

FORM A – FACE PAGE

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 zip code):			
		Check if address change <input type="checkbox"/>	
3) PAYEE Name and Mailing Address (if different from above):			
		Check if address change <input type="checkbox"/>	
4) DUNS Number (9 digit)		and SAM Unique Entity ID (12 characters)	
5) Federal Tax ID No. (9-digit) or State of Texas Comptroller Vendor ID Number (14-digit):			
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"/>	Other (specify):
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>			
7) PROPOSED PERIOD OF PERFORMANCE		Start Date:	End Date:
8) REGION/COUNTIES SERVED BY PROJECT:			
9) TOTAL AMOUNT OF FUNDING REQUESTED FOR ONE FISCAL YEAR		\$	
10) PROJECTED ANNUAL EXPENDITURES		11) PROJECT CONTACT PERSON	
Does Applicant's projected federal expenditures exceed \$1,000,000, or its projected state expenditures exceed \$1,000,000, for Applicant's <u>current</u> fiscal year (excluding amount requested in line 9 above)? **		Name: Phone: Fax: E-mail:	
Yes <input type="checkbox"/> No <input type="checkbox"/>		11) FINANCIAL OFFICER	
**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies and all anticipated expenditures under State grants, as applicable.		Name: Phone: Fax: E-mail:	
The facts affirmed by me in this Application are truthful, and I warrant that the Applicant is in compliance with the RFA terms and conditions, including DFPS's Grant Uniform Terms and Conditions and other RFA requirements, unless specifically noted in Exhibit F Exceptions. I understand the truthfulness of the facts affirmed herein and that ongoing compliance with these requirements is a condition precedent to the award of a Grant Agreement. 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.			
12) AUTHORIZED REPRESENTATIVE		13) SIGNATURE OF AUTHORIZED REPRESENTATIVE	
Name: Title: Phone: Fax:			
		14) DATE	

Instructions

This form provides basic information about the Applicant and the proposed project with the Texas Department of Family and Protective Services (DFPS), including the signature of the authorized representative. It is the cover page of the Application and must be completed. Signature affirms that the facts contained in the Application are truthful and that the Applicant is in compliance with the RFA terms and conditions, including DFPS's Grant Uniform Terms and Conditions, attached as Exhibit B of this RFA, as well as other RFA requirements unless specifically noted in Exhibit F, Exceptions. Signature also 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 Grant (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 that will be receiving payments.
- 4) **DUNS Number** and **SAM Number** – The 9-digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. This number is required and can be obtained at: <http://fedgov.dnb.com/webform>. The System for Award Management number can be obtained at: <https://sam.gov/content/home>.
- 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 (14-digit) assigned by the Texas State Comptroller.
- 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> or the Texas State Comptroller at https://fm.x.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 Nonprofit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.
- 7) **PROPOSED PERIOD OF PERFORMANCE** – The Period of Performance for this Grant Opportunity. The Period of Performance is defined in the RFA.
- 8) **REGION/COUNTIES SERVED BY PROJECT** – Enter the Region and proposed target counties to be served by the project.
- 9) **TOTAL AMOUNT OF FUNDING REQUESTED** – Enter the amount of funding requested from DFPS for proposed project activities for one fiscal year.
- 10) **PROJECTED EXPENDITURES** – If Applicant's projected federal expenditures exceed \$1,000,000 or its projected state expenditures exceed \$1,000,000 for Applicant's current fiscal year, Applicant must arrange for a financial compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** – Enter the name, phone, fax, and email address of the person responsible for the proposed project.

- 12) FINANCIAL OFFICER** – Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
- 13) AUTHORIZED REPRESENTATIVE** – Enter the name, title, phone, fax, and email address of the person authorized to represent the Applicant. Check the “Check if change” box if the authorized representative is different from previous submission to DFPS.
- 14) SIGNATURE OF AUTHORIZED REPRESENTATIVE** – The person authorized to represent the Applicant must sign in this blank.
- 15) DATE** – Enter the date the authorized representative signed this form.