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## **DIRECT PURCHASE OF SERVICE APPLICATION INFORMATION**

The Area Agency on Aging of North Texas (AAANT) is designated by the Texas Health and Human Services Commission (HHSC) to be the focal point for services to persons 60 or older within the AAA's region. The AAA administers services funded by the Older Americans Act (OAA) with emphasis placed on frail, rural, low income and minority individuals. The AAA purchases various short-term services for eligible clients. Services are purchased from appropriate service providers that have completed a Direct Purchase of Service (DPS) Application form, and have executed a Contract agreement with the AAA.

**Eligibility to Apply:** Organizations eligible to apply include private non-profit, private for-profit, and local city-county governmental entities, which have the capacity to meet the requirements of service delivery under DPS procedures.

**Debarred/Suspended Parties:** Debarred or suspended parties are ineligible to apply for funding and are excluded from participation in this program.

**Definition of Direct Purchase of Service (DPS):** DPS is a contracting methodology for the purchase of services by the AAA on a client-by-client basis in lieu of annualized contracting, or a fixed sum basis. It is a procurement methodology which provides flexibility in the purchasing of services for participants in the OAA Programs.

**Application Process:** Interested parties may apply for consideration for participation in the contract pool by submitting a completed and signed direct purchase of service application, including all required attachments, and certification regarding debarment. If the application is approved by the AAA, a contract agreement may be executed.

**AREA AGENCY ON AGING OF NORTH TEXAS**  
**Direct Purchase of Service**  
**Contract Application/Renewal Update FY 2021**

Please type or clearly print application information.

Contract Name/Legal Entity

DBA (if applicable)

Physical Address:	
Mailing Address:	
Tax Identification Number (SSN or Federal ID):	Fax Number (including area code):
Type of Provider: <input type="checkbox"/> Governmental Agency <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private For Profit <input type="checkbox"/> City Government <input type="checkbox"/> County Government <input type="checkbox"/> Other: _____	
Authorizing Official:	Title:
Email Address:	Telephone:
Billing Contact Person and billing address:	Title:
Email Address:	Telephone:
Number of Years Organization has been in business: _____ Years	Is Organization Bonded ( <u>Attach</u> certificate of bonding ins.)  <input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone involved in the direct provision of client services been convicted of a felony (In-home Services only)?  <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, provide details:
Does Organization have liability insurance? ( <u>Attach</u> certificate of all insurances)  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b><u>Attach a copy of all applicable State and Federal licenses and /or certifications for your business.</u></b>
Conflicts of Interest: Attach information of applicable names and relationship of any employee(s) or officers of your organization that may have a conflict of interest with an Area Agency on Aging of North Texas staff person, Advisory Council member, or NRPC Board member.	

DPS Application

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**Service and Bidding Information:**

1. Proposed Service:

A. Service Area:	
B. Proposed AAA cost per unit: \$ _____	Standard cost per Unit: \$ _____

2. Proposed Service:

A. Service Area:	
B. Proposed AAA cost per unit: \$ _____	Standard cost per Unit: \$ _____

3. Proposed Service:

A. Service Area:	
B. Proposed AAA cost per unit: \$ _____	Standard cost per Unit: \$ _____

**\*\*SERVICE DEFINITIONS CAN BE FOUND AT:  
[www.dads.state.tx.us/providers/aaa](http://www.dads.state.tx.us/providers/aaa)**

**Attachment:**

Signed Certification Regarding Debarment

**Signature:**

I certify that the information provided in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

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