

RFP-25-04-AAA-Meal Delivery Service Provider

Request for Proposal 2025-Meal Delivery Service Provider

Alamo AAA Contracted Services for FY25 – FY26



**Procurement Department
2700 NE Loop 410, Suite 101
San Antonio, TX 78217
Voice (210) 362-5200
Fax (210) 225-5937**

RFP Release Date:	January 28, 2025 @ 4:00 PM
Deadline to Submit Questions:	February 3, 2025 @ 2:00 PM
Response to Questions Posted:	February 7, 2025 @ 5:00 PM
Proposal Response Deadline:	February 18, 2025, @ 4:00 PM

RFP links:

<https://aacog.gov/procurement>
<https://www.txsmartbuy.gov/esbd/RFP-25-04-AAA>

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 the RFP or other communication can be delivered. Any prospective proposer who fails to provide the agency with this information assumes complete responsibility for complete submission requirements.

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Attachments: Response Forms Appendix A: Service Definitions
Appendix B: Budget

RFP links: <https://aacog.gov/procurement>
<https://www.txsmartbuy.gov/esbd/RFP-25-04-AAA>

PART 1.0 – SCOPE OF REQUEST

1.1 PURPOSE OF REQUEST FOR PROPOSAL (RFP)

The Alamo Area Council of Governments (AACOG) Alamo Area Agency on Aging (Alamo AAA) is requesting proposals to provide meal delivery services authorized under Title III of the Older Americans Act of 1965, as amended, and in accordance with the approved Alamo AAA Area Plan.

1.2 BACKGROUND INFORMATION

A. The Alamo Area Council of Governments

AACOG is a voluntary association of municipal and county governments and special districts located in Bexar County and the surrounding twelve counties. Defined as a political subdivision of the State of Texas, the 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.

B. Purpose

1. The purpose of this Request for Proposal (RFP) is to identify and engage a qualified meal delivery service contractor to manage and operate priority congregate and home meal delivery services within Guadalupe, Wilson, and Karnes counties. The selected contractor will ensure the accessibility and efficiency of delivery systems for older adults, provide supportive services funded under the Older Americans Act of 1965 (OAA), as amended, and the State of Texas, and contribute to the execution of the Alamo AAA Strategic Plan. Additionally, the contractor will be responsible for funding two staff members dedicated to maintaining senior program operations at the Cibolo Senior Center and the Wilson County Senior Center, ensuring these facilities continue to meet the needs of the communities they serve.
2. The AACOG retains the sole and exclusive right to establish funding priorities for all subcontracted services. This includes the discretion to allocate resources to ensure compliance with program objectives, address community needs, and achieve strategic outcomes.

C. Contract Goals & Objectives

The central objectives to be fulfilled through this contract are as follows:

1. AACOG is seeking to award contracts to qualified, eligible contractors for the Aging Program services as described in this Request for Proposals (RFP) and as defined in Appendix A.
2. The type of services and amounts sought are not to exceed (See Project Budget).
3. The supportive services expenses under this contract shall include the employment of two part-time staff members, as outlined below:
 - I. **Program Manager, Cibolo Senior Center:**
One full- time position with an approximate annual salary of \$22,000.
 - II. **Program Manager, Wilson County Senior Center:**
One part-time position with an approximate annual salary of \$12,000.

D. Implementation of Objectives

1. The objectives for the Alamo AAA contracted services shall be achieved by the meal delivery service contractor upon the approval of the final work plan by AACOG. The final work plan shall be developed in alignment with the Statement of Work outlined in this Request for Proposal.

1.3 STATEMENT OF WORK

A. SERVICE PLAN

1. AACOG is designated as the Alamo AAA under contract with the Texas Health and Human Services Commission (HHSC). The authority on which this contract is based derives from the OAA, as amended, and its regulations.
2. Congress appropriates funds to implement the OAA and apportions those funds to the states. Within Texas, HHSC then allocates the apportioned funds to the AAAs for administration at the local level. HHSC awards these funds based on statistical factors such as population aged 60+ living in rural areas, and income levels of population aged 60+ in each of the Planning Service Areas (PSAs). The PSA for Alamo AAA includes twelve Alamo Counties (Atascosa, Bandera, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, McMullen, and Wilson counties).
3. Alamo AAA then allocates funds to prioritized programs within the PSA based upon an Area Plan approved by HHSC. The Area Plan identifies prioritized older adults' services. Alamo AAA finally awards a significant portion of funding for those priority services to qualified sub-recipients who then furnish services on behalf of Alamo AAA. We have provided a list of service definitions for these services at Appendix A.
4. The Alamo AAA is seeking qualified Bidders to furnish and provide unitized meals for Older Adults. Food services shall include the daily preparation and delivery of hot and/or cold lunches to approximately 300 adults residing in Guadalupe, Wilson, and Karnes counties. The selected Bidder must ensure compliance with all applicable food safety and quality standards. The Alamo AAA reserves the right to modify the scope of services, including the addition of future delivery sites and the adjustment of meal quantities, to address evolving program needs and priorities.
5. The Contractor shall be responsible for supplying all labor, materials and equipment necessary for the proper execution and completion of the work, and shall perform all services, as stated in the scope of services or reasonably implied there from and in accordance with contract documents.
6. The Contractor shall provide full-time supervision and properly skilled staff to perform the work required under this bid invitation. Unless specified to the contrary, all materials used shall be new and of the best kind and grades specified and all workmanship shall be up to the best recognized standards known to the various trades.
7. AACOG reserves the right to terminate or modify this contract at its sole discretion if federal funding supporting the nutrition program is withdrawn. In the event of termination or modification, AACOG shall have no obligation to compensate the contractor for any meals prepared or delivered after the effective date of termination or modification.

B. MINIMUM QUALIFICATIONS

1. To be qualified, providing and delivering meals must be a primary line of business for the Bidder. Additionally, qualified Bidders must have current meal preparation and delivery service experience. The Alamo AAA shall be the sole judge as to whether Bidder's experience is sufficiently similar to being responsive.
2. Bidder must currently have a permanent place of business located within the AACOG planning service area.
3. Bidder must have been in business for a minimum of three (3) years and employ qualified personnel to ensure vendor's performance in accordance with all outlined requirements.
4. Bidder must hold a current State or local health certificate for their food preparation facility/facilities.

C. CONTRACTOR REQUIREMENTS

1. Contractor shall be responsible for the following requirements:
2. Adhere to Attachment 1. Texas Health and Human Services Appendix III, [Appendix III, Target Nutrient Requirements Computer Analysis of Nutrients | Texas Health and Human Services](#)
3. PROGRAM INVITATION FOR BIDS (IFB) AND CONTRACT FORMS and all its attached provisions. Contractor must meet State and Local Health Department Inspections and licenses required to prepare and distribute/vend food to the public. Meals types and nutritional requirements may be found at [F-1600 Meals | Texas Health and Human Services](#).

D. PRICING

1. All unit costs per meal/item must include all related costs, including but not limited to product, staff, delivery, equipment, supplies and storage.
2. The Alamo AAA is reimbursed based upon each meal actually served and not the estimated number of meals to be served. Since the federal reimbursement rate is subject to change each year, rather than bid a fixed dollar amount, the AAA is soliciting bids based on a discount from the actual reimbursement rate established by Texas Health and Human Services.

E. FOOD SPECIFICATIONS

1. Component yield must meet the minimum requirement as per [F-1600 Meals | Texas Health and Human Services](#)
2. All meals in the menu cycle must meet the food specifications and quality standards. All meat and meat products shall have been slaughtered, processed and manufactured in plants inspected under a USDA approved inspection program and bear the appropriate seal. All meat and meat products must be fresh, lean, free from gristle and peppercorns, sound, sanitary and free of objectionable odors or signs of deterioration upon delivery. Meat must not be discolored.

3. Milk, white/chocolate is not to contain more than 1% fat or less and shall contain vitamins A and D at the levels specified by the Food and Drug Administration and consistent with State and local standards for such milk. Milk delivered hereunder shall conform to these specifications.
4. All food components are required to be fresh, ripe, edible and within the date of expiration upon time of consumption. Bidders must possess and submit with their bid response, a Child Nutrition “CN” label and/or manufacturer’s product analysis, specifying the yield of each product’s ingredients.
5. Sodium Levels for meals (aligns with requirements under USDA NSLP).

F. PACKAGING

1. Each meal/lunch must be individually unitized to ensure proper distribution to program participants.
2. Individual meals delivered in unit packs must be delivered and stored in containers to maintain the required temperature until service time.
3. Containers should be adequately sealed to prevent seeping or leaking of any kind.
4. Containers should be able to hold ice and contain any liquid caused by melting. Containers used where sweating and leaking occur are considered to be sub-standard and unacceptable.
5. Approved packaging for unitized meals will be:
 - a) Individual meal unit with seal-able lids or may be heat sealed. Fiber or recyclable plastic containers wrapped and sealed to prevent crushing or leaking of food onto other food within the container (i.e. – ice chest) or leakage within the individual food containers.
 - b) Containers must maintain required temperature until serving time.
 - c) The transport of all cold or hot products must be, at a minimum, in thermo-insulated containers (i.e. – ice chests) which have proven to maintain the required temperature more efficiently as well as reduce sweating and leakage.
 - d) All hot meals must be in a sectioned container, with the other meal components, which can be sealed to ensure proper sanitation. All meal entrée components (lunch) must be packaged into one container [i.e. – entrée and vegetable(s)]. Fresh fruit and bread may be packaged and served individually.

G. DELIVERY REQUIREMENTS

1. Contractor must ensure that, during time of meal preparation, interim storage, transporting, delivering to site and immediately prior to meal service, the maximum, and minimum required temperatures are maintained as per local Health Department Regulations.
2. Meal units must leave the Contractor site in containers that will hold the proper temperature for a minimum four (4) hour window.
3. The Contractor must maintain a log documenting the time of departure and meal temperature.

4. Contractor will be responsible for completing all documentation required by HHSC for eligibility of meal and meal delivery and will submit monthly to AAA staff to be eligible for reimbursement.
5. All congregate and home delivered meal deliveries shall be made between 9:30 a.m. – 10:30 a.m.
6. The Contractor must have proper transportation to support the time and delivery schedule.
7. The Contractor's driver must remain at the delivery site(s) until meals have been inspected by designated personnel.
8. Upon food inspection of meals, if drinks do not meet temperature requirement, they will not be accepted, and the AAA will not be charged.

1.4 PLANNING SERVICE AREA

1. The Planning Service Area for this RFP is Alamo Area/State Planning Region 18.

1.5 PROJECT BUDGET

The estimated funds available for the project are not to exceed a total of \$100,000. Proposers planned budget must reflect all operating expenses to be incurred in the performance of this proposal and the level of Federal or State funding requested to support the planned expenditures.

1. Proposers must have sufficient financial resources to operate on a reimbursement basis. A three (3) month cash flow is recommended.
2. The Alamo AAA requires the selected applicants to submit a comprehensive rate workbook detailing all proposed costs, including unit pricing, overhead, and any other applicable expenses. Additionally, the selected applicants must provide any price, technical, or other revisions resulting from the negotiation process as required by the AAA. Failure to comply with these requirements may result in disqualification from further consideration.

1.6 AUTHORITY

1. HHS 45 CFR 75.
2. HHS 45 CFR 92.
3. HHS 45 CFR 1321.
4. HHS 45 CFR 91.
5. Texas Uniform Grant Management Standards (UGMS).
6. Texas Administrative Code (TAC), Title 26, Part 1, Chapter 213, Subchapter C, Division 3, Rule §213.203

7. Texas Local Government Code, Chapter 252
8. Texas Government Code, Chapter 2161
9. HHSC Area Agency on Aging Policies and Procedures Manual, Chapter F-1000 thru F-1800

1.7 PROCUREMENT STANDARD

It is the policy of AACOG to conduct procurement in a manner that provides for full and open competition. An award will be made only to an organization possessing the qualifications and demonstrated ability to perform successfully under the terms and conditions of a contract. The services solicited under this RFQ are procured under the Competitive Proposal Method.

PART 2.0 – SUBMISSION INFORMATION

2.1 RESPONSE DEADLINE

The Request for Proposals (RFP) will be posted on **January 28, 2025**. Proposal deadline **February 18, 2025, by 4:00 pm CST**. Official receipt of Proposals submitted will be by entry on a proposal receipt log. A receipt form will be issued upon request. Respondents who mail a proposal will be sent a copy of the receipt form upon request. Proposals may be hand-delivered prior to the stated deadline between 8:00 a.m. and 5:00 p.m. Monday through Friday or mailed to the following address:

AACOG
Procurement Department
Attn: RFP-25-04-Meal Delivery Service Provider
2700 NE Interstate 410 Loop, Suite 101
San Antonio, TX 78217

Proposals submitted by mail, courier or overnight mail services will be received (Monday through Friday) at the above address. Modifications or amendments to a Proposal must comply with the requirements and response deadline. A respondent may withdraw a Proposal at any time during the procurement process by submitting a written request to the AACOG Procurement Department at the above address.

2.2 PROCUREMENT SCHEDULE

All time noted on the Procurement Schedule (Page 1) is Central Standard Time. Dates posted are subject to change.

2.3 TECHNICAL ASSISTANCE

- 2.3.1** AACOG will accept questions submitted via electronic mail prior to February 3, 2025, 2:00pm
- 2.3.2** An Addendum to the RFP, to include all questions received, will be delivered to all interested parties and included in archived documents at the Electronic State Business Daily website.
- 2.3.3** No other representative of AACOG is allowed to accept or respond to questions related to this solicitation other than:

Debbie Ugarte, Contracts and Procurement Director
Alamo Area Council of Governments Procurement Department
2700 NE Interstate 410 Loop, Suite 101
San Antonio, TX 78217
dugarte@aacog.gov

- 2.3.4** AACOG RFP Secondary Point of Contact:

Isaac Jones III Senior Procurement Analyst
Alamo Area Council of Governments Procurement Department
2700 NE Loop 410, Suite 101
San Antonio, TX 78217
ijones@aacog.gov

- 2.3.5** During the period between the date AACOG issues this RFP and the date of the selection of the Contractors by AACOG, if any, Respondents shall restrict all contact with AACOG and direct all questions regarding this RFP, including questions regarding terms and conditions, only to the individual identified above in Section “Technical Assistance” in the specified manner. Do not contact members of the Board of Directors, other employees of AACOG or any of AACOG’s agents or administrators. Contact with any of these prohibited individuals after issuance of this RFP and before selection is made, may result in disqualification of the Respondent. The communications prohibition shall terminate when the contract is executed by the Contractor and AACOG.
- 2.3.6** Prohibited communications include direct contact, discussion, or promotion of any Respondent’s Proposal with any member of AACOG’s Board of Directors or employees except for communications with AACOG’s designated representative as set forth in this RFP and only in the course of inquiries, briefings, interviews, or presentations. This prohibition is intended to create a level playing field for all potential Respondents, to assure that decisions are made in public, and to protect the integrity of the RFP process. Except as provided in the above stated exceptions, the following communications regarding a particular Invitation For Bids, Requests for Proposal, Requests for Qualifications, or other solicitation are prohibited:
- 2.3.7** Communications between a potential Contractor, service provider, bidder, respondent, lobbyist or consultant and any member of AACOG’s Board of Directors.
- 2.3.8** Communications between any director and any member of a selection or evaluation committee.
- 2.3.9** Communications between any director and administrator or employee is prohibited.
- 2.4 The communications prohibition shall not apply to the following:**
- 2.4.1** Communications with AACOG’s purchasing agent specifically named and authorized to conduct and receive such communications under this RFP or upon the request of AACOG, with AACOG’s general counsel.
- 2.4.2** Presentations made to the Board of Directors during any duly convened public meeting.
- 2.4.3** Nothing contained herein shall prohibit any person or entity from publicly addressing AACOG’s Board of Directors during any duly convened public meeting, in accordance with applicable Board policies, on a matter other than this RFP or in connection with a presentation requested by AACOG’s representatives.
- 2.5 AVAILABILITY OF REQUEST FOR PROPOSALS**
The RFP will be posted as noted on Page 1, RFP Links, or at the request of the proposer, by contacting procurement staff at the above phone or e-mail beginning **January 28, 2025**. The RFP is also available at the agency address from 8:00 a.m. – 5:00 p.m., Monday through Friday (except for holidays). Any interested party that receives this RFP by means other than directly from AACOG is responsible for notifying AACOG that it has received an RFP package so that when an addendum to this RFP is issued, the information can be provided to all interested parties.
- 2.6 PROPRIETARY INFORMATION AND THE PUBLIC INFORMATION ACT**
- 2.6.1** Because contracts are awarded by a governmental entity, all responses submitted are subject to release as public information after contracts are executed. If a Respondent believes that its response, or parts of its response, may be exempted from disclosure, the Respondent must specify page-by-page and line-by-line the parts of the response, which it believes, are exempt. In addition, the Respondent must specify which exception(s) are applicable and provide detailed reasons to substantiate the exception(s). Any information that is unmarked will be considered public information and released, if requested under the Public Information Act.
- 2.6.2** The determination of whether information is confidential and not subject to disclosure is the duty of the Texas Office of Attorney General (OAG). AACOG must provide the OAG sufficient information to render an opinion and therefore, vague and general claims to confidentiality by the Respondent are not acceptable. AACOG must comply with the opinions of the OAG. AACOG assumes no responsibility for asserting legal arguments on behalf of any Respondent. Respondents are advised to consult with their legal counsel concerning disclosure issues resulting from this procurement process and to take precautions to safeguard trade secrets and other proprietary information. After completion of the award, these documents will be available for public inspection.

PART 3.0—GENERAL INFORMATION & ADMINISTRATIVE REQUIREMENTS

3.1 ELIGIBLE PROVIDERS

- 3.1.1** AACOG expects to receive proposals from established and knowledgeable entities with demonstrable expertise in the tasks required. The proposer(s) selected for contract will become an approved AACOG vendor and responsible for tasks outlined in the SOW.
- 3.1.2** It is the policy of AACOG to encourage participation by small and historically underutilized businesses (HUBs), as defined in Government Code, Chapter 2161, as Contractors to AACOG. It is the goal of AACOG to include HUBs in at least ten percent (10%) of the total value of contracts awarded annually.
- 3.1.3** To be eligible for consideration: Licensed to do business in the State of Texas.
- 3.1.4** 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.
- 3.1.5** Respondents must possess the knowledge, experience and expertise, professional judgment and capacity within their organization to perform the services and activities requested under this RFP and meet high standards for public service and fiduciary responsibility.

3.2 CONTRACT INFORMATION

- 3.2.1** TYPE OF CONTRACT: This Request for Proposal may result, assuming a Contractor is selected, and an award made, based on budget based fixed price award.
- 3.2.2** CONTRACT PERIOD: It is anticipated that the initial contract period will be for three (3) years, with an option for two (2) one (1) year extensions, mutually approved annually by the vendor and AACOG Board of Directors. The maximum number of consecutive years that an auditor may provide services will be five (5) years.
- 3.2.3** AACOG reserves the right to terminate a contract at any time based on Contractor performance or noncompliance.
- 3.2.4** ADDITIONAL FUNDING: AACOG reserves the right to extend the contract to include additional tasks in the Proposal response that AACOG deems beneficial to the area.
- 3.2.5** REASSIGNMENT: In the event a Contractor fails to perform as required, AACOG reserves the right to terminate the contract early and assign the contract in whole or in part to a comparably ranked respondent/Proposal obtained through this procurement, subject to successful contract negotiations.
- 3.2.6** Within 30 days written notice by either party if Contractor shall be required to satisfactorily complete all projects in progress at the time notice is giving to.
- 3.2.7** In the event of a breach of this RFP by either party hereto that is not remedied within five (5) working days after delivery of written notice of such breach, the non-breaching party may terminate this RFP by providing ten (10) days written notice to the other party of their intent to terminate this RFP.

3.3 GOVERNING PROVISIONS AND LIMITATIONS

Violation of any of the following provisions may cause a Proposal to be disqualified and rejected from consideration:

- 3.3.1** The Proposal, if accepted, will become the basis for the contract scope of work.
- 3.3.2** Respondents must submit a comprehensive Proposal for all services solicited. Any Proposal that is not comprehensive will be deemed non-responsive.
- 3.3.3** The only purpose of this RFP is to ensure uniform information in the solicitation of Proposals for the procurement of identified services. This RFP 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.
- 3.3.4** AACOG reserves the right to accept or reject any or all Proposals received, to

- cancel or reissue this RFP in part, or its entirety.
- 3.3.5** AACOG reserves the right to award a contract(s) for any services solicited in this RFP in any quantity AACOG determines is in its best interests.
- 3.3.6** AACOG reserves the right to extend, shorten, increase, or decrease any contract awarded as a result of this RFP.
- 3.3.7** AACOG reserves the right to request additional information, clarification of or explanation for any aspect of a response to this RFP.
- 3.3.8** 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 RFP to all interested parties having requested or received a copy of this RFP.
- 3.3.9** AACOG reserves the right to negotiate the final terms of all contracts or agreements with selected proposers and any such terms negotiated as a result of this RFP may be renegotiated and/or amended in order to successfully meet the needs of the regional area.
- 3.3.10** AACOG reserves the right to contact any individual, agency, employer, or granting agencies listed in a Proposal, contact others who may have experience and/or knowledge of the respondent's relevant performance and/or qualifications; and to request additional information from all respondents.
- 3.3.11** AACOG reserves the right to conduct on-site reviews of records, systems, procedures, including credit and criminal background checks of any entity selected for funding under this RFP. This may occur either before or after the award of a contract or agreement. Any misrepresentation of the proposer's ability to perform as stated in the RFP response may result in the cancellation of any contract or agreement awarded.
- 3.3.12** AACOG reserves the right to withdraw or reduce the amount of an award or to cancel any contract or agreement resulting from this RFP if adequate funding is not received by AACOG from funding sources or due to legislative changes.
- 3.3.13** Respondents shall not, under penalty of law, offer or provide any gratuities, favors or anything of monetary value to any officer, board member, employee, Proposal evaluator, or agent of AACOG or elected official for purposes of having an influencing effect on this procurement.
- 3.3.14** Respondents shall not attempt in any manner to advocate for, lobby or otherwise attempt to influence any officer, board member, employee, Proposal evaluator, or agent of AACOG or elected official for purposes of having an influencing effect on this procurement.
- 3.3.15** No officer, board member, employee, Proposal 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.
- 3.3.16** Respondents shall not engage in any activity that will restrict or eliminate competition. Violation of this provision will cause a respondent's Proposal to be disqualified and rejected. This does not preclude joint ventures or subcontracts.
- 3.3.17** The contents of a successful Proposal 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 the successful proposer as a basis for release from proposed services at the stated price/cost. Any damages assessed by AACOG as a result of a successful proposer's failure to contract with AACOG may be recovered from the proposer.
- 3.3.18** 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.
- 3.3.19** AACOG is exempt by law from paying State Sales Tax and Federal Excise Tax.
- 3.3.20** The contractor shall retain all records for a minimum period of seven (7) y after AACOG makes final payment and all other pending matters are closed. This requirement is to assure fair settlement of disputes or complaints that may arise, as well as to fulfill federal audit requirements. This requirement survives the termination of this RFP for any reason.
- 3.3.21** **NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY:**
Contractor provides its assurance that it will comply with all requirements of applicable Federal

and State laws that no person providing or receiving services under this contract will be excluded from participation, or be otherwise subjected to discrimination because of race, color, religion, gender, sexual orientation, national origin, age, disability or political affiliation or belief.

3.4 ADMINISTRATIVE REQUIREMENT AND LIMITATIONS

- 3.4.1 Contractor will be required to procure all insurance required by this RFP and to list AACOG as an additional insured on each policy prior to the commencement of any work pursuant to a contract executed as a result of this RFP when applicable (or if funding becomes available). Liability coverage and deductibles must be acceptable to AACOG.
- 3.4.2 **INSURANCE REQUIREMENTS - CONTRACTOR** will be required to provide proof of general liability and casualty insurance coverage prior to contract execution:
 - 3.4.2.1 General Liability: \$1,000,000
 - 3.4.2.2 Personal Injury: \$1,000,000
 - 3.4.2.3 Property damage: \$100,000
 - 3.4.2.4 Automobile Liability: \$500,000 per occurrence
- 3.4.3 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 when applicable (or if funding becomes available).
- 3.4.4 Contractors must provide reports upon demand as may be requested or required by AACOG.
- 3.4.5 Private for-profit corporations submitting a Proposal must include a statement signed by an authorized representative of the corporation authorizing submission of a Proposal.
- 3.4.6 AACOG shall require the Contractor to remove any employee or staff member from the contract who is alleged (accused, arrested, or charged) to have committed a disqualifying offense after the background check performed. The contractor is required to immediately notify AACOG when it becomes aware of the alleged offense to determine if it disqualifies the employee or staff member from continuing to work under the contract.
- 3.4.7 Respondents must possess the knowledge, experience and expertise, professional judgment and capacity within their organization to perform the services and activities.

PART 4.0 – PROPOSAL REVIEW AND SELECTION PROCESS

- 4.1 **EVALUATION PROCESS:** The evaluation process will consist of:
 - 4.1.1 An initial review of responsiveness and eligibility with the criteria specified in the RFP by AACOG personnel.
 - 4.1.2 All eligible Proposals will be evaluated and scored by an independent team of reviewers. The proposer's qualifications will be evaluated on specific criteria outlined in Section 4.2 by reviewers using a standardized scoring matrix.
- 4.2 **EVALUATION CRITERIA**
 - 4.2.1 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 evaluation committee.
 - 4.2.2 **Scoring Criteria, with Percentages:** Proposers must achieve an overall score of at least 70 points to be considered for the award of funds. The review and evaluation of proposals shall be based upon the following criteria:

A. Organizational Capacity

35 points

1. **Business Organization:** State full name and address of your organization and identify parent company if you are a subsidiary. Specify the branch office or other subordinate element which will perform, or assist in performing, work herein. Indicate whether you operate as a partnership, corporation, or individual. Include the State in which incorporated or licensed to operate.
2. **System Concept and Solution:** Define in detail your understanding of the requirements presented in the Scope of Work of this request for proposal and your system solution. Provide all details as required in the Scope of Work and any additional information you deem necessary to evaluate your knowledge of HHS regulations, target populations and administering aging programs.

3. Project Management Structure: Provide a general explanation and chart which specifies project leadership and reporting responsibilities; and who will interface with the AACOG project management and team personnel. Provide a detailed description of fiscal controls, reporting capabilities and performance accountability protocol. If use of subcontractors is proposed, identify their placement in the primary management structure, and provide internal management description for each subcontractor.
4. Personnel: Include names and qualifications of all professional personnel who will be assigned to this project. State the primary work task assigned to each person and the percentage of time each person will devote to this work. Identify key persons by name and title. Provide all resumes.

B. Demonstrated Performance

20 points

1. Prior Experience: Describe only relevant corporate experience and individual experience for personnel who will be actively engaged in the project. Do not include corporate experience unless personnel assigned to this project actively participated. Supply the project title, year, and reference name, title, present address, and phone number of principal person for whom prior projects were accomplished.

C. Service Delivery Plan

25 points

1. Service Delivery Plan: Describes plan design, Nutrition Services, Older Americans Act Assurances, and outreach to targeted populations. Older Americans Act Assurances (Required)
2. The Older Americans Act of 1965, as amended, requires assurances that specific objectives will be met by the AAA and its sub-recipients. Please provide a narrative response for how your organization plans to meet each of the following OAA objectives.
3. Provide assurances that the agency will set specific objectives for providing services to older individuals with greatest economic need and older individuals with greatest social need. Include specific objectives for providing service to low-income minority individuals and older individuals residing in rural areas. The assurance should be in written narrative form and specific to low-income minority and older individuals residing in rural areas individuals rather than a statement covering both criteria, even if the characteristics of the clients are both low-income minority and reside in rural areas.

D. Budget

20 points

1. Information described in this section is required from each proposer to determine the cost per delivery. Your method of costing may not contain all the elements identified below but must be enumerated in detail:
 - a. The budget should include separate line items as noted in Appendix B.
 - b. Provide federally audited indirect rates, if applicable
 - c. Agency that approved the rate
 - d. Date the rate was approved
 - e. Personnel. Itemize the following for each category of personnel with separate hourly rates:
 - f. Manager, senior consultant, analyst, subcontractor, etc.
 - g. Estimated hours for each category of personnel
 - h. Rate applied for each category of personnel
 - i. Total personnel cost
 - j. Itemized cost of supplies and materials
 - k. Other itemized direct costs
 - l. If applicable, general, and administrative burden. Indicate base used, percentage, and total cost relative to this procurement.
 - m. Travel expenses.
 - n. Printing

TOTAL POSSIBLE POINTS

100 points

4.3 PROPOSER'S ACCEPTANCE OF EVALUATION METHODOLOGY

By submitting a Proposal, Proposer acknowledges:

- 4.3.1 Proposer's acceptance of the Proposal evaluation process
- 4.3.2 The scoring criteria for selection
- 4.3.3 Proposer's recognition that subjective judgments may be generated during evaluation.

4.4 PROCUREMENT DISPUTE RESOLUTION

Appeal and Debriefing Process

4.4.1 Appeal Process

- 4.4.1.1 Proposers 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 AACOG notification of final action. Appeals shall be directed to:

Contract and Procurement Director

Alamo Area Council of Governments Procurement Department
2700 NE Interstate 410 Loop, Suite 101 San Antonio, TX 78217

- 4.4.1.2 The appeal must indicate the AACOG action appealed and the violation, which forms the basis for the appeal, and shall be signed by the Proposers 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 appellate for not filing within the published deadlines. Hearings are at the discretion of AACOG and shall be conducted in accordance with existing AACOG procedures.
- 4.4.1.3 Proposers must provide a detailed statement of legal and factual grounds including copies of relevant documents and the form of relief requested.
- 4.4.1.4 Proposers may NOT appeal the scoring and ranking of Proposals, unless substantiated by material or relevant facts.
- 4.4.1.5 Proposers may NOT appeal solely on the belief that their Proposal is superior to the one selected for award.
- 4.4.1.6 Proposers understand that review and action shall be considered final, with no further formalities considered.

4.4.2 Debriefing Process

Proposers not selected by this procurement process, and have elected not to file an appeal, may submit, within 10 days of the receipt of AACOG notification of the procurement decision, a Request for Debriefing to obtain information on the procurement process and how their Proposal or offer was received and ranked. AACOG shall acknowledge receipt of the Request for Debriefing in writing within 10 days of receipt, along with the date and time of the scheduled debriefing. The debriefing shall be scheduled as soon as possible and no later than 10 days from the receipt of the Request for Debriefing. A debriefing is offered as a courtesy to any bidder who is not selected for funding. The purpose of the debriefing is to promote the exchange of information, explain the Proposal evaluation system, and help unsuccessful bidders understand why they were not selected.

PART 5.0 – PROPOSAL RESPONSE REQUIREMENTS

5.1 PROPOSAL FORMAT AND NUMBER OF PROPOSALS

5.1.1 NUMBER OF COPIES

Respondents must submit three (3) exact copies of the Proposals. Finally, one (1) electronic copy sent to the procurement@aacog.com and ijones@aacog.com with the email subject line to include **RFP Submission: RFP-25-04-AAA- Meal Delivery Service Provider**. Copies may be submitted in a 9 x 12 paper folder or envelope, clipped or stapled in the upper left-hand corner. Any submission lacking the required number of Proposals may be ruled non-responsive and may not be considered under this procurement. Any differences between the original and the copies are the liability of the respondent.

5.2 PROPOSAL FORMAT

- 5.2.1 Proposals must be typed, single-spaced, and submitted on 8 ½ x 11-inch plain white paper.
- 5.2.2 Please do not use less than a 10-point font.
- 5.2.3 Each page of the Proposal, except for the coversheet, must be sequentially numbered,

- including attachments.
- 5.2.4 Proposals must contain all required elements in the order prescribed.
- 5.2.5 Proposals that do not conform to this requirement may be considered non-responsive and excluded from consideration under this procurement.
- 5.3 **PROPOSAL VALIDITY PERIOD**
Each Proposal will remain valid for AACOG's acceptance for a minimum of thirty (30) days after the submittal deadline, to allow for evaluation, selection and Board action.
- 5.4 **PAGE LIMITATION**
Proposers are asked to keep responses brief, concise and to the point, with maximum 3-page limit for the Executive Summary and Proposal Narrative.
- 5.5 **ORDER OF PROPOSAL CONTENTS**
Proposals must follow the format below. All items must be clearly labeled and in the exact order shown below. Compile the Proposal in the following order:
 - 5.5.1 Proposal Title Page- **This must be the very first page of the application.**
 - 5.5.2 Table of Contents
 - 5.5.3 Executive Summary (maximum 1-page limit)
 - 5.5.4 Proposal Narrative (please refer to criteria in section 6.4 for order of narrative; maximum 5-page limit not including attachments)
 - 5.5.5 Certification Sheet
 - 5.5.6 Acknowledgement Form
 - 5.5.7 Conflict of Interest Questionnaire
 - 5.5.8 Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion
 - 5.5.9 Non-Discrimination Certification
 - 5.5.10 Certification Regarding Lobbying
 - 5.5.11 Request to be added to AACOG Bidder's/Contractor List

PART 6.0 – PROPOSAL RESPONSE FORMS

- 6.1 **PROPOSAL TITLE PAGE**
Each Proposal must be accompanied by a complete Proposal title page. Respondents must designate a contact person responsible for all communications concerning the Proposal and notification of award. Respondents must also designate a person with documented signatory authority and for contract negotiations.
- 6.2 **TABLE OF CONTENTS**
Each Proposal must have a Table of Contents that lists each item of the Proposal, including attachments, with corresponding page numbers. Clearly identify the material by section and page number.
- 6.3 **EXECUTIVE SUMMARY**
Provide a summary highlighting your organization's history, qualifications and experience; overall approach to delivering the services solicited in this RFP; and any unique or innovative aspects of your Proposal. Briefly state the proposer's understanding of the service to be provided and make a positive commitment to perform the work in a timely manner.
- 6.4 **PROPOSAL NARRATIVE**
Business information, address, email, point of contact names, phone numbers, cell numbers, fax number, business history information, business experience information.
- 6.5 **CERTIFICATION SHEET** (complete and sign form)
- 6.6 **ACKNOWLEDGEMENT FORM** (complete and sign form)
- 6.7 **CONFLICT OF INTEREST QUESTIONNAIRE** (complete and sign form)
If a conflict exists. You may review the Agency's current Board of Directors at <https://aacog.gov/board-members-committees>
- 6.8 **CERTIFICATION REGARDING DEBARMENT** (complete and sign form)
- 6.9 **NON-DISCRIMINATION CERTIFICATION** (complete and sign form)
- 6.10 **CERTIFICATION REGARDING LOBBYING** (complete and sign form)
- 6.11 **REQUEST TO BE ADDED TO BIDDER'S/CONTRACTOR'S LIST**



PROPOSA L TITLE PAGE
Alamo AAA Contracted Services for FY24 – FY26

Legal Name of Proposing Entity	
Name of Owner/Director of Entity	
Title	
Mailing Address	
Physical Address (If different than mailing)	
Telephone Number	
Fax Number	
E-mail Address	
Contract Signatory Authority & Title	
Federal Tax ID Number	
Historically Under-Utilized Business? If “yes”, attach copy of current certification.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal/Tax Status of Organization	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify)

TABLE OF CONTENTS

EXECUTIVE SUMMARY

PROPOSAL NARRATIVE

CERTIFICATION SHEET

All specifications and terms and conditions of the RFP have been read.

Our Company accepts the specifications and conditions unless otherwise accepted in writing to the Executive Director, Alamo Area Council of Governments (AACOG).

Company Name:	
Mailing Address:	
City:	State Zip Code
Phone:	Fax:
Web Site:	
Email:	
Name of Representative authorized to sign for bidder:	
(Print name)	(Signature)

- (a) Does your "residence state" require bidders whose principal place of business is in Texas to underbid bidders whose residence state is the same as yours by a prescribed amount or percentage to receive a comparable contract? "Residence State" is defined as the state in which the principal place of business is located. YES NO

- (b) What is that amount or percentage?

I certify that the above information is correct:

Name	
Position	
Signature	
Date	

ACKNOWLEDGEMENT FORM

Having carefully examined the terms and conditions and specifications within this RFP document, the undersigned Proposer's Agent hereby proposes and agrees to furnish the proposed product(s)/service(s) in strict compliance with the specifications as quoted.

The Proposer affirms that, to the best of his knowledge, the response has been arrived at independently and is submitted without collusion with anyone to obtain information or gain any favoritism that would in any way limit competition or give them an unfair advantage over other bidders in the award of this RFP.

The Proposer affirms that he/she has not participated in any act of favoritism, gratuity, or inside dealings with any member of the staff of AACOG or its Board of Directors.

Company Name:
President/Designee:
Position:
Signature:
Date:

CONFLICT OF INTEREST QUESTIONNAIRE

<p>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.</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 7th business day after the date the person becomes aware of facts that require the statement to be filed. <i>See</i> Section 176.006, Local Government Code.</p>	<p>OFFICE USE</p>
<p>1. Name of person who has a business relationship with local governmental entity.</p>	<p>Date Received</p>
<p>2. <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.</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 7th business day after the date the originally filed questionnaire becomes incomplete or</p>	
<p>3. Name of local government office with whom filer has employment or business relationship.</p> <p>This section (item 3 including subparts A, B, C & 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> <p style="text-align: center;">_____</p> <p style="text-align: center;">Signature of person doing business with governmental entity _____ Date</p>	

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR CONTRACTS AND GRANTS

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 subgrantees 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, Executive Director, 2700 NE 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”, “proposal”, 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 proposal 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 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:	
-----------------------------------	--

Signature of Authorized Representative	Printed/Typed Name & Title of Authorized Representative

Date: _____

NON-DISCRIMINATION CERTIFICATION

The Contractor has agreed to comply with:

1. Title VI of the Civil Rights Act of 1964, as amended (42 USC §2000d), which prohibits employment discrimination based on race, color or national origin; 45 CFR 80
2. Section 504 of the Rehabilitation Act of 1973, as amended (29 USC §794) which prohibits discrimination against qualified individuals with disability in, (1) Programs and activities receiving financial assistance from HHS, 45 CFR 84, (2) Notice of exercise of authority under regarding recipients with fewer than fifteen employees, 45 CFR 84.52(d)(2), (3) Admission or treatment against substance abusers suffering from medical conditions 45 CFR 84.53, and (4) Programs or activities conducted by HHS 45 CFR 85;
3. Title IX of the Education Amendments of 1972, as amended, (20 USC §1681) prohibits discrimination on the basis of sex (gender) in Federally Assisted Education Programs 45 CFR 86
4. The Age Discrimination in Employment Act of 1975, as amended (42 USC §6101), which prohibits discrimination on the basis of age in (1) Programs or activities receiving federal financial assistance 45 CFR 90; and (2) Programs or services receiving HHS financial assistance 45 CFR 91.
5. Title II of the Americans with Disabilities Act, 28 CFR Part 35.

NAME OF POTENTIAL VENDOR/GRANTEE:	
--------------------------------------	--

Signature of Authorized Representative	Printed/Typed Name & Title of Authorized Representative

Date: _____

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all meal delivery service contractor shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature _____

Title _____

Organization _____



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 notification that they comply with applicable EEO laws

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

In addition, AACOG has a centralized purchasing function and requires that a purchase order number be issued and authorized before any order is processed. The contact for Purchase Order numbers is the Procurement Department, (210)362-5200, procurement@aacog.com.

NOTE: AACOG programs are on a cost reimbursement from the funding sources. AACOG will bill the funding source for purchases subsequent to receipt of goods or services and invoices. Invoices are required for all purchases. Payment will be forwarded to the vendor upon reimbursement from the funding source. Vendors should note that this process may take sixty (60) to ninety (90) days for payment to be processed. Contact for the status of payments is Accounts Payable at (210)362-5280.

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

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

Company Name:
Send Payment(s) to- Address:
City/ State/ ZIP code:
Telephone Number:
Fax Number:
Website Address:
Email Address:
Representative:



Alamo Area Council
Of Governments

REQUEST TO BE ADDED TO BIDDER/ VENDOR LIST

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 Paper
Computers
Computer Supplies
Computer Software
Copier Machines (and supplies)
Audio/ Visual Duplication
Audio/ Visual Equipment
Data & Phone Cabling
Other:
General Contractor
Weatherization Contractor
Aging Contractor
Psychological Services
Outreach Items
Printing Services
Security Detail
Criminal Justice Supplies
Consultant ()
Vehicle Repairs

Please assist us by completing the following:

- 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.
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?
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?
Yes
No
N/A
7. Is your business currently certified as a HUB outside the State of Texas?
Yes
No
If yes, what is the name of the State?



REQUEST TO BE ADDED TO BIDDER/ VENDOR LIST

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 of 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



Alamo Area Council of Governments
Accounts Payable Direct Deposit (ACH) Request

Supplier/ Vendor Name: []
Address, City, State, & Zip: []
Day- Time Contact Phone: []
E-Mail Address: []
Financial Institution: []
Bank Account Number: []
Routing Number: []

Must provide all numbers required for ACH deposit

PLEASE NOTE THE FOLLOWING

- The first payment after requesting direct deposit will not be deposited into your account. To ensure accuracy of the first deposit a pre-note will be implemented and an actual check will be mailed to you.
Once a successful pre-note has been established all future payments will be directly deposited into your account.
Only one bank account may be used per Supplier/ Vendor
Please contact Accounting Department at (210) 362-5200 with any questions. 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: []

Date: []



CONFLICT OF INTEREST QUESTIONNAIRE		FORM CIQ
<u>FOR VENDOR OR OTHER PERSON DOING BUSINESS WITH LOCAL GOVERNMENTAL ENTITY</u>		
<p>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with chapter 176, Local Government Code by a person who has the 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 7th business day after the date the person becomes aware of facts that require the statement to be file.</p> <p>A person commits an offense if the person violated Section 176.006. Local Government Code. An offensive under this section is a Class C misdemeanor.</p>	<p>OFFICE USE ONLY</p> <p>Date Received</p>	
<p>1. Name of person who has a business relationship with local governmental entity:</p>		
<p>2. <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.</p> <p style="padding-left: 40px;">(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>		
<p>3. Name of local government office with whom filer has employment or business relationship.</p> <p>This section (item 3 including subparts A, B, C, & 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 style="padding-left: 40px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Is the filer of the questionnaire receiving or likely to receive or likely to receive taxable income, other that investment income, from the filer of the questionnaire?</p> <p style="padding-left: 40px;"><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 style="padding-left: 40px;"><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 style="padding-left: 40px;">○</p> <p style="padding-left: 40px;">○</p> <p style="padding-left: 40px;">○</p> <p style="padding-left: 40px;">○</p> <p style="padding-left: 40px;">○</p> <p style="padding-left: 40px;">○</p>		
<p>4. <input style="width: 350px; height: 20px;" type="text"/></p>	<p><input style="width: 280px; height: 20px;" type="text"/></p>	
<p>Signature of person doing business with governmental entity</p>	<p>Date</p>	



Form W-9
 (Rev. December 2014)
 Department of the Treasury
 Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

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:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership) ▶ _____
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 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) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requestor's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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 *How to get a TIN* on page 3.

Note. 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.

Social security number								
				-				
OR								
Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions. 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.

Sign Here Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions

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 www.irs.gov/w9.

Purpose of Form

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:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-IS (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- 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
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



FORM 01-229 (Back)
 SALES AND USE TAX
 (Rev. 9-07/08)

SAVE A COPY

CLEAR SIDE

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency	
<input type="text"/>	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
<input type="text"/>	<input type="text"/>
City, State, ZIP code	
<input type="text"/>	

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:

Seller:

Street address: City, State, ZIP code:

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

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.

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.

Purchaser 	Title	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.
 THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.
 Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.



DBE/ Minority/ Small Business, Certification Disclosures

Alamo Area Council of Governments (AACOG) is committed to the healthy and responsible growth of our Disadvantaged, Small & Minority Business Enterprises in and around the Alamo City. These service providers are a major driving force for the Alamo, South and Central Texas Region economy. We are unified in our requirement to identifying, and in utilizing these Agency approved organizations.

For more information regarding DBE certification, please visit DBE link provided:

<https://sctrcadotorg.wordpress.com/small-minority-woman-and-veteran-owned-business-enterprise/>

We also would like to provide information regarding a partner Agency within the Alamo Area that can certify your organization in and around the South Central Texas Region (SCTRCA). Please visit their SCTRCA link provided regarding certification:

<https://sctrcadotorg.wordpress.com/small-minority-woman-and-veteran-owned-business-enterprise/>

For AACOG's certification disclosure within our federal guidelines, please identify any of the applicable certifications your organization falls under, and provide us with a copy of your Agency certificate:

African American Business Enterprise (AABE) Certification- Complete Certification Application

A business structure owned, operated, managed, and controlled by an African American minority group member(s) who has at least 51% ownership.

Asian American Business Enterprise (ABE) Certification- Complete Certification Application

A business structure owned, operated, managed, and controlled by an Asian American minority group member(s) who has at least 51% ownership.

Disabled Individual Business Enterprise (DIBE) Certification- Complete Certification Application

A business structure that is at least 51% owned, operated and controlled by a disabled individual Disabled individual means a person (a) with one or more disabilities as defined by the Americans with Disabilities Act (ADA) and amendments thereto (for purposes of applicability under the certification statutes, ordinances, rules and regulations governing the State of Texas).

Emerging Small Business Enterprise (ESBE) Certification- Complete Certification Application

An SBE eligible business structure for the purpose of making a profit, which is independently owned and operated by individuals legally residing in, or that are citizens of, the United States or its territories, whose annual revenues and numbers of employees are no greater than 25% of the small business size standards for its industry as established by the U.S. Small Business Administration.

Hispanic Business Enterprise (HABE) Certification- Complete Certification Application

A business structure owned, operated, managed and controlled by a Hispanic American minority group member(s) who has at least 51%.

Minority Business Enterprise (MBE) Certification- Complete Certification Application

A business structure that is owned, operated, managed and controlled by an ethnic minority group member(s) who has at least 51%.

Native American Business Enterprise (NABE) Certification- Complete Certification Application

A business structure owned, operated, managed and controlled by a Native American minority group member(s) who has at least 51 percent ownership. The Native American group member(s) must have operational and managerial control, interest in capital, expertise and earning commensurate with the percentage of ownership and legally residing in or are citizens of the United States or its territories; or (2) A business structure owned, operated and controlled by a Native American minority group member(s) who has at least 51% ownership and satisfies the Native American member status.

Small Business Enterprise (SBE) Certification- Complete Certification Application

A business structure that is formed with the purpose of making a profit, which is independently owned and operated and which meets the United States Small Business Administration (SBA) size standard for a small business (See <http://sba.gov/size> click “table”).

Veteran-Owned Business Enterprise (VBE) Certification- Complete Certification Application

A business structure owned, operated, managed and controlled by an individual who served in the United States Armed Forces, and who was discharged or released under conditions other than dishonorable.

Please note: This certification type should not be confused with the Service Disabled Veteran designation available through the Small Business Administration.

Woman-Owned Business Enterprise (WBE) Certification- Complete Certification Application

A business structure that is owned, operated and controlled by one or more women who have a total of at least 51% or more ownership.

Sincerely,

Debbie Ugarte

**Debbie Ugarte
Alamo Area Council of Governments Contracts
& Procurement Manager**

Appendix A

Service Definitions
for
Area Agencies on Aging



Texas Department of Aging and Disability
Services

Fiscal Year 2025

SERVICES

CONGREGATE MEAL

A hot or other appropriate meal served to an older person who is eligible in a congregate setting.

Service Name	Service Definition	Service Unit and Description	Method of Service Provision and Approval Requirement to Provide Service Directly	Reimbursement Methodology	SPR ¹ and OAA ² Reporting Requirements	QPR ³ and LBB ⁴ Reporting Requirements	Allowable Funds
Congregate Meal	A hot or other appropriate meal served to an older person who is eligible in a congregate setting. (AAAPPM Chapter F)	One Meal	This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible person for purchase through a contractor. If requirements are met, this service may also be authorized through Data Management. Approval Required: Yes	<ul style="list-style-type: none"> Fixed Unit Rate per Meal served 	SPR <ul style="list-style-type: none"> "Congregate Meal" Unduplicated – Intake Number of unduplicated at high nutritional risk Nutrition Risk Assessment Units – One meal 	QPR <ul style="list-style-type: none"> Units Unduplicated persons count LBB <ul style="list-style-type: none"> Key Performance Measure Number of units Cost per unit 	<ul style="list-style-type: none"> Title III-C1 Disaster Relief as approved by HHSC State General Revenue NSIP [Note: NSIP to be used for the purchase of food only. No units should be applied to NSIP funding.]

Nutrition Education	The provision of information to an older person to promote nutritional well-being and to delay the onset of adverse health conditions resulting from poor nutritional health or sedentary behavior. (AAAPPM Section F-1330)	One Session per person A session is counted for each eligible person attending a nutrition education session which may be conducted in a group or one-on-one.	This service may be provided directly, provided by a subrecipient of the AAA, or authorized by a care coordinator on behalf of an eligible person for purchase through a contractor. Approval Required: No	<ul style="list-style-type: none"> Fixed Unit Rate per Session 	SPR <ul style="list-style-type: none"> "Nutrition Education" Units – One session per person 	QPR <ul style="list-style-type: none"> Units Estimated persons count 	<ul style="list-style-type: none"> Title III-C1 Title III-C2 State General Revenue
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HOME DELIVERED MEAL

Hot, cold, frozen, dried, canned, fresh, or supplemental food (with a satisfactory storage life) delivered to a person who is eligible in their place of residence. (AAAPPM Chapter F; Section D-1040 and Section D-1070). CNE is required.

Service Name	Service Definition	Service Unit and Description	Method of Service Provision and Approval Requirement to Provide Service Directly	Reimbursement Methodology	SPR ⁱ and OAA ⁱⁱ Reporting Requirements	QPR ⁱⁱⁱ and LBB ^{iv} Reporting Requirements	Allowable Funds
Home Delivered Meals	Hot, cold, frozen, dried, canned, fresh, or supplemental food (with a satisfactory storage life) delivered to a person who is eligible in their place of residence. (AAAPPM Chapter F; Section D-1040 and Section D-1070). A CNE is required. (AAAPPM Section D-1040)	One Meal	This service may be provided by a subrecipient of the AAA or authorized by a care coordinator on behalf of an eligible person for purchase through a contractor. If requirements are met, this service may also be authorized through Data Management. Approval Required: Yes	<ul style="list-style-type: none"> Fixed Unit Rate per Meal served 	SPR <ul style="list-style-type: none"> “Home-Delivered Meal” Number of unduplicated at high nutritional risk Nutrition Risk Assessment Unduplicated – Intake Units – One meal OAA <ul style="list-style-type: none"> ADL/IADL CNE with score 20 or greater, regardless of age 	QPR <ul style="list-style-type: none"> Units Unduplicated persons count LBB <ul style="list-style-type: none"> Key Performance Measure Number of Units Cost per Unit 	<ul style="list-style-type: none"> Title III-C2 Title III-E Disaster Relief as approved by HHSC State General Revenue NSIP [Note: NSIP to be used for the purchase of food only. No units should be applied to NSIP funding.]

Appendix B

Texas Health and Human Services

Uniform Rate Negotiation Workbook/Budget

Federal Contract Period: **10-01-24 / 09-30-25**

Nutrition Providers Legal Business Name: _____
Street Address: _____
Mailing Address: _____
City: _____
Zip Code: _____
Phone Number: _____
E-mail Address: _____
Contact Name: _____
Nutrition Providers website address: _____

Did this Nutrition provider complete a rate setting workbook last year? _____ **Either Yes or No must be selected**
If Yes, what was the provider name listed on the workbook? _____

Is the Provider a AAA Provider? _____ **Either Yes or No must be selected**
If Yes, select the AAA Name: _____
If Yes, contact name at AAA: _____
If Yes, is it a contract or subrecipient? _____

Is the Provider a HHS Contracted Community Services Provider? _____ **Either Yes or No must be selected**
If Yes, Contract Manager name at HHS Contracted Community Services: NA _____
If Yes, select the HHS Region Number: _____
If Yes, enter the HHS contract number: _____

Service Delivery Information

Home Delivered Meals

Does this Nutrition provider serve home delivered meals paid for by HHS or the AAA? _____ **Either Yes or No must be selected**
Total number of home delivered meal routes for this provider: _____
Total number of meal preparation sites used by this provider: _____
Does the provider make home delivered meals available at least 5 days a week and 250 days a year? _____

Congregate Meals

Does this Nutrition provider serve congregate meals paid for by the AAA? _____ **Either Yes or No must be selected**
Total number of meal preparation sites used by this provider: _____
Total number of meal sites used by this provider: _____
Does the provider make congregate meals available at least 5 days a week and 250 days a year? _____