

FORM A – Respondent Information Page
HIV Prevention Services Contract Calendar Year 2024

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT 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, Suite 1500-A, Fort Worth, Texas 76104																				
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above):		Check if address change <input type="checkbox"/>																		
100 E. Weatherford Street, Room 506, Fort Worth, Texas 76196-0103																				
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): 17560011706006																				
<i>*The respondent acknowledges, understands and agrees that the respondent'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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	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____																		
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																				
7) PROPOSED BUDGET PERIOD: Start Date: 8/1/2023 End Date: 7/31/2024																				
8) REGION/COUNTIES SERVED BY PROJECT: Tarrant County																				
8a) IDENTIFY HIV SERVICE DELIVERY AREA(S) SERVED: Tarrant County																				
9) TOTAL AMOUNT OF FUNDING REQUESTED: \$637,328.00		11) PROJECT CONTACT PERSON																		
10) PROJECTED EXPENDITURES Does the respondent's projected federal expenditures exceed \$750,000, or its projected state expenditures exceed \$750,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)? ** Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Name: Abram Oliver Phone: 817-321-4945 Fax: 817-321-4818 Email: AJOliver@tarrantcounty.com																		
**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.		12) FINANCIAL OFFICER Name: S. Renee Tidwell, CPA Phone: 817-884-1205 Fax: 817-884-1104/1773 Email: MB_SRTidwellGrants@TarrantCounty.com																		
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the RFA terms and conditions, including HHSC's Uniform Contract Terms and Conditions, and other RFA requirements unless specifically noted on the Respondent Information and Disclosure Form. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.																				
13) AUTHORIZED REPRESENTATIVE Check if change <input checked="" type="checkbox"/>		14) SIGNATURE OF AUTHORIZED REPRESENTATIVE																		
Name: Tim O'Hare Title: County Judge Phone: 817-884-1441 Fax: 817-884-2693 Email: countyjudgegrants@tarrantcounty.com		15) DATE																		

APPROVED AS TO FORM:

James Marvin Nichols
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.