*This form requests basic information about the Applicant and project, including the signature of the authorized representative.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1) LEGAL BUSINESS NAME** : | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **2) MAILING Address** **Information** (include mailing address, street, city, county, state and 9-digit zip code): | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3)** | **PAYEE Name and Mailing Address, including 9-digit zip code** (if different from above): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3)** | **Unique Entity ID (generated by SAM.gov)** (12-digit): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4) Federal Tax ID No.** (9-digit), **State of Texas Comptroller Vendor ID Number** (14-digit): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5) TYPE OF ENTITY** (check all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | City | | |  | Nonprofit Organization**\*** | | | | | | | | | | | | |  | | Individual | | | | | | | | |
|  |  | County | | |  | For Profit Organization**\*** | | | | | | | | | | | | |  | | Federally Qualified Health Centers | | | | | | | | |
|  |  | Other Political Subdivision | | |  | HUB Certified | | | | | | | | | | | | |  | | State Controlled Institution of Higher Learning | | | | | | | | |
|  |  | State Agency | | |  | Community-Based Organization | | | | | | | | | | | | |  | | Hospital | | | | | | | | |
|  |  | Indian Tribe | | |  | Minority Organization | | | | | | | | | | | | |  | | Private | | | | | |  | | |
|  |  |  | | |  | Faith Based (Nonprofit Org) | | | | | | | | | | | | |  | | Other (specify): | | | |  | |  | | |
| ***\*****If incorporated, provide 10-digit charter number assigned by Secretary of State:* | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | |
| **7) PROPOSED PERIOD OF PERFORMANCE:** | | | | | | | | **Start Date:** | | | | ***10/15/2024*** | | | | | | | | | | **End Date:** | | ***8/31/2025*** | | | | |
| ***8) REGION/COUNTIES SERVED BY PROJECT:*** | | | | | | | | | | ***Tarrant County*** | | | | | | | | | | | | | | | | | | |
| **9) TOTAL AMOUNT OF FUNDING REQUESTED FOR ONE FISCAL YEAR:** | | | | | | | | |  | | | | **11) PROJECT CONTACT PERSON** | | | | | | | | | | | | | | | |
| **10) PROJECTED EXPENDITURES** | | | | | | |  | | | |  | |  | Name:  Phone:  Fax:  Email: | | | | | |  | | | | | | | | |
| Does Applicant’s projected federal expenditures exceed $750,000, or its projected state expenditures exceed $750,000, for Applicant’s current fiscal year (excluding amount requested in line 9 above)? \*\*  Yes  No  *\*\*Projected expenditures should include anticipated expenditures under all federal grants including “pass through” federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.* | | | | | | | | | | | | |  |  | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | |  |  | | | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | **12) FINANCIAL OFFICER** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | Name:  Phone:  Fax:  Email: | | | | | |  | | | | | | | | |
| The facts affirmed by me in this Application are truthful, and I warrant the Applicant is in compliance with the RFA terms and conditions, including DFPS’s Uniform Contract Terms and Conditions, and other RFA requirements unless specifically noted on the Applicant Information and Disclosure Form. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the Applicant and I (the person signing below) am authorized to represent the Applicant. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13) AUTHORIZED REPRESENTATIVE** | | | | | | | | | | | | | | | **14) SIGNATURE OF AUTHORIZED REPRESENTATIVE** | | | | | | | | | | | | | |
|  | Name:  Title:  Phone:  Fax:  Email: | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | | **15) DATE** | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | | | |  | |  | | | | | | | | | | | |

**Instructions**

This form provides basic information about the Applicant and the proposed project with the Texas Department of Family and Protective Services (DFPS) and Tarrant County, including the signature of the authorized representative. It is the cover page of the Application and must be completed. Signature affirms the facts contained in the Application are truthful and the Applicant is in compliance with the RFA terms and conditions, including DFPS’s Grant Uniform Terms & Conditions, attached as Exhibit B of this RFA, and other RFA requirements unless specifically noted on the Applicant Information Form and acknowledges that continued compliance is a condition for the award of a grant. Please follow the instructions below to complete the Applicant Information form and return with the Applicant’s Application.

1. **LEGAL BUSINESS NAME** -Enter the legal name of the Applicant.
2. **MAILING ADDRESS INFORMATION** -Enter the Applicant’s complete physical address and mailing address, city, county, state, and 9-digit zip code.
3. **PAYEE NAME AND MAILING ADDRESS** -Payee – Entity involved in a contractual relationship with Applicant to receive payment for services rendered by Applicant and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE’s name and mailing address, including 9-digit zip code, if PAYEE is different from the Applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
4. **UNIQUE ENTITY ID** – Enter the 12-character alphanumeric ID assigned to the entity by SAM.gov.
5. **FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit).
6. **TYPE OF ENTITY** -Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml>

and/or theTexas State Comptroller at <https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf> and check all other boxes that describe the entity.

Historically Underutilized Business**:** A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)

State Agency**:** an agency of the State of Texas as defined in Texas Government Code §2056.001.ii

Institutions of Higher Education as defined by §61.003 of the Education Code.

Minority Organization is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

1. **PROPOSED PERIOD OF PERFORMANCE** - The Period of Performance for this Grant Opportunity. Period of Performance is defined in the RFA.
2. **REGION/COUNTIES SERVED BY PROJECT** - Enter the Region and proposed target counties to be served by the project***.***
3. **TOTAL AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DFPS for proposed project activities for one fiscal year.
4. **PROJECTED EXPENDITURES** -If Applicant’s projected federal expenditures exceed $750,000 or its projected state expenditures exceed $750,000 for Applicant’s current fiscal year, Applicant must arrange for a financial compliance audit (Single Audit).
5. **PROJECT CONTACT PERSON** -Enter the name, phone, fax, and email address of the person responsible for the proposed project.
6. **FINANCIAL OFFICER** - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
7. **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and email address of the person authorized to represent the Applicant.
8. **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the Applicant must sign in this blank.
9. **DATE** - Enter the date the authorized representative signed this form.