

Department of State Health Services

FORM A FACE PAGE

CONTRACTOR INFORMATION

1) LEGAL BUSINESS NAME: Tarrant County, Texas																			
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): Check if address change <input type="checkbox"/> 1101 S. Main Street Ste 1500A Fort Worth, TX 76104-4802																			
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change <input type="checkbox"/> Tarrant County Auditor's Office 100 E. Weatherford Rm 506 Fort Worth, TX 76196																			
4) DUNS Number (9-digit) required if receiving federal funds: 068365220																			
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit): 756001170 <i>*The Contractor acknowledges, understands and agrees that the Contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>																			
6) TYPE OF ENTITY (check all that apply): <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input checked="" type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> Federally Qualified Health Centers</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Faith Based (Nonprofit Org)</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input checked="" type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> Federally Qualified Health Centers	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private		<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____
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<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																			
7) PROPOSED BUDGET PERIOD: Start Date: 01/01/2024 End Date: 12/31/2024																			
8) COUNTIES SERVED BY PROJECT: Tarrant																			
9) AMOUNT OF FUNDING REQUESTED: \$152,080.00	11) PROJECT CONTACT PERSON Name: Abram Oliver Phone: 817-321-4945 Fax: 817-321-4818 Email: ajoliver@tarrantcountytx.gov																		
10) PROJECTED EXPENDITURES Does Contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for Contractor's <u>current fiscal year</u> (excluding amount requested in line 9 above)? ** Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.</i>	12) FINANCIAL OFFICER Name: Kim Buchanan Phone: 817-884-1096 Fax: 817-884-1954 Email: auditorbuchanan@tarrantcountytx.gov																		
13) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: Tim O'Hare Title: County Judge Phone: 817-884-1441 Fax: 817-884-2793 Email: countyjudgegrants@tarrantcountytx.gov	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE 15) DATE																		

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APPROVED AS TO FORM:

Kimberly Colliet Wesley
Criminal District Attorney's Office*

*By law, the Criminal District Attorney's Office may only approve contracts for its clients. We reviewed this document as to form from our client's legal perspective. Other parties may not rely on this approval. Instead those parties should seek contract review from independent counsel.