

Form B Administrative Information

*This form requests information about the Respondent regarding executive management, project management, governing board members, principal officers, conflicts of interest, and contract history. **With each request for information on this form, please provide the required supplemental document behind the last page of this form.***

Legal Business Name of Respondent: _____

1. The Respondent must attach the following information:

If a Governmental Entity, please complete and return Form B-1

- Names (last, first, middle), titles, phone numbers, fax numbers, email addresses, and mailing addresses for the officials who are authorized to enter into a contract on behalf of the Respondent.

If a Nonprofit or For-Profit Entity, please complete and return Form B-2

- Names (last, first, middle), titles, phone numbers, fax numbers, email addresses, mailing addresses, and occupations of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).
- Names (last, first, middle), titles, phone numbers, fax numbers, email addresses, and mailing addresses for each person who owns five percent (5%) or more of the stock (only applicable if the Respondent is a for-profit entity).

2. Is Respondent a nonprofit organization?

☐ YES ☐ NO

If YES, Respondent 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.

- ☐ (a) A copy of a currently valid IRS exemption certificate.
- ☐ (b) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the Respondent organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (c) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.

- ☐ (d) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the Respondent organization is a local nonprofit affiliate.

Conflict of Interest and Contract History

The Respondent must certify that it does not have any personal or business interests that present a conflict of interest with respect to the RFA and any resulting Contract. The Respondent must include any activities of affiliated or parent organizations and individuals who may be assigned to this Contract, if any. Additionally, if applicable, the Respondent must disclose all potential conflicts of interest. Examples of potential conflicts include an existing or potential business or personal relationship between the Respondent, its principal, or any affiliate or subcontractor, with the Health and Human Services Commission (HHSC) or any other entity or person involved in any way in any project that is the subject of this application. Similarly, any existing or potential personal or business relationship between the Respondent, the principals, or any affiliate or subcontractor, with any employee of the Health and Human Services Commission must be disclosed. Any such relationship that might be perceived, or represented as a conflict, must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the application. If, following a review of this information, it is determined by HHSC that a conflict of interest exists, the Respondent may be disqualified from further consideration for the award of a contract.

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

- 3. Does anyone in the Respondent organization have an existing or potential conflict of interest relative to the performance of the requirements of this application?**

☐ YES ☐ NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict and describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained. (Attach no more than one additional page.)

- 4. Will any person who received compensation from HHSC for participating in the preparation of the specifications or documentation for this application participate financially with the Respondent as a result of an award under this application?**

☐ YES ☐ NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation. (Attach no more than one additional page.)

- 5. Will any provision of services or other performance under any contract that may result from this application 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 and describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained. (Attach no more than one additional page.)

6. **Are any current or former employees of the Respondent current or former employees of HHSC (within the last 24 months)?**

☐ YES ☐ NO

If YES, indicate his/her name, job title, separation date and reason for separation. (Attach no more than one additional page.)

7. **Are any proposed personnel related to any current or former employees of HHSC?**

☐ YES ☐ NO

If Yes, indicate his/her name, job title, separation date and reason for separation. (Attach no more than one additional page.)

8. **Has any member of Respondent's executive management, project management, governing board or principal officers been employee by HHSC 24 months prior to the application due date?**

☐ YES ☐ NO

If YES, indicate his/her name, job title, separation date and reason for separation.

9. **If the Respondent is a private nonprofit organization, does the executive director or other staff serve as voting members on the organization's governing board?**

☐ YES ☐ NO

10. **Is Respondent or any member of Respondent'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?

☐ YES ☐ NO

If YES, please explain. (Attach no more than one additional page.)

11. **Has the Respondent 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 non-profit 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 non-renewal by the contracting entity.

12. **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 §2155.006 and 2161.053?**

☐ YES ☐ NO

If YES, please explain. (Attach no more than one additional page.)

13. **Has the Respondent had a contract with HHSC within the past 24 months?**

☐ YES ☐ NO

If YES, please list the HHSC contract number and term.

If NO, Respondent must be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If an organization does not have audited financial statements, submit a copy of the organization's most recent **IRS Form 990** and an explanation why an audited financial statement is not available. HHSC will review the documents that are submitted and may, at its sole discretion, reject the application on the grounds of the Respondent's financial capability.

14. **Is there any civil or criminal litigation or investigation pending over the past 5 years that involves the Respondent?**

☐ YES ☐ NO

If YES, please explain. (Attach no more than one additional page.)

15. **Has the Respondent been judged guilty or liable for any civil or criminal litigation or investigation pending over the past 5 years that involves the Respondent?**

☐ YES ☐ NO

If YES, please explain. (Attach no more than one additional page.)

**ALL ADDITIONAL PAGES REQUIRED BY RESPONSES TO
FORM B ADMINISTRATIVE INFORMATION SHOULD BE
INSERTED AFTER THIS PAGE.**