

RFP-24-180-MVA-FINMGTSERV

Request for Proposal FINANCIAL MANAGEMENT SERVICES FOR AACOG'S VETERAN DIRECTED CARE PROGRAM



Procurement Department
2700 NE Interstate 410 Loop, Suite 101
San Antonio, TX 78217
Office (210) 362-5302
Fax (210) 225-5937

RFP Release Date:	October 1st , 2024 @ 5:00 PM
Deadline to Submit Questions:	October 9th, 2024 @ 2:00 PM
Response to Questions Posted:	October 15th , 2024 @ 2:00 PM
Response Deadline:	October 31st, 2024, @ 4:00 PM

RFP Links: <https://www.aacog.com/bids.aspx>
<https://www.txsmartbuy.com/esbd>

Notice: Prospective proposers who receive this document from a source other than AACOG should immediately contact AACOG and provide their name, company, and email address in order that an addendum to the RFP or other communication can be delivered. Any prospective proposer who fails to provide the agency with this information assumes complete responsibility for complete submission requirements.

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PART 1.0 – SCOPE OF REQUEST

1.1 PURPOSE OF REQUEST FOR PROPOSALS (RFP)

Introduction

The Alamo Area Council of Governments (AACOG) is soliciting proposals from qualified contractors to provide financial management services for the Alamo Area Council of Governments Veteran Directed Care (VDC) program.

1.2 BACKGROUND INFORMATION

1.2.1 Alamo Area Council of Governments (AACOG)

AACOG is a voluntary association of municipal and county governments, and special districts located in Bexar County and the surrounding thirteen counties. Established in 1967 under Chapter 391 of the Local Government Code of Texas, AACOG operates as a political subdivision of the state. It serves its members by facilitating planning, information dissemination, and coordination activities. AACOG covers the Alamo Area/State Planning Region 18, encompassing 13 counties and spanning 12,582 square miles. The counties within the planning region are Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, McMullen, and Wilson. Veteran Directed Care program covers a total of 21 counties that are covered by the South Texas Veterans Healthcare System (Audie L. Murphy Memorial Veterans Hospital and Kerrville VA Hospital), including those listed above and Bee, Blanco, Kinney, Hays, Real, Travis, Uvalde, and Val Verde counties.

1.3 SCOPE OF WORK

1.3.1 AACOG seeks a Contractor to provide financial management services for the Alamo Area Council of Governments Veteran Directed Care (VDC) program. The Contractor's services will involve sharing information and facilitating the provision of services to third parties. AACOG will not directly benefit from the Contractor's services and will not be responsible for any payments incurred or services rendered by the Contractor. The Contractor must have significant experience in financial management services and will operate as an independent Contractor, not entitled to any employee-related benefits from AACOG

1.4 General Work Requirements:

- The Financial Management Services (FMS) Contractor must initially provide services to approximately 650 Veterans. These services include: Receiving referrals and spending plans from AACOG/VDC staff.
- Establishing and maintaining a culturally and linguistically competent customer service system.
- Acting as a mandated reporter.
- Developing a system to receive and distribute Veterans Affairs funds.
- Maintaining current and archived files for employers, employees, goods and services vendors, and Vendor Fiscal/Employer Agent (VF/EA) in accordance with HIPAA,

HITECH Act, and federal and state agency requirements.

- Conducting annual disaster recovery tests for electronic files.
- Managing employer enrollment, including distributing and collecting all necessary forms (e.g., IRS Forms 2678, SS-4, 8821, State Account Registration, workers compensation applications, etc.).
- Managing Worker Employment and Goods and Services Vendor Engagement processes, including preparing and distributing relevant packets and forms.
- Running federal and state background checks on all employee candidates.
- Verifying employee/designated representative (expected change) eligibility based on background check results.
- Reporting newly hired workers to the State's New Hire Reporting System.
- Verifying whether workers are exempt from FICA, FUTA/SUTA, or both.
- Verify all employee Social Security numbers and ensure wage rates comply with federal and state DOL rules.
- Collecting and processing timesheets via electronic, telephone, or paper formats.
- Ensuring timesheet system features include:
 - Web Portal with Client/Guardian Portal Sign-Off and Manual Time Entry.
 - Mobile App with Client Facial Recognition, Voice Recognition, Signature, Real-Time FOB, Client PIN/Password, and Portal Sign-Off.
 - Real-time timecard lock in case of status changes (e.g., death, hospitalization).
- Withholding and paying federal income tax and employment taxes (IRS Forms 941, Schedule R, Schedule B).
- Registering the Veteran/designated representative with the State Department of Revenue and obtaining a SIT (do you mean Employer Identification Number) account number.
- Withholding and paying state income taxes and unemployment taxes, where applicable.
- Preparing and issuing payroll in compliance with DOL wage and hour regulations.
- Processing and issuing employee and employer portions of over-collected FICA, with the employer portion refunded to the VAMC.
- Preparing and issuing IRS Forms W-2 and 1099-NEC, as appropriate.
- Processing and paying vendor goods and services invoices.
- Providing culturally competent support and assistance to Veteran/representative-employers, including military-related services.
- Remitting uncashed or returned checks to the State's Unclaimed Property Department.
- Manage claims and submit Form UB04 and Monthly Service Reports to VAMCs on behalf of the ADNA, preferably electronically.
- Disenrolling Veterans from the VDC program when no longer eligible.
- Providing real-time access to Veteran employer and employee records for VDC staff.

- 1.4.1 AACOG shall not be liable for any costs incurred by the Contractor in the performance of this RFP.
- 1.4.2 Contractor hereby agrees and acknowledges that Contractor shall not have any claim against AACOG in the event AACOG loses funding from its sources and is unable to continue with this collaboration. In the event of a loss of funding, Contractors will be paid for approved work completed prior to the loss of funding.

1.5 CONTRACTOR REQUIREMENTS

- 1.5.1 The Contractor will be required to complete an AACOG Vendor.
- 1.5.2 The Contractor must ensure that clients are at all times treated respectfully and professionally. The Contractor's staff must conduct themselves in a professional manner at all times.
- 1.5.3 Contractors must be licensed, certified and prepared to adhere to agency rules when performing work.
- 1.5.4 The work must be completed in a timely and expeditious manner. The Contractor is expected to provide bi-weekly progress reports to AACOG indicating work schedule and work status.
- 1.5.5 The Contractor and its subcontractors are considered independent Contractors and shall indemnify and hold harmless AACOG, AACOG staff and program clients from all claims arising out of work performed.
- 1.5.6 The Federal Privacy Act of 1974 and related State law and regulation regulate the proper disclosure of individually identifiable information and/or records. Contractors must take special precautions to protect confidential information from loss, authorized use, access, disclosure, modification and destruction.
- 1.5.7 The performance of this RFP and all work or obligations covered by and arising out of this RFP shall be at the risk of Contractor exclusively. To the fullest extent permitted by law, Contractor shall, with respect to all work or obligations covered by or arising out of the this RFP, or the performance thereof, indemnify, hold harmless and defend AACOG and each of its officers, partners, joint venture partners, representatives and/or employees from and against any and all allegations, losses, claims, actions, demands, damages, liabilities, or expenses (including costs, expenses and attorney's fees), arising directly or indirectly from this RFP, or the performance thereof.

1.6 PROCUREMENT STANDARD

It is the policy of AACOG to conduct procurement in a manner that provides for full and open competition. An award will be made only to an organization possessing the qualifications and demonstrated ability to perform successfully under the terms and conditions of a contract. The services solicited under this RFP are procured under the Competitive Proposal Method through Informal (phone, email, fax) and

formal (RFP) methods.

PART 2.0 - SUBMISSION INFORMATION

2.1 RESPONSE DEADLINE

The Request for Proposals (RFP) will be posted on **October 1st, 2024**. Proposal deadline **October 31st, 2024 by 5:00 pm CST**. Official receipt of Proposals submitted will be by entry on a proposal receipt log. A receipt form will be issued upon request. Respondents who mail a proposal will be sent a copy of the receipt form upon request. Proposals may be hand-delivered prior to the stated deadline between 8:00 a.m. and 5:00 p.m. Monday through Friday or mailed to the following address:

AACOG
Procurement Department
2700 NE Interstate 410 Loop, Suite 101
San Antonio, TX 78217
Attn: **RFP-24-180-MVA-FINMGTSERV**

Proposals submitted by mail, courier or overnight mail services will be received (Monday through Friday) at the above address. Faxed or e-mailed Proposals will not be accepted. Modifications or amendments to a Proposal must comply with the requirements and response deadline. A respondent may withdraw a Proposal at any time during the procurement process by submitting a written request to the AACOG Procurement Department at the above address.

2.2 PROCUREMENT SCHEDULE

All time noted on the Procurement Schedule (Page 1) is Central Standard Time. Dates posted are subject to change.

2.3 TECHNICAL ASSISTANCE

2.3.1 AACOG will accept questions submitted via electronic mail.

2.3.2 An Addendum to the RFP, to include all questions received will be delivered to all interested parties and included in archived document at the Electronic State Business Daily website.

2.3.3 No other representative of AACOG is allowed to accept or respond to questions related to this solicitation other than:

Debbie Ugarte
Contracts and Procurement Director
Alamo Area Council of Governments
Procurement Department
2700 NE Interstate 410 Loop, Suite 101
San Antonio, TX 78217
dugarte@aacog.com

AACOG RFP Secondary Point of Contact:

Isaac Jones III
Senior Procurement Analyst
Procurement Department
2700 NE Loop 410, Suite 101
San Antonio, TX 78217O: 210-362-5302
Email: ijones@aacog.com

2.3.4 During the period between the date AACOG issues this RFP and the date of the selection of the Contractors by AACOG, if any, Respondents shall restrict all contact with AACOG and direct all questions regarding this RFP, including questions regarding terms and conditions, only to the individual identified above in Section "Inquiries and/or Discrepancies" in the specified manner. Do not contact members of the Board of Directors, other employees of AACOG or any of AACOG's agents or administrators. Contact with any of these prohibited individuals after issuance of this RFP and before selection is made, may result in disqualification of the Respondent. The communications prohibition shall terminate when the contract is executed by the Contractor and AACOG.

2.3.5 Prohibited communications includes direct contact, discussion, or promotion of any Respondent's Proposal with any member of AACOG's Board of Directors or employees except for communications with AACOG's designated representative as set forth in this RFP and only in the course of inquiries, briefings, interviews, or presentations. This prohibition is intended to create a level playing field for all potential Respondents, assure that decisions are made in public, and to protect the integrity of the RFP process. Except as provided in the above stated exceptions, the following communications regarding a particular invitation for bids, Requests for Proposal, requests for qualifications, or other solicitation are prohibited:

2.3.5.1 Communications between a potential Contractor, service provider, bidder, respondent, lobbyist or consultant and any member of AACOG's Board of Directors.

2.3.5.2 Communications between any director and any member of a selection or evaluation committee.

2.3.5.3 Communications between any director and administrator or employee.

2.3.6 The communications prohibition shall not apply to the following:

2.3.6.1 Communications with AACOG's purchasing agent specifically named and authorized to conduct and receive such communications under this RFP or upon the request of AACOG, with AACOG's general counsel.

2.3.6.2 Presentations made to the Board of Directors during any duly noticed public meeting.

2.3.6.3 Nothing contained herein shall prohibit any person or entity from publicly addressing AACOG's Board of Directors during any duly noticed public meeting, in accordance with applicable Board policies, on a matter other than this RFP or in connection with a presentation requested by AACOG's representatives.

2.4 AVAILABILITY OF REQUEST FOR PROPOSALS

The RFP will be posted as noted on Page 1, RFP Links, or at the request of the proposer, by contacting procurement staff at the above fax or e-mail beginning **October 1, 2024**. The RFP is also available at the above address from 8:00 a.m. – 5:00 p.m., Monday through Friday (except for holidays). Any interested party receives this RFP by means other than directly from AACOG is responsible for notifying AACOG that it has received an RFP package so that when an addendum to this RFP is issued the information can be provided to all interested parties.

2.5 PROPRIETARY INFORMATION AND THE PUBLIC INFORMATION ACT

2.5.1 Because contracts are awarded by a governmental entity, all responses submitted are subject to release as public information after contracts are executed. If a Respondent believes that its response, or parts of its response, may be exempted from disclosure, the Respondent must specify page-by-page and line-by-line the parts of the response, which it believes, are exempt. In addition, the Respondent must specify which exception(s) are applicable and provide detailed reasons to substantiate the exception(s). Any information that is unmarked will be considered public information and released, if requested under the Public Information Act.

2.5.2 The determination of whether information is confidential and not subject to disclosure is the duty of the Texas Office of Attorney General (OAG). AACOG must provide the OAG sufficient information to render an opinion and therefore, vague and general claims to confidentiality by the Respondent are not acceptable. AACOG must comply with the opinions of the OAG. AACOG assumes no responsibility for asserting legal arguments on behalf of any Respondent. Respondents are advised to consult with their legal counsel concerning disclosure issues resulting from this procurement process and to take precautions to safeguard trade secrets and other proprietary information. After completion of the award, these documents will be available for public inspection.

PART 3.0—GENERAL INFORMATION & ADMINISTRATIVE REQUIREMENTS

3.1 ELIGIBLE PROVIDERS

3.1.1 AACOG expects to receive proposal statements from established and knowledgeable entities with demonstrable expertise in the tasks required. The proposer(s) selected for contract will become an approved AACOG

vendor and responsible for tasks outlined in the SOW.

3.1.2 It is the policy of AACOG to encourage participation by small and historically underutilized businesses (HUBs), as defined in Government Code, Chapter 2161, as Contractors to AACOG. It is the goal of AACOG to include HUBs in at least ten percent (10%) of the total value of contracts awarded annually.

3.1.3 To be eligible for consideration:

Licensed to do business in the State of Texas.

3.1.4 AACOG is prohibited from contracting with any entity debarred, suspended, or otherwise excluded from or ineligible for participation. Accordingly, a contract requires Contractors to certify that they are in compliance with the Federal regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98-510, Participant's Responsibilities. The Contractor must certify that to the best of its knowledge and belief that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a federal department or agency.

3.1.5 Respondents must possess the knowledge, experience and expertise, professional judgment and capacity within their organization to perform the services and activities requested under this RFP and meet high standards for public service and fiduciary responsibility.

3.2 CONTRACT INFORMATION

3.2.1 TYPE OF CONTRACT: This Request for Proposal may result, assuming a Contractor is selected, and an award made. There will be no guarantee of work assigned or awarded.

3.2.2 CONTRACT PERIOD: It is anticipated that the initial contract period will be for three (3) years, with an option for two (2) one (1) year extensions, mutually approved annually by the vendor and AACOG Board of Directors. The maximum number of consecutive years that an auditor may provide services will be five (5) years.

3.2.3 AACOG reserves the right to terminate a contract at any time based on Contractor ~~performance~~ or noncompliance.

3.2.4 ADDITIONAL FUNDING: AACOG reserves the right to expand the contract to include additional tasks in the Proposal response that AACOG deems beneficial to the area.

3.2.5 REASSIGNMENT: In the event a Contractor fails to perform as required, AACOG reserves the right to terminate the contract early and assign the contract in whole or in part to a comparably ranked proposer/Proposal obtained through this procurement, subject to successful contract negotiations.

- 3.2.6** Within 30 days written notice by either party if Contractor shall be required to satisfactorily complete all projects in progress at the time notice is given.
- 3.2.7** In the event of a breach of this RFP by either party hereto that is not remedied within five (5) working days after delivery of written notice of such breach, the non-breaching party may terminate this RFP by providing ten (10) days written notice to the other party of their intent to terminate this RFP.

3.3 GOVERNING PROVISIONS AND LIMITATIONS

Violation of any of the following provisions may cause a Proposal to be disqualified and rejected from consideration:

- 3.3.1** The Proposal, if accepted, will become the basis for the contract scope of work.
- 3.3.2** Respondents must submit a comprehensive Proposal for all services solicited. Any Proposal that is not comprehensive will be deemed non-responsive.
- 3.3.3** The only purpose of this RFP is to ensure uniform information in the solicitation of Proposals for the procurement of identified services. This RFP is not to be construed as a purchase agreement, contract or as a commitment of any kind; nor does it commit AACOG to pay for costs incurred prior to the execution of a formal contract unless such costs are specifically authorized in writing by AACOG.
- 3.3.4** AACOG reserves the right to accept or reject any or all Proposals received, to cancel or reissue this RFP in part, or its entirety.
- 3.3.5** AACOG reserves the right to award a contract(s) for any services solicited in this RFP in any quantity AACOG determines is in its best interests.
- 3.3.6** AACOG reserves the right to extend, shorten, increase, or decrease any contract awarded as a result of this RFP.
- 3.3.7** AACOG reserves the right to request additional information, clarification of or explanation for any aspect of a response to this RFP.
- 3.3.8** AACOG reserves the right to waive any minor defect in the procurement process or to correct any error(s) and/or make changes to this solicitation it deems necessary. AACOG will provide notifications of any changes in this RFP to all interested parties having requested or received a copy of this RFP.
- 3.3.9** AACOG reserves the right to negotiate the final terms of all contracts or agreements with selected proposers and any such terms negotiated as a result of this RFP may be renegotiated and/or amended in order to successfully meet the needs of the regional area.

- 3.3.10** AACOG reserves the right to contact any individual, agency, employer, or granting agencies listed in a Proposal, contact others who may have experience and/or knowledge of the respondent's relevant performance and/or qualifications; and to request additional information from all respondents.
- 3.3.11** AACOG reserves the right to conduct on-site reviews of records, systems, procedures, including credit and criminal background checks of any entity selected for funding under this RFP. This may occur either before or after the award of a contract or agreement. Any misrepresentation of the proposer's ability to perform as stated in the RFP response may result in the cancellation of any contract or agreement awarded.
- 3.3.12** AACOG reserves the right to withdraw or reduce the amount of an award or to cancel any contract or agreement resulting from this RFP if adequate funding is not received by AACOG from funding sources or due to legislative changes.
- 3.3.13** Respondents shall not, under penalty of law, offer or provide any gratuities, favors or anything of monetary value to any officer, board member, employee, Proposal evaluator, or agent of AACOG or elected official for purposes of having an influencing effect on this procurement.
- 3.3.14** Respondents shall not attempt in any manner to advocate for, lobby or otherwise attempt to influence any officer, board member, employee, Proposal evaluator, or agent of AACOG or elected official for purposes of having an influencing effect on this procurement.
- 3.3.15** No officer, board member, employee, Proposal evaluator, or agent of AACOG shall participate in the selection, award, or administration of a contract if a conflict of interest, or potential conflict, is involved.
- 3.3.16** Respondents shall not engage in any activity that will restrict or eliminate competition. Violation of this provision will cause a respondent's Proposal to be disqualified and rejected. This does not preclude joint ventures or subcontracts.
- 3.3.17** The contents of a successful Proposal will become a contractual obligation if selected for the award of a contract. Failure of a respondent to accept this obligation may result in cancellation of an award. No plea of error or mistake shall be available to the successful proposer as a basis for release from proposed services at the stated price/cost. Any damages assessed by AACOG as a result of a successful proposer's failure to contract with AACOG may be recovered from the proposer.
- 3.3.18** A contract with a selected proposer may be withheld, at the sole discretion of AACOG, if issues of contract or questions of non-compliance, questioned/disallowed costs, audit/monitoring findings or legal issues exist, until such issues are satisfactorily resolved.
- 3.3.19** AACOG is exempt by law from paying State Sales Tax and Federal Excise

Tax.

3.3.20 The contractor shall retain all records for a minimum period of seven (7) years after AACOG makes final payment and all other pending matters are closed. This requirement is to assure fair settlement of disputes or complaints that may arise, as well as to fulfill federal audit requirements. This requirement survives the termination of this RFP for any reason.

3.3.21 NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY:

Contractor provides its assurance that it will comply with all requirements of applicable Federal and State laws that no person providing or receiving services under this contract will be excluded from participation, or be otherwise subjected to discrimination because of race, color, religion, gender, sexual orientation, national origin, age, disability or political affiliation or belief.

3.4 ADMINISTRATIVE REQUIREMENT AND LIMITATIONS

3.4.1 Contractor will be required to procure all insurance required by this RFP and to list AACOG as an additional insured on each policy prior to the commencement of any work pursuant to a contract executed as a result of this RFP when applicable (or if funding becomes available). Liability coverage and deductibles must be acceptable to AACOG.

3.4.2 INSURANCE REQUIREMENTS - CONTRACTOR will be required to provide proof of general liability and casualty insurance coverage prior to contract execution:

3.4.2.1 Performance bonding: \$10,000

3.4.2.2 General Liability: \$100,000

3.4.2.3 Personal Injury: \$100,000

3.4.2.4 Property damage: \$100,000

3.4.2.5 Automobile Liability: \$500,000 per occurrence

3.4.3 Respondents must be able to demonstrate the necessary administrative and fiscal capability necessary to successfully provide required services and to meet the financial accountability requirements of federal grants when applicable (or if funding becomes available).

3.4.4 Contractors must provide reports upon demand as may be requested or required by AACOG.

3.4.5 Private for-profit corporations submitting a Proposal must include a statement signed by an authorized representative of the corporation authorizing submission of a Proposal.

3.4.6 AACOG shall require the Contractor to remove any employee or staff member from the contract who is alleged (accused, arrested, or charged) to have committed a disqualifying offense after the background check performed. The contractor is required to immediately notify AACOG when it becomes aware of the alleged offense to determine if it disqualifies the employee or staff member from continuing to work under the contract.

3.4.7 Respondents must possess the knowledge, experience and expertise,

professional judgment and capacity within their organization to perform the services and activities requested under this RFP.

PART 4.0 – PROPOSAL REVIEW AND SELECTION PROCESS

4.1 EVALUATION PROCESS: The evaluation process will consist of:

- 4.1.1** An initial review of responsiveness and eligibility with the criteria specified in the RFP by AACOG personnel.
- 4.1.2** All eligible Proposals will be evaluated and scored by an independent team of reviewers. The proposer’s qualifications will be evaluated on specific criteria outlined in Section 4.2 by reviewers using a standardized scoring matrix.
- 4.1.3** Applicants will be determined:
 - 4.1.3.1** Acceptable for contract
 - 4.1.3.2** Deficient
 - 4.1.3.3** Not eligible.
- 4.1.4** Proposals determined to be deficient will be notified of deficiency and allow to reapply upon correction of deficiency.

4.2 EVALUATION CRITERIA

- **35% - Performance:** Evaluation of the proposer’s ability to meet the specific service requirements outlined in Section 4, including demonstrated success in similar projects, client satisfaction, and the quality of past work.
- **35% - Experience:** Assessment of the proposer’s overall qualifications, relevant technical expertise, and years of experience in providing financial management services, as detailed in Section 4.
- **25% - Budget:** Review of cost-effectiveness, reasonableness of the budget proposal, and alignment with the services offered. Emphasis on whether the proposed budget justifies the level of service and is competitive while meeting AACOG’s needs.
- **5% - Compliance with RFP Requirements:** Evaluation of the proposer’s adherence to submission guidelines, completeness of the proposal, and compliance with all requirements and deadlines specified in the RFP.
- **5% - Innovative Approaches:** Recognition of creative or efficient solutions that demonstrate the proposer’s ability to improve outcomes, streamline processes, or offer enhanced value to AACOG and the Veteran Directed Care program.

Total 100%

4.3 PROPOSER'S ACCEPTANCE OF EVALUATION METHODOLOGY

By submitting a Proposal, Proposer acknowledges:

- 4.3.1 Proposer's acceptance of the Proposal evaluation process
- 4.3.2 The criteria for selection
- 4.3.3 Proposer's recognition that certain subjective judgments may be generated during evaluation.

4.4 PROCUREMENT DISPUTE RESOLUTION

Appeal and Debriefing Process

4.4.1 Appeal Process

- 4.4.1.1 Proposers not selected for funding may appeal only with respect to any fault or violation of law or regulation regarding the procurement process. Appeals must be filed within **ten calendar days** of receipt of AACOG notification of final action. Appeals shall be directed to:

Contract and Procurement Director
Alamo Area Council of Governments
Procurement Department
2700 NE Interstate 410 Loop, Suite 101
San Antonio, TX 78217

- 4.4.1.2 The appeal must indicate the AACOG action appealed and the violation, which forms the basis for the appeal, and shall be signed by the Proposers organization's authorized representative. Fax and e-mail transmittals will not be accepted. The filing of the appeal must be within the time frame identified. There is no relief accorded appellate for not filing within the published deadlines. Hearings are at the discretion of AACOG and shall be conducted in accordance with existing AACOG procedures.
- 4.4.1.3 Proposers must provide a detailed statement of legal and factual grounds including copies of relevant documents and the form of relief requested.
- 4.4.1.4 Proposers may NOT appeal the scoring and ranking of Proposals, unless substantiated by material or relevant facts.
- 4.4.1.5 Proposers may NOT appeal solely on the belief that their Proposal is superior to the one selected for award.
- 4.4.1.6 Proposers understand that review and action shall be considered final, with no further formalities considered.

4.4.2 Debriefing Process

Proposers not selected by this procurement process, and have elected not to file an appeal, may submit within 10 days of the receipt of AACOG notification of the procurement decision, a Request for Debriefing to obtain information on the procurement process and how their Proposal or offer was received and ranked. AACOG shall acknowledge receipt of the Request for Debriefing in writing within 10 days of receipt, along with the date and time of the scheduled debriefing. The debriefing shall be scheduled as soon as possible and no later than 10 days from the receipt of the Request for Debriefing. A debriefing is offered as a courtesy to any bidder who is not selected for funding. The purpose of the debriefing is to promote the exchange of information, explain the Proposal evaluation system, and help unsuccessful bidders understand why they were not selected.

PART 5.0 – PROPOSAL RESPONSE REQUIREMENTS

5.1 PROPOSAL FORMAT AND NUMBER OF PROPOSALS

5.1.1 NUMBER OF COPIES

Respondents must submit one (1) unbound complete original, to include all executed certifications and authorized signatures, plus two (2) copies, Proposal copies, for a total of three (3) exact Proposals. Finally, one (1) electronic copy sent to the procurement@aacog.com and ijones@aacog.com with the email subject line to include RFP Submission: RFP-24-180-MVA-FINMGTSERV. Copies may be submitted in a 9 x 12 paper folder or envelope, clipped or stapled in the upper left-hand corner. Any submission lacking the required number of Proposals maybe ruled non-responsive and may not be considered under this procurement. Any differences between the original and the copies are the liability of the respondent.

5.2 PROPOSAL FORMAT

5.2.1 Proposals must be typed, single-spaced, and submitted on 8 ½ x 11-inch plain white paper.

5.2.2 Please do not use less than a 10-point font.

5.2.3 Each page of the Proposal, except for the coversheet, must be sequentially numbered, including attachments.

5.2.4 Proposals must contain all required elements in the order prescribed.

5.2.5 Proposals that do not conform to this requirement may be considered non-responsive and excluded from consideration under this procurement.

5.3 PROPOSAL VALIDITY PERIOD

Each Proposal will remain valid for AACOG's acceptance for a minimum of thirty (30) days after the submittal deadline, to allow for evaluation, selection and Board action.

5.4 PAGE LIMITATION

Proposers are asked to keep responses brief, concise and to the point, with
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maximum 3-page limit for the Executive Summary and Proposal Narrative.

5.5 ORDER OF PROPOSAL CONTENTS

Proposals must follow the format below. All items must be clearly labeled and in the exact order shown below. Compile the Proposal in the following order:

5.5.1 Proposal Title Page- This must be the very first page of the application.

5.5.2 Table of Contents

5.5.3 Executive Summary (maximum 1-page limit)

5.5.4 Proposal Narrative (please refer to criteria in section 6.4 for order of narrative; maximum 5-page limit not including attachments)

5.5.5 Certification Sheet

5.5.6 Acknowledgement Form

5.5.7 Conflict of Interest Questionnaire

5.5.8 Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion

5.5.9 Non-Discrimination Certification

5.5.10 Certification Regarding Lobbying

5.5.11 Request to be added to ACOG Bidder's/Contractor List

PART 6.0 – PROPOSAL RESPONSE FORMS

6.1 PROPOSAL TITLE PAGE (Attachment A)

Each Proposal must be accompanied by a complete Proposal title page. Respondents must designate a contact person responsible for all communications concerning the Proposal and notification of award. Respondents must also designate a person with documented signatory authority and for contract negotiations.

6.2 TABLE OF CONTENTS (Attachment B)

Each Proposal must have a Table of Contents that lists each item of the Proposal, including attachments, with corresponding page numbers. Clearly identify the material by section and page number.

6.3 EXECUTIVE SUMMARY (Attachment C)

Provide a summary highlighting your organization's history, qualifications and experience; overall approach to delivering the services solicited in this RFP; and any unique or innovative aspects of your Proposal. Briefly state the proposer's understanding of the service to be provided and make a positive commitment to perform the work in a timely manner.

6.4 Profile of the Proposer (Attachment D)

Business information, address, email, point of contact names, phone numbers, cell numbers, fax number, business history information, business experience information.

6.5 References (Attachment E)

Describe your firm's experience, including the number of years in business, and type of services provided. Must provide 3 business references. Please identify the contact person and phone number for each. Use additional sheets if necessary.

6.6 CERTIFICATION SHEET (Attachment F) (complete and sign form)

6.7 ACKNOWLEDGEMENT FORM (Attachment G) (complete and sign form)

6.8 CONFLICT OF INTEREST QUESTIONNAIRE (Attachment H) (complete and sign form)

If a conflict exists. You may review the Agency's current Board of Directors at <http://www.aacog.com/AboutAACOG/Board/default.asp>

6.9 CERTIFICATION REGARDING DEBARMENT (Attachment I) (complete and sign form)

6.10 NON-DISCRIMINATION CERTIFICATION (Attachment J) (complete and signform)

6.11 CERTIFICATION REGARDING LOBBYING (Attachment K) (complete and signform)

6.12 REQUEST TO BE ADDED TO BIDDER'S/CONTRACTOR'S LIST



ATTACHMENT A

PROPOSAL TITLE PAGE

Legal Name of Proposing Entity	
Name of Owner/Director of Entity	
Title	
Mailing Address	
Physical Address (If different than mailing)	
Telephone Number	
Fax Number	
E-mail Address	
Contract Signatory Authority & Title	
Federal Tax ID Number	
Historically Under-Utilized Business? If "yes", attach copy of current certification.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal/Tax Status of Organization	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Specify)



ATTACHMENT B

TABLE OF CONTENTS

Each Proposal must have a Table of Contents that lists each item of the Proposal, including attachments, with corresponding page numbers. Clearly identify the material by section and page number.



Attachment C – EXECUTIVE SUMMARY

Provide a summary highlighting your organization's history, qualifications and experience; overall approach to delivering the services solicited in this RFP; and any unique or innovative aspects of your Proposal. Briefly state the proposer's understanding of the service to be provided and make a positive commitment to perform the work in a timely manner.



Attachment D – Profile of the Proposer

I. Proposers and their subcontractors must have prior successful experience performing Institutional and Residential Caregiver Respite Care, must be licensed to conduct business in the State of Texas, and must possess all permits, licenses, certifications, approvals, equipment, materials, and staff necessary to perform and/or carry out the requirements of the contract.

1. **BUSINESS PROFILE**

BUSINESS NAME: _____

LOCATION ADDRESS(S):

MAILING ADDRESS:

E-MAIL ADDRESS: _____

SHOP OWNER(S):

PHONE NUMBER: _____

FAX NUMBER: _____

NUMBER OF YEARS IN BUSINESS: _____

BUSINESS LICENSE ISSUER AND NUMBER: _____

2. Proximity to AACOG (2700 NE Interstate 410 Loop Suite 101, San Antonio, TX 78217) _____ MILES.



3. State whether your organization is national, regional, or local. _____

4. Disadvantaged Business Enterprise (DBE) Certified: Yes No

• If yes, date of certification _____

List all Officers and/or Principals of firm:

- 1. Licenses *suspended*? Yes No If Yes, attach explanation.
- 2. Licenses *suspended*? Yes No If Yes, attach explanation.
- 3. Licenses *suspended*? Yes No If Yes, attach explanation.
- 4. Licenses *suspended*? Yes No If Yes, attach explanation.
- 5. Licenses *suspended*? Yes No If Yes, attach explanation.

Has firm ever been *suspended* from a project? Yes No If Yes, attach explanation.

Has firm ever been denied or disqualified from bidding on a project involving state or federal funding? Yes
No If Yes, explain.

Has a claim ever been filed against the firm on a public project? Yes No

Did the claim result in litigation? Yes No If Yes, attach a brief explanation with dates and the results of each claim and/or litigation.

5. ASSIGNED CONTACT/SERVICE REPRESENTATIVE:

Name: _____ Title: _____

Duties: _____

Qualifications: _____

Years with Contractor: _____

Phone Numbers: Work: _____ Mobile: _____

6. Emergency Contact (365 days/year; 24 hours): _____



7. List all current and prior governmental entities/clients, type(s) of service performed and contract dates. All contact names and information must be current and verifiable. Use additional pages if necessary.

Agency/Organization	Location	Contact Name	Phone No.	Type of Service Performed	Beg-End Date



Attachment E - References

1. Describe your experience providing grant writing services including the number of years in business, and type of services provided.
2. Provide 3 commercial references.

Company Name: _____

Company Address: _____

Company Phone: _____

Contact Person: _____

Type of Business: _____

Years of Contract: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Contact Person: _____

Type of Business: _____

Years of Contract: _____

Company Name: _____

Company Address: _____

Company Phone: _____

Contact Person: _____

Type of Business: _____

Years of Contract: _____



ATTACHMENT F

CERTIFICATION SHEET

All specifications and terms and conditions of the RFP have been read.

Our Company accepts the specifications and conditions unless otherwise accepted in writing to the Executive Director, Alamo Area Council of Governments (AACOG).

Company Name:			
Mailing Address:			
City:	State	Zip Code	
Phone:	Fax:		
Web Site:			
Email:			

Name of Representative authorized to sign for bidder:

(Print name)	(Signature)

(a) Does your "residence state" require bidders whose principal place of business is in Texas to underbid bidders whose residence state is the same as yours by a prescribed amount or percentage to receive a comparable contract? "Residence State" is defined as the state in which the principal place of business is located.

YES NO

(b) What is that amount or percentage?

I certify that the above information is correct:

Name:
Position:
Signature:
Date:



ATTACHMENT G

ACKNOWLEDGEMENT FORM

Having carefully examined the terms and conditions and specifications within this RFP document, the undersigned Proposer's Agent hereby proposes and agrees to furnish the proposed product(s)/service(s) in strict compliance with the specifications as quoted.

The Proposer affirms that, to the best of his knowledge, the response has been arrived at independently and is submitted without collusion with anyone to obtain information or gain any favoritism that would in any way limit competition or give them a unfair advantage over other bidders in the award of this RFP.

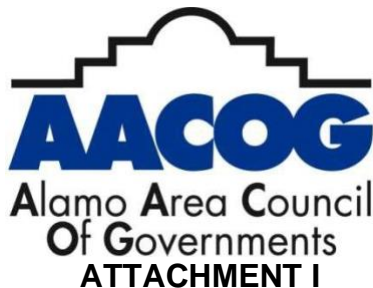
The Proposer affirms that he/she has not participated in an act of favoritism, gratuity, or inside dealings with any member of the staff of AACOG or its Board of Directors.

Company Name:
President/Designee:
Position:
Signature:
Date:



ATTACHMENT H (page 1)

CONFLICT OF INTEREST QUESTIONNAIRE		FORM CIQ
For vendor or other person doing business with local governmental entity		
<p>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001 (1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local government entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits a offense if the person violates Section 176.006, Local Government Code. A offense under this section is a Class C misdemeanor.</p>	OFFICE USE ONLY	
<p>1. Name of person who has a business relationship with local governmental entity.</p>	Date Received	
<p>2. <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file a updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>		
<p>3. Name of local government office with whom filer has employment or business relationship.</p> <p>This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has a employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not from the local government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds a ownership of 10 percent or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Describe each employment or business relationship with the local government office named in this section.</p>		
<p>4.</p>		
<p>_____ Signature of person doing business with governmental entity</p>		<p>_____ Date</p>



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

NAME OF INDIVIDUAL, AGENCY, BUSINESS OR ORGANIZATION		Doing business as (DBA), if applicable:
ADDRESS	Applicable Procurement or Solicitation #, if any:	Federal Employer Tax Identification #:

READ CAREFULLY BEFORE SIGNING THIS CERTIFICATION. Federal regulations require contractors, bidders, and sub grantees to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this certification, the prospective vendor/grantee is attesting/acknowledging the representations set out below.
2. This certification is a material representation of fact upon which the Alamo Area Council of Governments (AACOG) will rely on when this transaction is entered into. If it is later determined that the prospective vendor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to Federal or State departments or funding agency(s), AACOG may pursue on its own available remedies, including contract termination, suspension and debarment.
3. **The prospective vendor/grantee shall provide immediate written notice to AACOG, Executive Director, 2700 NE Loop 410, Suite 101, San Antonio, Texas, 78217, if at any time it learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.**
4. The terms "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. You may contact the person to which this Proposal or contract is submitted for assistance in obtaining a copy of this regulation.
5. The prospective vendor/grantee agrees, by submitting this certification, that should the proposed contract/grant be entered into, it shall not knowingly enter into any lower-tier-covered transaction or sub-contract with a person or entity that is proposed for debarment, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this transaction, unless pre-authorized by the appropriate federal or state department or agency, or by AACOG.
Do you have or do you anticipate having sub-vendors/sub-grantees under this proposed agreement? Yes No
6. The prospective vendor/grantee further agrees by submitting this certification, that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Contracts and Grants," without modification, in all lower-tier covered transactions and sub-contracts and in all solicitations for lower-tier covered transactions and sub-contracts.
7. A vendor/grantee may rely upon a certification of a prospective participant that it is not proposed for debarment, debarred, suspended, ineligible, or voluntarily excluded from the transaction, unless it knows that the certification is erroneous. Each vendor/grantee is required to check the list of parties excluded from Federal and State Procurement and Non-procurement Programs. **AACOG checks this list for all parties to which it provides funds that are derived directly or indirectly from the Federal Government.**
8. Nothing contained in the foregoing shall be construed to require the establishment of a system of records in order to render in good faith the certification required by this certification document. Participants are not required to have knowledge and information exceeding that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a transaction knowingly enters into a lower-tier transaction or contract with a person who is proposed for debarment, debarred, suspended, ineligible, or voluntarily excluded from participation, in addition to other remedies available to the Federal Government, AACOG or its applicable funding agency(s) may pursue available remedies, including contract termination, suspension and/or debarment.



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

Check the statement that applies to the potential vendor/grantee:

- 1. The prospective vendor/grantee certifies by submission of this certification, that neither it nor its principals:
 - (a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal or State department or agency; and
 - (b) Have, within a three-year period preceding this certification, been convicted of or had a civil judgment rendered against them for fraud; committed a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract; violated Federal or State antitrust statutes; committed embezzlement, theft, forgery, bribery, falsification or inappropriate destruction of records; or received stolen property; and
 - (c) Is presently indicted for or otherwise charged by a government entity (Federal, State, or local) with the commission of any of the offenses enumerated in the preceding paragraph. (b) of this certification; and
 - (d) Have, within a three-year period preceding this certification, had one or more contracts or transactions (Federal, State, or local) terminated for cause or default.
- 2. The potential vendor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential vendor/grantee must attach a signed and dated explanation for each of the above terms, 1(a) through 1(d), to which it cannot certify.

NAME OF POTENTIAL VENDOR/GRANTEE:	
-----------------------------------	--

Signature of Authorized Representative	Printed/Typed Name & Title of Authorized Representative

Date: _____



ATTACHMENT J

NON-DISCRIMINATION CERTIFICATION

The Contractor has agreed to comply with:

1. Title VII of the Civil Rights Act of 1964 (Title VII), which prohibits employment discrimination based on race, color, religion, sex, or national origin.
2. The Equal Pay Act of 1963 (EPA), which protects men and women who perform substantially equal work in the same establishment from sex-based wage discrimination.
3. The Age Discrimination in Employment Act of 1967 (ANDEA), which protects individuals who are 40 years of age or older.
4. Title I and Title V of the Americans with Disabilities Act of 1990, as amended (ADA), which prohibit employment discrimination against qualified individuals with disabilities in the private sector, and in state and local governments.
5. Sections 501 and 505 of the Rehabilitation Act of 1973, which prohibit discrimination against qualified individuals with disabilities who work in the federal government.
6. Title II of the Genetic Information Nondiscrimination Act of 2008 (GINA), which prohibits employment discrimination based on genetic information about an applicant, employee, or former employee; and
7. The Civil Rights Act of 1991, which, among other things, provides monetary damages in cases of intentional employment discrimination.

NAME OF POTENTIAL VENDOR/GRANTEE:	
-----------------------------------	--

Signature of Authorized Representative	Printed/Typed Name & Title of Authorized Representative

Date: _____



ATTACHMENT K

CERTIFICATION for CONTRACTS, GRANTS, LOAS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of the fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each failure.
\$10,000 and not more than \$100,000 for each such

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. Submission of this statement is a prerequisite for making or entering this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature _____

Title _____

Organization _____



REQUEST TO BE ANDDDED TO BIDDER/ VENDOR LIST

AACOG requires all vendors interested in conducting business with the agency to complete a “Request to be added to Bidder/Vendor List” packet prior to being eligible to receive opportunities to bid for agency projects.

AACOG is a equal opportunity agency within the meaning and spirt of the law and does not discriminate on the basis of race, age, color, sex (including sexual orientation and gender identity), disability, national origin, or religion. All contractor’s and vendors are required to comply with AACOG’s EEO policies and/or provide adequate verification upon request that they comply with applicable EEO laws.

By submitting a completed vendor packet to AACOG, you agree to comply with the above terms and conditions and all other applicable federal, state, and local laws and regulations.

RETURN THIS FORM TO:

Alamo Area Council of Governments
2700 NE Loop 410, Suite 101
San Antonio, TX 78217
ATTN: Procurement Department
Phone: (210)362-5200
Email: procurement@aacog.com

I, _____, hereby attest that I have read and understand the above terms for conducting business with the Alamo Area Council of Governments.

Company Name:
Mailing Address:
City/ State/ ZIP code:
Telephone Number:
Website Address:
Email Address:
Representative:

Please list the type of products/ services you provide and attach ay catalogs/ brochures/ samples.



Use this list below to describe your products/ services *required*:

- | | |
|---|--|
| <input type="checkbox"/> Office Supplies | <input type="checkbox"/> General Contractor |
| <input type="checkbox"/> Office Furniture | <input type="checkbox"/> Weatherization Contractor |
| <input type="checkbox"/> Copier Paper/ Specialty Paper | <input type="checkbox"/> Aging Contractor |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Psychological Services |
| <input type="checkbox"/> Computer Supplies | <input type="checkbox"/> Outreach Items |
| <input type="checkbox"/> Computer Software | <input type="checkbox"/> Printing Services |
| <input type="checkbox"/> Copier Machines (and supplies) | <input type="checkbox"/> Security Detail |
| <input type="checkbox"/> Audio/ Visual Duplication | <input type="checkbox"/> Criminal Justice Supplies |
| <input type="checkbox"/> Audio/ Visual Equipment | <input type="checkbox"/> Consultant (_____) |
| <input type="checkbox"/> Data & Phone Cabling | <input type="checkbox"/> Vehicle Repair |
| <input type="checkbox"/> Other: | |

Please assist us by completing the following:

Type of Request:

1. Type of Request: New Vendor Change of Address Updated Information

2. Ownership:

- Sole Proprietorship Partnership Corporation
 Governmental Agency Non-Profit Other

3. Tax Identification Number: _____

Attach completed W-9 form unless tax exempt. <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

DUNS Number, if applicable: _____

4. Have you done business with AACOG in the past?

- Yes No

5. Is your business currently certified with the Stat of Texas Centralized Master Bidder's List?

<https://comptroller.texas.gov/purchasing/vendor/cmb/>

- Yes No

****Please return confirmation of your CMBL certification with this vendor Proposal****

6. Is your business currently certified as a HUB with the State of Texas?

<https://comptroller.texas.gov/purchasing/vendor/hub/>

- Yes No N/A

7. Is your business currently certified as a HUB outside the State of Texas?

- Yes No If yes, what State? _____



8. If YES to either question 6 or 7, enter Historically Underutilized Business (HUB), ethnicity, and gender status, if applicable:

Asia Pacific American (AS) Hispanic American (HI) American Woman (WO)

Black American (BL) Native American (AI) Male (M)/ Female (F): ____

9. If applicable, please note if your Texas- based Small, Minority, and/or Women- Owned Business Enterprise (SMWBE) is certified with any of the organizations listed below*:

- City of Austin
- City of Houston
- Dallas/ Fort Worth Minority Supplier Development Council
- El Paso Hispanic Chamber of Commerce
- South Central Texas Regional Certification agency (SCTRCA)
- Southwest Minority Supplier Development Council
- Texas Department of Transportation (TXDOT)
- Women's Business Council- Southwest
- Women's Business Enterprise Alliance

Please return confirmation of this certification with this vendor Proposal.

*If you hold certification with any of the entities noted above, you may qualify to automatically receive HUB Certification with the State of Texas. Please contact TPASS's Statewide HUB Program at (888)863-5881 for further information.

10. Is your principal place of business in the State of Texas?

Yes No

11. Is your organization delinquent on State of Texas Franchisee taxes?

Yes No

12. Are you or anyone in your organization related to an AACOG employee or a member of AACOG's governing board?

Yes No

If YES, list AACOG employee or Board member's name and relationship:

Name: Relationship:

13. Are you or anyone in your organization a former Workforce Solutions- Alamo employee and/ or board member?

Yes No



ACCOUNTS PAYABLE DIRECT DEPOSIT (ACH) FORM

Vendor Name: Address:

Phone: E-Mail Address:

Financial Institution:

Bank Point of Contact
Title and Phone Number

Bank Account Number:

Routing Number:

**Please attach a voided check from this account.
Must provide all numbers required for ACH
deposit.**

PLEASE NOTE THE FOLLOWING

- Only one bank account may be used per Vendor
- Please contact the Accounting Department at (210) 362-5200 with any questions.
- Please allow 10 business days for vendor and banking verification.

I hereby authorize Alamo Area of Governments to initiate credit entries and, if necessary, debit entries, and adjustments for any credits entries in error to our account as shown above with the listed financial institution, and credit and/ or debit the same to the account indicated above. I certify that the depository information listed above is accurate.

Signature:

Print Name
And Date:



CONFLICT OF INTEREST QUESTIONNAIRE
 FOR VENDOR OR OTHER PERSON DOING BUSINESS WITH LOCAL GOVERNMENTAL ENTITY

FORM CIQ

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with chapter 176, Local Government Code by a person who has the meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local government entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be file.

A person commits a offense if the person violated Section 176.006. Local Government Code. An offensive under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1. Name of person who has a business relationship with local governmental entity:

2. Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file a updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3. Name of local government office with whom filer has employment or business relationship.

This section (item 3 including subparts A, B, C, & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a). Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds a ownership of 10 percent or more?

Yes No

D. Describe each employment or business relationship with the local government office named in this section.

○
○
○
○
○
○

4.

Signature of person doing business with governmental entity _____ Date _____

(Control + Click to fill out digitally)

Form W-9 (Rev. December 2014) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Request for Taxpayer Identification Number and Certification</h2>	Give Form to the requester. Do not send to the IRS.	
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.			
2 Business name/disregarded entity name, if different from above			
Print or type See Specific Instructions on page 2.	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <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 <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <i>Note.</i> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Apply to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.)		Requestor's name and address (optional)
	6 City, state, and ZIP code		
	7 List account number(s) here (optional)		

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 Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. <i>Note.</i> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.																																																			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; font-size: small;">Social security number</td> </tr> <tr> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;">-</td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;">-</td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> </tr> <tr> <td colspan="10" style="text-align: center; font-size: small;">OR</td> </tr> <tr> <td colspan="10" style="text-align: center; font-size: small;">Employer identification number</td> </tr> <tr> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;">-</td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> <td style="width:20%; text-align: center;"> </td> </tr> </table>	Social security number												-		-						OR										Employer identification number												-							
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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 on page 3.	
Sign Here	Signature of U.S. person ▶ _____ Date ▶ _____

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

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?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

(Control + Click to fill out digitally; clear ay pre-filled boxes)



SAVE A COPY

CLEAR SIDE

TEXAS SALES AND USE TAX EXEMPTION CERTIFICATION

Name of purchaser, firm or agency	
Address (Street & number, P.O. Box or Route number)	
Phone (Area code and number)	
City, State, ZIP code	

I, the purchaser named above, claim an exemption from payment of sales and use taxes (for the purchase of taxable items described below or on the attached order or invoice) from:

Seller: _____

Street address: _____ City, State, ZIP code: _____

Description of items to be purchased or on the attached order or invoice:

Purchaser claims this exemption for the following reason:

I understand that I will be liable for payment of all state and local sales or use taxes which may become due for failure to comply with the provisions of the Tax Code and/or all applicable law.

I understand that it is a criminal offense to give an exemption certificate to the seller for taxable items that I know, at the time of purchase, will be used in a manner other than that expressed in this certificate, and depending on the amount of tax evaded, the offense may range from a Class C misdemeanor to a felony of the second degree.

sign here	Purchaser	Title	Date
	_____	_____	_____

NOTE: This certificate cannot be issued for the purchase, lease, or rental of a motor vehicle.

THIS CERTIFICATE DOES NOT REQUIRE A NUMBER TO BE VALID.

Sales and Use Tax "Exemption Numbers" or "Tax Exempt" Numbers do not exist.

This certificate should be furnished to the supplier. Do not send the completed certificate to the Comptroller of Public Accounts.

DBE/MINORITY/SMALL BUSINESS CERTIFICATION DISCLOSURES

Alamo Area Council of Governments (AACOG) is committed to the healthy and responsible growth of our Disadvantaged, Small & Minority Business Enterprises in and around the Alamo City. These service providers are a major driving force for the Alamo, South and Central Texas Region economy. We are unified in our requirement to identify and in utilizing these Agency approved organizations.

For more information regarding DBE certification, please visit DBE link provided:

<https://sctrcandotorg.wordpress.com/small-minority-woma-and-vetera-owned-business-enterprise/>

We also would like to provide information regarding a partner Agency within the Alamo Area that can certify your organization in and around the South Central Texas Region (SCTRCA). Please visit their SCTRCA link provided regarding certification:

<https://sctrcandotorg.wordpress.com/small-minority-woma-and-vetera-owned-business-enterprise/>

For AACOG's certification disclosure within our federal guidelines, please identify any of the applicable certifications your organization falls under, and provide us with a copy of your certificate:

African American Business Enterprise (AABE) Certification- Complete Certification Proposal

A business structure owned, operated, managed, and controlled by an African American minority group member(s) who has at least 51% ownership.

Asian American Business Enterprise (ABE) Certification- Complete Certification Proposal

A business structure owned, operated, managed, and controlled by an Asian American minority group member(s) who has at least 51% ownership.

Disabled Individual Business Enterprise (DIBE) Certification- Complete Certification Proposal

A business structure that is at least 51% owned, operated and controlled by a disabled individual. Disabled individual means a person (a) with one or more disabilities as defined by the Americans with Disabilities Act (ADA) and amendments thereto (for purposes of applicability under the certification statutes, ordinances, rules and regulations governing the State of Texas).

Emerging Small Business Enterprise (ESBE) Certification- Complete Certification Proposal

A SBE eligible business structure for the purpose of making a profit, which is independently owned and operated by individuals legally residing in, or that are citizens of, the United States or its territories, whose annual revenues and numbers of employees are no greater than 25% of the small business size standards for its industry as established by the U.S. Small Business Administration.

Hispanic Business Enterprise (HABE) Certification- Complete Certification Proposal

A business structure owned, operated, managed and controlled by a Hispanic American minority group member(s) who has at least 51% ownership.

Minority Business Enterprise (MBE) Certification- Complete Certification Proposal

A business structure that is owned, operated, managed and controlled by an ethnic minority group member(s) who has at least 51% ownership.

Native American Business Enterprise (NABE) Certification- Complete Certification Proposal

A business structure owned, operated, managed, and controlled by a Native American minority group member(s) who has at least 51 % ownership. The Native American group member(s) must have operational and managerial control, interest in capital, expertise and earning commensurate with the percentage of ownership and legally residing in or are citizens of the United States or its territories; or (2) A business structure owned, operated and controlled by a Native American minority group member(s) who has at least 51% ownership and satisfies the Native American member status.

Small Business Enterprise (SBE) Certification- Complete Certification Proposal

A business structure that is formed with the purpose of making a profit, which is independently owned and operated and which meets the United States Small Business Administration (SBA) size standard for a small business (See <http://sba.gov/size> click “table”.)

Veteran-Owned Business Enterprise (VBE) Certification- Complete Certification Proposal

A business structure owned, operated, managed and controlled by an individual who served in the United States Armed Forces, and who was discharged or released under conditions other than dishonorable.

Please note: This certification type should not be confused with the Service Disabled Veteran designation available through the Small Business Administration.

Woman-Owned Business Enterprise (WBE) Certification- Complete Certification Proposal

A business structure that is owned, operated and controlled by one or more women who have a total of at least 51% ownership.