



**TRAVIS COUNTY HEALTH and HUMAN SERVICES  
and VETERANS SERVICE  
502 E. Highland Mall Blvd.  
P. O. Box 1748  
Austin, Texas 78767**

**Sherri E. Fleming  
County Executive  
for TCHHSVS  
(512) 854-4100  
Fax (512) 279-1608**

**DATE:** November 5, 2013

**TO:** Members of the Commissioners Court

**FROM:**

*Sherri E. Fleming*

Sherri E. Fleming  
County Executive for Travis County Health and Human Services  
and Veterans Service

**SUBJECT:** Application for a revenue contract with the Texas Department of Assistive and Rehabilitative Services to provide deaf interpreters for state agencies

**Proposed Motion:**

Consider and take appropriate action to approve an application to the Texas Department of Assistive and Rehabilitative Services (DARS) to provide deaf interpreters for state agencies. Also approve having the Travis County Auditor sign the Federal Funding Accountability and Transparency Act (FFATA) form included in the application package.

**Summary and Staff Recommendations:**

Under this contract, Travis County Services for the Deaf and Hard of Hearing (TCSDHH) will provide interpreter services for clients served by the following state agencies: Texas Workforce Commission, Texas Department of Family and Protective Services, Attorney General, Health and Human Services Commission, and the Texas Department of State Health Services.

Travis County has had this contract for many years. DARS sent a renewal on 8/1/13. After going through review by Travis County Health and Human Services and Veterans Service, the Travis County Attorney's Office, the Travis County Auditor's Office, and the Travis County Purchasing Office, the renewal was put on the 9/17/13 Commissioners Court agenda for approval. DARS then informed TCSDHH that it would have to reapply for the contract because the renewal was approved after the start date of 9/1/13.

TCHHSVS staff recommends approving this application.

**Budgetary and Fiscal Impact:**

If awarded, TCSDHH estimates this contract will provide \$40,000 in revenue during FY'14.

**Issues and Opportunities:**

This contract has proved to be a stable source of revenue for Travis County.

**Background:**

This contract has been in place for several years.

Cc: Deborah Britton, Division Director, Community Services, TCHHSVS  
Stacy Landry, Program Manager, TCSDHH  
Nicki Riley, Travis County Auditor  
Tracy LeBlanc, Financial Analyst, Travis County Auditor's Office  
~~Mary Etta Gerhardt, Assistant County Attorney, Travis County Attorney's Office~~  
Leslie Browder, County Executive, Planning and Budget Office  
Aerin Toussaint, Analyst, Planning and Budget Office  
Shannon Pleasant, Purchasing Agent Assistant, Travis County Purchasing Office

Section 231.006, Texas Family Code, as amended by Section 82 of House Bill No. 433, 74<sup>th</sup> Regular Legislative Session (Acts 1995, 74<sup>th</sup> Leg. R.S., ch. 751) prohibits the payment of state funds under a grant, contract, or loan to

- a person who is more than 30 days delinquent in paying child support, and
- a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25 percent.

Section 231.006 further provides that a person or business entity that is ineligible to receive payments for the reasons stated above shall continue to be ineligible to receive payments from the state under a contract, grant, or loan until

- all arrearages have been paid; or
- the person is in compliance with a written repayment agreement or court order as to any existing delinquency.

Section 231.006 further requires each bid, or application for a contract, grant, or loan to include

- the name and social security number of the individual or sole proprietor and each partner, shareholder, or owner with an ownership interest of at least 25 percent of the business entity submitting the bid or application, and
- the statement in Part III below.

Section 231.006 authorizes a state agency to terminate a contract if it determines that the statement required below is inaccurate or false. In the event the statement is determined to be false, the vendor is liable to the state for attorney's fees, costs necessary to complete the contract (including the cost of advertising and awarding a second contract), and any other damages provided by law or contract.

**II**

In accordance with Section 231.006, the names and Social Security numbers of the individuals identified in the contract, bid or application, or each person with a minimum 25% ownership interest in the business entity identified therein are provided below:

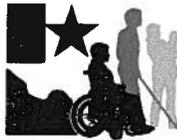
Name: NA	SSN: NA

**III**

As required by Section 231.006, the undersigned certifies the following:

"Under Section 231.006, Family Code, the vendor or applicant certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment, and acknowledges that this contract may be terminated and payment withheld if this certification is inaccurate."

Contractor Authorized Representative Printed Name: Samuel T. Biscoe	Title: Travis County Judge
Contractor Authorized Representative Signature: <b>X</b> By:	Date:



**Provider Contact Information**

Company name: Travis County through Travis County Services for the Deaf and Hard of Hearing

Physical address (address where business is physically located):  
2201 Post Road, Suite 100

City:  
Austin

State: TX

ZIP+4: 78664

County: Travis

Phone number:  
(512) 854-7893

Fax number:  
(512) 854-9289

Email address:  
stacy.landry@co.travis.tx.us

**Payment Address**

Street address or PO box (address to which checks are to be mailed):  
P.O. Box 1748, Attn: Finance Dept.

City:  
Austin

State: TX

ZIP+4: 78767

County: Travis

Phone number: (512) 854-4119

Fax: (512) 279-2197

**Identification Numbers**

Enter X to select all applicable numbers, then enter the numbers.

Texas Taxpayer Number (11 digits, assigned by Comptroller for sales and franchise tax)

Employer Identification Number (EIN) (9 digits, issued by IRS) 746000192

Social Security number (9 digits)

Texas Identification Number (TIN) (14 digits, assigned by comptroller)

**Business Classification**

Enter X to select one:  For profit  Not for profit

Sole Proprietor Owner name: \_\_\_\_\_ Owner SSN: \_\_\_\_\_

Partnership First partner name: \_\_\_\_\_ First partner SSN or EIN: \_\_\_\_\_

Second partner name: \_\_\_\_\_ Second partner SSN or EIN: \_\_\_\_\_

Limited Partnership File Number: \_\_\_\_\_

Texas Corporation Charter Number: \_\_\_\_\_

Professional Association Charter Number: \_\_\_\_\_

Professional Corporation Charter Number: \_\_\_\_\_

Out-of-state Corporation

Financial Institution

Government

State Agency or University

**Contact Information**

(for orders or problems related to orders)

Name: Stacy Landry	Title: Program Mgr.	Phone number: (512) 854-7893	Fax number: (512) 854-9289
-----------------------	------------------------	---------------------------------	-------------------------------

**Principal Line of Business**

Describe your principal line of business. Include a brief description of the types of products and services your business provides. If possible, include a product line sheet with this information. Case management services to the deaf and hard of hearing within Travis County. Interpreter services to Travis County offices and courts, City of Austin Municipal Courts and other departments, and various other interpreter contracts.

Number of years in present business: 39

Business hours: Days: M-F	Weekday hours: 8a-5p	Weekend hours: on call
------------------------------	----------------------	---------------------------

**HUB Status**

Has the Texas Comptroller of Public Accounts certified your business as a Historically Underutilized Business (HUB)?  Yes  No

Ethnicity (enter X to select):	<input type="checkbox"/> BL – Black American
<input type="checkbox"/> AI – Native American	<input type="checkbox"/> HI – Hispanic American
<input type="checkbox"/> AD – Asian-Pacific American	<input type="checkbox"/> WO – American Woman

**ADA Requirements**

Does your business meet the minimum American with Disabilities Act (ADA) accessibility requirements to accommodate DARS consumers?  Yes  No

Is your business accessible to public transit routes?  Yes  No

Enter X to select available accommodations:

Handicapped parking       Ramps       Wide doorways       Accessible restrooms

Do you have foreign or sign language interpreters available?  Yes  No

If yes, which languages? sign language, Spanish, and various other spoken languages on call

**Benefits**

Comparable benefits that you accept (enter X for all that apply):

<input type="checkbox"/>	Federal Pell Grant	<input type="checkbox"/>	Scholarship
<input type="checkbox"/>	Federal SEOG	<input type="checkbox"/>	Chronically Ill and Disabled Children (DSHS)
<input type="checkbox"/>	JTPA (PIC)	<input type="checkbox"/>	Indigent Health Care Services available through the county
<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	Veterans Administration Hospital or Clinic
<input type="checkbox"/>	Medicare	<input type="checkbox"/>	Workers Compensation Medical Benefits

**Certification**

If your principal line of business requires that you be issued a certificate or license number, provide the name of the certifying boards or agencies and list the certificate or license number. A copy of the certificate or license may be required.

Certifying or licensing agency:

Certificate number:

License number:

Certifying or licensing agency:

Certificate number:

License number:

**Insurance Coverage**

If you provide vehicle modifications, supply proof of insurance for garage liability and garage keeper coverage.

Name of insurance company: Self-insured

Policy number:

Expiration date:

**Return Information**

For any questions, contact Buyer Support Services at: (512) 424-4289. Return this questionnaire to:

**Department of Assistive and Rehabilitative Services  
Buyer Support Services – Provider Profiles  
4900 North Lamar Blvd  
Austin, Texas 78751-2399**

**Texas Department of Assistive and Rehabilitative Services  
FFATA Certification**

<b><u>Contractor Name</u></b>	<b><u>Contract Number</u></b>	<b><u>DUNS Number</u></b>
Travis County through Travis County Services for the Deaf and Hard of Hearing	5382001344	030908842

**FFATA Sub-recipient Reporting Requirements**

Beginning October 1, 2010, DARS is required to report subrecipient information to the Federal Office of Management and Budget (OMB) in order to comply with the Federal Funding Accountability and Transparency Act (FFATA). DARS will only provide information to the OMB for those entities that meet the requirements for reporting.

The first requirement applies to DARS subrecipients who had annual gross income greater than \$300,000 in the previous tax year and who receive \$25,000 or more in federal funds from DARS. For those subrecipients who meet that criteria, DARS must report subrecipient name, address, amount of award, principle place of performance and project description.

In your business or organization's preceding tax year, did you have annual gross income greater than \$300,000?

Yes  No

If the answer is Yes, continue. If the answer is No, stop and sign the certification below.

DARS must also report executive compensation data for your organization if the following criteria are met.

In your business or organization's preceding completed fiscal year, did the business or organization (the legal entity to which your DUNS number belongs) receive (1) 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, sub grants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, sub grants, and/or cooperative agreements?:

Yes  No

If the answer is Yes, go to next question. If the answer is No, stop and sign the certification below.

Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which your DUNS number belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m (a), 78o (d)) or section 6104 of the Internal Revenue Code of 1986?:

Yes  No





TEXAS

Department of Assistive and Rehabilitative Services

DARS Substitute W-9 and Direct Deposit Form

Agency Use Only

- DDS, CPCSC, AP, New Set-up, New MC, Other

Box 1: Legal Name (as shown on your tax return): County of Travis
Box 2: DBA:
Box 3: Tax Information Mailing Address: 700 Lavaca St., Suite 1200
Box 4: Payment Address (if different from Tax Address):

City: Austin State: TX ZIP: 78701 City: State: ZIP:

Phone: 512-854-9125 Fax: Email:

Box 5: Taxpayer Identification Number: 74-6000192
Note: Enter the same number used when filing your tax return
Social Security Number (SSN)
Employer Identification Number (EIN)

Box 6: Federal Tax Classification: Business Designation
Texas Corporation, Out-of-State Corporation, Limited Liability Company, Limited Partnership, Professional Corporation, Professional Association, General Partnership, Other (Please Explain), Government Entity, Sole Owner, Individual Recipient

Box 7: Profit Status: Non-Profit

Box 8: Corporation Information: State of Jurisdiction: File or Charter Number:

Box 9: Sole Ownership Info: Sole Owner Name and SSN:

Box 10: General Partnership Information: Partner 1 Name and SSNEIN: Partner 2 Name and SSNEIN:

Box 11: Backup Withholding: Exempt from Backup Withholding

Box 12: Certification: Under penalties of perjury, I certify that: 1) I have provided my correct taxpayer identification number and that 2) I am not subject to backup withholding as specified on the instruction page for this form and that 3) I am a US citizen or other US person. Signature: Tracy LeBlanc Print Preparer's Name: Tracy LeBlanc Phone Number: 512-854-9125 Date: 10/16/13

Box 13: Direct Deposit Information (Response Required)

I am currently on Direct Deposit and wish to continue. Sign and date: Adalena Ortega Carter
I decline Direct Deposit at this time. Sign and date:

New Set-Up, Change in Direct Deposit Information, Cancel My Direct Deposit

Financial Institution Name: Type: Checking, Savings Mail Code:

Financial Institution Routing Number: Account Number:

Will these payments be forwarded to a financial institution outside the United States? Yes No

I authorize the Texas Comptroller of Public Accounts to deposit my payments from the State of Texas to my financial institution electronically. I understand that the Texas Comptroller of Public Accounts will reverse any payments made to my account in error.

I further understand that the Texas Comptroller of Public Accounts will comply at all times with the National Automated Clearing House Association's rules. For further information on these rules, please contact your financial institution.

Authorized Signature Required:

Printed Name Required:

I authorize the Texas Comptroller of Public Accounts to send an email notification one business day prior to the payment posting to my account.

Contact Name: Email: Phone Number: