

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):					
☐	City	☐	Nonprofit Organization*	☐	Faith Based (Nonprofit Org)
☐	County	☐	For-Profit Organization*	☐	Private
☐	Other Political Subdivision	☐	State Controlled Institution of Higher Learning		
☐	State Agency	☐	Community-Based Organization		
☐	Indian Tribe	☐	Hospital		
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>					
7) PROPOSED BUDGET PERIOD: FY 27 and FY28		Start Date:	January 1, 2027	End Date:	August 31, 2028
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 ☐ No ☐ <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non-project-related HHSC funds.</i>		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	Counties	ý	R	Counties	ý	R	Counties	ý	R	Counties	ý	R
-A-			Crosby	☐	01	Hays	☐	07	Martin	☐	9/10	Schleicher	☐	9/10
Anderson	☐	4/5N	Culberson	☐	9/10	Hemphill	☐	01	Mason	☐	9/10	Scurry	☐	2/3
Andrews	☐	9/10	-D-			Henderson	☐	4/5N	Matagorda	☐	6/5S	Shackelford	☐	2/3
Angelina	☐	4/5N	Dallam	☐	01	Hidalgo	☐	11	Maverick	☐	08	Shelby	☐	4/5N
Aransas	☐	11	Dallas	☐	2/3	Hill	☐	07	McCulloch	☐	9/10	Sherman	☐	01
Archer	☐	2/3	Dawson	☐	9/10	Hockley	☐	01	McLennan	☐	07	Smith	☐	4/5N
Armstrong	☐	01	Deaf Smith	☐	01	Hood	☐	2/3	McMullen	☐	11	Somervell	☐	2/3
Atascosa	☐	08	Delta	☐	4/5N	Hopkins	☐	4/5N	Medina	☐	08	Starr	☐	11
Austin	☐	6/5S	Denton	☐	2/3	Houston	☐	4/5N	Menard	☐	9/10	Stephens	☐	2/3
-B-			DeWitt	☐	08	Howard	☐	9/10	Midland	☐	9/10	Sterling	☐	09
Bailey	☐	01	Dickens	☐	01	Hudspeth	☐	9/10	Milam	☐	07	Stonewall	☐	2/3
Bandera	☐	08	Dimmit	☐	08	Hunt	☐	2/3	Mills	☐	07	Sutton	☐	9/10
Bastrop	☐	07	Donley	☐	01	Hutchinson	☐	01	Mitchell	☐	2/3	Swisher	☐	01
Baylor	☐	2/3	Duval	☐	11	-I-			Montague	☐	2/3	-T-		
Bee	☐	11	-E-			Irion	☐	9/10	Montgomery	☐	6/5S	Tarrant	☐	2/3
Bell	☐	07	Eastland	☐	2/3	-J-			Moore	☐	01	Taylor	☐	2/3
Bexar	☐	08	Ector	☐	9/10	Jack	☐	2/3	Morris	☐	4/5N	Terrell	☐	9/10
Blanco	☐	07	Edwards	☐	08	Jackson	☐	08	Motley	☐	01	Terry	☐	01
Borden	☐	9/10	Ellis	☐	2/3	Jasper	☐	4/5N	-N-			Throckmorton	☐	2/3
Bosque	☐	07	El Paso	☐	9/10	Jeff Davis	☐	9/10	Nacogdoches	☐	4/5N	Titus	☐	4/5N
Bowie	☐	4/5N	Erath	☐	2/3	Jefferson	☐	6/5S	Navarro	☐	2/3	Tom Green	☐	9/10
Brazoria	☐	6/5S	-F-			Jim Hogg	☐	11	Newton	☐	4/5N	Travis	☐	07
Brazos	☐	07	Falls	☐	07	Jim Wells	☐	11	Nolan	☐	2/3	Trinity	☐	4/5N
Brewster	☐	9/10	Fannin	☐	2/3	Johnson	☐	2/3	Nueces	☐	11	Tyler	☐	4/5N
Briscoe	☐	01	Fayette	☐	07	Jones	☐	2/3	-O-			-U-		
Brooks	☐	11	Fisher	☐	2/3	-K-			Ochiltree	☐	01	Upshur	☐	4/5N
Brown	☐	2/3	Floyd	☐	01	Karnes	☐	08	Oldham	☐	01	Upton	☐	9/10
Burleson	☐	07	Foard	☐	2/3	Kaufman	☐	2/3	Orange	☐	6/5S	Uvalde	☐	08
Burnet	☐	07	Fort Bend	☐	6/5S	Kendall	☐	08	-P-			-V-		
-C-			Franklin	☐	4/5N	Kennedy	☐	11	Palo Pinto	☐	2/3	Val Verde	☐	08
Caldwell	☐	07	Freestone	☐	07	Kent	☐	2/3	Panola	☐	4/5N	Van Zandt	☐	4/5N
Calhoun	☐	08	Frio	☐	08	Kerr	☐	08	Parker	☐	2/3	Victoria	☐	08
Callahan	☐	2/3	-G-			Kimble	☐	9/10	Parmer	☐	01	-W-		
Cameron	☐	11	Gaines	☐	9/10	King	☐	01	Pecos	☐	9/10	Walker	☐	6/5S
Camp	☐	4/5N	Galveston	☐	6/5S	Kinney	☐	08	Polk	☐	4/5N	Waller	☐	6/5S
Carson	☐	01	Garza	☐	01	Kleberg	☐	11	Potter	☐	01	Ward	☐	9/10
Cass	☐	4/5N	Gillespie	☐	08	Knox	☐	2/3	Presidio	☐	9/10	Washington	☐	07
Castro	☐	01	Glasscock	☐	9/10	-L-			-R-			Webb	☐	11

Chambers	☐	6/5S	Goliad	☐	08	Lamar	☐	4/5 N	Rains	☐	4/5N	Wharton	☐	6/5S
Cherokee	☐	4/5N	Gonzales	☐	08	Lamb	☐	01	Randall	☐	01	Wheeler	☐	01
Childress	☐	01	Gray	☐	01	Lampasas	☐	07	Reagan	☐	9/10	Wichita	☐	2/3
Clay	☐	2/3	Grayson	☐	2/3	La Salle	☐	08	Real	☐	08	Wilbarger	☐	2/3
Cochran	☐	01	Gregg	☐	4/5N	Lavaca	☐	08	Red River	☐	4/5N	Willacy	☐	11
Coke	☐	9/10	Grimes	☐	07	Lee	☐	07	Reeves	☐	9/10	Williamson	☐	07
Coleman	☐	2/3	Guadalupe	☐	08	Leon	☐	07	Refugio	☐	11	Wilson	☐	08
Collin	☐	2/3	-H-			Liberty	☐	6/5S	Roberts	☐	01	Winkler	☐	9/10
Collingsworth	☐	01	Hale	☐	01	Limestone	☐	07	Robertson	☐	07	Wise	☐	2/3
Colorado	☐	6/5S	Hall	☐	01	Lipscomb	☐	01	Rockwall	☐	2/3	Wood	☐	4/5N
Comal	☐	08	Hamilton	☐	07	Live Oak	☐	11	Runnels	☐	2/3	-Y-		
Comanche	☐	2/3	Hansford	☐	01	Llano	☐	07	Rusk	☐	4/5N	Yoakum	☐	01
Concho	☐	9/10	Hardeman	☐	2/3	Loving	☐	9/10	-S-			Young	☐	2/3
Cooke	☐	2/3	Hardin	☐	6/5S	Lubbock	☐	01	Sabine	☐	4/5N	-Z-		
Coryell	☐	07	Harris	☐	6/5S	Lynn	☐	01	San Augustine	☐	4/5N	Zapata	☐	11
Cottle	☐	2/3	Harrison	☐	4/5N	-M-			San Jacinto	☐	4/5N	Zavala	☐	08
Crane	☐	9/10	Hartley	☐	01	Madison	☐	07	San Patricio	☐	11			
Crockett	☐	9/10	Haskell	☐	2/3	Marion	☐	4/5N	San Saba	☐	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 ("HHSC"), 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.2.10** 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.

1. **LEGAL BUSINESS NAME** - Enter the legal name of the Respondent.
2. **MAILING ADDRESS INFORMATION** - Enter the Respondent's complete mailing address, including city, county, state, and zip code. If listing a P.O. Box, a physical address must be included.
3. **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.
4. **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://fe3dgv.dnb.com/webform>
5. **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 #.
6. **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.
If a Nonprofit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

7. **PROPOSED BUDGET PERIOD** - The budget period for this application is entered. 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 Texas Binational Tuberculosis Program Under the Tuberculosis and Hansen’s Disease Section funding 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 I: Requested Budget Template**.
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.