

RFQ-25-06-IDDS-TRANSPRTM

Request for Qualifications 2025

**Transition Support Team Licensed Health Care Professionals**



**Procurement Department  
2700 NE Loop 410, Suite  
101 San Antonio, TX  
78217**

<b>RFQ Release Date:</b>	<b>March 3, 2025, 4:00 PM</b>
<b>Deadline to Submit Questions:</b>	<b>March 7, 2025, 2:00 PM</b>
<b>Response to Questions Posted:</b>	<b>March 12, 2025, 5:00 PM</b>
<b>Response Deadline:</b>	<b>March 25, 2025, 4:00 PM</b>

**RFQ links:**

<https://aacog.gov/procurement>

<https://www.txsmartbuy.gov/esbd/RFQ-25-06-IDDS>

**NOTICE:** Prospective Respondents 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 RFQ or other communication can be delivered. Any prospective Respondent who fails to provide the agency with this information assumes complete responsibility for complete submission requirements.

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RFQ links: <https://aacog.gov/procurement>  
<https://www.txsmartbuy.gov/esbd/RFQ-25-06-IDDS>

## **PART 1.0 – SCOPE OF REQUEST**

### **1.1. PURPOSE OF REQUEST FOR QUALIFICATIONS (RFQ)**

The Alamo Area Council of Governments (AACOG) Intellectual and Developmental Disability Services (IDDS) Transition Support Team Licensed Health Care Professionals (TRANSPRTM) is seeking proposals from licensed health related professionals through qualification, with expertise working with individuals with intellectual and developmental disabilities (IDD) to be a part of the TRANSPRTM, such as: Physicians, Physician Assistants, Nurse Practitioners, Psychiatrists, and Psychologists.

### **1.2. BACKGROUND INFORMATION**

#### **1.2.1. 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 serve 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.

#### **1.2.2. Characteristics of Population Served**

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

**1.2.2.1.** Persons with Intellectual and Developmental Disabilities (IDD)

**1.2.2.2.** Persons with IDD and comorbid mental health disorders

**1.2.2.3.** Persons with IDD and behavioral challenges

**1.2.2.4.** Persons with IDD and complex medical needs

**1.2.2.5.** Persons with Autism Spectrum Disorders

**1.2.2.6.** Persons with IDD, comorbid mental health disorders, and complex medical needs residing in nursing facilities and seeking transition to the community

**1.2.2.7.** Persons with 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

#### **1.2.3. Program Purpose**

The purpose of the TRANSPRTM is to implement a medical, behavioral, and psychiatric support program that will provide support activities to local intellectual and developmental disability authorities (LIDDA), Home and Community Based Services (HCS) and Texas Home Living (TxHmL) direct care program providers (Providers) that serve individuals with IDD at risk of being admitted into an institution, and those who have moved from institutional settings, including state supported living centers (SSLCs) and nursing facilities (NF)

#### **1.2.4. Need For Service**

AACOG IDDS seeks to contract with qualified providers to assist the IDDS Transition Support Team program in achieving program purpose and objectives. AACOG will require a minimum level of participation in Case Specific Peer Reviews twice per month (based on schedule agreed by team members), educational activities, and technical assistance on an as needed basis.

### **1.3. STATEMENT OF WORK**

AACOG is seeking providers with expertise in providing healthcare services to individuals with IDD, including but not limited to physicians, physician assistants, nurse practitioners, psychiatrists, and psychologists.

#### **1.3.1. MINIMUM QUALIFICATIONS**

**1.3.1.1.** Board-eligible professionals in:

**1.3.1.1.1.** Psychiatry,

**1.3.1.1.2.** Primary Care,

**1.3.1.1.3.** Family Medicine,

**1.3.1.1.4.** Nurse Practitioner,

**1.3.1.1.5.** Gerontology,

**1.3.1.1.6.** Applied Behavioral Analysis (ABA)

**1.3.1.2.** Licensed to practice in their respective field in the State of Texas

**1.3.1.3.** Must hold a full unencumbered Texas License

1.3.1.4. Willing to attend Trauma Informed Care training if needed.

**1.3.2. PROVIDER REQUIREMENTS**

1.3.2.1. Participate in Educational Activities, such as developing materials, webinar's, videos or other correspondence that are focused on increasing the expertise of LIDDA staff and Provider staff supporting individuals with IDD.

1.3.2.2. Provide Technical Assistance, upon request from LIDDA's and Providers, on specific disorders and diseases, with examples of best practices and evidence-based services or therapies for individuals with significant medical, behavioral, and psychiatric challenges.

1.3.2.3. Provide de-identified case specific peer review and support to service planning teams that need assistance planning and providing effective care for an individual.

**1.4. PLANNING SERVICE AREA**

1.4.1. The Planning Service area of the TRANSPRTM for this RFQ include the following four (4) LIDDA's:

1.4.1.1. Alamo Area Council of Governments

1.4.1.2. Camino Real Community MHMR Center

1.4.1.3. Gulf Bend MHMR Center

1.4.1.4. Hill Country Community MHMR Center

1.4.2. The counties served by the four LIDDA's include: Atascosa, Bandera, Bexar, Blanco, Calhoun, Comal, Dewitt, Dimmit, Edwards, Frio, Karnes, Gillespie, Goliad, Hays, Jackson, Kendall, Kerr, Kimble, Kinney, La Salle, Lavaca, Llano, Mason, Maverick, McMullen, Medina, Menard, Real, Refugio, Schleicher, Sutton, Uvalde, Val Verde, Victoria, Wilson, Zavala.

**1.5. PROJECT BUDGET & CONTRACT**

This RFQ may result, assuming a contractor is selected and an award made, in a deliverables-based task-oriented contract. 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. AACOG will require a minimum level of participation in Case Specific Peer Reviews twice per month (based on a schedule agreed to by the team members), and educational and technical assistance on an as needed basis. The budgeted compensation amounts, which are open to negotiation, upon award through the RFQ:

1.5.1. Medical Doctor (Psychiatry) or Practice RN-\$70,000 annually

1.5.2. PhD - \$35,000 annually

1.5.3. Behavior Specialist - \$30,000 annually

**1.6. 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 RFQ will be posted on **March 3, 2025**. Response deadline **March 25, 2025, by 4:00 pm CST**. Official receipt of Responses submitted will be by entry on a Response receipt log. A receipt form will be issued upon request. Respondents who mail a Response will be sent a copy of the receipt form upon request. Responses 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: RFQ-25-06-IDDS-TRANSPRTM  
2700 NE Interstate 410 Loop, Suite 101  
San Antonio, TX 78217**

Responses submitted by mail, courier or overnight mail services will be received (Monday through Friday) at the above address. Modifications or amendments to a Response must comply with the requirements and response deadline. A respondent may withdraw a response 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) are 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 **March 7, 2025, 2:00pm**

**2.3.2** An Addendum to the RFQ, to include all questions received, will be delivered to all interested parties and included in documents archived 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](mailto:dugarte@aacog.gov)

**2.3.4** AACOG RFQ 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](mailto:ijones@aacog.gov)

**2.3.5** During the period between the date AACOG issues this RFQ 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 RFQ, 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 RFQ 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 Response with any member of AACOG’s Board of Directors except for communications with AACOG’s designated representative as set forth in this RFQ and only during 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 RFQ process. Except as provided in the above-mentioned exceptions, the following communications regarding a particular Invitation for Bids, Requests for Response, Requests for Qualifications, or other solicitation are prohibited

**2.3.7** Communication 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 Communication 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 RFQ 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 RFQ or in connection with a presentation requested by AACOG's representatives.
- 2.5 **AVAILABILITY OF REQUEST FOR QUALIFICATIONS**

The RFQ will be posted as noted on Page 1, RFQ Links, or at the request of the interested party, by contacting procurement staff at the above phone or e-mail beginning **March 3, 2025**. The RFQ 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 RFQ by means other than directly from AACOG is responsible for notifying AACOG that it has received an RFQ package so that when an addendum to this RFQ 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 with 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.

### **3.0—GENERAL INFORMATION & ADMINISTRATIVE REQUIREMENTS**

#### **3.1 ELIGIBLE PROVIDERS**

- 3.1.1 AACOG expects to receive responses from established and knowledgeable entities with demonstrable expertise in the tasks required. The Respondent(s) selected for contract will become an approved AACOG vendor and are 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 the respondent must be licensed to do business in the State of Texas.
- 3.1.4 Respondents must possess the knowledge, experience and expertise, professional judgment and capacity within their organization to perform the services and activities requested under this RFQ and meet high standards for public service and fiduciary responsibility.
- 3.1.5 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.

## **3.2 CONTRACT INFORMATION**

- 3.2.1** TYPE OF CONTRACT: This Request for Qualifications may result, assuming a Contractor is selected, and an award made, on a 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 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/Response 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 RFQ 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 RFQ by providing ten (10) days' written notice to the other party with their intent to terminate this RFQ.

## **3.3 GOVERNING PROVISIONS AND LIMITATIONS**

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

- 3.3.1** The Response, if accepted, will become the basis for the contract scope of work.
- 3.3.2** Respondents must submit a comprehensive Response for all services solicited. Any Response that is not comprehensive will be deemed non-responsive.
- 3.3.3** The only purpose of this RFQ is to ensure uniform information in the solicitation of Responses 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 to 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 Responses received, too cancel or reissue this RFQ in part, or its entirety.
- 3.3.5** 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.
- 3.3.6** AACOG reserves the right to extend, shorten, increase, or decrease any contract awarded as a result of this RFQ.
- 3.3.7** AACOG reserves the right to request additional information, clarification of or explanation for any aspect of a response to this RFQ.
- 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 RFQ to all interested parties having requested or received a copy of this RFQ.
- 3.3.9** AACOG reserves the right to negotiate the final terms of all contracts or agreements with selected Respondent 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.
- 3.3.10** AACOG reserves the right to contact any individual, agency, employer, or granting agencies listed in a Response, 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 RFQ. This may occur either before or after the award of a contract or agreement. Any misrepresentation of the Respondents' ability to perform as stated in the RFQ 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 RFQ 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, Response 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, Response 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, Response 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 Response to be disqualified and rejected. This does not preclude joint ventures or subcontracts.
- 3.3.17** The contents of a successful Response 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 Respondent as a basis for release from proposed services at the stated price/cost. Any damage assessed by AACOG as a result of a successful Respondents failure to contract with AACOG may be recovered from the Respondent.
- 3.3.18** A contract with a selected Respondent 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 ensure fair settlement of disputes or complaints that may arise, as well as to fulfill federal audit requirements. This requirement survives the termination of this RFQ 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, religion, gender, sexual orientation, national origin, age, disability or political affiliation or belief.

#### **3.4 ADMINISTRATIVE REQUIREMENT AND LIMITATIONS**

- 3.4.1** Contractors will be required to procure all insurance required by this RFQ 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 RFQ 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** Professional Liability: \$1,000,000
  - 3.4.2.3** Personal Injury: \$1,000,000
  - 3.4.2.4** Property damage: \$100,000
  - 3.4.2.5** 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 Response must include a statement signed by an authorized representative of the corporation authorizing submission of a Response.
- 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 knowledge, experience and expertise, professional judgment and capacity within their organization to perform the services and activities.



## **PART 4.0 – RESPONSE 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 RFQ by AACOG personnel.
- 4.1.2** All eligible Responses will be evaluated and scored by an independent team of reviewers. The Respondents 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 Respondent 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:** Respondent must achieve an overall score of at least 70 points to be considered for the award of funds. The review and evaluation of Responses shall be based upon the following criteria:
- 4.2.3 Scoring Criteria, with Percentages:**
  - 4.2.3.1 Specific Experience – 45 POINTS**
  - 4.2.3.2 General Experience – 45 POINTS**
  - 4.2.3.3 Team Related Experience – 10 POINTS**
  - 4.2.3.4 TOTAL POSSIBLE POINTS 100 points**

### **4.3 RESPONDENTS ACCEPTANCE OF EVALUATION METHODOLOGY**

By submitting a Response, Respondent acknowledges:

- 4.3.1** Respondents' acceptance of the Response evaluation process
- 4.3.2** The scoring criteria for selection
- 4.3.3** Respondents' 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** 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 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 Respondent organization's authorized representative. Fax and e-mail transmittals will not be accepted. The filing of the appeal must be identified within the time frame. 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** Respondent 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** Respondent may NOT appeal the scoring and ranking of Responses, unless substantiated by material or relevant facts.
- 4.4.1.5** Respondent may NOT appeal solely on the belief that their Response is superior to the one selected for award.
- 4.4.1.6** Respondents understand that review and action shall be considered final, with no further formalities considered.

#### **4.4.2 Debriefing Process**

Respondent 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 Response 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 Response evaluation system, and help unsuccessful bidders understand why they were not selected.

## **PART 5.0 – RESPONSE REQUIREMENTS**

### **5.1 RESPONSE FORMAT AND NUMBER OF RESPONSES**

#### **5.1.1 NUMBER OF COPIES**

Respondents must submit three (3) exact copies of the Responses. Finally, one (1) electronic copy sent to the [procurement@aacog.gov](mailto:procurement@aacog.gov) and [ijones@aacog.gov](mailto:ijones@aacog.gov) with the email subject line to include **RFQ Submission: RFQ-25-06-IDDS-TRANSPRTM**. Copies may be submitted in a 9 x 12 folder or envelope, clipped or stapled in the upper left-hand corner. Any submission lacking the required number of Responses may be ruled non-responsive and may not be considered under this procurement. Any difference between the original and the copies is the liability of the respondent.

### **5.2 RESPONSE FORMAT**

**5.2.1** Responses 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 Response, except for the cover sheet, must be sequentially numbered, including attachments.

**5.2.4** Responses must contain all required elements in the order prescribed.

**5.2.5** Responses that do not conform to this requirement may be considered non-responsive and excluded from consideration under this procurement.

### **5.3 RESPONSE VALIDITY PERIOD**

Each Response 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**

Respondents are asked to keep responses brief, concise and to the point, with a maximum 3-page limit for the Executive Summary and Response Narrative.

### **5.5 ORDER OF RESPONSE CONTENTS**

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

**5.5.1** Qualifications Title Page- **This must be the very first page**

**5.5.2** Table of Contents

**5.5.3** Executive Summary (maximum 1-page limit)

**5.5.4** Qualification Statement (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 – RESPONSE FORMS**

### **6.1 QUALIFICATIONS TITLE PAGE**

Each Response must be accompanied by a complete title page. Respondents must designate a contact person responsible for all communications concerning the Response and notification of award. Respondents must also designate a person with documented signatory authority and for contract negotiations.

### **6.2 TABLE OF CONTENTS**

Each Response must have a Table of Contents that lists each item of the Response, 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 RFQ; and any unique or innovative aspects of your Response. Briefly

state the Respondents understanding of the service to be provided and make a positive commitment to performing the work in a timely manner.

**6.4 QUALIFICATION STATEMENT**

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**



### QUALIFICATIONS TILE PAGE

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

## **TABLE OF CONTENTS**

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

## **EXECUTIVE SUMMARY**

## **QUALIFICATION STATEMENT**

## CERTIFICATION SHEET

All specifications and terms and conditions of the RFQ 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:	
Website:			
Email:			
<b>Name of Representative authorized to sign for bidder:</b>			
(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 RFQ document, the undersigned Respondents Agent hereby proposes and agrees to furnish the proposed product(s)/service(s) in strict compliance with the specifications as quoted.

**The Respondent 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 RFQ.**

**The Respondent 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><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. <i>See</i> Section 176.006, Local Government Code.</p>	<p><b>OFFICE USE</b></p>
<p>1.</p> <p><b>Name of person who has a business relationship with local governmental entity.</b></p>	<p>Date Received</p>
<p>2.</p> <p><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</p>	
<p>3.</p> <p><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>	

## 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”, “Response”, 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 Response 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:	
--------------------------------------	--

<b>Signature of Authorized Representative</b>	<b>Printed/Typed Name &amp; Title of Authorized Representative</b>

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:	
--------------------------------------	--

<b>Signature of Authorized Representative</b>	<b>Printed/Typed Name &amp; Title of Authorized Representative</b>

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.gov](mailto:procurement@aacog.gov).

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.gov](mailto:procurement@aacog.gov)

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:



## 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\*:

- |  |   |
|--|---|
| <input type="checkbox"/> Office Supplies<br><input type="checkbox"/> Office Furniture<br><input type="checkbox"/> Copier Paper/ Specialty Paper<br><input type="checkbox"/> Computers<br><input type="checkbox"/> Computer Supplies<br><input type="checkbox"/> Computer Software<br><input type="checkbox"/> Copier Machines (and supplies)<br><input type="checkbox"/> Audio/ Visual Duplication<br><input type="checkbox"/> Audio/ Visual Equipment<br><input type="checkbox"/> Data & Phone Cabling<br><input type="checkbox"/> Other: | <input type="checkbox"/> General Contractor<br><input type="checkbox"/> Weatherization Contractor<br><input type="checkbox"/> Aging Contractor<br><input type="checkbox"/> Psychological Services<br><input type="checkbox"/> Outreach Items<br><input type="checkbox"/> Printing Services<br><input type="checkbox"/> Security Detail<br><input type="checkbox"/> Criminal Justice Supplies<br><input type="checkbox"/> Consultant (_____)<br><input type="checkbox"/> 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. <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 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:



<b>CONFLICT OF INTEREST QUESTIONNAIRE</b> FOR VENDOR OR OTHER PERSON DOING BUSINESS WITH LOCAL GOVERNMENTAL ENTITY		<b>FORM CIQ</b>
<b>This questionnaire reflects changes made to the law by H.B. 1491, 80<sup>th</sup> Leg., Regular Session.</b>		<b>OFFICE USE ONLY</b>  Date Received
<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 7<sup>th</sup> 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>		
<b>1. Name of person who has a business relationship with local governmental entity:</b>		
<b>2.</b> <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire.  (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.)		
<b>3. Name of local government office with whom filer has employment or business relationship.</b>  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>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 or likely to receive taxable income, other that investment income, from the filer of the questionnaire?</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> <ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>		
<b>4.</b>		
Signature of person doing business with governmental entity		Date

**Request for Taxpayer  
Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type.  
See Specific Instructions on page 3.

<b>1</b> Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
<b>2</b> Business name/disregarded entity name, if different from above.		
<b>3a</b> Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) . . . . . <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  (Applies to accounts maintained outside the United States.)	
<b>3b</b> If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
<b>5</b> Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
<b>6</b> City, state, and ZIP code		
<b>7</b> List account number(s) here (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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>	
<input type="text"/>	<input type="text"/>
<b>or</b>	
<b>Employer identification number</b>	
<input type="text"/>	<input type="text"/>

**Part II Certification**

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.

**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 for Part II, later.

<b>Sign Here</b>	<b>Signature of U.S. person</b>	<b>Date</b>
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**What's New**

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

## Texas Sales and Use Tax Exemption Certification

*This certificate does not require a number to be valid.*

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	Phone (Area code and number)
City, State, ZIP code	

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
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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.

Available for download here: <https://gov.texas.gov/uploads/files/film/01-3392.pdf>



### **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**