**FORM A**

**Face Page – APPLICANT INFORMATION**

*This form requests basic information about the Applicant 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.*

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | |
| **1) LEGAL BUSINESS NAME** | | |  | | | | | | | | | | |
| **2) MAILING Address** **Information**  (include mailing address, street, city, county, state and 9-digit zip code): | | | | | | | | | | Check if address change | |  | |
|  |  | | | | | | | | | | | | |
| **3) PAYEE Name and Mailing Address, including 9-digit zip code**  (if different from above): | | | | | | | | | | Check if address change | |  | |
|  |  | | | | | | | | | | | | |
| **4** | **Unique Entity Identifier (UEI) (12 characters) required:** | | | | | | | | | | | | |
| **5) Federal Tax ID No.** (9-digit), **State of Texas Comptroller Vendor ID Number** (14-digit) or **Social Security Number** (9-digit): | | | | | | | | | | |  | | |
| ***\*The Applicant acknowledges, understands, and agrees that the Applicant's choice to use a social security number as the vendor identification number for the Grant Agreement may result in the social security number being made public via State open records requests.*** | | | | | | | | | | | | | |
| ***6) TYPE OF ENTITY****:  Nonprofit Organization****\****  *\*If incorporated, provide 10-digit charter number assigned by Secretary of State:* | | | | | | | | | | | | | |
| **7) BUDGET PERIOD for YEAR ONE**  **(FY27):** | | | | | **Start Date:** | *September 1, 2026* | | | **End Date:** | | *August 31, 2027* | | | |
| **8) REGION SERVED BY PROJECT:** | | | | |  | | | | | | | | |
| **9) TOTAL AMOUNT OF FUNDING REQUESTED for YEAR ONE (FY27):** | | | | | | | **10) PROGRAM: Preparation for Adult Living (PAL) Life Skills Training and Assessment Services** | | | | | | |
| **11) PROJECT CONTACT PERSON:**  **Name:**  **Title:**  **Phone:**  **Email:** | | | | | | | **12) FINANCIAL OFFICER**  **Name:**  **Title:**  **Phone:**  **Email:** | | | | | | |
| The facts affirmed by me in this proposal are truthful and I warrant the Applicant is in compliance with the RFA terms and conditions, including HHSC’s Uniform Contract Terms and Conditions, and other RFA requirements. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions 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. | | | | | | | | | | | | | |
| **13) AUTHORIZED REPRESENATIVE**  **Name:**  **Title:**  **Phone:**  **Email:** | | | | Check if change | | | **14) SIGNATURE OF AUTHORIZED REPRESENTATIVE** | | | | | |
| |  |  |  | | --- | --- | --- | | **Name:**  **Title:**  **Phone: Email:** | **Name:**  **Title:**  **Phone: Email:** |  | |  | |  | |  | |  |  | | | | |  | | | | | |
|  | | | | | |
| **15) DATE** | | | | | |
|  |  | | | | |

**Form a**

**Face Page – APPLICANT INFORMATION**

This form provides basic information about the Applicant and the proposed Project with the Department of Family and Protective Services an (DFPS), including the signature of the authorized representative. It is the cover page of the Application and is required to be completed. The signature affirms the facts contained in the Applicant’s response are truthful and the Applicant is in compliance with the RFA terms and conditions, including **DFPS’ Exhibit B, Texas Department of Family and Protective Services Grant, Uniform Terms and Conditions,** other RFA, and acknowledges that continued compliance is a condition for the award of a Grant Agreement. Please follow the instructions below to complete the Face Page 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 Agreement (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 IDENTIFIER (UEI)** - 12-character alpha-numeric ID. This identification is required if receiving **ANY** federal funds and can be obtained at:  [https://sam.directory/UEI.](https://sam.directory/UEI)
5. **FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER OR SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit). \*The Applicant acknowledges, understands, and agrees the Applicant's choice to use a social security number as its vendor identification number for the Grant Agreement may result in the social security number being made public via State open records requests.
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.texas.gov/fm/pubs/payment/gen_prov/?s=tins_codes&p=ownership>, and check all other boxes that describe the entity.

State Agency: an agency of the State of Texas.

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 provides the 10-digit charter number assigned by the Secretary of State.

1. **BUDGET PERIOD FOR YEAR ONE** - The budget period for year one of this Application.
2. **REGION SERVED BY PROJECT** - Enter the region to be served by the Project.
3. **TOTAL AMOUNT OF FUNDING REQUESTED FOR YEAR ONE -** Enter the amount of funding requested from DFPS for proposed Project activities (not including possible renewals).
4. **PROGRAM** - DFPS completed this field. This refers to the program supported by this RFA.
5. **PROJECT CONTACT PERSON** - Enter the name, title, phone, and email address of the person responsible for the proposed Project.
6. **FINANCIAL OFFICER** - Enter the name, title, phone, and email address of the person responsible for the financial aspects of the proposed Project.
7. **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, and email address of the person authorized to represent the Applicant. Check the “Check if change” box if the authorized representative is different from a previous submission to DFPS.
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.