|  |  |
| --- | --- |
| **Applicant Name** |  |
| **Proposed Project Name** |  |

**Instructions:** Respond to all applicable questions and complete all cells shaded in green. Additional documentation (e.g., explanatory information for ‘yes’ responses to Table 1) can be uploaded as a separate attachment to the Application. For Table 2, additional rows can be added as needed.

**Section A: Conflict of Interest, Contract, and Litigation History.**

The Applicant must disclose any existing or potential conflict of interest relative to performance of the requirements of this 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, the Program Administrator or any other entity or person involved in any way in any project that is the subject of this RFA.

**Similarly, Applicant must disclose any existing or potential personal or business relationship between the Applicant, the principals, or any affiliate or subcontractor, with any employee of the Health and Human Services Commission or the Program Administrator.**

The Applicant must disclose any such relationship that might be perceived or represented as a conflict. Failure to do so may because for Grant Agreement termination or Application disqualification. If, following a review of this information, HHSC determines 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 Application includes financial participation with the Applicant by a person who received compensation from HHSC to participate in preparing specifications of the RFA on which the Application is based.

Answer all questions in Table 1. Reminder, if any questions require additional explanation, the Applicant can upload a separate attachment to this Application.

**Table 1**

|  |  |  |
| --- | --- | --- |
| **Does anyone in the Applicant organization have an existing or potential conflict of interest relative to the performing requirements of this RFA?** | NO  YES | *If YES, detail any such relationship(s) that might be perceived or represented as a conflict.* |
| **Will any person who received compensation from HHSC for participating in preparing specifications or documentation for this RFA participate financially with Applicant as a result of an award under this RFA?** | NO  YES | *If YES, indicate their name, job title, agency employed by, separation date, and reason for separation*. |
| **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?** | NO  YES | *If YES, detail any such actual or potential conflict of interest that might be perceived or represented as a conflict.* |
| **Are any current or former employees of the Applicant current or former employees of HHSC (within the last 24 months)?** | NO  YES | *If YES, indicate their name, job title, agency employed by, separation date, and reason for separation*. |
| **Are any proposed personnel related to any current or former employees of HHSC?** | NO  YES | *If YES, indicate their name, job title, agency employed by, separation date, and reason for separation*. |
| **Has any member of Applicant’s executive management, project management, governing board, or principal officers been employed by HHSC 24 months prior to the Application submission date?** | NO  YES | *If YES, indicate their name, job title, agency employed by, separation date, and reason for separation*. |
| **Is Applicant or any member of Applicant’s executive management, project management, board members, or principal officers:**   * Delinquent on any state, federal, or other debt; * Affiliated with an organization which is delinquent on any state, federal, or other debt; or * In default on an agreed repayment schedule with any funding organization? | NO  YES | *If YES, please explain.* |
| **Has the Applicant:**   * Had a grant agreement or contract suspended or terminated prior to grant agreement or contract expiration, or * Not been renewed under an optional renewal by any local, state, or federal department or agency or non-profit entity? | NO  YES | *If YES, indicate reason for each action. Include:  - Name and contact information of the local, state, or federal department or agency - Date of the Grant Agreement and a Grant Agreement reference number, and  - Copies of any and all decisions or orders related to suspension, termination or non-renewal by the contracting entity.* |
| **Does this Application include financial participation by a person or entity that has been:**   * Convicted of violating federal law, or * 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 2261.053? | NO  YES | *If YES, please explain.* |
| **Has the Applicant had any civil or criminal litigation or investigation pending over the last five (5) years in which Applicant has been judged guilty or liable?** | NO  YES | *If YES, please explain.* |

**Section B. HHSC Contract History**

1. Has Applicant had a grant/contract with HHSC within the past 24 months?

NO  YES If YES, please list all HHSC grant agreements or contracts for the last 24 months in Table 2.

**Table 2**

|  |  |
| --- | --- |
| **Program Name** | **Contract Number** |
| **Example:** Healthy Community Collaborative | HHS00000000 |
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|  |  |
|  |  |

**Section C. Entity Specific Information**

**FOR GOVERNMENT ENTITIES ONLY**

1. Use **Form B-1, Governmental Entity Officials** to include the full names (last, first, middle) and addresses for the officials who are authorized to enter into a Grant Agreement on behalf of the Applicant.

**FOR NON-GOVERNMENTAL ENTITIES ONLY**

1. Include evidence of Applicant’s non-governmental status. Any one of the following is acceptable evidence.

|  |  |
| --- | --- |
|  | A copy of a currently valid IRS exemption certificate. |
|  | A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the Applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals. |
|  | A copy of the organization’s certificate of formation or similar document if it clearly establishes the nonprofit status of the organization. |
|  | 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. |

1. Does the executive director or other staff serve as voting members on the organization’s governing board?

NO  YES If YES, please explain.

1. Use **Form B-2, Non-Governmental Entity-Authorized Officials** to Include the full names (last, first, middle), addresses, telephone numbers, and titles of members of the Authorized Officials or any other principal officers. Indicate the office/title held by each (e.g., chairperson, president, vice-president, treasurer, etc.).