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|  | Area Agency on Aging of Lower Rio grande Valley **One-time funding request** |

**Please type or clearly print application information.**

 APPLICATION (please indicate)

Applicant Name/Legal Entity

 DBA (if applicable)

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| Physical Address: |
| Mailing Address: |
| Tax Identification Number (Federal ID):  | Fax Number (including area code): |
| Type of Provider: [ ]  G Governmental Agency [ ]  Private Non-Profit [ ]  Private For Profit [ ]  City Government [ ]  County Government [ ]  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Authorizing Official: | Title: |
| Email Address: | Telephone: |
| Project Contact Person and address: | Title: |
| Email Address: | Telephone: |
| Number of Years Organization has been in business: \_\_\_\_\_\_ Years | Is Organization Bonded (Attach certificate of bonding ins.) [ ]  Yes [ ]  No |
| Has anyone involved in the direct provision of client services been convicted of a felony [ ]  Yes [ ]  No | If yes, provide details: |
| Indicate Amount of Title III Funds Requested:$ | Indicate Amount of Match and Type of Match: 15% of amount requested.$ |
| Conflicts of Interest: Attach information of applicable names and relationship 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 or Board member. |

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| Indicate Type of Assistance Sought: |
| Indicate Coverage Area: |
| Indicate the number of seniors to be served: |

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 ( ) Yes ( ) No

 Area Agency on Aging, board member, or Area Agency

 on Aging council member?

2. A person who is currently an employee of the LRGVDC ( ) Yes ( ) No

 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?

3. A person who is related (see relationship key below) ( ) Yes ( ) No

 to a current employee of the LRGVDC Area Agency

 on Aging board member, or Area Agency on Aging

 advisory council member?

4. A person who is related to a current employee of the ( ) Yes ( ) No

 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?

 Wife Brother Stepdaughter Spouse’s sister

Relationship Husband Sister Stepson Spouse’s brother

 Key Father Son Mother-in-law Father-in-law

 Mother Daughter

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 Title Date

CERTIFICATION

REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY

AND VOLUNTARY EXCLUSION FOR COVERED CONTRACTS AND GRANTS

Federal Executive Order 12549 requires the Texas Department of Aging and Disability Services (TDADS) 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/sub-grantee: “contract/grant” refers to both contract/grant and subcontract/sub-grant.

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

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract/grant was entered into. 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 Texas Department of Aging and Disability Services may pursue available remedies, including suspension and/or debarment.
2. The potential contractor/grantee shall provide immediate written notice to the person to which 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.
3. 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.
4. 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 or other federal department or agency, and/or the Texas Department of Aging and Disability Services as applicable.

 Do you have or do you anticipate having subcontractors/sub-grantees under this

proposed contract?\_\_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_NO

1. 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.
2. A contractor/grantee may rely upon a certification of a potential subcontractor/sub-grantee 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/sub-grantees upon each subcontract’s/sub-grant’s initiation and upon each renewal.
3. Nothing contained in all the foregoing shall be construed to require establishment of a system of records 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.

1. 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/sub-grant 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 Texas Department of Aging and Disability Services may pursue available remedies, including suspension and or debarment.

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

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 or 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

VENDOR ID NO./FEDERAL EMPLOYER’S ID NO.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Signature of Authorized Representative Printed/Typed Name of Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date Title of Authorized Representative

THIS CERTIFICATION IS FOR FY 2020.

PERIOD BEGINNING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND ENDING\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN-KIND MATCH CERTIFICATION

# Provider:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In-kind Contribution (s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For any item identified below, you must provide support documentation.

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| **ITEM** | DATE OF RECEIPT | VALUATION |
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Note: All contributions must meet the requirements of IRS Publication 561 <http://www.irs.gov/pub/irs-pdf/p561.pdf>

Examples of Documentation Include:

Rent: 1. Letter of Agreement with Owner

1. Adequate Valuation of Property on a Current Basis (this should be reviewed at least every two years and if senior center based on property value and center participation).

Labor: 1. Minimum wage

1. Documented Prevailing Rate in the Area

All in-kind labor must be required for the service to be provided. If you would not hire someone to do the labor if it were not In-kind then you cannot count it.

Utilities: 1. Copy of Bill

1. Agreement of Amount Paid if Partial

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 Name of Contracted Provider Printed/Typed Name of Signer

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###  **Date Signature**