**FORM D:**

**ADMINISTRATIVE INFORMATION**

*This form provides information regarding identification and contract history of the Applicant, executive management, project management, governing board members, and principal officers. Respond to each request for information* ***or provide the required supplemental document behind this form.*** *If responses require multiple pages, identify the supporting pages or documentation with the applicable request.*

***NOTE: Administrative Information may be used in screening and evaluating Applications.***

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| **Legal Business Name of Applicant:** | | | | | |  | | |
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| **1.** | **Is Applicant a nonprofit organization?** | | | | | | |
|  |  | | | | | | |
|  |  |  | **YES** |  | **NO** | |  |
|  |  | | | | | | |
|  | *If YES, Applicant must include evidence of its nonprofit status with the Application. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence.* | | | | | | |

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|  |  | a. A copy of a currently valid IRS exemption certificate. |
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|  |  | b. A statement from a state taxing body, state attorney general, or other appropriate state official certifying that the Applicant organization has nonprofit status and that none of the net earnings accrue to any private shareholders or individuals. |
|  |  |  |
|  |  | c. A copy of the Applicant organization’s certificate of formation or similar document if it clearly establishes the nonprofit status of the Applicant organization. |
|  |  |  |
|  |  | d. Any of the above proof for a state or national parent organization and a statement signed by the parent organization that the Applicant organization is a local nonprofit affiliate. |

**Conflict of Interest and Contract History**

The Applicant must disclose any existing or potential conflict of interest relative to the performance of the requirements of this Request for Applications (RFA). Examples of potential conflicts include an existing or potential business or personal relationship between the Applicant, its principal, or any affiliate or subcontractor with the Health and Human Services Commission (HHSC), the Texas Department of Family and Protective Services (DFPS), or any other entity or person involved in any way in any project that is the subject of this RFA. Similarly, any existing or potential personal or business relationship between the Applicant, the principals, or any affiliate or Subcontractor with any employee of HHSC or DFPS must be disclosed. Any such relationship that might be perceived or represented as a conflict must also be disclosed. Failure to disclose any such relationship may be cause for Grant Agreement termination or disqualification of the Application. If following a review of this information, HHSC or DFPS determines that a conflict of interest exists, the Applicant may be disqualified from further consideration for the award of a Grant Agreement.

Pursuant to Texas Government Code Section 2155.004, an Applicant is ineligible to receive an Award under this RFA if the bid includes financial participation with the Applicant by a person who received compensation from HHSC or DFPS to participate in preparing the specifications or the RFA on which the bid is based.

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| **2.** | **Does anyone in the Applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFA?** | | | | | |
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|  |  |  | **YES** |  | **NO** |  |
|  |  | | | | | |
|  | *If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)* | | | | | |

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| **3.** | **Will any person who received compensation from HHSC or DFPS for participating in preparing the specifications or documentation for this RFA participate financially with Applicant as a result of an award under this RFA?** | | | | | |
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|  |  |  | **YES** |  | **NO** |  |
|  |  | | | | | |
|  | *If YES, indicate their name, job title, agency employed by, separation date, and reason for separation*. | | | | | |

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| **4.** | **Will any provision of services or other performance under any Grant Agreement that may result from this RFA constitute an actual or potential conflict of interest or create the appearance of impropriety?** | | | | | |
|  |  | | | | | |
|  |  |  | **YES** |  | **NO** |  |
|  |  | | | | | |
|  | *If YES, detail any such actual or potential conflict of interest that might be perceived or represented as a conflict. (Attach no more than one additional page.)* | | | | | |

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| **5.** | **Are any current or former employees of the Applicant current or former employees of HHSC or DFPS (within the last 24 months)?** | | | | | |
|  |  | | | | | |
|  |  |  | **YES** |  | **NO** |  |
|  |  | | | | | |
|  | *If YES, indicate their name, job title, agency employed by, separation date, and reason for separation*. | | | | | |

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| **6.** | **Are any proposed personnel related to any current or former employees of HHSC or DFPS?** | | | | | |
|  |  | | | | | |
|  |  |  | **YES** |  | **NO** |  |
|  |  | | | | | |
|  | *If YES, indicate their name, job title, agency employed by, separation date, and reason for separation*. | | | | | |

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| **7.** | **Was any member of Applicant’s executive management, project management, governing board, or principal officers employed by HHSC or DFPS 24 months prior to the Application due date?** | | | | | | | | | | |
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|  |  | |  | | **YES** | |  | | **NO** | |  |
|  |  | | | | | | | | | | |
|  | *If YES, indicate their name, job title, agency employed by, separation date, and reason for separation*. | | | | | | | | | | |
| **8.** | **If the Applicant is a private nonprofit organization, does the executive director or other staff serve as voting members on the organization’s governing board?** | | | | | | | | | | |
|  |  | | | | | | | | | | |
|  |  | |  | | **YES** | |  | | **NO** | |  |
|  |  | | | | | | | | | | |
| **9.** | | **Is Applicant or any member of Applicant’s executive management, project management, board members, or principal officers:** | | | | | | | | | |
|  | | 1. Delinquent on any state, federal, or other debt; 2. Affiliated with an organization that is delinquent on any state, federal, or other debt; or 3. In default on an agreed repayment schedule with any funding organization? | | | | | | | | | |
|  | |  | |  | | **YES** | |  | | **NO** |  |
|  | |  | | | | | | | | | |
|  | | *If YES, please explain. (Attach no more than one additional page.)* | | | | | | | | | |

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| **10.** | **Has the Applicant had a contract suspended or terminated prior to expiration of contract or not been renewed under an optional renewal by any local, state, or federal department or agency or nonprofit entity?** | | | | | |
|  |  |  | **YES** |  | **NO** |  |
|  |  | | | | | |
|  | *If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract, and a contract reference number and provide copies of any and all decisions or orders related to the suspension, termination, or nonrenewal by the contracting entity.* | | | | | |

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| **11.** | **Does this Application include financial participation by a person or entity that has been convicted of violating federal law or been assessed a penalty in a federal civil administrative enforcement action in connection with a contract awarded by the federal government for relief, recovery, or reconstruction efforts as a result of Hurricanes Rita or Katrina or any other disaster occurring after September 24, 2005, under Government Code Section 2261.053?** | | | | | |
|  |  |  | **YES** |  | **NO** |  |
|  |  | | | | | |
|  | *If YES, please explain. (Attach no more than one additional page.)* | | | | | |

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| **12.** | **Please disclose any information required under Section 6.3.4, Litigation and Contract History of the RFA.** |

**ALL ADDITIONAL PAGES REQUIRED FOR RESPONSES TO THIS FORM SHOULD BE INSERTED HERE.**