

**Houston-Galveston Area Council**  
**Area Agency on Aging**  
 Bidder Application  
**Direct Purchase of Services**



Please type or print application information

**Bidder Information**

New

Renewal

|   |   |
|---|---|
| <b>Legal Entity Name:</b>                             |   |
| <b>Entity Db:</b>                                     |   |
| <b>Tax Identification Number (SSN or Federal ID):</b> |   |
| <b>Mailing Address:</b>                               |   |
| <b>Street Address:</b>                                |   |
| <b>Website Address:</b>                               |   |
| <b>Main Telephone Number:</b>                         | <b>Main Fax Number:</b>   |
| <b>CEO\Director\Authorizing Official</b>              | <b>CFO\Accountant\Billing Contact Person</b>  |
| Name/Title:   | Name/Title:   |
| Telephone Number:                                     | Telephone Number:   |
| Email Address:  | Email Address:  |
| AAA Reference   | <input type="checkbox"/> Personal Assistance <input type="checkbox"/> Respite Care <input type="checkbox"/> Participant Assessment<br><br><input type="checkbox"/> Emergency Response <input type="checkbox"/> Health Maintenance <input type="checkbox"/> Residential Repair |
| Performance Period                                    | From: <b>10/1/2021</b> To: <b>9/30/2022</b>   |

**Bidder Organizational Information**

|   |  |   |
|---|--|---|
| <b>Type of Agency:</b>  | Public <input type="checkbox"/>            | Private Non-Profit <input type="checkbox"/>     |
| Private For Profit <input type="checkbox"/>   | County Government <input type="checkbox"/> | City Government <input type="checkbox"/>        |
| <b>State the number of years your organization has been in business:</b>  |  |   |
| <b>Historically Underutilized Business (HUB):</b> Is your organization a Historically Underutilized Business?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |   |
| If yes, check type  | Small Business <input type="checkbox"/>    | Minority Business <input type="checkbox"/>      |
|   | Women's Business <input type="checkbox"/>  | Disadvantaged Business <input type="checkbox"/> |
| Have you or anyone within your organization ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>   |  |   |
| If yes, explain   |  |   |
| <b>Certification/License:</b> (State or federal agencies that license and/or regulate your business and/or services.)<br><b>Attach a copy of all applicable certifications and license.</b>                                     |  |   |
| <b>Insurance:</b> Does your agency have liability insurance?    Yes <input type="checkbox"/> No <input type="checkbox"/><br>Please attach a copy of your insurance policy.  |  |   |
| <b>Bonding:</b> Is your organization bonded?                      Yes <input type="checkbox"/> No <input type="checkbox"/><br>If yes, state the bonding agency:<br><b>Please attach bonding documentation.</b>                  |  |   |
| <b>Conflicts of Interest:</b> State the names and relationship of any employee(s) or officers of your organization that may have a conflict of interest with the Area Agency on Agency staff person or Advisory Council member. |  |   |

## **AGENCY QUALIFICATIONS STATEMENT**

Provide a brief history and description of your organization below. The organizational description should not exceed this page. Include the following: *(When was your organization founded? How is your organization governed and managed? Describe the experience of your staff in delivering services, including their credentials. Tell us anything else you would like us to know about your organization that is relevant to your proposal.)*

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**Authorization for Submission**

As Chairperson, I certify that the information contained in this application is true and fairly represents the organization and its proposed budgets for the specified project(s). I acknowledge that I have read and understand the requirements and provisions in this Bid and the organization is prepared to implement the program as specified in the application.

Typed Name & Title of  
authorized signatory

Signature & Date

