

Form A, Face Page

This form requests basic information about the Respondent and project, including the signature of the authorized representative. The face page is the cover page of the application and must be completed in its entirety. **Please see Form A: Face Page Instructions on page 3.**

RESPONDENT INFORMATION			
1) LEGAL BUSINESS NAME :			
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):			
3) PAYEE Name and Mailing Address (if different from above):			
4) a. Federal Tax ID No. (9 digit) State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) :			
4. b. DUNS Number			
<i>The Respondent acknowledges, understands and agrees that the Respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>			
5) Medicaid Provider Number:		OR	Date Medicaid Application Submitted & TMHP Ticket #:
6) TYPE OF ENTITY (check all that apply):			
<input type="checkbox"/>	City	<input type="checkbox"/>	Nonprofit Organization*
<input type="checkbox"/>	County	<input type="checkbox"/>	For-Profit Organization*
<input type="checkbox"/>	Other Political Subdivision	<input type="checkbox"/>	HUB Certified
<input type="checkbox"/>	State Agency	<input type="checkbox"/>	Community-Based Organization
<input type="checkbox"/>	Indian Tribe	<input type="checkbox"/>	Minority Organization
<input type="checkbox"/>		<input type="checkbox"/>	Faith Based (Nonprofit Org)
<input type="checkbox"/>		<input type="checkbox"/>	Individual
<input type="checkbox"/>		<input type="checkbox"/>	FQHC
<input type="checkbox"/>		<input type="checkbox"/>	State Controlled Institution of Higher Learning
<input type="checkbox"/>		<input type="checkbox"/>	Hospital
<input type="checkbox"/>		<input type="checkbox"/>	Private
<input type="checkbox"/>		<input type="checkbox"/>	Other (specify):
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>			
7) PROPOSED BUDGET PERIOD:		Start Date:	End Date:
8) COUNTIES SERVED BY PROJECT: <i>Please check all counties that will be served on page 2, Form A, Texas Counties and Regions List.</i>			
9) AMOUNT OF FUNDING REQUESTED		\$	
10) PROJECTED EXPENDITURES		\$	
Does Respondent's projected state or federal expenditures exceed \$1,000,000 for Respondent's current fiscal year (excluding amount requested in line 9 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/>		11) PROJECT CONTACT PERSON	
		Name: Phone: Fax: E-mail:	
		12) FINANCIAL OFFICER	
		Name: Phone: Fax: E-mail:	
The facts affirmed by me in this application are truthful and I warrant the Respondent is in compliance with the assurances and certifications contained in the application. 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 Respondent and I (the person signing below) am authorized to represent the Respondent.			
13) AUTHORIZED REPRESENTATIVE		14) SIGNATURE OF AUTHORIZED REPRESENTATIVE	
Name: Title: Phone: Email:			
		15) DATE	

Form A, Face Page -Texas Counties and Regions List (in Alphabetical Order)

Legal Business Name of Respondent: _____

COUNTIES SERVED BY PROJECT - This list is provided for item 8, **Form A: Face Page**. Check **p** counties to be served and include behind Form A: Face Page when submitting.

Counties	ý	R												
-A-			Crosby	<input type="checkbox"/>	01	Hays	<input type="checkbox"/>	07	Martin	<input type="checkbox"/>	9/10	Schleicher	<input type="checkbox"/>	9/10
Anderson	<input type="checkbox"/>	4/5N	Culberson	<input type="checkbox"/>	9/10	Hemphill	<input type="checkbox"/>	01	Mason	<input type="checkbox"/>	9/10	Scurry	<input type="checkbox"/>	2/3
Andrews	<input type="checkbox"/>	9/10	-D-			Henderson	<input type="checkbox"/>	4/5N	Matagorda	<input type="checkbox"/>	6/5S	Shackelford	<input type="checkbox"/>	2/3
Angelina	<input type="checkbox"/>	4/5N	Dallam	<input type="checkbox"/>	01	Hidalgo	<input type="checkbox"/>	11	Maverick	<input type="checkbox"/>	08	Shelby	<input type="checkbox"/>	4/5N
Aransas	<input type="checkbox"/>	11	Dallas	<input type="checkbox"/>	2/3	Hill	<input type="checkbox"/>	07	McCulloch	<input type="checkbox"/>	9/10	Sherman	<input type="checkbox"/>	01
Archer	<input type="checkbox"/>	2/3	Dawson	<input type="checkbox"/>	9/10	Hockley	<input type="checkbox"/>	01	McLennan	<input type="checkbox"/>	07	Smith	<input type="checkbox"/>	4/5N
Armstrong	<input type="checkbox"/>	01	Deaf Smith	<input type="checkbox"/>	01	Hood	<input type="checkbox"/>	2/3	McMullen	<input type="checkbox"/>	11	Somervell	<input type="checkbox"/>	2/3
Atascosa	<input type="checkbox"/>	08	Delta	<input type="checkbox"/>	4/5N	Hopkins	<input type="checkbox"/>	4/5N	Medina	<input type="checkbox"/>	08	Starr	<input type="checkbox"/>	11
Austin	<input type="checkbox"/>	6/5S	Denton	<input type="checkbox"/>	2/3	Houston	<input type="checkbox"/>	4/5N	Menard	<input type="checkbox"/>	9/10	Stephens	<input type="checkbox"/>	2/3
-B-			DeWitt	<input type="checkbox"/>	08	Howard	<input type="checkbox"/>	9/10	Midland	<input type="checkbox"/>	9/10	Sterling	<input type="checkbox"/>	09
Bailey	<input type="checkbox"/>	01	Dickens	<input type="checkbox"/>	01	Hudspeth	<input type="checkbox"/>	9/10	Milam	<input type="checkbox"/>	07	Stonewall	<input type="checkbox"/>	2/3
Bandera	<input type="checkbox"/>	08	Dimmit	<input type="checkbox"/>	08	Hunt	<input type="checkbox"/>	2/3	Mills	<input type="checkbox"/>	07	Sutton	<input type="checkbox"/>	9/10
Bastrop	<input type="checkbox"/>	07	Donley	<input type="checkbox"/>	01	Hutchinson	<input type="checkbox"/>	01	Mitchell	<input type="checkbox"/>	2/3	Swisher	<input type="checkbox"/>	01
Baylor	<input type="checkbox"/>	2/3	Duval	<input type="checkbox"/>	11	-I-			Montague	<input type="checkbox"/>	2/3	-T-		
Bee	<input type="checkbox"/>	11	-E-			Irion	<input type="checkbox"/>	9/10	Montgomery	<input type="checkbox"/>	6/5S	Tarrant	<input type="checkbox"/>	2/3
Bell	<input type="checkbox"/>	07	Eastland	<input type="checkbox"/>	2/3	-J-			Moore	<input type="checkbox"/>	01	Taylor	<input type="checkbox"/>	2/3
Bexar	<input type="checkbox"/>	08	Ector	<input type="checkbox"/>	9/10	Jack	<input type="checkbox"/>	2/3	Morris	<input type="checkbox"/>	4/5N	Terrell	<input type="checkbox"/>	9/10
Blanco	<input type="checkbox"/>	07	Edwards	<input type="checkbox"/>	08	Jackson	<input type="checkbox"/>	08	Motley	<input type="checkbox"/>	01	Terry	<input type="checkbox"/>	01
Borden	<input type="checkbox"/>	9/10	Ellis	<input type="checkbox"/>	2/3	Jasper	<input type="checkbox"/>	4/5N	-N-			Throckmorton	<input type="checkbox"/>	2/3
Bosque	<input type="checkbox"/>	07	El Paso	<input type="checkbox"/>	9/10	Jeff Davis	<input type="checkbox"/>	9/10	Nacogdoches	<input type="checkbox"/>	4/5N	Titus	<input type="checkbox"/>	4/5N
Bowie	<input type="checkbox"/>	4/5N	Erath	<input type="checkbox"/>	2/3	Jefferson	<input type="checkbox"/>	6/5S	Navarro	<input type="checkbox"/>	2/3	Tom Green	<input type="checkbox"/>	9/10
Brazoria	<input type="checkbox"/>	6/5S	-F-			Jim Hogg	<input type="checkbox"/>	11	Newton	<input type="checkbox"/>	4/5N	Travis	<input type="checkbox"/>	07
Brazos	<input type="checkbox"/>	07	Falls	<input type="checkbox"/>	07	Jim Wells	<input type="checkbox"/>	11	Nolan	<input type="checkbox"/>	2/3	Trinity	<input type="checkbox"/>	4/5N
Brewster	<input type="checkbox"/>	9/10	Fannin	<input type="checkbox"/>	2/3	Johnson	<input type="checkbox"/>	2/3	Nueces	<input type="checkbox"/>	11	Tyler	<input type="checkbox"/>	4/5N
Briscoe	<input type="checkbox"/>	01	Fayette	<input type="checkbox"/>	07	Jones	<input type="checkbox"/>	2/3	-O-			-U-		
Brooks	<input type="checkbox"/>	11	Fisher	<input type="checkbox"/>	2/3	-K-			Ochiltree	<input type="checkbox"/>	01	Upshur	<input type="checkbox"/>	4/5N
Brown	<input type="checkbox"/>	2/3	Floyd	<input type="checkbox"/>	01	Karnes	<input type="checkbox"/>	08	Oldham	<input type="checkbox"/>	01	Upton	<input type="checkbox"/>	9/10
Burleson	<input type="checkbox"/>	07	Foard	<input type="checkbox"/>	2/3	Kaufman	<input type="checkbox"/>	2/3	Orange	<input type="checkbox"/>	6/5S	Uvalde	<input type="checkbox"/>	08
Burnet	<input type="checkbox"/>	07	Fort Bend	<input type="checkbox"/>	6/5S	Kendall	<input type="checkbox"/>	08	-P-			-V-		
-C-			Franklin	<input type="checkbox"/>	4/5N	Kennedy	<input type="checkbox"/>	11	Palo Pinto	<input type="checkbox"/>	2/3	Val Verde	<input type="checkbox"/>	08
Caldwell	<input type="checkbox"/>	07	Freestone	<input type="checkbox"/>	07	Kent	<input type="checkbox"/>	2/3	Panola	<input type="checkbox"/>	4/5N	Van Zandt	<input type="checkbox"/>	4/5N
Calhoun	<input type="checkbox"/>	08	Frio	<input type="checkbox"/>	08	Kerr	<input type="checkbox"/>	08	Parker	<input type="checkbox"/>	2/3	Victoria	<input type="checkbox"/>	08
Callahan	<input type="checkbox"/>	2/3	-G-			Kimble	<input type="checkbox"/>	9/10	Parmer	<input type="checkbox"/>	01	-W-		
Cameron	<input type="checkbox"/>	11	Gaines	<input type="checkbox"/>	9/10	King	<input type="checkbox"/>	01	Pecos	<input type="checkbox"/>	9/10	Walker	<input type="checkbox"/>	6/5S
Camp	<input type="checkbox"/>	4/5N	Galveston	<input type="checkbox"/>	6/5S	Kinney	<input type="checkbox"/>	08	Polk	<input type="checkbox"/>	4/5N	Waller	<input type="checkbox"/>	6/5S
Carson	<input type="checkbox"/>	01	Garza	<input type="checkbox"/>	01	Kleberg	<input type="checkbox"/>	11	Potter	<input type="checkbox"/>	01	Ward	<input type="checkbox"/>	9/10
Cass	<input type="checkbox"/>	4/5N	Gillespie	<input type="checkbox"/>	08	Knox	<input type="checkbox"/>	2/3	Presidio	<input type="checkbox"/>	9/10	Washington	<input type="checkbox"/>	07
Castro	<input type="checkbox"/>	01	Glasscock	<input type="checkbox"/>	9/10	-L-			-R-			Webb	<input type="checkbox"/>	11

Chambers	<input type="checkbox"/>	6/5S	Goliad	<input type="checkbox"/>	08	Lamar	<input type="checkbox"/>	4/5	Rains	<input type="checkbox"/>	4/5N	Wharton	<input type="checkbox"/>	6/5S
Cherokee	<input type="checkbox"/>	4/5N	Gonzales	<input type="checkbox"/>	08	Lamb	<input type="checkbox"/>	01	Randall	<input type="checkbox"/>	01	Wheeler	<input type="checkbox"/>	01
Childress	<input type="checkbox"/>	01	Gray	<input type="checkbox"/>	01	Lampasas	<input type="checkbox"/>	07	Reagan	<input type="checkbox"/>	9/10	Wichita	<input type="checkbox"/>	2/3
Clay	<input type="checkbox"/>	2/3	Grayson	<input type="checkbox"/>	2/3	La Salle	<input type="checkbox"/>	08	Real	<input type="checkbox"/>	08	Wilbarger	<input type="checkbox"/>	2/3
Cochran	<input type="checkbox"/>	01	Gregg	<input type="checkbox"/>	4/5N	Lavaca	<input type="checkbox"/>	08	Red River	<input type="checkbox"/>	4/5N	Willacy	<input type="checkbox"/>	11
Coke	<input type="checkbox"/>	9/10	Grimes	<input type="checkbox"/>	07	Lee	<input type="checkbox"/>	07	Reeves	<input type="checkbox"/>	9/10	Williamson	<input type="checkbox"/>	07
Coleman	<input type="checkbox"/>	2/3	Guadalupe	<input type="checkbox"/>	08	Leon	<input type="checkbox"/>	07	Refugio	<input type="checkbox"/>	11	Wilson	<input type="checkbox"/>	08
Collin	<input type="checkbox"/>	2/3	-H-			Liberty	<input type="checkbox"/>	6/5S	Roberts	<input type="checkbox"/>	01	Winkler	<input type="checkbox"/>	9/10
Collingsworth	<input type="checkbox"/>	01	Hale	<input type="checkbox"/>	01	Limestone	<input type="checkbox"/>	07	Robertson	<input type="checkbox"/>	07	Wise	<input type="checkbox"/>	2/3
Colorado	<input type="checkbox"/>	6/5S	Hall	<input type="checkbox"/>	01	Lipscomb	<input type="checkbox"/>	01	Rockwall	<input type="checkbox"/>	2/3	Wood	<input type="checkbox"/>	4/5N
Comal	<input type="checkbox"/>	08	Hamilton	<input type="checkbox"/>	07	Live Oak	<input type="checkbox"/>	11	Runnels	<input type="checkbox"/>	2/3	-Y-		
Comanche	<input type="checkbox"/>	2/3	Hansford	<input type="checkbox"/>	01	Llano	<input type="checkbox"/>	07	Rusk	<input type="checkbox"/>	4/5N	Yoakum	<input type="checkbox"/>	01
Concho	<input type="checkbox"/>	9/10	Hardeman	<input type="checkbox"/>	2/3	Loving	<input type="checkbox"/>	9/10	-S-			Young	<input type="checkbox"/>	2/3
Cooke	<input type="checkbox"/>	2/3	Hardin	<input type="checkbox"/>	6/5S	Lubbock	<input type="checkbox"/>	01	Sabine	<input type="checkbox"/>	4/5N	-Z-		
Coryell	<input type="checkbox"/>	07	Harris	<input type="checkbox"/>	6/5S	Lynn	<input type="checkbox"/>	01	San Augustine	<input type="checkbox"/>	4/5N	Zapata	<input type="checkbox"/>	11
Cottle	<input type="checkbox"/>	2/3	Harrison	<input type="checkbox"/>	4/5N	-M-			San Jacinto	<input type="checkbox"/>	4/5N	Zavala	<input type="checkbox"/>	08
Crane	<input type="checkbox"/>	9/10	Hartley	<input type="checkbox"/>	01	Madison	<input type="checkbox"/>	07	San Patricio	<input type="checkbox"/>	11			
Crockett	<input type="checkbox"/>	9/10	Haskell	<input type="checkbox"/>	2/3	Marion	<input type="checkbox"/>	4/5N	San Saba	<input type="checkbox"/>	07			

Form A, Face Page Instructions

This form provides basic information about the Respondent and the proposed project with the Health and Human Services Commission ("HHS"), including the signature of the authorized representative. It is the cover page of the application and is required to be completed. Signature affirms the facts contained in the Respondent's response are truthful and the Respondent is in compliance with the assurances and certifications contained in **Exhibit A: HHS Solicitation Affirmations v.2.6** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the Respondent's application.

- LEGAL BUSINESS NAME** - Enter the legal name of the Respondent.
- MAILING ADDRESS INFORMATION** - Enter the Respondent's complete mailing address, including city, county, state, and zip code.
- PAYEE NAME AND MAILING ADDRESS** - Payee is the entity involved in a contractual relationship with Respondent to receive payment for services rendered by Respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if the PAYEE's name and mail addresses is different from the Respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- A. FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The Respondent acknowledges, understands and agrees the Respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
B. DUNS Number - 9-digit Dun and Bradstreet Data Universal Numbering System ("DUNS") number. This number is required if receiving ANY federal funds band can be obtained at: <http://fe3d.gov.dnb.com/webform>
- MEDICAID PROVIDER NUMBER OR DATE MEDICAID APPLICATION SUBMITTED** - Enter the Medicaid provider number used by the organization to bill Medicaid. If the organization does not have a Medicaid number, enter the date an application was submitted to obtain a Medicaid number and TMPH Ticket #.
- TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.
 - HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Comptroller's Texas Procurement and Support Services or another entity.

- **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 Nonprofit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.
7. **PROPOSED BUDGET PERIOD** - Enter the budget period for this application. Budget period is defined in the application
 8. **COUNTIES SERVED BY PROJECT** – Check off counties to be served from the list of Texas counties provided (below) and include behind the Face Page per Epilepsy funded service for which you are applying.
 9. **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from HHSC for proposed project activities. This amount must match the 'Total Dollar Amount for All Services Provided' on **Form K: Ceiling Request**.
 10. **PROJECTED EXPENDITURES** - If Respondent's projected state or federal expenditures exceed \$1,000,000 for Respondent's current fiscal year, Respondent must arrange for a financial compliance audit (Single Audit).
 11. **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
 12. **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
 13. **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, and e-mail address of the person authorized to represent the Respondent.
 14. **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the Respondent must sign in this blank.
 15. **DATE** - Enter the date the authorized representative signed this form.