



Alamo Area Council of Governments (AACOG)

Intellectual and Developmental Disability Services Array

OPEN ENROLLMENT APPLICATION

INTRODUCTION

In order to ensure an effective, efficient, and equitable intellectual and developmental disabilities service delivery system, Alamo Area Council of Governments (AACOG) as the Local Intellectual and Developmental Disability Authority (LIDDA) for Bexar County subcontracts the Intellectual and Developmental Disabilities Service Array to a network of public and private Provider organizations. This creates an alliance, which implements the Intellectual and Developmental Disabilities Service System described throughout this application.

The alliance's mission is to:

- Coordinate the delivery of authorized services to eligible individuals
- Integrate a network of public and private Providers
- Ensure that services are equitably distributed
- Provide barrier-free access to services

AACOG staff, in conjunction, with public and private stakeholders, the Intellectual and Developmental Services Advisory Committee (IDDSAC), and the AACOG's Board of Directors adopted the service methodology known as "Open Enrollment" in order to implement the Network Service Delivery System.

AACOG's role as the LIDDA is to develop and manage a coordinated service system for Bexar County's Priority Population. The system is designed to provide the best value for the public dollar. Best value is defined as services delivered in a cost effective, equitable, and high-quality manner. As the LIDDA, we accept accountability and responsibility for our actions as the stewards of public funds.

AACOG'S MISSION

AACOG's Mission is to enhance the lives of all residents of the Alamo Region by working in mutual respect and partnership with all levels of government, the business sector, and the community at large to meet regional challenges and to create regional strengths.

LIDDA'S MISSION

To ensure people with intellectual and developmental disabilities who live in Bexar County receive necessary quality services. Our core values include individual worth, quality, integrity, dedication, innovation, teamwork, education, and family.

AACOG is About Choices

The Alamo Area Council of Governments continually strives to offer access and choice to adults and children with intellectual and developmental disabilities and their families:

- Choice of services and support
- Choice of providers

PRINCIPLES

Personal Choice

The development of a provider network will provide the person with choice and access to services. AACOG will ensure choice, access, and best value.

Personal Input

With input from the persons, families, and other stakeholders in the community, AACOG will continue with the development of a network of providers.

Personal Access

AACOG will provide the person with convenient access to services.

Person Driven

The person is to be an active partner with AACOG in treatment planning, policy-making, and local planning

AACOG Demographics

As the IDD Local Authority for the Bexar County service area, AACOG is responsible for providing community-based IDD services and to assist individuals and families with access to certain Medicaid funded services, as a part of the State Medicaid Plan.

Request for Application

Request for Applications (RFA)
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array
Program Years 2025–2026

As a result of the passage of HB 2377, of the 74th legislature, the Texas Health and Human Services Commission (formerly DADS, formerly TDMHMR) has mandated that LIDDA's assemble a network of service providers to serve of persons with intellectual and developmental disabilities. The AACOG Board of Directors has requested that the Executive Director develop a network of qualified providers willing to provide the following safety net services to persons with intellectual and developmental disabilities and/or related conditions in the least restrictive environment and the most integrated setting within the community.

Safety Net Services

1. Applied Behavior Analysis
Specialized interventions that assist a participant to increase helpful behaviors and decrease harmful ones and or modify maladaptive or socially unacceptable behaviors that prevent or interfere with the participant's inclusion in home and family life or community life. ABA emphasizes environmental factors and uses interventions to modify behaviors. The person must have a determination of Autism, PDD or Asperger.
2. Behavioral Support
Specialized interventions that assist a participant to increase adaptive behaviors to replace or modify maladaptive or socially unacceptable behaviors that prevent or interfere with the participant's inclusion in home and family life or community life.
3. Community Support
Provides habilitation or support activities that provide, foster improvement of, or facilitate an individual's ability and opportunity to participate in typical community activities.
4. Day Habilitation, Site-Based
Provide assistance with acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and participate in home and community life
5. Day Habilitation/ Head Start Course, Site based
The Head Start Course is a site-based training course spanning over six (6) weeks. The training involves twelve topics, all geared toward persons independence. A maximum of six (6) persons may participate in each course. The duration of each training session is one and one-half (1.5) hours twice per week for 6 weeks
6. Day Habilitation Summer Camp
Provide assistance with acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and participate in home and community life. Must include community outing.
7. Respite hourly out of home Services
Supports provided for the planned or emergency short-term relief of the unpaid caregiver of a participant when the caregiver is temporarily unavailable to provide

Request for Applications (RFA)
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array
Program Years 2025–2026

supports due to non-routine circumstances. In any setting other than the person's home.

8. Respite daily out of home Services

Supports provided for the planned or emergency short-term relief of the unpaid caregiver of a participant when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. In any setting other than the person's home. Should occur 6 hours or more in the day.

9. Respite hourly in home Services

Supports provided for the planned or emergency short-term relief of the unpaid caregiver of a participant when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances.

10. Respite daily in home Services

Supports provided for the planned or emergency short-term relief of the unpaid caregiver of a participant when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances. Should occur 6 hours or more in the day.

11. Speech/Language Therapy Services provided to assist an individual to participate in age-appropriate community activities and educational services. This includes assessment and treatment by licensed or certified professionals for speech and language therapy.

12. Transportation Services

Supports provided to a person from his/her home to his/her community activity site or day habilitation site, a person's employment opportunities and participation in community activities.

Eligibility Determination

1. Psychological Evaluation and Testing

A diagnostic interview and clinical assessment conducted by a Licensed Psychologist (PhD) or Physician (MD) to determine if an individual has an intellectual disability, developmental disability or related condition; and resulting in a written report that includes a standardized measure of the individual's intellectual functioning, a standardized measure of the individual's adaptive behavior level, and a review of evidence supporting origination during the individual's developmental period. This service must be conducted in accordance with the Texas Health and Safety Code 593.005, and 40 TAC Chapter 5, Subchapter D.

Pre-Admission Screening and Resident Review ("PASRR") Specialized Services

1. PASRR Behavioral Support

The Behavioral Support service component provides specialized interventions by a qualified service provider that assist an individual to increase adaptive behaviors to replace or modify maladaptive or socially unacceptable behaviors that prevent or interfere with the individual's inclusion in home and family life or community life.

Request for Applications (RFA)
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array
Program Years 2025–2026

2. PASRR Independent Living Skills Training
Individualized activities that include the provision of assistance, training and support necessary for the person to complete personal care, health maintenance, and independent living tasks; participation in community activities, and develop, retain and improve community living skills.
3. PASRR Supported Employment
The Supported Employment service component provides ongoing individualized supports needed by an individual to sustain paid work in an integrated work setting.
4. PASRR Employment Assistance
The Employment Assistance service component assists an individual to locate paid employment in the community.
5. PASRR Day Habilitation
The Day Habilitation service component assists an individual to acquire, retain, or improve self-help, socialization, and adaptive skills necessary to live successfully in the community and participate in home and community life and does not include services that are funded under §110 of the Rehabilitation Act of 1973 or §602(16) and (17) of the Individuals with Disabilities Education Act.

Crisis Services

1. In-Home Crisis Respite
In-home crisis respite provides therapeutic support to an individual, who is demonstrating a crisis, in the individual's residence when it is deemed clinically appropriate for the individual to remain in his or her natural environment, and it is anticipated the crisis can be stabilized within a 72-hour period. "Crisis" means a situation in which: the individual presents an immediate danger to self or others; or the individual's mental or physical health is at risk of serious deterioration; or an individual believes he or she presents an immediate danger to self or others or that his or her mental or physical health is at risk of serious deterioration.

Service Activities include:

- The 72 Hour Response Team Shall Consist of at least one (1) Board Certified Behavior Analyst (BCBA) and multiple Registered Behavior Technicians (RBTs)
- The 72 Hour Response Team shall provide 72 hours of 1:1 crisis respite care including the writing and implementation of crisis intervention plan (Preliminary Behavior Support Plan) and coordinating client follow up care.
- If the 72 Hour Response Team has begun the process of 1:1 crisis intervention but is terminated for any reason including discharge, then Contractor can bill for hours provided up to the point of cancellation.

Request for Applications (RFA)
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array
Program Years 2025–2026

GOALS:

The goals for this network are:

1. To increase personal choice, accessibility, quality of services, and best value.
2. To develop a community system that can provide the above-mentioned services to eligible persons with intellectual and developmental disabilities and/or related conditions.
3. To create meaningful cooperative relationships between AACOG and the private providers offering services to persons with intellectual and developmental disabilities and/or related conditions in the local community.
4. To provide multicultural and multilingual competent services to the persons and families of Bexar County.
5. To increase service delivery through administrative cost reduction.

Target Population

The target population recipients are adults, adolescents, and children who have been identified as persons with Intellectual and Developmental Disabilities.

Provider Responsibilities

All Services must be delivered in accordance with the provider handbook.

The Provider is required to comply with all state and federal laws regarding the confidentiality of the persons' records (HIPAA) and nondiscrimination.

The Provider will obtain prior authorization for all services.

The Provider will maintain acceptable levels of general liability insurance in a minimum amount of \$500,000.00 per occurrence and \$1,000,000.00 in aggregate and will name the AACOG as an additional insured. The comprehensive general liability and professional coverage includes premises liability, employee misconduct and/or errors and omissions liability insurance to cover privacy breaches.

The Provider will maintain automobile liability coverage in a minimum amount of \$100,000.00 per occurrence and \$300,000.00 aggregate. The Provider will provide evidence of coverage and will have the insurance carrier notify AACOG if changes occur with the coverage period, or if the coverage is cancelled or otherwise revoked.

The Provider agrees to maintain appropriate licenses and accreditation.

The Provider agrees to be credentialed by AACOG.

The Provider agrees to site visits by staff and members of the Advisory Committees.

Request for Applications (RFA)
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array
Program Years 2025–2026

The Provider agrees to on-site and administrative audits by the AACOG staff.

The Provider agrees that its name may be used, along with a description of its facilities, care, and services in any information distributed by the LIDDA listing its providers.

The Provider must comply with the rules and standards adopted under Section 534.052 (Subchapter B) of the Texas Health and Safety Code, the HHSC Community Standards of Community Mental Health Centers and Community Service Programs, the Texas Administrative Code and all applicable local, state, and federal laws, rules and regulations.

Expected Outcomes

Providers are expected to consistently meet the following outcome measures

Safety Net Services:

1. To make contact to all referrals within 3 days of referral.
2. To meet 85% of training goals and objectives as determined by the person and his/her family within 1 year of referral.

Eligibility Determination:

1. To complete the DID within 10 calendar days of referral.
2. To receive back the completed DID within 20 calendar days of referral.

PASRR Services:

1. To make contact to all referrals within 3 days of referral.
2. To meet 85% of training goals and objectives as determined by the person and his/her family within 1 year of referral.

Crisis Services:

1. The 72 Hour Response Team shall respond within two (2) hours of notification and provide confirmation of intent to serve.
2. To meet 95% of training goals and objectives as determined by the person and his/her family within the authorization period.

Request for Applications (RFA)
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array
Program Years 2025–2026

Rate Schedule for Safety Net services

The following rate schedule will be followed in consideration of the obligations undertaken by Provider, AACOG agrees to pay Provider for **Safety Net** services rendered according to prices reflected below:

SERVICE	Unit Description	SFY 25 MINIMUM RATES	SFY 25 MAXIMUM RATES
Applied Behavioral Analysis	1 Hour	\$102.00	\$120.00
Behavior Support	1 Hour	\$76.52	\$90.00
Community Support	1 Hour	\$17.96	\$25.00
Day Habilitation, Site Based	1 Hour (up to 6 hours daily)	\$4.76	\$6.00
Day Hab Head Start Course, Site Based	1 Hour (up to 1.5 hours 2 times per week for 6 weeks)	\$29.20	\$40.00
Day Habilitation Summer Camp	1 Day (up to 6 hours daily)	\$5.96	\$7.00
Respite Hourly	1 Hour	\$15.00	\$15.00
Respite Daily	1 Day (for 10 hours or more in a 24-hour period)	\$150.00	\$150.00
Speech/Language Therapy	1 Hour	\$120.00	\$120.00
Transportation	1 Hour	\$17.96	\$25.00

Rate Schedule for Eligibility Determination (Psychological Evaluation and Testing services)

The following rate schedule will be followed in consideration of the obligations undertaken by Provider, AACOG agrees to pay Provider for **Psychological Evaluation and Testing** rendered according to prices reflected below.

SERVICE	Unit Description	Minimum RATE.	Maximum RATE
Psychological Evaluation and Testing	1 Hour (up to 7 hours)	\$120.00	\$120.00

Rate Schedule for PASRR services

The following rate schedule will be followed in consideration of the obligations undertaken by Provider, AACOG agrees to pay Provider for **PASRR specialized services** rendered according to prices reflected below.

Request for Applications (RFA)
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array
Program Years 2025–2026

<i>SERVICE</i>	<i>Unit Description</i>	SFY25 MINIMUM RATES	SFY 25 MAXIMUM RATES
Behavioral Support	1 Hour	\$69.20	\$79.53
Day Habilitation	1- 2.9 Hours	\$19.48	\$22.38
Day Habilitation	3 + Hours	\$38.95	\$44.76
Independent Living Skills Training	1 Hour	\$17.73	\$22.41
Employment Assistance	1 Hour	\$28.80	\$33.10
Supported Employment	1 Hour	\$28.80	\$33.10

Rate Schedule for In-Home Crisis Respite services

The following rate schedule will be followed in consideration of the obligations undertaken by Provider, AACOG agrees to pay Provider for **Crisis Respite** services rendered according to prices reflected below

<i>SERVICE</i>	<i>Unit Description</i>	MINIMUM RATE	MAXIMUM RATE
In-Home Crisis Respite	1 Hour (max of 72 Hours)	\$62.50	\$62.50 (max of \$4,500.00)

AACOG **does not** pay for Sheltered Workshop at this time

AACOG **does not** pay for “no-shows” or “cancellations”

AACOG **does not** guarantee referrals

Local Intellectual and Developmental Disabilities Authority Responsibilities

The LIDDA is responsible for making appropriate referrals to Providers based on the person’s choice and access.

The LIDDA is responsible for utilization management and quality assurance.

The LIDDA ensures that contracted services addressing the needs of the Priority Population are provided as required by the Texas Health and Human Services Commission (HHSC).

The LIDDA does not guarantee any referral volume to any Network Provider.

Request for Applications (RFA)
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array
Program Years 2025–2026

Application Submission Instructions:

Applications must be sent via regular mail, special carrier or delivered to:

**Alamo Area Council of Governments Attention:
Procurement Dept.
2700 NE Interstate 410 Loop
Suite 101
San Antonio, TX 78217**

Applications will be processed on a quarterly basis. AACOG is not responsible for Applications that are lost, misdirected, or otherwise not received by the Local Intellectual and Developmental Disability Authority (LIDDA). False or misleading statements made by prospective providers may result in disqualification from enrollment. AACOG reserves the right to reject any and all Applications, to waive technicalities, and to accept any proposals deemed advantageous to AACOG and the individuals we serve. Each prospective provider is responsible for ensuring that all required enrollment documents are submitted in full and in the prescribed order; incomplete Applications may be rejected without further consideration. Providers must submit their Application through the AACOG website once the submission period is open. Visit www.aacog.com, scroll to the bottom of the homepage, click on “Open Bids,” and complete the form for IDD Services. All narrative responses must use People First Language, which is used to speak appropriately and respectfully about individuals with disabilities by emphasizing the person before the disability. For example, use phrases such as “a person who...,” “a person with...,” or “a person who has...” rather than labeling the individual by their condition. For additional guidance, please refer

Link: <https://awsfoundation.org/wp-content/uploads/2015/10/People-First-Language-Chart.pdf> _

**APPLICATION FORMAT AND NUMBER OF APPLICATION
NUMBER OF COPIES**

Submission Requirements:

Respondents must submit the following:

- One (1) unbound original complete Application, including all executed certifications and authorized signatures.
- Three (3) identical copies of the complete Application.
- One (1) electronic copy emailed to procurement@aacog.gov and ijones@aacog.gov. The email subject line must read: RFA Submission: **RFA-25-60-IDDS-PROVIDER**

Hard copies should be submitted in a 9” x 12” paper folder or envelope, either clipped or stapled in the upper left-hand corner.

Please note:

- Failure to submit the required number of Applications may result in the submission being deemed non-responsive and disqualified from further consideration.
- Any discrepancies between the original and the copies are the sole responsibility of the respondent.

APPLICATION FORMAT

All Applications must adhere to the following formatting standards:

Request for Applications (RFA)
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array
Program Years 2025–2026

- Must be typed and single-spaced
- Submitted on 8 ½ x 11-inch plain white paper
- Font size must be no smaller than 10-point
- Each page of the Application, excluding the coversheet, must be sequentially numbered, including all attachments
- The Application must include all required elements, presented in the order prescribed

Failure to comply with these formatting requirements may result in the Application being deemed non-responsive and excluded from further consideration under this procurement.

ORDER OF APPLICATION CONTENTS

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

1. Application Title Page- **This must be the very first page of the application.**
2. Certification Sheet
3. Table of Contents
4. Business Demographics
5. Organizational Structure
6. Services Eligibility Determination
7. Managed Care Profile
8. Financial Risk Profile
9. Priority Population Definitions
10. Letters of Support
11. Assurances Document
12. Request to be added to AACOG Bidder's/Contractor List

APPLICATION RESPONSE FORMS

APPLICATION TITLE PAGE (Attachment A)

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

Certification Sheet (Attachment B)

Each Application must have a Table of Contents that lists each item of the Application, including attachments, with corresponding page numbers. Clearly identify the material by section and page number. Perform the work in a timely manner.

Attachment (C) Business Demographics

Attachment (D) Organizational Structure

Attachment (E) Services Eligibility Determination

Attachment (F) Managed Care Profile

Attachment (G) Financial

Attachment (H) Risk Profile

Attachment (I) Priority Population Definitions

Attachment (J) Letters of Support

Attachment (K) Assurances Document

Request for Applications (RFA)
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array
Program Years 2025–2026

Request To Be Added to Bidder's/Contractor's List **(complete and sign forms):**

- Acknowledgement Form
- Conflict Of Interest Questionnaire
- Certification Regarding Debarment
- Non-Discrimination Certification
- Certification For Contracts, Grants, Loans, And Cooperative Agreements

TECHNICAL ASSISTANCE

AACOG will accept questions submitted via electronic mail. 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
2700 NE Interstate 410 Loop, Suite 101 San Antonio, TX 78217
Email: dugarte@aacog.gov

AACOG RFA Secondary Point of Contact:

Isaac Jones III
Senior Procurement Analyst
Procurement Department
2700 NE Loop 410, Suite 101
San Antonio, TX 78217O: 210-362-5302
Email: ijones@aacog.gov

**Alamo Area Council of Governments
Request for Applications – 2025-2026
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array**

Timetable:

**AACOG IDD Services
Request for Application (RFA) Submission Schedule**

Activity	Cycle 1	Cycle 2	Cycle 3
RFA posts on AACOG website/ submission period opens	March 1	June 1	Sept 1
RFA submission period closes**	April 30	July 31	Oct 31
IDDS Advisory Sub-committee evaluates RFAs	Mid-May	Mid-Aug	Mid-Nov
IDDS Advisory Committee makes final decision on RFAs	June	Sept	Dec
AACOG BOD considers and acts upon recommendation from IDDS Advisory Committee (Consent Agenda)	July	Oct	Jan
If vendor RFA is approved, AACOG Contracts for IDDS Safety Net Services	Aug	Nov	Feb

** Please note if the last day of the month falls on a weekend the RFA due date is the last business day of the month.

AACOG IDDS Reserves the right to make changes to this schedule as need dictates

The attached Forms A-M must be completed by each Applicant.

Following contract award, the contents of all Applications may be made available upon written request. Therefore, any information contained in the Application that is deemed to be proprietary or confidential in nature must be clearly designated in the Application. Such information may still be subject to disclosure under the Public Information Act depending on opinions from the Attorney General's office.

Please be sure to answer every question. If the question does not apply, simply and clearly document "N/A". Interviews or site visits may be conducted to further evaluate applications.



**APPLICATION TITLE PAGE
ATTACHMENT A**

Legal Name of Proposing Entity	
Name of Owner/Director of Entity	
Title	
Mailing Address	
Physical Address (If different than mailing)	
Telephone 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)

CERTIFICATION SHEET
ATTACHMENT B

All specifications and terms and conditions of the RFA 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	

**Alamo Area Council of Governments
Request for Applications – 2025-2026
RFA-25-60-IDDS-PROVIDER Rev 1
Open Enrollment for Intellectual and Developmental Disabilities Services Array**

**ATTACHMENT C
BUSINESS DEMOGRAPHICS**

Please pick the type of business that you have from the following and provide the listed information (**SOLE PROPRIETORSHIP, PARTNERSHIP, CORPORATION, LIMITED LIABILITY COMPANY, OR 501(c)3**).

1. If a **SOLE PROPRIETORSHIP**, provide the following:
 - a. the Applicant's name;
 - b. tax identification number;
 - c. residence address;
 - d. address where services will be provided;
 - e. telephone number and facsimile number; and
 - f. the number of years the Applicant has provided the proposed service(s).
2. If a **PARTNERSHIP** (General or Limited), provide the following:
 - a. names and residence address of each of the partners;
 - b. address where services will be provided;
 - c. Telephone number and facsimile number;
 - d. a copy of the Partnership Agreement;
 - e. the tax identification number of the partnership or the tax identification numbers of the individual partners; and
 - f. the number of years each of the partners, and the partnership as a whole, has provided the proposed service(s).
 - g. Certificate of Formation (Secretary of State)
 - h. Any Certificates of Amendments (if applicable)
 - i. If a foreign entity, Certificate of Registration (Secretary of State)
3. If a **CORPORATION**, provide the following:
 - a. name(s), address(es) and telephone number(s) of the officers of the corporation;
 - b. a copy of the Articles of Incorporation;
 - c. a copy of the current Bylaws of the Corporation;
 - d. the tax identification number;
 - e. a current Certificate of Good Standing issued by the Texas State Comptroller;
 - f. the name(s), address(es) and telephone number(s) of the majority shareholders;
 - g. the name, address, telephone number and facsimile number of the corporate contact for this Application; and
 - h. the number of years each of the officers, the corporation as a whole, and the majority shareholders (if applicable) have provided the proposed service(s).
 - i. Certificate of Formation (Secretary of State)
 - j. If a foreign entity, Certificate of Registration (Secretary of State)
4. If a **LIMITED LIABILITY COMPANY (LLC)**, provide the following:
 - a. Certificate of Formation (Secretary of State)
 - b. Articles of Organization or
 - c. Regulations of organization
 - d. Any Certificates of Amendments (if applicable)
 - e. If a foreign entity, Certificate of Registration (Secretary of State)

Alamo Area Council of Governments
Request for Applications – 2025-2026
RFA-25-60-IDDS-PROVIDER Rev 1

Open Enrollment for Intellectual and Developmental Disabilities Services Array

ATTACHMENT C
BUSINESS DEMOGRAPHICS

5. If a **501(c)3**, provide the following:
- a. name(s), address(es) and telephone number(s) of the Board of Directors of the 501(c)3;
 - b. a copy of the Articles of Incorporation or Certificate of Formation;
 - c. a copy of the current Bylaws of the 501(c)3;
 - d. the tax identification number;
 - e. the name, address, telephone number and facsimile number of the corporate contact for this application.

Alamo Area Council of Governments
Request for Applications –2025-2026
RFA-25-60-IDDS-PROVIDER

Open Enrollment for Intellectual and Developmental Disabilities Services Array

**ATTACHMENT D
ORGANIZATIONAL STRUCTURE**

1. Describe the organizational structure of the Applicant.
2. If applicable, attach an organizational chart of the Applicant.
3. Describe your business model.

Alamo Area Council of Governments
 Request for Applications –2025-2026
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array
ATTACHMENT E
SERVICES
Eligibility Determination

1. Describe capacity and any limitations on persons accepted. Identify where services are offered and the times of day and days of the week the services will be available. Describe in detail how your organization is multilingual, multicultural, and ADA- accessible.
2. Describe the Applicant's experience in working and providing services for persons with intellectual and developmental disabilities over the last five years.
3. Describe how the Applicant plans to serve persons with disabilities and persons with co-occurring diagnoses of intellectual and developmental disabilities/Mental Health and or intellectual and developmental disabilities/substance use disorder?
4. Describe how the Applicant plans to work with persons who are hearing impaired, persons who have limited language skills and persons who speak a language other than English?
5. Describe the service site's proximity to public transportation.
6. Describe the specific services your organization will be offering.
7. Please select the service the applicant would like to offer by placing an X in the box next to each service.

Safety Net Program

Services	Select
Applied Behavioral Analysis	
Behavior Support	
Community Support	
Day Habilitation, Site Based	
Day Habilitation Head Start Course, Site Based	
Day Habilitation Summer Camp	
Respite Hourly – Out of Home	
Respite Daily – Out of Home	
Respite Hourly – In Home	
Respite Daily – In Home	
Speech/Language Therapy	
Transportation	

Alamo Area Council of Governments
Request for Applications –2025-2026
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array

ATTACHMENT E
SERVICES
Eligibility Determination

Services	Select
Psychological Evaluation and Testing services	

PASRR Program

Services	Select
Behavior Support	
Day Habilitation 1-2.9 hours	
Day Habilitation 3-6 hours	
Independent Living Skills Training	
Employment Assistance	
Supported Employment	

Crisis Respite

Services	Select
Crisis Respite In Home Hourly	

8. Please describe in detail how the applicant intends to provide each selected service.

Alamo Area Council of Governments
Request for Applications –2025-2026
RFA-25-60-IDDS-PROVIDER
Open Enrollment for Intellectual and Developmental Disabilities Services Array

ATTACHMENT F
MANAGED CARE PROFILE

1. List all managed care companies with which the Applicant currently contracts.

Alamo Area Council of Governments
Request for Applications –2025-2026
RFA-25-60-IDDS-PROVIDER

Open Enrollment for Intellectual and Developmental Disabilities Services Array

**ATTACHMENT G
FINANCIAL**

1. Provide a copy of all certified external audits conducted in the past three (3) years.
2. Provide a copy of the Applicant's tax statements for the past three (3) years, (IRS Form 1040 and all Schedules, Forms 990 and all Schedules, Forms 1120 and all Schedules, Forms 1065 and all Schedules, as applicable)
3. Provide a current Financial Statement, including Cash Flow.
4. Identify whether the Applicant has ever filed bankruptcy. If the answer is "yes", please describe in detail.
5. Identify whether the Applicant has ever defaulted on any business lease arrangement. If the answer is "yes", describe in detail.
6. Identify whether the Applicant owns or leases current business properties and in what geographic areas Contractor intends to provide this service. Provide street address/s from which program services will operate.
7. Provide a statement that all the Applicant facilities are compliant with the accessibility requirements of the American With Disabilities Act (ADA).
8. Provide a financial plan to include emergency funds, to support business expenses.

Alamo Area Council of Governments
Request for Applications –2025-2026
RFA-25-60-IDDS-PROVIDER

Open Enrollment for Intellectual and Developmental Disabilities Services Array



**ATTACHMENT H
RISK PROFILE**

1. If applicable, provide a copy of the 501(c)(3) IRS Exemption form from the Internal Revenue Service.
2. Provide a copy of the following insurance coverage: professional liability, directors and officers, errors and omissions, general liability, medical malpractice, breach of privacy, worker's compensation, premises liability and umbrella. Label as Exhibit F2
3. Identify whether the Applicant, as an entity, or anyone employed by the Applicant is currently under investigation, or has had a license or accreditation revoked by any state, federal, or Center or licensing agency within the last five (5) years. If the answer is "yes", provide a detailed explanation.
4. Identify whether the Applicant, as an entity, or anyone employed by the Applicant providing direct care or employed in a management position has had any felony convictions. If "yes", provide a detailed explanation. Provide any company policies that outline your procedures in dealing with current or future employees who are convicted felons.
5. Has the Applicant had any confirmed abuse, neglect, or rights violations claims in the last three (3) years? If so, explain in detail.
6. Identify whether the Applicant has ever been placed on vendor hold by an agency or company. If "yes", provide a detailed explanation.
7. Identify any lawsuits or litigation involving clinical services to which the Applicant has been a party during the past five (5) years. Provide details on any judgments.
8. Provide a list of companies with whom the Applicant has a current contract to provide similar services as outlined in this RFA.
9. Identify whether the Applicant, as an entity, or any of the Applicant's employees Medicaid Provider number(s) has ever been suspended or revoked. If "yes", explain.
10. Identify whether the Applicant, as an entity, or any of the Applicant's employees Medicare Provider number(s) has ever been suspended or revoked. If "yes", explain.
11. Identify whether the Applicant, as an entity, or any of the Applicant's employees has ever been removed, denied or barred from any Managed Care Provider list or other

Alamo Area Council of Governments
Request for Applications –2025-2026

RFA-25-60-IDDS-PROVIDER

Open Enrollment for Intellectual and Developmental Disabilities Services Array
insurance payer. If “yes” explain.

12. Identify whether the Applicant has an established corporate compliance program. If “yes” attach a copy of the compliance plan. If “no” provide an explanation or plans to establish a program. Label as Exhibit F12
13. Provide a copy of the organizations Health Insurance Portability and Accountability Act (HIPAA) policies and procedures, which shall include the; Security Management Process, Assigned Security Responsibility, Workforce Security, Information Awareness and Training, Security Awareness and Training, Security Incident Procedures, Contingency Plan, Evaluation, Business Associate Contracts and Other Arrangements, Facility Access Controls, Workstation Use and Security, Device, Media, Audit and Access Controls, Integrity, Person or Entity Authentication and Transmission Security. Label as Exhibit F13

**Alamo Area Council of Governments
Request for Applications – 2025-2026 RFA-
25-60-IDDS-PROVIDER Rev 1**

Open Enrollment for Intellectual and Developmental Disabilities Services Array

**ATTACHMENT I
PRIORITY POPULATION DEFINITIONS**

LIDDA Priority Population

In accordance with the definition of “LIDDA priority population” found in 40 Tex. Admin. Code, Chapter 5, Subchapter D, § 5.5153(17) (Diagnostic Assessment), LIDDA priority population is a group comprised of persons who meet one or more of the following descriptions:

- (a) A person with an intellectual disability, as defined by Tex. Health and Safety Code §591.003(15-a);
- (b) A person with autism spectrum disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders;
- (c) A person with a related condition, listed in <https://hhs.texas.gov/stites/hhs/files/documents/lawsregulations/handbooks/dbmd/res/icd10-codes-1.pdf>, who is eligible for, and enrolling in services in the ICF/IID Program, Home and Community-based Services (HCS) Program, or Texas Home Living (TxHmL) Program
- (d) A nursing facility resident who is eligible for specialized services for intellectual disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act;
- (e) A child who is eligible for Early Childhood Intervention services through the System Agency; and
- (f) A person diagnosed by an authorized provider as having a pervasive developmental disorder through a diagnostic assessment completed before November 15, 2015.

The determination of eligibility for the priority population must be made through the use of assessments and evaluations performed by qualified professionals. Individuals who are members of the priority population are eligible to receive IDD services, as appropriate for the individual’s level of need, eligibility for a particular service, and the availability of that service. Since resources are insufficient to meet the service needs of every individual in the priority population, services should be provided to meet the most intense needs first.

**Alamo Area Council of Governments
Request for Applications – 2025-2026 RFA-
25-60-IDDS-PROVIDER Rev 1
Open Enrollment for Intellectual and Developmental Disabilities Services Array**

**ATTACHMENT J
LETTERS OF SUPPORT**

A letter of support is an outside testimonial that backs up your business claims of success and promises to deliver. Letters of support can be given by business, person who you provided service to and/or an advocate.

1. Provide (3) three letters of support. Label as Exhibit H1.

Alamo Area Council of Governments
Request for Applications – 2025-2026 RFA-
25-60-IDDS-PROVIDER Rev 1

Open Enrollment for Intellectual and Developmental Disabilities Services Array

ATTACHMENT K
ASSURANCES DOCUMENT
(Applicant assures the following)

1. That all addenda and attachments to the Application as distributed by AACOG have been completed.
2. No attempt will be made by the Applicant to induce any person or firm to submit or not to submit an application, unless so described in the application document.
3. The Applicant does not discriminate in its services or employment practices on the basis or race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), genetic information, national origin, disability, veteran status, or age.
4. That no employee of AACOG or HHSC, and no member of AACOG's Board of Directors will directly or indirectly receive any pecuniary interest from an award of the proposed contract. If the applicant is unable to make the affirmation, then the applicant must disclose any knowledge of such interests.
5. Applicant accepts the terms, conditions, criteria, and requirements set forth in the Application.
6. Applicant accepts AACOG's right to cancel the Application at any time prior to contract award.
7. Applicant accepts AACOG's right to alter the timetables for procurement as set forth in the Application.
8. The proposal submitted by the Applicant has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
9. Unless otherwise required by law, the information in the application submitted by the Applicant has not been knowingly disclosed by the Applicant to any other Applicant prior to the notice of intent to award.
10. No claim will be made for payment to cover costs incurred in the preparation of the submission of the application or any other associated costs.
11. AACOG has the right to complete background checks and verify information.
12. The individual signing this document and the contract is authorized to legally bind the Applicant.
13. The address submitted by the Applicant to be used for all notices sent by the LIDDA is current and correct.

Authorized Signature for the Applicant/Date

Title of the Organization/Provider



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:



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"/> Caregiver Counseling | <input type="checkbox"/> Personal Assistance |
| <input type="checkbox"/> Caregiver Information Services (Bexar AAA only) | <input type="checkbox"/> Instruction and Training |
| <input type="checkbox"/> Caregiver Support Groups | <input type="checkbox"/> Aging Contractor |
| <input type="checkbox"/> Caregiver Training | <input type="checkbox"/> Residential Repair |
| | <input type="checkbox"/> Physical Fitness |
| <input type="checkbox"/> Chore Maintenance | <input type="checkbox"/> Outreach Items |
| <input type="checkbox"/> Congregate Meals | <input type="checkbox"/> Legal Assistance – 60 years and older |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Evidence-Based Intervention (EBI) | <input type="checkbox"/> Personal Assistance |
| <input type="checkbox"/> Health Maintenance | <input type="checkbox"/> Social Reassurance |
| <input type="checkbox"/> Home Delivered Meals | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Homemaker | |

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 credit 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 FOR VENDOR OR OTHER PERSON DOING BUSINESS WITH LOCAL GOVERNMENTAL ENTITY		FORM CIQ
<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 offense under this section is a Class C misdemeanor.</p>	OFFICE USE ONLY <div style="border: 1px solid black; height: 150px; margin: 10px auto; width: 100%;"> <div style="position: absolute; top: 10px; right: 10px; padding: 5px;">Date Received</div> </div>	
<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="margin-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> <div style="margin-top: 10px;"> <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="margin-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 than investment income, from the filer of the questionnaire?</p> <p style="margin-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="margin-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> <ul style="list-style-type: none"> ○ ○ ○ ○ ○ ○ </div>		
<p>4. <div style="border: 1px solid black; width: 350px; height: 25px; display: inline-block;"></div></p>	<p><div style="border: 1px solid black; width: 280px; height: 25px; display: inline-block;"></div></p>	
<div style="display: flex; justify-content: space-between;"> Signature of person doing business with governmental entity Date </div>		



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**

ACKNOWLEDGEMENT FORM

Having carefully examined the terms and conditions and specifications within this RFA 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 RFA.

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

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

**OFFICE
USE**

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).

Date Received

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. *See* Section 176.006, Local Government Code.

1.
Name of person who has a business relationship with local governmental entity.

2.
☐ **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 7th business day after the date the originally filed questionnaire becomes incomplete or

3.
Name of local government office with whom filer has employment or business relationship.

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.

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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

D. Describe each employment or business relationship with the local government office named in this section.

4.

Signature of person doing business with governmental entity

Date

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”, “Application”, and “voluntarily excluded”, as used in this certification, have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. You may contact the person to which this Application or contract is submitted for assistance in obtaining a copy of this regulation.
5. The prospective vendor/grantee agrees, by submitting this certification, that should the proposed contract/grant be entered into, it shall not knowingly enter into any lower-tier-covered transaction or sub-contract with a person or entity that is proposed for debarment, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this transaction, unless pre-authorized by the appropriate federal or state department or agency, or by AACOG.

Do you have or do you anticipate having sub-vendors/sub-grantees under this proposed agreement? ☐
Yes ☐ **No**

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

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

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

☐

1. The prospective vendor/grantee certifies by submission of this certification, that neither it nor its principles:

- (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 be certified.

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 _____

