



EXHIBIT "A"



Capital Area Council of Governments Area Agency on Aging

SUBRECIPIENT-VENDOR AGREEMENT

City of Round Rock hereinafter referred to as Vendor, and the **Capital Area Council of Governments (CAPCOG)/Area Agency on Aging of the Capital Area (AAACAP)**, do hereby agree to provide services effective beginning **October 1, 2017**, in accordance with the Older Americans Act of 1965 (OAA), as amended, regulations of the Texas Health and Human Services (HHS), the AAA Direct Purchase of Services program and the stated Scope of Services.

The CAPCOG/AAACAP Direct Purchase of Services program is designed to promote the development of a comprehensive and coordinated service delivery system to meet the needs of older individuals (60 years of age or older) and their caregivers. This agreement provides a mechanism for the creation of an individualized network of community resources accessible to a program participant in compliance with the OAA and HHS-AAA Access and Assistance guidelines.

The Capital Area Council of Governments (CAPCOG), in accordance with the requirement in the Older Americans Act, Section 102 (42 U.S.C. 3001) and Section 306 (42 U.S.C. 3026), 45 CFR §1321, and the Texas Administrative Code, designates the Area Agency on Aging of the Capital Area as the focal point for comprehensive service delivery and coordination of services for older individuals in State Planning Region 12.

The purpose of the system of Access and Assistance is to develop cooperative working relationships with service providers to build an integrated service delivery system that ensures broad access to and information about community services, maximizes the use of existing resources, avoids duplication of effort, identifies gaps in services, and facilitates the ability of people who need services to easily find the most appropriate Vendor.

1. SCOPE OF SERVICES

- A. The Vendor agrees to provide the following service(s) as identified below to program participants authorized by the CAPCOG/AAACAP staff, in accordance with the vendor application, all required assurances, licenses, certifications, rate setting documents, and HHS services definitions, as applicable.

Service: Transportation

Service Definition: Taking an older individual from one location to another but does not include any other activity. There are two types of transportation services.

- **Demand/Response** – transportation designed to carry older individuals from specific origin to specific destination upon request. Older individuals request the transportation service in advance of their need, usually twenty-four to forty-eight hours prior to the trip.
- **Fixed Route** - transportation service that operates in a predetermined route that has permanent transit stops, which are clearly marked with route numbers and departure schedules. The fixed-route does not vary and the

provider strives to reach each transit stop at the scheduled time. The older individual does not reserve a ride as in a demand-response system; the individual simply goes to the designated location and at the designated time to gain access to the transit system.

Unit of Service: One, One-way trip

Service Area: Senior Support Services of Austin Texas to serve the 60+ population within the City of Austin city limit boundary.

All Texas Administrative Code standards are located at the Texas Secretary of State website:
<http://www.sos.state.tx.us/tac/index.shtml>.

All Older Americans Act and other required rules and regulations are located at
http://www.aoa.gov/AoARoot/About/Authorizing_Statutes/index.aspx.

Targeting: CAPCOG/AAACAP services are designed to identify eligible program participants, with an emphasis on high-risk program participants and to serve older individuals with special emphasis on: (1) older individuals residing in rural areas, (2) older individuals with greatest economic need (with particular attention to low-income minority and older individuals residing in rural areas), (3) older individuals who have greatest social need (with particular attention to low-income minority individuals and residing in rural areas), (4) older individuals with severe disabilities, (5) older individuals with limited English proficiency, (6) older individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction and the caretakers of such individuals, and (7) older individuals at risk for institutional placement.

B. Services & Reimbursement Methodology:

Service	Fixed Rate (include rate)	Variable Rate (identify range)	Cost Reimbursement
Transportation – Demand/Response	\$2.00		
Transportation – Demand/Response With Extraterritorial Jurisdiction	\$3.00		

1. TERMS OF AGREEMENT

A. The Vendor agrees to:

1. Provide services in accordance with current or revised HHS policies and standards and the OAA.
 - a. Submit billings with appropriate documentation as required by the CAPCOG/AAACAP by the close of business on the fifth (5th) day of each month following the last day of the month in which services were provided.
 - b. If the fifth (5th) day falls on a weekend or holiday, the information shall be delivered by the close of business on the preceding business day.
 - c. The AAA cannot guarantee payment of a reimbursement request received for less than 45 calendar days from the vendor payment invoices are received at CAPCOG.
2. No reimbursement for services provided will be made if vendor payment invoices are not submitted to the CAPCOG/AAACAP within 45 days of service delivery.

3. Encourage program participant contributions (program income) on a voluntary and confidential basis. Such contributions will be properly safeguarded and accurately accounted for as receipts and expenditures on Vendor's financial reports if contributions are not required to be forwarded to the CAPCOG/AAACAP. Client contributions (program income) will be reported fully, as required, to the CAPCOG/AAACAP. Vendor agrees to expend all program income to expand or enhance the program/service under which it is earned, in the same month it is earned.
4. Notify the CAPCOG/AAACAP Director within 24 hours if, for any reason, the Vendor becomes unable to provide the service(s).
5. Maintain communication and correspondence concerning program participants' status.
6. Establish a method to guarantee the confidentiality of all information relating to the program participant in accordance with applicable federal and state laws, rules, and regulations. This provision shall not be construed as limiting CAPCOG/AAACAP or any federal or state authorized representative's right of access to program participant case records or other information relating to program participants served under this agreement.
7. To abide by the terms and conditions as previously agreed and signed in the Data Usage Agreement (DUA) Attachment 1, Subcontractor Agreement Form, which is attached to this contract and on file at the Agency;
 - a. **Data Use Agreement** The Health and Human Services (HHS) Data Use Agreement (DUA), Attachment 1, is hereby incorporated by reference and made therefore, a part of the Subrecipient Vendor Agreement. The DUA, will, as of the effective date of this contract, govern the handling of "Confidential Information," as that term is defined in the DUA, under the Subrecipient Vendor Agreement.
 - b. **Liability** By signature and acceptance of this amendment and the Data Use Agreement, Vendor agrees to fully cooperate with the direction of the HHS and the Office of the Attorney General of Texas in any claim arising from a disclosure of information subject to this DUA. To the extent permitted by the Texas Constitution, laws and rules, Vendor will hold harmless CAPCOG/AAACAP and its workforce against all actual and direct losses, suffered by the Vendor and its workforce arising from or in connection with any breach of this DUA or from any acts or omissions related to this DUA by Vendor or its employees, directors, officers, subcontractors, or agents or other members of its workforce, including, without limitation the costs of reasonable attorneys' fees, required notices and mitigation of a breach and any fines or penalties imposed on CAPCOG/AAACAP by any regulatory authority. Vendor will be solely responsible for any damages resulting from its disclosure of information made in violation of this DUA.
 - c. **Insurance** Vendor either maintains commercial insurance or self-insures with policy limits in an amount sufficient to cover Vendor's liability arising under this DUA and under which policy CAPCOG/AAACAP is a beneficiary. Vendor shall identify the CAPCOG as an additional insured under any and all insurance policies used to satisfy this provision and provide proof to CAPCOG/AAACAP, upon request. The Agency reserves the right to consider alternative means for Vendor to satisfy Vendor's financial responsibility under this DUA. Nothing herein shall relieve Vendor of its financial obligations set forth in this DUA if Vendor fails to maintain insurance. Vendor will provide CAPCOG/AAACAP with written proof that required insurance coverage is in effect, at the request of the Agency.
8. Keep financial and program supporting documents, statistical records, and any other records pertinent to the services for which a claim for reimbursement was submitted to the

CAPCOG/AAACAP. The records and documents will be kept for a minimum of five years after close of vendor's fiscal year.

9. Make available at reasonable times and for required periods all fiscal and program participant records, books, and supporting documents pertaining to services provided under this agreement, for purposes of inspection, monitoring, auditing, or evaluations by CAPCOG/AAACAP staff, the Comptroller General of the United States and the State of Texas, through any authorized representative(s).
10. If applicable, comply with the HHS process for Centers for Medicare and Medicaid Services (CMS) screening for excluded individuals and entities involved with the delivery of the Legal Assistance and Legal Awareness services.

A. The Vendor further agrees:

1. The agreement may be terminated for cause or without cause upon the giving of thirty (30) days advance written notice.
2. The agreement does not guarantee a total level of reimbursement other than for individual units/services authorized; contingent upon receipt of funds.
3. Vendor is an independent provider, NOT an agent of the CAPCOG/AAACAP. Thus, the Vendor indemnifies, saves and holds harmless CAPCOG/AAACAP against expense or liability of any kind arising out of service delivery performed by the Vendor. Vendor must immediately notify the CAPCOG/AAACAP if the Vendor becomes involved in or is threatened with litigation related to program participants receiving services funded by the CAPCOG/AAACAP.
4. Employees of the Vendor will not solicit or accept gifts or favors of monetary value by or on behalf of program participants as a gift, reward or payment.

B. Through the Direct Purchase of Services program, the **Capital Area Council of Governments (CAPCOG) Area Agency on Aging of the Capital Area (AAACAP)** agrees to:

1. Review program participant intake and assessment forms completed by the Vendor, as applicable, to determine program participant eligibility. Service authorization is based on program participant need and the availability of funds.
2. Provide timely written notification to Vendor of program participant's eligibility and authorization to receive services.
3. Maintain communication and correspondence concerning the program participants' status.
4. Provide timely technical assistance to Vendor as requested and as available.
5. Conduct quality-assurance procedures, which may include on-site visits, to ensure quality services are being provided and if applicable, CMS exclusion reviews are conducted.
6. Provide written policies, procedures, and standard documents concerning program participant authorization to release information (both a general and medical/health related release), client rights and responsibilities, contributions, and complaints/grievances and appeals to all program participants.
7. Contingent upon the CAPCOG/AAACAP's receipt of funds authorized for this purpose from HHS, reimburse the Vendor based on the agreed reimbursement methodology, approved rate(s), service(s) authorized, and in accordance with subsection (A)(2) of this document, within 45 days of the CAPCOG/AAACAP's receipt of Vendor's invoice.

2. ASSURANCES

The Vendor shall comply with:

- A. Title VI of the Civil Rights Act of 1964 (42 U.S.C. §2000d *et seq.*)
- B. Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. §794)
- C. Americans with Disabilities Act of 1990 (42 U.S.C. §12101 *et seq.*)
- D. Age Discrimination in Employment Act of 1975 (42 U.S.C. §§6101-6107)
- E. Title IX of the Education Amendments of 1972 (20 U.S.C. §§1681-1688)
- F. Food and Nutrition Act of 2008 (7 U.S.C. §2011 *et seq.*);
- G. Drug Free Workplace Act of 1988, 41 U.S.C. §§701-704, and 28 TAC Chapter 169, as applicable.
- H. Texas Senate Bill 1 - 1991, as applicable
- I. The HHS agency's administrative rules, as set forth in the Texas Administrative Code, to the extent applicable to this Agreement
- J. Certification Regarding Debarment - 45CFR §92.35 Subawards to debarred and suspended parties; this document is **required annually** as long as this agreement is in effect
- K. Centers for Medicare and Medicaid Services (CMS) State Medicaid Director Letter SMDL #09-001 regarding Individuals or Entities Excluded from Participation in Federal Health Care Programs

4. SIGNATURES

For the faithful performance of the terms of this agreement, the parties affix their signatures and bind themselves effective October 01, 2016.

Authorized **Vendor** Signature

Print Name

Title

Date

(Authorized Signature)

(Date)

Capital Area Council of Governments
(Agency)

6800 Burleson Rd., Bldg. 310, Ste. 165
(Address)

Austin, TX 78444
(City, State, Zip)

Affirmative Action Plan

The City of Round Rock hereby agrees that it will enact
(Name of Applicant)

affirmative action plan. Affirmative action is a management responsibility to take necessary steps to eliminate the effects of past and present job discrimination, intended or unintended, which is evident from an analysis of employment practices and policies. It is the policy of the agency that equal employment opportunity is afforded to all persons regardless of race, color, ethnic origin, religion, sex or age.

This applicant is committed to uphold all laws related to Equal Employment Opportunity including, but not limited to, the following.

Title VI of the Civil Rights Act of 1964, which prohibits discrimination because of race, color, religion, sex or nations origin in all employment practices including hiring, firing, promotion, compensation and other terms, privileges and conditions of employment.

The Equal Pay Act of 1963, which covers all employees who are covered by the Fair Labor Standards Act. The act forbids pay differentials on the basis of sex.

The Age Discrimination Act, which prohibits discrimination because of age against anyone between the ages of 50 and 70.

Federal Executive Order 11246, which requires every contract with Federal financial assistance to contain a clause against discrimination because of race, color, religion, sex or national origin.

Administration on Aging Program Instruction AoA PI-75-11, which requires all grantees to develop affirmative action plans. Agencies, which are part of an "umbrella agency," shall develop and implement an affirmative action plan for single organizational unit on aging. Preference for hiring shall be given to qualified older persons (subject to requirements of merit employment systems).

Section 504 of the Rehabilitation Act of 1973, which states that employers may not refuse to hire or promote handicapped persons solely because of their disability.

Valerie Francois is the designated person with executive authority responsible for the implementation of this affirmative action plan. Policy information on affirmative action and equal employment opportunity shall be disseminated through employee meetings, bulletin boards, and any newsletters prepared by this agency.

Work Force Analysis: Paid Staff

Total Staff:	# Full Time	# Part Time
Older Persons (60+)	#41 4.87%	#19 35.19%
Minority	#252 29.89%	#17 31.48%
Women	#221 26.22%	#28 51.85%

**ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF HEALTH AND
HUMAN SERVICES REGULATION UNDER TITLE VI OF THE CIVIL RIGHTS ACT
OF 1964**

City of Round Rock (hereinafter called the "Applicant")
Name of Applicant (Type or Print)

APPLICANT HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 880352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45C.F.R. Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, or in the case of any transfer of such property, and transferee, for the period during which the real property or structure is used for a purpose for which the Federal Financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this Assurance shall obligate the Applicant for the period during which the Federal financial assistance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such a date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in the Assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Applicant, its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this Assurance on behalf of the Applicant.

Date

City of Round Rock
Applicant (Type or Print)

By (Authorized Signature)

221 E. Main Street

Round Rock, Texas 78664
Applicant's Mailing Address

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

Federal Executive Order 12549 requires the Texas Agency of Aging and Disability Services (DADS) to screen each covered potential Contractor/grantee to determine whether each has a right to obtain a contract/grant in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered Contractor/grantee must also screen each of its covered subcontractors/providers.

In this certification "Contractor/grantee" refers to both Contractor/grantee and subcontractor/sub grantee; "contract/grant" refers to both contract/grant and subcontract/sub grant.

By signing and submitting this certification the potential Contractor/grantee accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract/grant was entered into. If it is later determined that the potential Contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Agency of Health and Human Services, United States Agency of Agriculture or other federal Agency or agency, or the Texas Agency of Aging and Disability Services may pursue available remedies, including suspension or debarment.
2. The potential Contractor/grantee shall provide immediate written notice to the person to whom this certification is submitted if at any time the potential Contractor/grantee learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered transaction," "debarred," "suspended," "ineligible," "participant," "person," "principal," 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. Usage is as defined in 2 CFR Part 180.
4. The potential Contractor/grantee agrees by submitting this certification that, should the proposed covered contract/grant be entered into, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Agency of Health and Human Services, United States Agency of Agriculture or other federal Agency or agency, or the Texas Agency of Aging and Disability Services, as applicable.

Do you have or do you: anticipate having subcontractors/sub grantees under this proposed contract?
X YES NO

5. The potential Contractor/grantee further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts and Grants" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.
6. A Contractor/grantee may rely upon a certification of a potential subcontractor/sub grantee that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract/grant, unless it knows that the certification is erroneous. A Contractor/grantee must, at a minimum, obtain certifications from its covered subcontractors/sub grantees upon each subcontract's/sub grant's initiation and upon each renewal.

7. Nothing contained in all the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a Contractor/grantee is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

8. Except for contracts/grants authorized under paragraph 4 of these terms, if a Contractor/grantee in a covered contract/grant knowingly enters into a covered subcontract/sub grant with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in the transaction, in addition to other remedies available to the federal government, Agency of Health and Human Services, United State Agency of Agriculture, or other federal Agency or agency, as applicable, and the Texas Agency of Aging and Disability Services may pursue available remedies, including suspension or debarment.

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

Indicate which statement applies to the covered potential Contractor/grantee:

X The potential Contractor/grantee certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/grant by any federal Agency or agency or by the State of Texas.

— The potential Contractor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential Contractor/grantee must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

NAME OF POTENTIAL CONTRACTOR/GRANTEE City of Round Rock

VENDOR ID NO/FEDERAL EMPLOYER'S ID NO. 74-6017485

Signature of Authorized Representative

Mayor Alan McGraw
Printed/Typed Name of Authorized Representative

Date

Mayor
Title of Authorized Representative

THIS CERTIFICATION IS FOR FFY2017 PERIOD BEGINNING October 1, 2016 and ENDING September 30, 2017.

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

Federal Executive Order 12549 requires the Texas Agency of Aging and Disability Services (DADS) to screen each covered potential Contractor/grantee to determine whether each has a right to obtain a contract/grant in accordance with federal regulations on debarment, suspension, ineligibility, and voluntary exclusion. Each covered Contractor/grantee must also screen each of its covered subcontractors/providers.

In this certification "Contractor/grantee" refers to both Contractor/grantee and subcontractor/sub grantee; "contract/grant" refers to both contract/grant and subcontract/sub grant.

By signing and submitting this certification the potential Contractor/grantee accepts the following terms:

1. The certification herein below is a material representation of fact upon which reliance was placed when this contract/grant was entered into. If it is later determined that the potential Contractor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Agency of Health and Human Services, United States Agency of Agriculture or other federal Agency or agency, or the Texas Agency of Aging and Disability Services may pursue available remedies, including suspension or debarment.
2. The potential Contractor/grantee shall provide immediate written notice to the person to whom this certification is submitted if at any time the potential Contractor/grantee learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. The words "covered transaction," "debarred," "suspended," "ineligible," "participant," "person," "principal," 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. Usage is as defined in 2 CFR Part 180.
4. The potential Contractor/grantee agrees by submitting this certification that, should the proposed covered contract/grant be entered into, it shall not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the Agency of Health and Human Services, United States Agency of Agriculture or other federal Agency or agency, or the Texas Agency of Aging and Disability Services, as applicable.

Do you have or do you: anticipate having subcontractors/sub grantees under this proposed contract?
YES ☒ NO ☐

5. The potential Contractor/grantee further agrees by submitting this certification that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion for Covered Contracts and Grants" without modification, in all covered subcontracts and in solicitations for all covered subcontracts.

6. A Contractor/grantee may rely upon a certification of a potential subcontractor/sub grantee that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered contract/grant, unless it knows that the certification is erroneous. A Contractor/grantee must, at a minimum, obtain certifications from its covered subcontractors/sub grantees upon each subcontract's/sub grant's initiation and upon each renewal.

7. Nothing contained in all the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this certification document. The knowledge and information of a Contractor/grantee is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

8. Except for contracts/grants authorized under paragraph 4 of these terms, if a Contractor/grantee in a covered contract/grant knowingly enters into a covered subcontract/sub grant with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in the transaction, in addition to other remedies available to the federal government, Agency of Health and Human Services, United State Agency of Agriculture, or other federal Agency or agency, as applicable, and the Texas Agency of Aging and Disability Services may pursue available remedies, including suspension or debarment.

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

Indicate which statement applies to the covered potential Contractor/grantee:

☒ The potential Contractor/grantee certifies, by submission of this certification, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract/grant by any federal Agency or agency or by the State of Texas.

____ The potential Contractor/grantee is unable to certify to one or more of the terms in this certification. In this instance, the potential Contractor/grantee must attach an explanation for each of the above terms to which he is unable to make certification. Attach the explanation(s) to this certification.

NAME OF POTENTIAL CONTRACTOR/GRANTEE STAR SHUTTLE, INC.

VENDOR ID NO/FEDERAL EMPLOYER'S ID NO. 74 - 2624739

Signature of Authorized Representative

JOHN P WALKER
Printed/Typed Name of Authorized Representative

1/19/2016
Date

PRESIDENT / CEO
Title of Authorized Representative

THIS CERTIFICATION IS FOR FFY2017 PERIOD BEGINNING October 1, 2016 and ENDING September 30, 2017.

INSTRUCTIONS FOR CERTIFICATION

The inability of a Contractor/grantee to provide the certification required above will not necessarily result in denial of participation in this covered transaction. The prospective Contractor/grantee shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the Agency or Agency's determination whether to enter into this transaction. However, failure of the prospective Contractor/grantee to furnish a certification or an explanation shall disqualify such Contractor/grantee from participation in this transaction.



AUTHORIZED SIGNATURE FORM
REQUEST FOR PAYMENT
DIRECT PURCHASE OF SERVICE PROGRAM

Name, Address and Phone of Vendor Agency:

City of Round Rock

221 E. Main Street

Round Rock, TX 78664

Signature of Individuals authorized to sign for request for Reimbursement

Typed Name: Caren Lee

Signature: 

Typed Name: _____

Signature: _____

Typed Name: _____

Signature: _____

Typed Name: _____

Signature: _____

I certify that the signatures above are of the individuals authorized to sign the Request for Reimbursement.

SHERRI L. CRONE, ACCOUNTING SUPERVISOR
Typed Name and Title of Authorized Official


Signature of Authorized Official

9-21-16
Date