

# Agency Information Form

## Texas 2015 Community Affairs Division Program Contracts

Contact Details	
Legal Name of Agency:	City of Austin Health and Human Services Department
Mailing Address (Include City & Zip Code):	PO Box 1088
County of Headquarters Office:	Travis
Agency Phone and Fax:	(512) 972-5010
Authorized Representative Information	
Chief Executive - First, Middle and Last names:	Shannon Jones
Prefix:	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
Title:	Director
Email:	<a href="mailto:shannon.jones@austintexas.gov">shannon.jones@austintexas.gov</a>
Phone number:	(512) 972-5410
Information for Primary Contact Person	
First, Middle and Last names:	Stephanie Hayden
Prefix:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input checked="" type="checkbox"/> Ms.
Title:	Assistant Director
Email:	<a href="mailto:Stephanie.Hayden@austintexas.gov">Stephanie.Hayden@austintexas.gov</a>
Phone number:	(512) 972-5017
Organization Details	
Type of Organization (select all that apply):	<input checked="" type="checkbox"/> CSBG Eligible Entity <input type="checkbox"/> Private Nonprofit Organization <input type="checkbox"/> Public Housing Authority <input type="checkbox"/> Local Mental Health Authority <input checked="" type="checkbox"/> Unit of Local Government <input type="checkbox"/> Regional Council of Government
List the dates of the organization's current Fiscal Year:	10/2014 to 9/2015
Data Universal Numbering System (DUNS):	945607265
Central Contractor Registration (CCR) CAGE Code: <i>NOTE: To draw funds, all Subrecipients must be registered in the Central Contractor Registration (CCR). If you are not registered, go to <a href="https://www.sam.gov/portal/public/SAM/">https://www.sam.gov/portal/public/SAM/</a> to renew, update or create a new registration.</i>	37ZPO

## Board of Directors or Oversight Officials Roster

**(For applicants that are not Private Nonprofit Organizations, complete the form for all members of the elected or oversight body)**

**Name of Organization:** City of Austin

**Date when this form is completed: 5/27/2015**

[illegible]

### Contracts List for PY2016 CSBG/HHSP Previous Participation Review

**Review Period: Contracts Active May 1, 2012 to Present**

<b>Subrecipient Name:</b>	City of Austin Health and Human Services Department
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**In the spaces below, please list information for ALL associated TDHCA contracts for the review period.**

[illegible]



## Uniform Previous Participation Form

Identify the subrecipient/entity legal name and contact information for the person designated to address questions from TDHCA staff regarding this form and/or the previous participation review.

Subrecipient/Entity Legal Name:	City of Austin Health and Human Services Department
Designated Contact Name:	Shannon Jones
Designated Contact Email:	<a href="mailto:Shannon.Jones@austintexas.gov">Shannon.Jones@austintexas.gov</a>

Complete Sections 1, 2 and 3 for each person/entity that has or will have a controlling interest or oversight in the contract, award, agreement or ownership transfer being considered. This form should also be completed for each board member, individual with signature authority, executive director or elected official that represents the person/entity (as applicable).

Person/Role:	Shannon Jones, Director
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### 1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.

By placing an X in this box, I certify that I have no prior experience with any TDHCA administered affordable rental program.

**X**

TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)

### 2. List any TDHCA Community Affairs Contract Activities (including: CSBG, CEAP, WAP, HHSP, and ESG) that you had experience overseeing within the last 3 years.

By placing an X in this box, I certify that I have no prior experience with any TDHCA Community Affairs Contract Activity.

TDHCA Contract ID#	Grantee, Contractor or Sub-Recipient Name	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
63150002040	COA HHSD	HHSP	9/1/2014	8/31/2015
61150002165	COA HHSD	CSBG	1/4/2015	12/31/2015

### 3. List experience with Single Family TDHCA programs and activities (including: HOME (HRA, HBA, CFDC, TBRA or SFD), all HTF/OCI activities (including: AYBR, Bootstrap, and Colonia Self-Help Centers), NSP and any other Single Family awards that you had experience overseeing within the last 3 years.

By placing an X in this box, I certify that I have no prior experience with any Single Family TDHCA programs or activity.

**X**

TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)	Program	Contract Begin (mm/yy)	Contract End (mm/yy)

## Uniform Previous Participation Form

Identify the subrecipient/entity legal name and contact information for the person designated to address

Subrecipient/Entity Legal Name:	City of Austin Health and Human Services Department
Designated Contact Name:	Shannon Jones
Designated Contact Email:	Shannon.Jones@austintexas.gov

Complete Sections 1, 2 and 3 for each person/entity that has or will have a controlling interest or oversight in the contract, award, agreement or ownership transfer being considered. This form should also be completed for each board member, individual with signature authority, executive director or elected official that represents the person/entity (as applicable).

Person/Role: Kathie Tovo, City Council Member

### 1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.

By placing an X in this box, I certify that I have no prior experience with any TDHCA administered X

TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)
65130001608	COA HHSD	Austin	HHSP Bond	10/1/2012	9/30/2013

### 2. List any TDHCA Community Affairs Contract Activities (including: CSBG, CEAP, WAP, HHSP, and ESG) that you had experience overseeing within the last 3 years.

By placing an X in this box, I certify that I have no prior experience with any TDHCA Community X

TDHCA Contract ID#	Grantee, Contractor or Sub-Recipient Name	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
61150002165	COA HHSD	CSBG	1/4/2015	12/31/2015
61140007830	COA HHSD	CSBG	1/1/2014	4/30/2015
61130001570	COA HHSD	CSBG	1/1/2013	4/30/2014
61000001424	COA HHSD	CSBG	5/1/2012	9/24/2012
61120001294	COA HHSD	CSBG	1/1/2012	4/30/2013
63150002040	COA HHSD	HHSP	9/1/2014	8/31/2015
63140001770	COA HHSD	HHSP	10/1/2013	8/31/2014
63100000770	COA HHSD	HHSP	10/1/2012	8/31/2013

### 3. List experience with Single Family TDHCA programs and activities (including: HOME (HRA, HBA, CFDC, TBRA or SFD), all HTF/OCI activities (including: AYBR, Bootstrap, and Colonia Self-Help Centers), NSP and any other Single Family awards that you had experience overseeing within the last 3 years.

By placing an X in this box, I certify that I have no prior experience with any Single Family TDHCA X

TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
66130001658	COA HHSD	HHSP HTF	10/1/2012	8/31/2013

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Person/Role:	Steve Adler, Mayor
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**1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.**

By placing an X in this box, I certify that I have no prior experience with any TDHCA administered X

TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)

**2. List any TDHCA Community Affairs Contract Activities (including: CSBG, CEAP, WAP, HHSP, and ESG) that you had experience overseeing within the last 3 years.**

By placing an X in this box, I certify that I have no prior experience with any TDHCA Community

TDHCA Contract ID#	Grantee, Contractor or Sub-Recipient Name	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
63150002040	COA HHSD	HHSP	9/1/2014	8/31/2015
61150002165	COA HHSD	CSBG	1/4/2015	12/31/2015

**3. List experience with Single Family TDHCA programs and activities (including: HOME (HRA, HBA, CFDC, TBRA or SFD), all HTF/OCI activities (including: AYBR, Bootstrap, and Colonia Self-Help Centers), NSP and any other Single Family awards that you had experience overseeing within the last 3 years.**

By placing an X in this box, I certify that I have no prior experience with any Single Family TDHCA X

TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)	Program	Contract Begin (mm/yy)	Contract End (mm/yy)

## Uniform Previous Participation Form

Identify the subrecipient/entity legal name and contact information for the person designated to address

Subrecipient/Entity Legal Name:	City of Austin Health and Human Services Department
Designated Contact Name:	Shannon Jones
Designated Contact Email:	<a href="mailto:Shannon.Jones@austintexas.gov">Shannon.Jones@austintexas.gov</a>

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Person/Role:	Ora Houston, City Council Member
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### 1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.

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X

TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)

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TDHCA Contract ID#	Grantee, Contractor or Sub-Recipient Name	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
63150002040	COA HHSD	HHSP	9/1/2014	8/31/2015
61150002165	COA HHSD	CSBG	1/4/2015	12/31/2015

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By placing an X in this box, I certify that I have no prior experience with any Single Family TDHCA

X

TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)	Program	Contract Begin (mm/yy)	Contract End (mm/yy)



## Uniform Previous Participation Form

Identify the subrecipient/entity legal name and contact information for the person designated to address

Subrecipient/Entity Legal Name: City of Austin Health and Human Services Department

Designated Contact Name: Shannon Jones

Designated Contact Email: [Shannon.Jones@austintexas.gov](mailto:Shannon.Jones@austintexas.gov)

Complete Sections 1, 2 and 3 for each person/entity that has or will have a controlling interest or oversight in the contract, award, agreement or ownership transfer being considered. This form should also be completed for each board member, individual with signature authority, executive director or elected official that represents the person/entity (as applicable).

Person/Role: Delia Garza, City Council Member

**1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.**

By placing an X in this box, I certify that I have no prior experience with any TDHCA administered X

TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)

**2. List any TDHCA Community Affairs Contract Activities (including: CSBG, CEAP, WAP, HHSP, and ESG) that you had experience overseeing within the last 3 years.**

By placing an X in this box, I certify that I have no prior experience with any TDHCA Community

TDHCA Contract ID#	Grantee, Contractor or Sub-Recipient Name	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
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**3. List experience with Single Family TDHCA programs and activities (including: HOME (HRA, HBA, CFDC, TBRA or SFD), all HTF/OCI activities (including: AYBR, Bootstrap, and Colonia Self-Help Centers), NSP and any other Single Family awards that you had experience overseeing within the last 3 years.**

By placing an X in this box, I certify that I have no prior experience with any Single Family TDHCA X

TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)	Program	Contract Begin (mm/yy)	Contract End (mm/yy)

## Uniform Previous Participation Form

Identify the subrecipient/entity legal name and contact information for the person designated to address

Subrecipient/Entity Legal Name:	City of Austin Health and Human Services Department
Designated Contact Name:	Shannon Jones
Designated Contact Email:	<a href="mailto:Shannon.Jones@austintexas.gov">Shannon.Jones@austintexas.gov</a>

Complete Sections 1, 2 and 3 for each person/entity that has or will have a controlling interest or oversight in the contract, award, agreement or ownership transfer being considered. This form should also be completed for each board member, individual with signature authority, executive director or elected official that represents the person/entity (as applicable).

Person/Role: Sabino Renteria, City Council Member

**1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.**

By placing an X in this box, I certify that I have no prior experience with any TDHCA administered X

TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)

**2. List any TDHCA Community Affairs Contract Activities (including: CSBG, CEAP, WAP, HHSP, and ESG) that you had experience overseeing within the last 3 years.**

By placing an X in this box, I certify that I have no prior experience with any TDHCA Community

TDHCA Contract ID#	Grantee, Contractor or Sub-Recipient Name	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
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61150002165	COA HHSD	CSBG	1/4/2015	12/31/2015

**3. List experience with Single Family TDHCA programs and activities (including: HOME (HRA, HBA, CFDC, TBRA or SFD), all HTF/OCI activities (including: AYBR, Bootstrap, and Colonia Self-Help Centers), NSP and any other Single Family awards that you had experience overseeing within the last 3 years.**

By placing an X in this box, I certify that I have no prior experience with any Single Family TDHCA X

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## Uniform Previous Participation Form

Identify the subrecipient/entity legal name and contact information for the person designated to address

Subrecipient/Entity Legal Name: City of Austin Health and Human Services Department

Designated Contact Name: Shannon Jones

Designated Contact Email: [Shannon.Jones@austintexas.gov](mailto:Shannon.Jones@austintexas.gov)

Complete Sections 1, 2 and 3 for each person/entity that has or will have a controlling interest or oversight in the contract, award, agreement or ownership transfer being considered. This form should also be completed for each board member, individual with signature authority, executive director or elected official that represents the

Person/Role: Gregorio Casar, City Council Member

**1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.**

By placing an X in this box, I certify that I have no prior experience with any TDHCA administered

**X**

TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)

**2. List any TDHCA Community Affairs Contract Activities (including: CSBG, CEAP, WAP, HHSP, and ESG) that you had experience overseeing within the last 3 years.**

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TDHCA Contract ID#	Grantee, Contractor or Sub-Recipient Name	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
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61150002165	COA HHSD	CSBG	1/4/2015	12/31/2015

**3. List experience with Single Family TDHCA programs and activities (including: HOME (HRA, HBA, CFDC, TBRA or SFD), all HTF/OCI activities (including: AYBR, Bootstrap, and Colonia Self-Help Centers), NSP and any other Single Family awards that you had experience overseeing within the last 3 years.**

By placing an X in this box, I certify that I have no prior experience with any Single Family TDHCA

**X**

TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)	Program	Contract Begin (mm/yy)	Contract End (mm/yy)

## Uniform Previous Participation Form

Identify the subrecipient/entity legal name and contact information for the person designated to address

Subrecipient/Entity Legal Name:	City of Austin Health and Human Services Department
Designated Contact Name:	Shannon Jones
Designated Contact Email:	<a href="mailto:Shannon.Jones@austintexas.gov">Shannon.Jones@austintexas.gov</a>

Complete Sections 1, 2 and 3 for each person/entity that has or will have a controlling interest or oversight in the contract, award, agreement or ownership transfer being considered. This form should also be completed for each board member, individual with signature authority, executive director or elected official that represents the person/entity (as applicable).

Person/Role: Ann Kitchen, City Council Member

**1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.**

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TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)

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**3. List experience with Single Family TDHCA programs and activities (including: HOME (HRA, HBA, CFDC, TBRA or SFD), all HTF/OCI activities (including: AYBR, Bootstrap, and Colonia Self-Help Centers), NSP and any other Single Family awards that you had experience overseeing within the last 3 years.**

By placing an X in this box, I certify that I have no prior experience with any Single Family TDHCA					X
TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)	Program	Contract Begin (mm/yy)	Contract End (mm/yy)	

## Uniform Previous Participation Form

Identify the subrecipient/entity legal name and contact information for the person designated to address

Subrecipient/Entity Legal Name: City of Austin Health and Human Services Department

Designated Contact Name: Shannon Jones

Designated Contact Email: [Shannon.Jones@austintexas.gov](mailto:Shannon.Jones@austintexas.gov)

Complete Sections 1, 2 and 3 for each person/entity that has or will have a controlling interest or oversight in the contract, award, agreement or ownership transfer being considered. This form should also be completed for each board member, individual with signature authority, executive director or elected official that represents the person/entity (as applicable).

Person/Role: Don Zimmerman, City Council Member

**1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.**

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TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)

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By placing an X in this box, I certify that I have no prior experience with any Single Family TDHCA X

TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)	Program	Contract Begin (mm/yy)	Contract End (mm/yy)

## Uniform Previous Participation Form

Identify the subrecipient/entity legal name and contact information for the person designated to address

Subrecipient/Entity Legal Name: City of Austin Health and Human Services Department

Designated Contact Name: Shannon Jones

Designated Contact Email: [Shannon.Jones@austintexas.gov](mailto:Shannon.Jones@austintexas.gov)

Complete Sections 1, 2 and 3 for each person/entity that has or will have a controlling interest or oversight in the contract, award, agreement or ownership transfer being considered. This form should also be completed for each board member, individual with signature authority, executive director or elected official that represents the person/entity (as applicable).

Person/Role: Leslie Pool, City Council Member

**1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.**

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## Uniform Previous Participation Form

Identify the subrecipient/entity legal name and contact information for the person designated to address

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Designated Contact Name:	Shannon Jones
Designated Contact Email:	Shannon.Jones@austintexas.gov

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Person/Role: Ellen Troxclair, City Council Member

**1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.**

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Identify the subrecipient/entity legal name and contact information for the person designated to address

Subrecipient/Entity Legal Name:	City of Austin Health and Human Services Department
Designated Contact Name:	Shannon Jones
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Person/Role:	Sheri Gallo, City Council Member
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**1. List experience with all TDHCA rental development programs (including: HTC, HTC Exchange, HOME (RHD), NSP and BOND) that you have controlled at any time.**

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