



**ATTACHMENT A**

**APPLICATION TITLE PAGE**

**Alamo and Bexar AAA Contracted Supportive Services for FY26 – FY30**

<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) _____

**ATTACHMENT B  
CERTIFICATION SHEET**

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:			
<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	

**ATTACHMENT C  
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:

**ATTACHMENT D**

<b>CONFLICT OF INTEREST QUESTIONNAIRE</b>	
<p><b>This questionnaire reflects changes made to the law by H.B. 1491, 80<sup>th</sup> Leg., Regular Session.</b></p> <p>This questionnaire is being filed in accordance with chapter 176, Local Government Code, by a person who has a business relationship as defined by Section 176.001 (1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local government entity not later than the 7<sup>th</sup> business day after the date the person becomes aware of facts that require the statement to be filed. <i>See</i> Section 176.006, Local Government Code.</p>	<p><b>OFFICE USE</b></p> <p>Date Received</p>
<p>1. <b>Name of person who has a business relationship with local governmental entity.</b></p>	
<p>2. <input type="checkbox"/> <b>Check this box if you are filing an update to a previously filed questionnaire.</b></p> <p 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. <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> <p>_____</p> <p align="left">Signature of person doing business with governmental entity</p> <p align="right">_____</p> <p align="right">Date</p>	

**ATTACHMENT E**

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

Federal Executive Order 12549 requires the Texas Department of Aging and Disability Services (DADS) to screen each covered potential contractor/grantee to determine whether each has a right to obtain a contract/grant in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered contractor/grantee must also screen each of its covered subcontractors/providers.

In this certification "contractor/grantee" refers to both contractor/grantee and subcontractor/sub grantee; "contract/grant" refers to both contract/grant and subcontract/sub grant.

**By signing and submitting this certification the potential contractor/grantee accepts the following terms:**

1. The certification below is a material representation of fact upon which reliance was placed when this contract/grant was entered into. If it is later determined that the potential contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the Texas Department of Aging and Disability Services may pursue available remedies, including suspension and/or debarment.
2. The potential contractor/grantee shall provide immediate written notice to the person to which this certification is submitted if at any time the potential contractor/grantee learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered contract," "debarred," "suspended," "ineligible," "participant," "person," "principal," "proposal," and "voluntarily excluded," as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
4. The potential contractor/grantee agrees by submitting this certification that, should the proposed covered contract/grant be entered into, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, and/or the Texas Department of Aging and Disability Services, as applicable.  
**Do you have or do you anticipate having subcontractors/sub grantees under this proposed contract?**  YES  NO
5. The potential contractor/grantee further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts and Grants" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A contractor/grantee may rely upon a certification of a potential subcontractor/sub grantee that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract/grant, unless it knows that the certification is erroneous. A contractor/grantee must, at a minimum, obtain certifications from its covered subcontractors/sub grantees upon each subcontract's/sub grant's initiation and upon each renewal.
7. Nothing contained in all 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. The knowledge and information of a contractor/grantee is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
8. Except for contracts/grants authorized under paragraph 4 of these terms, if a contractor/grantee in a covered contract/grant knowingly enters into a covered subcontract/sub grant with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in the transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United State Department of Agriculture, or other federal department or agency, as applicable, and/or the Texas Department of Aging and Disability Services may pursue available remedies, including suspension and/or debarment.

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

Indicate which statement applies to the covered potential contractor/grantee:

- 1. The potential contractor/grantee certifies, by submission of this certification, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/grant by any federal department or agency or by the State of Texas.
- 2. The potential contractor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor/grantee must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

NAME OF CONTRACTOR/GRANTEE \_\_\_\_\_

VENDOR ID NO. /FEDERAL EMPLOYER'S IDNO. \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed/Typed Name of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative

THIS CERTIFICATION IS FOR FY 26 PERIOD BEGINNING October 1, 2025 and ENDING September 30, 2026.

## INSTRUCTIONS FOR ATTACHMENT E CERTIFICATION

1. By signing and submitting this proposal, the prospective contractor/grantee is providing the certification set out above.
2. The inability of a contractor/grantee to provide the certification required above will not necessarily result in denial of participation in this covered transaction. The prospective contractor/grantee shall submit an explanation of why it cannot provide the certification set out above. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective contractor/grantee to furnish a certification or an explanation shall disqualify such contractor/grantee from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which AACOG will rely if we enter into this transaction. If it is later determined that the prospective contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government or us, AACOG may terminate this transaction for cause or default.
4. The prospective contractor/grantee shall provide immediate written notice to AACOG if at any time the prospective contractor/grantee learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact AACOG for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective contractor/grantee agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower-tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by AACOG.
7. The prospective contractor/grantee further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower-Tier Covered Transactions," provided by AACOG, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower- tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows eligibility or that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the No procurement List.
9. Nothing contained in the foregoing shall be construed to require the establishment of a system of records to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower-tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to AACOG, AACOG may terminate this transaction for cause or default.

**ATTACHMENT F**  
**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 VENDOR/GRANTEE:	
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<b>Signature of Authorized Representative</b>	<b>Printed/Typed Name &amp; Title of Authorized Representative</b>

Date: _____
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**ATTACHMENT G**  
**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 contractors 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 \_\_\_\_\_



**REQUEST TO BE ADDED TO BIDDER/ VENDOR LIST**

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\*. Please check the service(s) for which you are applying:

<input type="checkbox"/> Caregiver Counseling	<input type="checkbox"/> Caregiver Information Services	<input type="checkbox"/> Caregiver Support Groups
<input type="checkbox"/> Caregiver Training	<input type="checkbox"/> Chore Maintenance	<input type="checkbox"/> Congregate Meals
<input type="checkbox"/> Emergency Response	<input type="checkbox"/> Evidence-Based Intervention	<input type="checkbox"/> Health Maintenance
<input type="checkbox"/> Home Delivered Meals	<input type="checkbox"/> Instruction and Training	<input type="checkbox"/> Legal Assistance 60 yrs and older
<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Personal Assistance	<input type="checkbox"/> Physical Fitness
<input type="checkbox"/> Residential Repair	<input type="checkbox"/> Respite In Home	<input type="checkbox"/> Respite Out of Home
<input type="checkbox"/> Social Reassurance	<input type="checkbox"/> Transportation	

Choose which County(ies) that you are applying for:

<input type="checkbox"/> Atascosa	<input type="checkbox"/> Bandera	<input type="checkbox"/> Bexar
<input type="checkbox"/> Comal	<input type="checkbox"/> Frio	<input type="checkbox"/> Gillespie
<input type="checkbox"/> Guadalupe	<input type="checkbox"/> Karnes	<input type="checkbox"/> Kendall
<input type="checkbox"/> Kerr	<input type="checkbox"/> McMullen	<input type="checkbox"/> Medina
<input type="checkbox"/> Wilson	<input type="checkbox"/> All Counties	

**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 Agency                       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: \_\_\_\_\_





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: [ ]



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

**Request for Taxpayer  
 Identification Number and Certification**

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:  
 Individual/sole proprietor or single-member LLC  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  
 Note: For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.  
 Other (see instructions) ▶ \_\_\_\_\_  
 C Corporation  
 S Corporation  
 Partnership  
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Apply to accounts maintained outside the U.S.)

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

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
OR								
Employer identification number								

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

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

**General instructions**

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

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/efile](http://www.irs.gov/efile).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1098-C (canceled debt)
- Form 1098-A (acquisition or abandonment of secured property)

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

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

By signing the filed-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

### Service and Bidder Information

Note: AACOG/AAA understands that the cost for some of the services will vary depending on the needs of the client and/or on a case-by-case basis.

**Service authorization by AACOG/AAA staff is mandatory before a Contractor may provide ANY service(s). ANY deviation from the service authorization without prior approval from AACOG/AAA staff will result in non-payment.**

**Legal Name of Agency:** \_\_\_\_\_

<b>Proposed Service:</b>	
Minimum required number of units per day, if any:	
Service area you are able to cover (Please be specific in describing your service area):	
Do you have a state contract for a similar service, if so what is the rate:	
Unit Proposed Rate/Cost:	
Justification of the difference between the proposed rate and the state rate:	
List actual private rate and any discounted rate given to agency separately:	
<b>Will you offer your discounted rate to clients after their services end at the AAA?</b>	

<b>Proposed Service:</b>	
Minimum required number of units per day, if any:	
Service area you are able to cover (Please be specific in describing your service area):	
Do you have a state contract for a similar service, if so what is the rate:	
Unit Proposed Rate/Cost:	
Justification of the difference between the proposed rate and the state rate:	
List actual private rate and any discounted rate given to agency separately:	
<b>Will you offer your discounted rate to clients after their services end at the AAA?</b>	

**Service and Bidder Information (cont'd)**

**Legal Name of Agency:** \_\_\_\_\_

<b>Proposed Service:</b>	
Minimum required number of units per day, if any:	
Service area you are able to cover (Please be specific in describing your service area):	
Do you have a state contract for a similar service, if so what is the rate:	
Unit Proposed Rate/Cost:	
Justification of the difference between the proposed rate and the state rate:	
List actual private rate and any discounted rate given to agency separately:	
<b>Will you offer your discounted rate to clients after their services end at the AAA?</b>	

<b>Proposed Service:</b>	
Minimum required number of units per day, if any:	
Service area you are able to cover (Please be specific in describing your service area):	
Do you have a state contract for a similar service, if so what is the rate:	
Unit Proposed Rate/Cost:	
Justification of the difference between the proposed rate and the state rate:	
List actual private rate and any discounted rate given to agency separately:	
<b>Will you offer your discounted rate to clients after their services end at the AAA?</b>	

<b>Billing Contact Name:</b>	
<b>Title:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	
<b>Referral Contact Name:</b>	
<b>Title:</b>	
<b>Phone Number:</b>	
<b>Email Address:</b>	