

**LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL (LRGVDC) /
AREA AGENCY ON AGING (AAA)**



Solicitation For Contractors

*Direct Purchase of Services
Fiscal Year 2027*

No: 2026-02

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FY 2027 APPLICATION CHECKLIST:

The following must be included in the packet:

- ___ Direct Purchase of Service Fiscal Year 2027 Contractor Application / Renewal
- ___ Attachment 1 - Certification of Signatory Authority
- ___ Attachment 2 - Signed Statement indicating compliance with the Civil Rights Act of 1964
- ___ Attachment 3 - Signed Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973
- ___ Attachment 4 - Signed Non-Conflict of Interest Certification
- ___ Attachment 5 - Signed Certification Regarding Debarment
- ___ Attachment 6 - Contractor Residential Repair Warranty Form
- ___ Attachment 7 - Subcontractor Agreement Form
- ___ Attachment 8 - W-9 Tax Form
- ___ Attachment 9 - Sam.Gov Agency Report
- ___ Attachment 10 - Valid Proof of Liability Insurance
- ___ Attachment 11 - Valid State License and or Accreditations

Please submit 1 original and 2 copies.



301 W. Railroad St.
Weslaco, Texas 78596
956-682-3481 (Tel)
956-682-8852 (Fax)

DIRECT PURCHASE OF SERVICE APPLICATION INFORMATION

The Area Agency on Aging of the Lower Rio Grande Valley is designated by the Texas Health and Human Services to be the focal point for services to persons 60 or older within the AAA's region. The AAA of the Lower Rio Grande Valley administers services funded by the Older Americans Act (OAA) with emphasis placed on frail, rural, low income, minority and limited English individuals. The AAA purchases various short-term services for eligible clients. Services are purchased from appropriate contractors that have completed a Direct Purchase of Service (DPS) Application form and have executed a Contractor agreement with AAA.

Eligibility to Apply: Organizations eligible to apply include private non-profit, private for-profit, and local city-county governmental entities, which have the capacity to meet the requirements of service delivery under DPS procedures.

Debarred/Suspended Parties: Debarred or suspended parties are ineligible to apply for funding and are excluded from participation in this program.

Definition of Direct Purchase of Service (DPS): DPS is a contracting methodology for the purchase of services by the AAA on a client-by-client basis in lieu of annualized contracting, or a fixed sum basis. It is a procurement methodology, which provides flexibility in the purchasing of services for participants in the OAA Programs.

Interested parties may apply for consideration for participation in the contractor pool by submitting a completed and signed direct purchase of service application, including all required attachments, and certification regarding debarment. If the application is approved by the AAA, a contractor agreement may be executed.

Proposals should address one or more of the following services:

Transportation - Services that provide for, or arrange for, taking an older person from one location to another. Does not include any other activity. Transportation designed to carry an older person from a specific origin to a specific destination upon request. An older person requests the transportation service in advance of their need, usually twenty-four to forty-eight hours prior to the trip.

Homemaker – Services provided by trained and supervised homemakers involving the performance of housekeeping and home management, meal preparation, or escort tasks and shopping assistance provided for an older person who requires assistance with these activities in their place of residence to help sustain independent living in a safe and healthful home environment.

Respite in Home – Temporary services for an eligible dependent care recipient for the relief of a caregiver provided in the eligible caregiver's home or the home of the care recipient on a short term, temporary basis while the primary caregiver is unavailable or needs relief. In addition to supervision, services may include meal preparation, housekeeping, assistance with personal care, and social and recreational activities.

Health Maintenance – Provision of medications, nutritional supplements, glasses, dentures, hearing aids, diabetic foot ware or other devices necessary to promote or maintain the health or safety of the older person. Including but not limited to delivery, setup, and demonstrations.

Residential Repair – Services consisting of repairs or modifications of a dwelling occupied by an older person that are essential for the health and safety of the older person. i.e., ramps, grab bars, widening of doors or services requested by any Special Initiative*. **All repairs and modifications must meet ADA standards.** *A Special Initiative is an activity or service enabling the AAA to enhance capacity, identify partnerships, identify target populations, or identify the services needed for older people and their informal caregivers

Sealed applications must be delivered to the LRGVDC office by July 10 ,2026 at 5:00 PM:

**Lower Rio Grande Valley Development Council
301 W. Railroad St. Building “D”, Weslaco, Texas 78596**

ATTN: Procurement Department

The LRGVDC may waive and/or disqualify any proposal not prepared and submitted in accordance with the provisions herein. Any proposals received after the time and date deadline will not be considered. Any proposals may be withdrawn prior to the scheduled time for the opening thereof. Proposals must be submitted on the forms provided thereof by the LRGVDC.

Applications will be reviewed to verify that the application meets requirements and is complete when received. All applications will be presented for approval to the LRGVDC Board of Directors.

Application



**AREA AGENCY ON AGING OF LOWER RIO GRANDE VALLEY DIRECT
PURCHASE OF SERVICE
FISCAL YEAR 2027 CONTRACTOR APPLICATION**

Please type or clearly print application information.

Contractor Name/Legal Entity

DBA (if applicable)

Physical Address:	
Mailing Address:	
Tax Identification Number (SSN or Federal ID):	Fax Number (including area code):
Type of Provider: <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private for Profit <input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> Other:	
Authorizing Official:	Title:
Applicants Email Address:	Telephone:
Billing Contact Person:	Referral Contact Person:
Billing Email Address:	Referral Email Address:
Number of Years Organization has been in business: _____ Years	Is Organization Bonded (Attach certificate of bonding insurance) <input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone involved in the direct provision of client services been convicted of a felony (In-home Services only)? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Does Organization have liability insurance? (Attach certificate of all insurances) <input type="checkbox"/> Yes <input type="checkbox"/> No	<p style="text-align: center;"><u>Attach a copy of all applicable State and Federal licenses and /or certifications for your business.</u></p>
Conflicts of Interest: Attach information of applicable names and relationships of any employee(s) or officers of your organization that may have a conflict of interest with the LRGVDC-Area Agency on Aging staff person or Advisory Council member.	

NOTE:

If any rate listed above exceeds those normally charged to Medicaid-eligible seniors or other contracting agencies, the applicant must provide a detailed written justification explaining the rate difference.

If the applicant is currently contracted with another Area Agency on Aging and the proposed rate exceeds the rate provided to the Lower Rio Grande Valley Development Council Area Agency on Aging (AAA), an explanation for the variance must also be included.

Documentation of Standard Fees such as a fee schedule or certification of cost is required for organizations proposing to provide services at reduced rates. The Lower Rio Grande Valley Area Agency is required to provide a non-federal match for all Older Americans Act funds. The Area Agency on Aging reports the difference in rates as program match.

Fixed-Price Contracts with Prospective Price Redetermination

Description: A fixed-price contract with prospective price redetermination includes the following provisions:

- (a) A firm fixed price for an initial period of contract deliveries, services or goods.**
- (b) Rate change requests must be submitted no later than February 28 and will be presented to the Board of Directors at the March Board Meeting for review and approval. Upon approval, the revised rate(s) shall become effective on April 1 of the applicable fiscal year.**
- (c) Contractors are required to honor approved rates until the effective date of any rate change. Failure to comply with established rates may result in corrective action, including the Lower Rio Grande Valley Development Council suspending the contract.**

Service and Bidding Information:

List of Services: Homemaker, Caregiver Respite, Transportation, Residential Repair, Health Maintenance

1. Proposed Service: _____

A. Service Area:	Hidalgo County	Cameron County	Willacy County
B. Proposed AAA cost per Unit \$	_____	Standard cost per Unit: \$	_____
NOTE: For Residential Repair: <u>Work Performed "As Bid"</u>			

2. Proposed Service: _____

A. Service Area:	Hidalgo County	Cameron County	Willacy County
B. Proposed AAA cost per Unit \$	_____	Standard cost per Unit: \$	_____
NOTE: For Home Repair: <u>Work Performed "As Bid"</u>			

3. Proposed Service: _____

A. Service Area:	Hidalgo County	Cameron County	Willacy County
B. Proposed AAA cost per Unit \$	_____	Standard cost per Unit: \$	_____
NOTE: For Home Repair: <u>Work Performed "As Bid"</u>			

4. Proposed Service: _____

A. Service Area:	Hidalgo County	Cameron County	Willacy County
B. Proposed AAA cost per Unit \$	_____	Standard cost per Unit: \$	_____
NOTE: For Home Repair: <u>Work Performed "As Bid"</u>			

Additional Attachments:

- Attachment 1 - Certification of Signatory Authority
- Attachment 2 - Signed Statement indicating compliance with the Civil Rights Act of 1964
- Attachment 3 - Signed Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973
- Attachment 4 - Signed Non-Conflict of Interest Certification
- Attachment 5 - Signed Certification Regarding Debarment
- Attachment 6 - Contractor Residential Repair Warranty Form
- Attachment 7 - Subcontractor Agreement Form
- Attachment 8 - W-9 Tax Form
- Attachment 9 - Sam.Gov Agency Report
- Attachment 10 - Valid Proof of Liability Insurance
- Attachment 11 - Valid State License and or Accreditations

Signature:

I certify that the information provided in this application is true and correct to the best of my knowledge.

Printed Name/Title

Date

Authorized Signature

Attachment 1

CERTIFICATE OF SIGNATORY AUTHORITY

Organization Name: _____
Address: _____
City, State, ZIP: _____
Phone Number: _____

AUTHORIZED REPRESENTATIVE INFORMATION

I certify that the following individual is authorized to sign contracts, agreements, and official documents on behalf of the organization listed above:

- Authorized Name: _____
- Title/Position: _____
- Signature: _____
- Date: _____

CERTIFICATION

I hereby certify that the above-named individual has been duly authorized by the governing body of this organization (e.g., Board of Directors, Executive Leadership) to act on its behalf in all matters related to contractual and legal obligations.

This authorization remains in effect until formally revoked or amended in writing.

NOTARY

State of _____
County of _____

Subscribed and sworn before me on this _____ day of _____, 20.

- Notary Public Signature: _____
- My Commission Expires: _____

Notary Public Stamp



Attachment 2

**ASSURANCE OF COMPLIANCE
WITH THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

(Name of Applicant Agency) _____ (hereinafter called the “Subcontractor”) HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end, that in accordance with Title VI of the Act and the Regulation, no person in the United States shall on grounds of physical condition, age, race, color, creed, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Subcontractor receives Federal financial assistance from the Lower Rio Grande Valley Development Council, recipient of Federal financial assistance from the Texas Department of Aging and Disability Services (hereinafter called “Grantor”); and HEREBY GIVES ASSURANCE THAT it will immediately take any measure necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Subcontractor by the Grantor, this assurance shall obligate the Subcontractor or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for purpose for which the Federal assistance is extended or for another purpose involving the provision of similar services and benefits. If any personal property so provided, this assurance shall obligate the Subcontractor for the period during which it retains ownership or possession of the property. In all other cases, this assurance shall obligate the Subcontractor for the period during which the Federal financial assistance is extended to it by the Grantor.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Subcontractor by the Grantor, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Subcontractor recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the Grantor or the United States or both shall have the right to seek judicial enforcement of the assurance. This assurance is binding on the Subcontractor, its successors, transferee and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Subcontractor.

Signature: _____

Typed Name: _____

Title: _____

Date: _____

Attachment 3

**ASSURANCE OF COMPLIANCE
WITH SECTION 504 OF THE REHABILITATION ACT OF 1973**

(Name of Applicant Agency) _____ (hereinafter called the “Subcontractor”) HEREBY AGREES THAT as a condition for receiving Federal assistance under the Older Americans Act of 1965, as amended, it will comply with Section 504 of the Rehabilitation Act of 1973. The Subcontractor assures that no otherwise qualified handicapped person shall, solely by reason of his/her handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from Federal financial assistance administered by the Texas Department of Aging and Disability Services and the Lower Rio Grande Valley Development Council and further assures that it will conduct and program or operate any facility so assisted in compliance with all of the requirements imposed by the Regulation, or any directive issued pursuant to that Regulation.

Signature: _____

Typed Name: _____

Title: _____

Date: _____

Attachment 4

NON-CONFLICT OF INTEREST CERTIFICATION

Does the Applicant have as an officer, director, employee, consultant or owner (in whole or in part):

- 1. A person who is currently an employee of the LRGVDC Area Agency on Aging, board member or Area Agency on Aging council member? Yes No
- 2. A person who is currently an employee of the LRGVDC Area Agency on Aging, board member or Area Agency on Aging advisory council member whose last day of duty with the LRGVDC was within the past two years? Yes No
- 3. A person who is related (see relationship key below) to a current employee of the LRGVDC Area Agency on Aging board member or Area Agency on Aging advisory council member? Yes No
- 4. A person who is related to a current employee of the LRGVDC Area Agency on Aging, board member or Area Agency on Aging advisory council whose last Day of duty with the LRGVDC was within the past two years? Yes No

Relationship Key	Wife Husband Father Mother	Brother Sister Son Daughter	Stepdaughter Stepson Mother-in-law Father-in-law	Spouse's sister Spouse's brother
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I certify that the information above is complete, true and correct to the best of my knowledge. I understand that lack of full, true and complete disclosure may be grounds for withholding payment for delivery of services and may cause contract termination.

Signature of Authorizing Official

Title

Date

Attachment 5

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS AND GRANTS

Federal Executive Order 12549 requires the Health and Human Service Commission (HHSC) to screen each covered potential contractor/grantee to determine whether each has a right to obtain a contract/grant in accordance with federal regulations on debarment, suspension, ineligibility and voluntary exclusion. Each covered contractor/grantee must also screen each of its covered subcontractors/providers.

In this certification “contractor/grantee” refers to both contractor/grantee and subcontractor/subgrantee: “contract/grant” refers to both contract/grant and subcontract/subgrant.

By signing and submitting this certification the potential contractor/grantee accepts the following terms:

- I. The certification herein below is a material representation of the fact upon which reliance was placed when this contract/grant was entered to. If it is later determined that the potential contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, or the Health and Human Service Commission (HHSC) may pursue available remedies, including suspension and/or debarment. Applicant must register and submit a printout from the System for Awards Management website <https://www.sam.gov/portal/SAM/> for their business.
- II. The potential contractor/grantee shall provide immediate written notice to the person to whom this certification is submitted if at any time the potential contractor/grantee learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- III. The words “covered contract,” “debarred,” “suspended,” “ineligible,” “participant,” “person,” “principal,” “proposal,” and “voluntarily excluded,” as used in this certification have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. Usage is as defined in the attachment.
- IV. The potential contractor/grantee agrees by submitting this certification that, should the proposed covered contract/grant be entered into, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Department of Health and Human Services, United States Department of Agriculture of other federal department of agency, and/or the Health and Human Service Commission (HHSC) as applicable.

Do you have or do you anticipate having subcontractors/subgrantees under this proposed contract?

YES NO

- V. The potential contractor/grantee further agrees by submitting this certification that it will include this certification titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Covered Contracts and Grants” without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
- VI. A contractor/grantee may rely upon a certification of a potential subcontractor/subgrantee that it is not

debarred, suspended, ineligible, or voluntarily excluded from the covered contract/grant, unless it knows that the certification is erroneous. A contractor/grantee must, at a minimum, obtain certifications from its covered subcontractors/subgrantees upon each subcontract's/subgrant's initiation and upon each renewal.

- VII. Nothing contained in all the foregoing shall be construed to require establishment of a system of record in order to render in good faith the certification required by this certification document. The knowledge and information of a contractor/grantee is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- VIII. Except for contracts/grants authorized under paragraph 4 of these terms, if a contractor/grantee in a covered contract/grant knowingly enters into a covered subcontract/subgrant with a person who is suspended, debarred, ineligible or voluntarily excluded from participation in the transaction, in addition to other remedies available to the federal government, Department of Health and Human Services, United States Department of Agriculture or other federal department or agency, as applicable, and/or the Health and Human Service Commission (HHSC) may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

Indicate which statement applies to the covered potential contractor/grantee:

_____ The potential contractor/grantee certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/grant by any federal department of agency or by the State of Texas.

_____ The potential contractor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential contractor/grantee must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

NAME OF POTENTIAL CONTRACTOR/GRANTEE: _____

CONTRACTOR ID NO/FEDERAL EMPLOYER'S ID: _____

Signature of Authorized Representative

Printed/Typed Name of Authorized Representative

Date: _____

THIS CERTIFICATION IS FOR Fiscal Year 2027

PERIOD BEGINNING October 1, 2026, and Ending September 30, 2027

Attachment 6

**CONTRACTOR
RESIDENTIAL REPAIR
WARRANTY FORM**

We, _____, Contractor for Lower Rio Grande Valley Development Council Area Agency on Aging do hereby warrant that all labor and materials furnished, and work performed are in accordance with the contract documents and authorized modifications thereto and will be free from defects due to defective materials or workmanship for a period of one year from Date of Final Completion.

Should any defect develop during the warranty period due to improper materials, workmanship, or arrangement, the defect, including adjacent work displaced, shall be made good by the undersigned at no expense to the Owner.

The contractor is an independent provider, NOT an agent of the Area Agency on Aging. Thus, the Contractor indemnifies, saves, and holds harmless The Area Agency on Aging of the Lower Rio Grande Valley Development Council against expense or liability of any kind arising out of service delivery performed by the Contractor. The contractor must immediately notify the Area Agency on Aging if the Contractor becomes involved in or is threatened with litigation related to program participants receiving services funded by the Area Agency on Aging.

Nothing in the above shall be deemed to apply to work that has been abused, modified, or neglected by the Owner.

This warranty commences on the date of completion. And expires one year from the date of completion.

Contractor/Grantee Information

Company Name: _____

Address: _____

Phone Number: _____

Authorized Representative Name (Print): _____

Authorized Signature: _____

Date: _____

ATTACHMENT 7

SUBCONTRACTOR AGREEMENT FORM

DADS CONTRACT NUMBER: 539-11-0026-00001

The DUA between HHS and CONTRACTOR establishes the permitted and required uses and disclosures of Confidential Information by CONTRACTOR.

CONTRACTOR has subcontracted with _____ (SUBCONTRACTOR) for performance of duties on behalf of CONTRACTOR which are subject to the DUA. SUBCONTRACTOR acknowledges, understands and agrees to be bound by the identical terms and conditions applicable to CONTRACTOR under the DUA, incorporated by reference in this Agreement, with respect to HHS Confidential Information. CONTRACTOR and SUBCONTRACTOR agree that HHS is a third-party beneficiary to applicable provisions of the subcontract.

HHS has the right but not the obligation to review or approve the terms and conditions of the subcontract by virtue of this Subcontractor Agreement Form.

CONTRACTOR and SUBCONTRACTOR assure HHS that any Breach or Event as defined by the DUA that SUBCONTRACTOR Discovers will be reported to HHS by CONTRACTOR in the time, manner and content required by the DUA.

If CONTRACTOR knows or should have known in the exercise of reasonable diligence of a pattern of activity or practice by SUBCONTRACTOR that constitutes a material breach or violation of the DUA, or the SUBCONTRACTOR's obligations CONTRACTOR will:

1. Take reasonable steps to cure the violation or end the violation, as applicable.
2. If the steps are unsuccessful, terminate the contract or arrangement with SUBCONTRACTOR, if feasible.
3. Notify HHS immediately upon reasonably discovery of the pattern of activity or practice of SUBCONTRACTOR that constitutes a material breach or violation of the DUA and keep HHS reasonably and regularly informed about steps CONTRACTOR is taking to cure or end the violation or terminate SUBCONTRACTOR's contract or arrangement.

This Subcontractor Agreement Form is executed by the parties in their capacities indicated below.

CONTRACTOR

Lower Rio Grande Valley Development Council

BY: - Area Agency on Aging

NAME: Manuel Cruz

TITLE: Executive Director

DATE: _____

Signature: _____

SUBCONTRACTOR/VENDOR

BY: _____

NAME: _____

TITLE: _____

DATE: _____

Signature: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.	See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
		<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p> <p>L.R.G.V.D.C 301 W. Railroad St. Weslaco, Texas 78596 (956)682-3481</p>
		<p>6 City, state, and ZIP code</p>	
		<p>7 List account number(s) here (optional)</p> <p style="text-align: center;">Email to OLGAH@LRGVDC.ORG or Fax form to (956) 631-4670 Attention: Olga Arias-Hernandez</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
OR									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

LOWER RIO GRANDE VALLEY DEVELOPMENT COUNCIL CORPORATION, INC.

DUNS Unique Entity ID 0000000000	SAM Unique Entity ID FN0000000000	CAGE / NCAGE xxxxxxx
Purpose of Registration All Awards	Registration Status Active	Expiration Date Jun 4, 2022
Physical Address 301 W Railroad ST Weslaco, Texas 78596-5104 United States	Mailing Address 301 West Railroad Weslaco, Texas 78596-5104 United States	

Business Information

Doing Business as Area Agency on Aging	Division Name Lrgvdc	Division Number (blank)
Congressional District Texas 15	State / Country of Incorporation (blank) / (blank)	URL www.lrgvdc.org

Registration Dates

Activation Date Apr 21, 2021	Submission Date Apr 5, 2021	Initial Registration Date Aug 16, 2004
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Entity Dates

Entity Start Date Feb 8, 1967	Fiscal Year End Close Date Dec 31
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Immediate Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Highest Level Owner

CAGE (blank)	Legal Business Name (blank)
------------------------	---------------------------------------

Executive Compensation

Registrants in the System for Award Management (SAM) respond to the Executive Compensation questions in accordance with Section 6202 of P.L. 110-252, amending the Federal Funding Accountability and Transparency Act (P.L. 109-282). This information is not displayed in SAM. It is sent to USAspending.gov for display in association with an eligible award. Maintaining an active registration in SAM demonstrates the registrant responded to the questions.

Proceedings Questions

Registrants in the System for Award Management (SAM) respond to proceedings questions in accordance with FAR 52.209-7, FAR 52.209-9, or 2.C.F.R. 200 Appendix XII. Their responses are not displayed in SAM. They are sent to FAPIIS.gov for display as applicable. Maintaining an active registration in SAM demonstrates the registrant responded to the proceedings questions.

Exclusion Summary

Active Exclusions Records?

No

SAM Search Authorization

I authorize my entity's non-sensitive information to be displayed in SAM public search results:

Yes

Entity Types

Business Types

Entity Structure U.S. Government Entity	Entity Type US Local Government	Organization Factors (blank)
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Profit Structure
(blank)

Socio-Economic Types

Check the registrant's Reps & Certs, if present, under FAR 52.212-3 or FAR 52.219-1 to determine if the entity is an SBA-certified HUBZone small business concern. Additional small business information may be found in the SBA's Dynamic Small Business Search if the entity completed the SBA supplemental pages during registration.

Government Types

U.S. Local Government

Municipality

County

City

Inter-municipal

Other Government Entities

Planning Commission

Transit Authority

Council of Governments

Financial Information

Accepts Credit Card Payments
Yes

Debt Subject To Offset
No

EFT Indicator
0000

CAGE Code
3Z2S7

Points of Contact

Electronic Business

Crystal D. Balboa, Mrs.

301 West Railroad
Weslaco, Texas 78596
United States

Government Business

Manuel Cruz, Mr

301 West Railroad
Weslaco, Texas 78596
United States

Sarah Dierlam, Ms.

301 W. Railroad ST.
Weslaco, Texas 78596
United States

Service Classifications

NAICS Codes

Primary
Yes

NAICS Codes

xxxxxx

xxxxxx

xxxxxx

xxxxxx

xxxxxx

xxxxxx

xxxxxx

xxxxxx

xxxxxx

NAICS Title

Services For The Elderly And Persons With Disabilities

New Single-Family Housing Construction (Except For-Sale Builders)

New Multifamily Housing Construction (Except For-Sale Builders)

Mixed Mode Transit Systems

Other Residential Care Facilities

Other General Government Support

Police Protection

Administration Of Urban Planning And Community And Rural Development

Administration Of General Economic Programs

Disaster Response