



Department of State Health Services

CONTRACTOR INFORMATION

1) LEGAL BUSINESS NAME: Collin County																				
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code):		Check if address change <input type="checkbox"/>																		
825 N. McDonald St. #130 McKinney, TX 75069																				
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above):		Check if address change <input type="checkbox"/>																		
4) Unique Entity ID (12-character alphanumeric ID assigned to an entity by SAM.gov) required if receiving federal funds: S1ETLA9BNCC5																				
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit): 75-6000873 <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: 01/01/2025 End Date: 07/31/2025																				
8) COUNTIES SERVED BY PROJECT: Collin																				
9) AMOUNT OF FUNDING REQUESTED: \$410,852.00		11) PROJECT CONTACT PERSON Name: Bethany MacDonald Phone: 972-548-5520 Fax: 972-548-4766 Email: bmacdonald@co.collin.tx.us																		
10) PROJECTED EXPENDITURES Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's current fiscal year (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: Andrea Pease Phone: 972-548-4732 Fax: 972-548-4751 Email: apease@co.collin.tx.us																				
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in DSHS Assurances and Certifications . 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) NAME OF AUTHORIZED DOCUSIGN SIGNATORY Check if change <input type="checkbox"/>		14) DOCUSIGN ADMINISTRATIVE CONTACT Name: Andrea Pease Email: apease@co.collin.tx.us																		
Name: Chris Hill Title: County Judge Phone: 972-548-4623 Fax: chill@co.collin.tx.us Email:																				
15) DATE 09/23/2024																				

CONTACT PERSON INFORMATION

Legal Business

Name of Contractor Collin County

*This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit. **Please provide at least one (1) Emergency Contact as noted below.***

Emergency Contact:	Bethany MacDonald	Mailing Address (incl. street, city, county, state, & zip):
Title:	Financial Analyst	825 N. McDonald St. #130, McKinney, TX
Phone:	972-548-5520	
Fax:	972-548-4766	
Email:	bmacdonald@co.collin.tx.us	
Contact:	Emeka Ohagi	Mailing Address (incl. street, city, county, state, & zip):
Title:	DIS Program Coordinator	825 N. McDonald St. #130, McKinney, TX 75069
Phone:	972-548-5559	
Fax:	972-548-4766	
Email:	eohagi@co.collin.tx.us	
Contact:	Candy Blair	Mailing Address (incl. street, city, county, state, & zip):
Title:	Public Health Director	825 N. McDonald St. #130, McKinney, TX 75069
Phone:	972-548-5504	
Fax:	972-548-4766	
Email:	cblair@co.collin.tx.us	
Contact:	Taylor Burton	Mailing Address (incl. street, city, county, state, & zip):
Title:	Assistant Public Health Director	825 N. McDonald St. #130, McKinney, TX
Phone:	972-548-4464	
Fax:	972-548-4766	
Email:	tburton@co.collin.tx.us	
Contact:	Christian Jimenez	Mailing Address (incl. street, city, county, state, & zip):
Title:	Financial Analyst	825 N. McDonald St. #130, McKinney, TX
Phone:	972-548-5619	
Fax:	972-548-4766	
Email:	cjimenez@co.collin.tx.us	

INSTRUCTIONS

This form provides basic information about the Contractor and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. Please follow the instructions below to complete the form and return to the Contractor Management Unit.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the respondent.
- 2) **MAILING ADDRESS INFORMATION** - Enter the respondent's complete physical address and mailing address, city, county, state, and 9-digit zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address, including 9-digit zip code, if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **Unique Entity ID** - 12-character alphanumeric ID assigned to an entity by SAM.gov. Required if receiving **ANY** federal funds; replaced the DUNS.
- 5) **FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER OR SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The respondent acknowledges, understands and agrees the respondent's choice to use a social security number as its vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 6) **TYPE OF ENTITY** - Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and/or the Texas State Comptroller at https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf and check all other boxes that describe the entity.

Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)

State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii

Institutions of higher education as defined by §61.003 of the Education Code.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 7) **PROPOSED BUDGET PERIOD** - Enter the budget period for this contract.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from the BUDGET SUMMARY used for cost reimbursement budgets.
- 10) **PROJECTED EXPENDITURES** - If respondent's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 for respondent's current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and email address of the person responsible for the proposed project.
- 12) **FINANCIAL OFFICER** - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and email address of the person authorized to represent the respondent. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the respondent must sign in this blank.
- 15) **DATE** - Enter the date the authorized representative signed this form.

CONTACT PERSON INFORMATION INSTRUCTIONS

Please provide at least one (1) Emergency Contact.