served**

The characteristics of persons to be served include, but are not limited to the following. Persons with:

- Intellectual and Developmental Disabilities (IDD)
- IDD and comorbid mental health disorders
- IDD and behavioral challenges
- IDD and complex medical needs
- Autism Spectrum Disorders
- IDD comorbid mental health disorders, and complex medical needs residing in nursing facilities and seeking transition to the community
- IDD comorbid mental health disorders, and complex medical needs residing in group home settings, host home settings (foster care) or living in their own home or family home

## **8.0 Eligible Providers**

- Proposers must have the technical competence, administrative capacity, management and administrative skills, program experience and expertise, fiscal management systems, the financial resources and stability to accomplish the work identified in this RFQ, and meet high standards for public service and fiduciary responsibility.
- AACOG is prohibited from contracting with any entity debarred, suspended, or otherwise excluded from or ineligible for participation. Accordingly, a contract requires Contractors to certify that they are in compliance with the Federal regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98-510, Participant's Responsibilities. The Contractor must certify that to the best of its knowledge and belief that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.
- The proposer certifies that no member of or delegate to the Congress of the United States (US) shall be admitted to any share or part of this contract or to any benefit arising therefrom.
- The proposer certifies that no member, officer or employee of the Public Body or of a local public body during his or her tenure or one year thereafter shall have any interest, direct or indirect, in this contract or the proceeds thereof.
- The proposer agrees to comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act.

- The proposer acknowledges and agree that, notwithstanding any concurrence by the Federal Government in or approval of the solicitation or award of the underlying contract, absent the express written consent by the Federal Government, the Federal Government is not a party to this contract and shall not be subject to any obligations or liabilities to the Purchaser, Contractor or any other party (whether or not a party to that contract) pertaining to any matter resulting from the underlying contract).
- The proposer will be free of all obligations and interests that might conflict with the best interests of AACOG;
- The proposer will have the capacity of providing services on a timely basis;
- The proposer will warrant that they nor any member of their controlling management presently has a relationship with any member of the AACOG Board of Directors or an AACOG officer with contractual authority and will not enter into any such relationship, directly or indirectly, which would create or provide the appearance of a conflict of interest in the performance of any agreement with AACOG. If an applicant cannot make such representation, the person(s) having a relationship with the AACOG Board member or officer, shall file the attached Conflict of Interest Questionnaire with their response to this request for applications. Nothing contained in this paragraph shall relieve Contractor of its obligation to file a Conflict of Interest Questionnaire at a later date if such conflict arises.
- The submission of an applications shall be prima facie evidence that the proposer has full knowledge of the scope, nature, quantity and quality of work to be performed; the detailed requirements of the specifications; and the conditions under which the work is to be performed.
- The proposer shall furnish AACOG such additional information as AACOG may reasonably require.
- Responses will remain on file in accordance with the Texas Open Records Act.

## **9.0 Contract and Budget**

- This Request for Qualification may result, assuming a contractor is selected and an award made, in a deliverables-based task-oriented contract, for (1) one year. AACOG will require a high level of participation in consultation activities that lead to NCQA Accreditation. Consultation meetings can be accomplished face to face or virtually via GoToMeeting.
- The budgeted compensation amounts are open to negotiation based upon qualifications established through the RFQ.

## **10.0 Governing Provisions & Limitations**

Violation of any of the following provisions may cause an application to be disqualified and rejected from consideration.

- The application, if accepted, will become the basis for the contract scope of work.
- The only purpose of this RFQ is to ensure uniform information in the solicitation of applications for the procurement of identified services. This RFQ is not to be construed as a purchase agreement, contract or as a commitment of any kind; nor does it commit AACOG to pay for costs incurred prior to the execution of a formal contract unless such costs are specifically authorized in writing by AACOG.
- AACOG reserves the right to accept or reject any or all applications received, to cancel or reissue this RFQ in part, or its entirety.
- AACOG reserves the right to award a contract(s) for any services solicited in this RFQ in any quantity AACOG determines is in its best interests.
- AACOG reserves the right to extend, shorten, increase or decrease any contract awarded as a result of this RFQ.
- AACOG reserves the right to request additional information, clarification of or explanation for any aspect of a response to this RFQ.

- AACOG reserves the right to waive any minor defect in the procurement process or to correct any error(s) and/or make changes to this solicitation it deems necessary. AACOG will provide notifications of any changes in this RFQ to all interested parties having requested or received a copy of this RFQ.
- AACOG reserves the right to negotiate the final terms of any and all contracts or agreements with selected proposers and any such terms negotiated as a result of this RFQ may be renegotiated and/or amended in order to successfully meet the needs of the regional area.
- AACOG reserves the right to contact any individual, agency, employer or granting agencies listed in an application, contact others who may have experience and/or knowledge of the respondent's relevant performance and/or qualifications; and to request additional information from any and all respondents.
- AACOG reserves the right to withdraw or reduce the amount of an award or to cancel any contract or agreement resulting from this RFQ if adequate funding is not received by AACOG from any other funding sources or due to legislative changes.
- Respondents shall not, under penalty of law, offer or provide any gratuities, favors or anything of monetary value to any officer, board member, employee, application evaluator, or agent of AACOG or elected official for purposes of having an influencing effect on this procurement.
- Respondents shall not attempt in any manner to advocate for, lobby or otherwise attempt to influence any officer, board member, employee, application evaluator, or agent of AACOG or elected official for purposes of having an influencing effect on this procurement.
- No officer, board member, employee, application evaluator, or agent of AACOG shall participate in the selection, award or administration of a contract if a conflict of interest, or potential conflict, is involved.
- Respondents shall not engage in any activity that will restrict or eliminate competition. Violation of this provision will cause a respondent's application to be disqualified and rejected. This does not preclude joint ventures or subcontracts.
- The contents of a successful application will become a contractual obligation if selected for the award of a contract. Failure of a respondent to accept this obligation may result in cancellation of an award. No plea of error or mistake shall be available to successful proposer as a basis for release from proposed services at the stated price/cost. Any damages accruing to AACOG as a result of a successful proposer's failure to contract with AACOG may be recovered from the proposer.
- A contract with a selected proposer may be withheld, at the sole discretion of AACOG, if issues of contract or questions of non-compliance, questioned/disallowed costs, audit/monitoring findings or legal issues exist, until such issues are satisfactorily resolved. AACOG may withdraw the award of a contract if the resolution is not satisfactory to AACOG.
- AACOG is exempt by law from paying State Sales Tax and Federal Excise Tax.

#### **11.0 Administrative Requirements & Limitations**

- Respondents must be able to demonstrate the necessary administrative and fiscal capability necessary to successfully provide required services and to meet the financial accountability requirements of federal grants.
- Contractors must agree to comply with any applicable Federal, State, and AACOG rules, policies, directives, procedures, and plans and unilateral contract modifications.
- AACOG Contractors are subject to compliance monitoring. At any time during normal business hours, and as often as deemed necessary, AACOG, and its funding source agencies, or any of their duly authorized representatives shall have complete access to any books, invoices, payrolls, time sheets, or any other records or papers which are related to a contract resulting from this RFQ for the purpose of verifying contractual, program and financial compliance with all applicable laws, rules, regulations and policies

## 12.0 Technical Assistance

- **AACOG RFQ Point of Contact**

Debbie Ugarte  
Procurement Manager  
2700 NE Loop 410, Suite 101  
SA, TX 78217  
O: 210-362-5302  
C: 210-379-2941  
Email: [Procurement@aacog.com](mailto:Procurement@aacog.com)

- Other than written questions submitted to AACOG prior to the deadline for such questions, as specified in the RFQ, potential respondents are prohibited from contacting AACOG staff or Board of Directors at any time during this procurement process regarding the RFQ, the evaluation process, recommendation and/or award of contracts, or to gain any other information that could provide a competitive advantage of one respondent over another. Violations of this prohibition will result in the automatic disqualification of the offending proposer.
- Other than as specified above, all members of the AACOG Board, AACOG staff, individuals that have reviewed the RFQ prior to its release, authorized representatives or agents of AACOG are precluded from entertaining or answering questions concerning this RFQ or the procurement process.

## 13.0 Proprietary Information & Texas Public Information Act

Proposer is hereby notified that AACOG strictly adheres to all statutes, court decisions and the opinions of the Texas Attorney General with respect to disclosure of public information. AACOG may seek to protect from disclosure all information submitted in response to this RFQ until such time as a final agreement is executed. Upon execution of a final agreement, AACOG will consider all information, documentation, and other materials requested to be submitted in response to this RFQ to be of a non-confidential and non-propriety nature and, therefore, subject to public disclosure. Proposer will be advised of a request for public information that applies to their materials and will have the opportunity to raise any objections to disclosure to the Texas Attorney General. Certain information that may be protected from release as authorized by Government Code or Attorney General Decision.

## 14.0 Response Scoring Criteria

AACOG will make its selection of a proposer based on demonstrated competence, experience, knowledge, and qualifications as reflected in the criteria set forth below. The responses will be scored by an AACOG selection committee.

### Scoring Criteria, with Percentages:

<b>Qualifications</b>	<b>Section 16.2 (I)</b>	<b>45%</b>
<b>Staffing &amp; Approach</b>	<b>Section 16.2 (II)</b>	<b>40%</b>
<b>Pricing</b>	<b>Section 16.2 (III)</b>	<b>15%</b>
		<b>100%</b>

## 15.0 Dispute Resolution - Appeal and Debriefing Process

- **Appeal Process**

Respondents not selected for funding may appeal only with respect to any fault or violation of law or regulation regarding the procurement process. Appeals must be filed within ten calendar days of receipt of notification of final action. Final action shall be considered by AACOG, at which final selection of the contractor is made. Appeals shall be directed to:

Contracts and Procurement Manager  
Alamo Area Council of Governments  
2700 NE Loop 410, Suite 101

- The appeal must indicate the Board action appealed and the violation, which forms the basis for the appeal, and shall be signed by the appellant organization's authorized representative. Fax and e-mail transmittals will not be accepted. The filing of the appeal must be within the time frame identified. There is no relief accorded appellants for not filing within the published deadlines. Hearings shall be conducted in accordance with existing Agency procedures.
- Respondents may NOT appeal the scoring and ranking of applications, unless substantiated by material or relevant facts;
- Respondents may NOT appeal solely on the belief that their application is superior to the one selected for award.

## **16.0 Response Requirements**

Listed below is a summary of all information to be included in an application submitted in response to this Request for Qualification. Applications will be considered only from parties that:

- Are free of all obligations and interests that might conflict with the best interests of AACOG;
- Have the capacity of providing services on a timely basis; and
- Warrant that they nor any member of their controlling management presently has a relationship with any member of the AACOG Board of Directors or an AACOG officer with contractual authority and will not enter into any such relationship, directly or indirectly, which would create or provide the appearance of a conflict of interest in the performance of any agreement with AACOG. If an applicant cannot make such representation, the person(s) having a relationship with the AACOG Board member or officer, shall file the attached Conflict of Interest Questionnaire with their response to this request for proposals. Nothing contained in this paragraph shall relieve Contractor of its obligation to file a Conflict of Interest Questionnaire at a later date if such conflict arises.
- The submission of an applications shall be prima facie evidence that the proposer has full knowledge of the scope, nature, quantity and quality of work to be performed; the detailed requirements of the specifications; and the conditions under which the work is to be performed.
- The proposer shall furnish AACOG such additional information as AACOG may reasonably require
- Responses will remain on file in accordance with the Texas Open Records Act.

### **16.1 Statement of Work:**

#### **I. Qualifications**

1. Organizational structure
2. Number of years in business
3. Score of services available
4. Relevant background and experience with Public Agencies, Health Care organizations, non-profits

#### **II. Staffing & Approach**

1. Description of methodology to be used to meet the General and Specific work requirements
2. Include a staffing plan that identifies key personnel to be assigned
3. Project coordination with Management, to include
  - a. Continuity of consultation resources
4. Availability of consultant team to include:
  - a. Turnaround time for responding to AACOG inquiries
  - b. Preferred method of communication
5. Composition of consultation team to include;
  - a. Certification and experience of team members



- b. Organization chart of team, indicating points of contacts
- c. Description of project management methodology to include
  - i. Timelines / processes for Accreditation readiness,
  - ii. Milestones to be accomplished
  - iii. Frequency of meetings and status updates
- 6. Description of customer satisfaction strategy, to include:
  - a. Requesting and addressing feedback, inquiries, concerns and suggestions.
- 7. Identify any assumptions or variables that may impact the scope, schedules or pricing
- 8. Provide a comprehensive quality control plan that will ensure the required services are provided as specified in the RFQ

### III. Pricing

- 1. Provide the pricing methodology and structure (i.e., time and materials, fixed price, milestones) to include all anticipated expenses
- 2. Include any variables in the pricing model
- 3. Provide a project that will match the proposed staffing plan

## 17.0 Application Format

Proposers must submit one (1) unbound original with all executed (i.e. original signatures) forms and certificates, plus four (4) exact copies and one (1) electronic copy of your application on compact disc (CD) or flash drive. Copies may be submitted in a three-ring binder, clipped or stapled in the upper left-hand corner. Any application lacking the required number of copies will be ruled unresponsive and will not be considered under this procurement. Applications must be typed and submitted on 8 ½ x 11 –inch plain white paper. Please do not use less than a 10-point font. Each page of the application, with the exception of the Cover Sheet, must be sequentially numbered, including attachments. Although no page limit has been imposed, proposers are asked to keep responses brief, concise and to the point.

## 18.0 Order of Application Contents

Applications must follow the format below. All items must be clearly labeled and in the exact order shown below. Compile the application in the following order:

- Title Page
- Table of Contents
- Profile of the Proposer
- Proposal Narrative
- References
- Conflict of Interest Questionnaire
- Certification Regarding Debarment
- Request to be added to Bidder's/Vendor List

## 19.0 Application Response Forms

### • Attachment A - Title Page

List the RFQ subject, the name of the proposer's firm, local address, telephone number, fax number, email address, name of contact person, and date.

### • Attachment B - Table of Contents

Each application must have a Table of Contents that lists each item of the application, including attachments, with corresponding page numbers. Clearly identify the material by section and page number.

### • Attachment C - Proposal Narrative

Proposer's understanding of the service(s) to be provided, experience, closed properties, funded,

and make a positive commitment to perform the work in a timely manner. Give the names of the persons who will be authorized to make representations for the proposer, their titles, addresses, fax numbers, email addresses (if applicable), and telephone numbers.

- **Attachment D - Profile of the Proposer**

Business information, address, email, point of contact names, phone numbers, cell numbers, fax number, business history information, business experience information.

- **Attachment E - Proposed Budget**

List pricing and proposed budget.

- **Attachment F - References**

Describe your firm's experience, including the number of years in business, and type of services provided which are relevant to the RFQ. Prosper must provide a minimum of 3 business references. Please identify the contact person and phone number for each. Use additional sheets if necessary.

- **Attachment G - Conflict of Interest Questionnaire**

Identify any real or perceived conflicts of interest.

- **Attachment H - Certification Regarding Debarment**

- Certify your entity's eligibility to receive Federal, State or Local funds. **Attachment I - Request to Be Added to Bidder's/Vendor List**

Complete application.

**Attachment A – Title Page**

**RFQ-23-31-IDD-ACCREDITCONSULT**

**Date:**

**Firm Name:**

**Physical Address:**

**Telephone Number:**

**Point of Contact Name:**

**Cell Number:**

**Email Address:**

**Tax ID Number:**

## **Attachment B – Table of Contents**

*(List each item of this application, including attachments, with a corresponding page number. Clearly identify the material by section and page number.)*

### **Attachment C – Proposal Narrative**

*Briefly state the proposer's understanding of the service(s) to be provided and make a positive commitment to perform the work in a timely manner. Give the names of the persons who will be authorized to make representations for the proposer, their titles, addresses, fax numbers, email addresses (if applicable), and telephone numbers.). Provide a narrative response to General Work Requirements (Section 4.0) and the Statement of Work (Section 16.2 (I) and (II)).*

## Attachment D – Profile of the Proposer

### 1. PROFILE

NAME: \_\_\_\_\_

LOCATION ADDRESS(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

NUMBER OF YEARS IN BUSINESS: \_\_\_\_\_

BUSINESS LICENSE ISSUER AND NUMBER: \_\_\_\_\_

2. Proximity to AACOG (2700 N.E. Loop 410, San Antonio, TX 78217): \_\_\_\_\_  
MILES.

3. State whether your organization is national, regional, or local. \_\_\_\_\_

4. Disadvantaged Business Enterprise (DBE) Certified: Yes No

5. If yes, date of certification \_\_\_\_\_

List all Officers and/or Principals of firm: \_\_\_\_\_

☐ No ☐ If Yes, attach explanation.

2. Licenses *suspended*? Yes ☐ No ☐ If Yes, attach explanation.

Licenses *suspended*? Yes

5. Emergency Contact (365 days/year; 24 hours): \_\_\_\_\_  
\_\_\_\_\_

6. List all current and prior governmental entities/clients, type(s) of service performed and contract dates. All contact names and information must be current and verifiable. Use additional pages if necessary.

Agency/Organization	Location	Contact Name	Phone No.	Type of Service Performed	Beg-End Date

**Attachment E – Proposed Budget**

List pricing and proposed budget in accordance with Statement of Work (Section 16.2 (III))

## **Attachment F - References**

1. Describe your experience providing grant writing services including the number of years in business, and type of services provided.
2. Provide 3 commercial references.

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years of Contract: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years of Contract: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Years of Contract: \_\_\_\_\_



### Attachment G – Conflict of Interest Questionnaire

<b>CONFLICT OF INTEREST QUESTIONNAIRE</b>		<b>FORM CIQ</b>
<b>For vendor or other person doing business with local governmental entity</b>		
<p><b>This questionnaire reflects changes made to the law by H.B. 1491, 80<sup>th</sup> Leg., Regular Session.</b></p> <p>This questionnaire is being filed in accordance with chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001 (1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local government entity not later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	<b>OFFICE USE ONLY</b>  <div style="border: 1px solid black; height: 100px; margin: 0 auto; width: 100%;">Date Received</div>	
<p>1. <b>Name of person who has a business relationship with local governmental entity.</b></p>		
<p>2. <input type="checkbox"/> <b>Check this box if you are filing an update to a previously filed questionnaire.</b></p> <p style="text-align: center;">(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7<sup>th</sup> business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>		
<p>3. <b>Name of local government office with whom filer has employment or business relationship.</b></p> <p>This section (item 3 including subparts A, B, C &amp; D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not from the local government entity?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>D. Describe each employment or business relationship with the local government office named in this section.</p>		
<p>4.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Signature of person doing business with governmental entity</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Date</div> </div>		

## Attachment H – Debarment Certification

NAME OF INDIVIDUAL, AGENCY, BUSINESS OR ORGANIZATION	Doing business as (DBA), if applicable:	
ADDRESS	Applicable Procurement or Solicitation #, if any:	Federal Employer Tax Identification #:

**READ CAREFULLY BEFORE SIGNING THIS CERTIFICATION. Federal regulations require contractors, bidders, and sub grantees to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.**

1. By signing and submitting this certification, the prospective vendor/grantee is attesting/acknowledging the representations set out below.
2. This certification is a material representation of fact upon which the Alamo Area Council of Governments (AACOG) will rely on when this transaction is entered into. If it is later determined that the prospective vendor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to Federal or State departments or funding agency(s), AACOG may pursue on its own available remedies, including contract termination, suspension and debarment.
3. **The prospective vendor/grantee shall provide immediate written notice to AACOG, Director of Administrative Services, 2700 N.E. Loop 410, Suite 101, San Antonio, TX 78217, if at any time it learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**
4. The terms “covered contract”, “debarred”, “suspended”, “ineligible”, “participant”, “person”, “principal”, “application”, and “voluntarily excluded”, as used in this certification, have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. You may contact the person to which this application or contract is submitted for assistance in obtaining a copy of this regulation.
5. The prospective vendor/grantee agrees, by submitting this certification, that should the proposed contract/grant be entered into, it shall not knowingly enter into any lower-tier-covered transaction or sub-contract with a person or entity that is proposed for debarment, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this transaction, unless pre-authorized by the appropriate federal or state department or agency, or by AACOG.

**Do you have or do you anticipate having sub-vendors/sub-grantees under this proposed agreement?**

☐ **Yes**      ☐ **No**

6. The prospective vendor/grantee further agrees by submitting this certification, that it will include this certification titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Contracts and Grants,” without modification, in all lower-tier covered transactions and sub-contracts and in all solicitations for lower-tier covered transactions and sub-contracts.
7. A vendor/grantee may rely upon a certification of a prospective participant that it is not proposed for debarment, debarred, suspended, ineligible, or voluntarily excluded from the transaction, unless it knows that the certification is erroneous. Each vendor/grantee is required to check the list of parties excluded from Federal and State Procurement and Non-procurement Programs. **AACOG checks this list for all parties to which it provides funds that are derived directly or indirectly from the Federal Government.**
8. Nothing contained in the foregoing shall be construed to require the establishment of a system of records in order to render in good faith the certification required by this certification document. Participants are not required to have knowledge and information exceeding that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a transaction knowingly enters into a lower-tier transaction or contract with a person who is proposed for debarment, debarred, suspended, ineligible, or voluntarily excluded from participation, in addition to other remedies available to the Federal Government, AACOG or its applicable funding agency(s) may pursue available remedies, including contract termination, suspension and/or debarment.

### **CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND**

## VOLUNTARY EXCLUSION FOR CONTRACTS AND GRANTS

Check the statement that applies to the potential vendor/grantee:

- ☐ 1. The prospective vendor/grantee certifies by submission of this certification, that neither it nor its principals:
- (a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal or State department or agency; and
  - (b) Have, within a three-year period preceding this certification, been convicted of or had a civil judgment rendered against them for fraud; committed a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract; violated Federal or State antitrust statutes; committed embezzlement, theft, forgery, bribery, falsification or inappropriate destruction of records; or received stolen property; and
  - (c) Is presently indicted for or otherwise charged by a government entity (Federal, State, or local) with the commission of any of the offenses enumerated in the preceding paragraph (b) of this certification; and
  - (d) Have, within a three-year period preceding this certification, had one or more contracts or transactions (Federal, State, or local) terminated for cause or default.
- ☐ 2. The potential vendor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential vendor/grantee must attach a signed and dated explanation for each of the above terms, 1(a) through 1(d), to which it cannot certify.

NAME OF POTENTIAL VENDOR/GRANTEE:	
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<b>Signature of Authorized Representative</b>	<b>Printed/Typed Name &amp; Title of Authorized Representative</b>
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Date: _____
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**Attachment I – Request to Be Added to Vendor/Bidder List**

AACOG requires all vendors interested in conducting business with the agency to complete a “Request to be added to Bidder/Vendor List” packet prior to being eligible to receive opportunities to bid for agency projects.

AACOG is an equal opportunity agency within the meaning and spirit of the law and does not discriminate on the basis of race, age, color, sex (including sexual orientation and gender identity), disability, national origin, or religion. All contractors and vendors are required to comply with AACOG’s EEO policies and/or provide adequate verification upon request that they comply with applicable EEO laws.

By submitting a completed vendor packet to AACOG, you agree to comply with the above terms and conditions and all other applicable federal, state, and local laws and regulations.

**RETURN THIS FORM TO:**

Alamo Area Council of Governments  
2700 NE Loop 410, Suite 101  
San Antonio, TX 78217  
ATTN: Procurement Department Phone: (210)362-5200  
Email: [procurement@aacog.com](mailto:procurement@aacog.com)

I, \_\_\_\_\_, hereby attest that I have read and understand the above terms for conducting business with the Alamo Area Council of Governments.

Company Name:
Mailing Address:
City/ State/ ZIP code:
Telephone Number:
Website Address:
Email Address:
Representative:

Please list the type of products/ services you provide and attach any catalogs/ brochures/ samples. Use this

list below to describe your products/ services \*required\*:

Office Supplies Office Furniture  
 Copier Paper/ Specialty PaperComputers  
 Computer SuppliesComputer Software  
 Copier Machines (and supplies)Audio/ Visual  
 Duplication Audio/ Visual Equipment  
 Data & Phone CablingOther:

- ☐  
☐General Contractor Weatherization  
☐ContractorAging Contractor  
☐Psychological Services Outreach  
☐Items  
☐Printing ServicesSecurity  
☐Detail  
☐Criminal Justice Supplies  
☐Consultant (\_\_\_\_\_  
☐Vehicle Repair

Please assist us by completing the following:

Type of Request:

1. Type of Request: ☐New Vendor ☐Change of Address ☐Updated Information

2. Ownership:

Sole Proprietorship ☐ Partnership ☐ Corporation ☐  
 Governmental Agency ☐ Non-Profit ☐ Other ☐

3. Tax Identification Number: \_\_\_\_\_

Attach completed W-9 form unless tax exempt. <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

DUNS Number, if applicable: \_\_\_\_\_

4. Have you done business with AACOG in the past?

Yes ☐ No ☐

5. Is your business currently certified with the Stat of Texas Centralized Master Bidder's List?  
<https://comptroller.texas.gov/purchasing/vendor/cmb/>

Yes ☐ No ☐

\*\*Please return confirmation of your CMBL certification with this vendor application\*\*

6. Is your business currently certified as a HUB with the State of Texas?  
<https://comptroller.texas.gov/purchasing/vendor/hub/>

Yes ☐ No ☐ N/A ☐

7. Is your business currently certified as a HUB outside the State of Texas?

Yes ☒ No ☐ If yes, what State? \_\_\_\_\_

8. If YES to either question 6 or 7, enter Historically Underutilized Business (HUB), ethnicity, and gender status, if applicable:

Asian Pacific American ☒ (AS)

Hispanic ☒ Americans (HI)

American ☒ Woman (WO)

Black American (BL)

☐ Native American (AI)

Male (M)/ Female (F): \_\_\_\_

9. If applicable, please note if your Texas- based Small, Minority, and/or Women- Owned Business Enterprise (SMWBE) is certified with any of the organizations listed below\*:

City of Austin City ☒ Houston

Dallas/ Fort Worth ☒ Minority Supplier Development Council El Paso Hispanic

Chamber of Commerce ☒

South Central Texas ☒ Regional Certification agency (SCTRCA) Southwest Minority

Supplier Development Council ☒

Texas Department of ☒ Transportation (TXDOT) Women's Business

Council- Southwest ☒ Women's Business Enterprise Alliance

☐

**Please return confirmation of this certification with this vendor application.**

\*If you hold certification with any of the entities noted above, you may qualify to automatically receive HUB Certification with the State of Texas. Please contact TPASS's Statewide HUB Program at (888)863-5881 for further information.

10. Is your principal place of business in the State of Texas?

Yes ☐ No ☐

11. Is your organization delinquent on State of Texas Franchise taxes?

Yes ☐ No ☐

12. Are you or anyone in your organization related to an AACOG employee or a member of AACOG's governing board?

Yes ☐ No ☐

If YES, list AACOG employee or Board member's name and relationship:

Name:

Relationship:

13. Are you or anyone in your organization a former Workforce Solutions- Alamo employee and/ or board member?

Yes ☐ No ☐

## ACCOUNTS PAYABLE DIRECT DEPOSIT (ACH) FORM

Vendor Name: Address:Phone: E-Mail

Address:

Financial Institution:

Bank Point of Contact  
Title and Phone Number

Bank Account Number:Routing Number:

Please attach a voided check from this account.  
Must provide all numbers required for ACH deposit

### PLEASE NOTE THE FOLLOWING

- Only one bank account may be used per Vendor
- Please contact Accounting Department at (210) 362-5200 with any questions.
- Please allow 10 business days for vendor and banking verification.

I hereby authorize Alamo Area of Governments to initiate credit entries and, if necessary, debit entries, and adjustments for any credits entries in error to our account as shown above with the listed financial institution, and credit and/ or debit the same to the accounted indicated above. I certify that the depository information listed above is accurate.

Signature:


Print Name  
And Date:

(Control + Click to fill out digitally)

<b>Form W-9</b> (Rev. December 2014) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	<b>Give Form to the requester. Do not send to the IRS.</b>																																																		
Print or type See Specific Instructions on page 2	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.																																																			
	2 Business name/disregarded entity name, if different from above																																																			
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____ <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate																																																			
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>																																																			
	5 Address (number, street, and apt. or suite no.)	Requestor's name and address (optional)																																																		
	6 City, state, and ZIP code																																																			
	7 List account number(s) here (optional)																																																			
<b>Part I Taxpayer Identification Number (TIN)</b>																																																				
<p>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p><b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.</p>																																																				
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="10" style="text-align: center;">Social security number</td></tr><tr><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td></tr><tr><td colspan="10" style="text-align: center;">OR</td></tr><tr><td colspan="10" style="text-align: center;">Employer identification number</td></tr><tr><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td><td style="width: 3%;"> </td></tr></table>			Social security number																				OR										Employer identification number																			
Social security number																																																				
OR																																																				
Employer identification number																																																				
<b>Part II Certification</b>																																																				
Under penalties of perjury, I certify that:																																																				
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and																																																				
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and																																																				
3. I am a U.S. citizen or other U.S. person (defined below); and																																																				
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.																																																				
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.																																																				
<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____																																																		
<b>General Instructions</b>																																																				
Section references are to the Internal Revenue Code unless otherwise noted.																																																				
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at <a href="http://www.irs.gov/w9">www.irs.gov/w9</a> .																																																				
<b>Purpose of Form</b>																																																				
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:																																																				
<ul style="list-style-type: none"><li>• Form 1099-INT (interest earned or paid)</li><li>• Form 1099-DIV (dividends, including those from stocks or mutual funds)</li><li>• Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li><li>• Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li><li>• Form 1099-S (proceeds from real estate transactions)</li><li>• Form 1099-K (merchant card and third party network transactions)</li></ul>																																																				
<ul style="list-style-type: none"><li>• Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li><li>• Form 1099-C (canceled debt)</li><li>• Form 1099-A (acquisition or abandonment of secured property)</li></ul> <p>Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.</p> <p>If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See <i>What is backup withholding?</i> on page 2.</p> <p>By signing the filled-out form, you:</p> <ol style="list-style-type: none"><li>1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).</li><li>2. Certify that you are not subject to backup withholding, or</li><li>3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and</li><li>4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See <i>What is FATCA reporting?</i> on page 2 for further information.</li></ol>																																																				



(Control + Click to fill out digitally; clear any pre-filled boxes)

 01-339 (Back) (Rev. 9-01/16)		<a href="#">SAVE A COPY</a>		<a href="#">CLEAR SIDE</a>	
<b>TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION</b>					
Name of purchaser, firm or agency					
Address (Street & number, P.O. Box or Route number)				Phone (Area code and number)	
City, State, ZIP code					
<p>I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:</p> <p>Seller: _____</p> <p>Street address: _____, City, State, ZIP code: _____</p> <p>Description of items to be purchased or on the attached order or invoice:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Purchaser claims this exemption for the following reason:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.</p> <p>I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.</p>					
Purchaser <b>sign here</b> ▶		Title		Date	
<p>NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.</p> <p>THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.</p> <p>Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.</p> <p>This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.</p>					