FORM B | ADMINISTRATIVE PACKET

Instructions: This workbook contains six tabs, each with different administrative elements specified within the Request for Applications. Please respond to information shaded in yellow on each of the tabs below. Cells shaded green will pre-fill from other areas on your form. Blue indicates cell is complete.

LEAD APPLICANT AND ORGANIZATION INFORMATION	
Legal Name	
Mailing Address	
Street Address	
City	
County	
Zip (9-digit)	
Physical Address (If different from Mailing Address)	
Street Address	
City	
County	
Zip (9-digit)	
Payee Name and Address (If different from Mailing & Physical Address)	
Street Address	
City	
County	
Zip (9-digit)	
DUNS Number	
Federal Tax ID Number	

TYPE OF ENTITY	
Click drop down menu for options:	If "Other", describe:

CONTACT INFORMATION	
Program Contact Person	
Name	
Phone	
Fax	
E-mail	
Financial Officer	
Name	
Phone	
Fax	
E-mail	

Authorizing Official

The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with 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.

Name	
Title	
Phone	
Fax	
E-mail	
Authorizing Official Signature	
Date	