

**Area Agency on Aging of Dallas County  
Direct Purchase of Service  
Fiscal Year 2021 Professional Services Application**

Please type or clearly print application information. **PLEASE INDICATE:**    NEW APPLICATION    RENEWAL

**Vendor Name\Legal Entity** - On a separate sheet, state the purpose of the organization, experience in providing proposed service, staff qualifications, and number of existing staff available to provide the proposed service.

**DBA (if applicable)**

Physical Address:	
Mailing Address:	
Tax Identification Number (SSN or Federal ID):	Fax Number (including area code):
Type of Provider: <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For-Profit <input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> Other: _____	
Authorizing Official:	Title:
Email Address:	Telephone:
Billing Contact Person and billing address:	Title:
Email Address:	Telephone:
Number of Years Organization has been in business: _____ Years	Is Organization Bonded ( <u>Attach</u> documentation of bonding) <input type="checkbox"/> Yes <input type="checkbox"/> No
Has any direct service or administrative staff ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please explain.	Do you conduct criminal background checks on all employees? <input type="checkbox"/> Yes <input type="checkbox"/> No On employees providing in-home services? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does Organization have liability insurance? ( <u>Attach</u> certificate of all insurances) <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Attach a copy of all applicable State and Federal licenses and/or certifications for your business.</b>

Does a Conflict of Interest or a possible Conflict of Interest exist between the applicant/applicant organization and the Community Council of Greater Dallas/ Area Agency on Aging of Dallas County? If yes, attach information of applicable names and relationship of any employee(s) or officers of your organization that may have a conflict of interest with CCGD/DAAA staff or Board of Directors or Advisory Council members. (See Conflict of Interest form)

Yes     No

Service and Bidding Information:

**Vendors are required to provide matching funds of at least ten percent (10%) of the total cost per unit (25%) for Caregiver Services**

Match will be provided as:    Discounted Rate \_\_\_\_\_    Cash \_\_\_\_\_    In-Kind \_\_\_\_\_

Documentation of Standard Fees or Costs per Unit such as a fee schedule or certification of cost is required to be attached for organizations proposing to provide services at reduced rates. The Area Agency on Aging of Dallas County is required to provide a non-federal match for all Older American Act funds. The DAAA reports the difference in rates as program match.

1. Proposed Service:

A. Service Category:
B. Proposed DAAA cost per unit: \$ _____      Standard cost per Unit: \$ _____

2. Proposed Service:

A. Service Category:
B. Proposed DAAA cost per unit: \$ _____      Standard cost per Unit: \$ _____

3. Proposed Service:

A. Service Category:
B. Proposed DAAA cost per unit: \$ _____      Standard cost per Unit: \$ _____

**NOTES:**

- See "Attachment "C" for service and unit definition(s) for the service categories available for application and bids.
- **Proposed DAAA cost per unit must be no more than 90% of the Standard cost per unit, unless alternate means of meeting match requirements are being proposed.**
- References may be requested.

Signature:

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

\_\_\_\_\_  
Printed Name \_\_\_\_\_ Date

\_\_\_\_\_  
Authorized Signature