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:	Mr. Mrs. Ms.
Title:	Director
Email:	shannon.jones@austintexas.gov
Phone number:	(512) 972-5410
Information for Primary Contact Person	
First, Middle and Last names:	Stephanie Hayden
Prefix:	☐ Mr. ☐ Mrs. ☒ Ms.
Title:	Assistant Director
Email:	Stephanie.Hayden@austintexas.gov
Phone number:	(512) 972-5017
Organization Details	
Type of Organization (select all that apply):	CSBG Eligible Entity Private Nonprofit Organization Public Housing Authority Local Mental Health Authority Unit of Local Government 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: NOTE: To draw funds, all Subrecipients must be registered in the Central Contractor Registration (CCR). If you are not registered, go to https://www.sam.gov/portal/public/SAM/ to renew, update or create a new registration.	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

<u>NAME</u> : List the First Name and Last Name for all current board members. If applicable, include an individual's middle name or middle initial.	HOME ADDRESS AND PHONE #: Street, City, Zip Code, phone number
Mayor:	301 W. 2 nd Street, Austin, TX 78701 512-978-2100
Steve Adler	and a
Greg Casar	301 W. 2 nd Street, Austin, TX 78701 512-978-2104
Sherry Gallo	301 W. 2 nd Street, Austin, TX 78701 512-978-2110
Delia Garza	301 W. 2 nd Street, Austin, TX 78701 512-978-2102
Ora Houston	301 W. 2 nd Street, Austin, TX 78701 512-978-2101
Ann Kitchen	301 W. 2 nd Street, Austin, TX 78701 512-978-2105
Leslie Pool	301 W. 2 nd Street, Austin, TX 78701 512-978-2107
Sabino Renteria	301 W. 2 nd Street, Austin, TX 78701 512-978-2103
Kathie Tovo	301 W. 2 nd Street, Austin, TX 78701 512-978-2109
Ellen Troxclair	301 W. 2 nd Street, Austin, TX 78701 512-978-2108
Don Zimmerman	301 W. 2 nd Street, Austin, TX 78701 512-978-2106
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Contracts List for PY2016 CSBG/HHSP Previous Participation Review

Review Period: Contracts Active May 1, 2012 to Present

Subrecipient Name:	City of Austin Health and Human Services Department

Contract #	Program	Contract Begin	Contract En
61150002165	CSBG	1/4/2015	12/31
61140007830	CSBG	1/1/2014	4/30
61130001570	CSBG	1/1/2013	4/30
61000001424	CSBG	5/1/2012	9/24
61120001294	CSBG	1/1/2012	4/30
63150002040	HHSP	9/1/2014	8/31
63140001770	HHSP	10/1/2013	8/31
63100000770	ННЅР	10/1/2012	8/31
66130001658	HHSP HTF	10/1/2012	8/31
65130001608	HHSP Bond	10/1/2012	9/30
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	Uniforn	n Previous Part	ticipation Form		
Identify the sub	precipient/entity legal nam			esignated to add	iress
questions from	TDHCA staff regarding this	s form and/or the pre	evious participation rev	view.	<u> </u>
	ntity Legal Name:		th and Human Services	Department	
	ed Contact Name:	Shannon Jones		MARKET MARK	
1 1 1 1 1 1 1 1 1 1 1	ted Contact Email:	- family some and	Shannon.Jones@austint		
	ons 1, 2 and 3 for each per			7.00	
	l, agreement or ownership , individual with signature as applicable).			1 1/5	
Person/Role:		Shannon Jones, Dire	ector		
	nce with all TDHCA rental) that you have controlled		ms (including: HTC, HT	C Exchange, HO	ME (RHD),
By placing an X affordable rent	in this box, I certify that I hall program.	nave no prior experie	nce with any TDHCA ac	dministered	X
TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)
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By placing an X Affairs Contract	in this box, I certify that I h Activity.	nave no prior experie	nce with any TDHCA Co	ommunity	
TDHCA Contract ID#	Grantee, Contractor or S	Sub-Recipient Name	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
63150002040	COA HE	ISD	HHSP	9/1/2014	8/31/2015
61150002165	COA HE	ISD	CSBG	1/4/2015	12/31/2015
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	Uniforr	n Previous Part	ticipation Form		
Identify the sub	recipient/entity legal nar	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	MARKET BEAT SEASON SERVICE STREET, STR		iress
	ntity Legal Name:		h and Human Services		
	ed Contact Name:	Shannon Jones			
Designa	ted Contact Email:		Shannon.Jones@austin	texas.gov	
Complete Section	ons 1, 2 and 3 for each pe	rson/entity that has o			ersight in the
contract, award	l, agreement or ownershi	p transfer being consi	dered. This form shoul	d also be comple	eted for each
board member,	individual with signature	authority, executive	director or elected offi	cial that represe	nts the
person/entity (a	as applicable).		W-21 CWH-1-7-1	1	H. H.
Person/Role:	_ 1 ===1/_2 =	Kathie Tovo, City Co	ouncil Member		
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By placing an X	in this box, I certify that I	have no prior experie	nce with any TDHCA a	dministered	Х
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 TDHC	A Community Affairs Co	ntract Activities (inclu	ding: CSBG, CEAP, WA	AP, HHSP, and ES	G) that you
had experience	overseeing within the la	st 3 years.			
TDHCA Contract ID#	Grantee, Contractor or	Sub-Recipient Name	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
61150002165	COA H	HSD	CSBG	1/4/2015	
61140007830	COA H	HSD	CSBG	1/1/2014	
61130001570	COA H	HSD	CSBG	1/1/2013	
61000001424	COA H	HSD	CSBG	5/1/2012	
61120001294	COA H	HSD	CSBG	1/1/2012	4/30/2013
63150002040	CÓA H	HSD	HHSP	9/1/2014	8/31/2015
63140001770	COA H	HSD	HHSP	10/1/2013	8/31/2014
63100000770	COA H	HSD	HHSP	10/1/2012	8/31/2013
or SFD), all HTF Single Family av	ce with Single Family TDH /OCI activities (including wards that you had expe	: AYBR, Bootstrap, ar rience overseeing wit	nd Colonia Self-Help C hin the last 3 years.	enters), NSP and	any other
by placing an X	n this box, I certify that I	nave no prior experiei	ice with any Single Fai		X
TDHCA Contract ID#	Administrator Name (Gi Sub-Reci		Program	Contract Begin	End
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	Uniforr	n Previous Part	ticipation Form		
Identify the sub	precipient/entity legal nan			esignated to add	ress
Subrecipient/E	ntity Legal Name:	City of Austin Healt	h and Human Services	Department	
Designat	ed Contact Name:	Shannon Jones			inii u e
Designa	ted Contact Email:		Shannon Jones@austint	texas.gov	
Complete Section	ons 1, 2 and 3 for each pe	rson/entity that has o	r will have a controllin	g interest or ove	ersight in the
	d, agreement or ownershi			_	_
	, individual with signature			•	
person/entity (16)			
Person/Role:		Steve Adler, Mayor			
1. List experier	nce with all TDHCA rental	development progra	ms (including: HTC, H1	C Exchange, HC	ME (RHD).
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63150002040	COA H	HSD	HHSP	9/1/2014	8/31/2015
61150002165	COA H	HSD	CSBG	1/4/2015	12/31/2015
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	Uniform	n Previous Part	ticipation Form		
Identify the sub	precipient/entity legal nam	e and contact inform	ation for the person de	esignated to add	ress
Subrecipient/E	ntity Legal Name:	City of Austin Healt	h and Human Services	Department	
Designat	ed Contact Name:	Shannon Jones			N
Designa	ted Contact Email:	anual -	Shannon.Jones@austint	exas.gov	
contract, award board member	ons 1, 2 and 3 for each per d, agreement or ownership , individual with signature	transfer being consi	dered. This form should	d also be comple	eted for each
person/entity (as applicable).				
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Subrecipient/Er	ntity Legal Name:	City of Austin Healt	h and Human Services	Department	
Designat	ed Contact Name:	Shannon Jones			
Designa	ted Contact Email:	=-	Shannon.Jones@austint	exas.gov	
Complete Section	ons 1, 2 and 3 for each per	son/entity that has o	r will have a controlling	g interest or ove	rsight in the
contract, award	l, agreement or ownership	transfer being consi	dered. This form should	d also be comple	ted for each
board member,	individual with signature	authority, executive (director or elected offic	ial that represe	nts the
person/entity (a	as applicable).				
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	Uniforn	n Previous Parl	ticipation Form		
Identify the sub	precipient/entity legal nam		and the first of the property	osignated to add	rocc
	ntity Legal Name:		th and Human Services		iress
	ed Contact Name:	Shannon Jones	ii and Hullian Services	Department	
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	ons 1, 2 and 3 for each per	rson/entity that has o	or will have a controllin	g interest or ove	rsight in the
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Person/Role:	y	Sabino Renteria, Cit			
	nce with all TDHCA rental) that you have controlled		ms (including: HTC, HT	C Exchange, HO	ME (RHD),
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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 h	nave no prior experie	nce with any TDHCA Co	ommunity	
TDHCA Contract ID#	Grantee, Contractor or S	Sub-Recipient Name	Program	Contract Begin (mm/yy)	Contract End (mm/yy)
63150002040	COA HI	HSD	HHSP	9/1/2014	
61150002165	COA HE	-ISD	CSBG	1/4/2015	12/31/2015
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TDHCA Contract ID#	Administrator Name (Gra Sub-Recip		Program	Contract Begin (mm/yy)	Contract End (mm/yy)
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	Uniform	n Previous Part	cicipation Form		
Identify the sub	recipient/entity legal nam			signated to add	ress
	ntity Legal Name:		h and Human Services I		
Designat	ed Contact Name:	Shannon Jones	то шта — ш - д		
Designat	ted Contact Email:		Shannon.Jones@austinte	exas.gov	
Complete Section	ons 1, 2 and 3 for each per	son/entity that has o	r will have a controlling	interest or ove	ersight in the
contract, award	, agreement or ownership	transfer being consid	dered. This form should	also be comple	eted for each
board member,	individual with signature	authority, executive o	director or elected offic	ial that represe	nts the
Person/Role:		Gregorio Casar, City	Council Member	8 30	
1. List experien	ice with all TDHCA rental	development progra	ms (including: HTC, HT	C Exchange, HC	ME (RHD),
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By placing an X	in this box, I certify that I h	nave no prior experie	nce with any TDHCA ad	ministered	Х
TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)
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Contract ID#	Grantee, Contractor or S	Sub-Recipient Name	Program	Begin (mm/yy)	End (mm/yy)
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61150002165	COA HE	ISD	CSBG	1/4/2015	12/31/2015
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7-7-47-28-5-4	Uniforn	n Previous Par	ticipation Form		
Identify the sub	recipient/entity legal nam			esignated to add	Iress
	ntity Legal Name:				
	ed Contact Name:	Shannon Jones	THE STATE OF THE S		
Designat	ed Contact Email:	iilli e goglickin	Shannon.Jones@austin	texas.gov	valar _v
contract, award	, agreement or ownership individual with signature	transfer being consi	dered. This form shoul	d also be comple	eted for each
Person/Role:		Ann Kitchen, City C	ouncil Member		
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had experience	overseeing within the las n this box, I certify that I h	t 3 years. nave no prior experie	<u> </u>		G) that you Contract
Contract ID#	Grantee, Contractor or S	Sub-Recipient Name	Program	Begin (mm/yy)	End (mm/yy)
63150002040	COA HI	ISD	HHSP	thannon.Jones@austintexas.gov II have a controlling interest or oversid. This form should also be completed to or elected official that represent including: HTC, HTC Exchange, HON with any TDHCA administered Program Control began (mm/yy) Contract Program Program Contract Begin (mm/yy) SP 9/1/2014 BG 1/4/2015 Ies (including: HOME (HRA, HBA, CF olonia Self-Help Centers), NSP and a the last 3 years. With any Single Family TDHCA Contract Begin Contract Begin	8/31/2015
61150002165	COA HE	HSD	CSBG	1/4/2015	12/31/2015
or SFD), all HTF,		AYBR, Bootstrap, a	nd Colonia Self-Help C		
By placing an X i	n this box, I certify that I h	ave no prior experie	nce with any Single Fai	mily TDHCA	X
TDHCA Contract ID#	Administrator Name (Gra Sub-Recip		Program	Begin	Contract End (mm/yy)
12					

	Uniforn	n Previous Pari	ticipation Form			
Identify the sub	recipient/entity legal nam				lress	
	ntity Legal Name:		Ith and Human Services Department			
	ed Contact Name:	Shannon Jones			LIM I	
Designated Contact Email:		LEATH S. S. LINES II	Shannon.Jones@austint	texas.gov		
	ons 1, 2 and 3 for each per	rson/entity that has o			rsight in the	
contract, award board member, person/entity (a Person/Role:	l, agreement or ownership individual with signature as applicable).	transfer being consideration authority, executive of Don Zimmerman, C	dered. This form shoul director or elected officients ity Council Member	d also be comple cial that represe	eted for each nts the	
	nce with all TDHCA rental) that you have controlled		ms (including: HTC, H1	C Exchange, HO	ME (RHD),	
	in this box, I certify that I		nce with any TDHCA a	dministered	х ·	
by placing all X	The this box, recently that i	Thave no prior experie	Tice with any Torica at	Control		
TDHCA ID#	Property Name	Property City	Program	began (mm/yy)	Control End (mm/yy)	
had experience	A Community Affairs Con overseeing within the las in this box, I certify that I h	st 3 years.		ommunity		
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		
61150002165	COA H	HSD	CSBG	1/4/2015	12/31/2015	
or SFD), all HTF	ce with Single Family TDH /OCI activities (including: wards that you had exper	AYBR, Bootstrap, ar	nd Colonia Self-Help Co			
By placing an X	n this box, I certify that I h	nave no prior experie	nce with any Single Far	mily TDHCA	X	
TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)		Program	Contract Begin (mm/yy)	Contract End (mm/yy)	

	Uniform	Previous Part	ticipation Form		Walley Electronic
Identify the sub	recipient/entity legal name			ignated to add	lress
Subrecipient/Er	ntity Legal Name:	City of Austin Healt	h and Human Services De	epartment	1111111111
Designat	ed Contact Name:	Shannon Jones		W TI	F [H] [H2]
Designat	ted Contact Email:		Shannon.Jones@austintex	as.gov	
	ons 1, 2 and 3 for each pers				•
	l, agreement or ownership				
board member,	individual with signature a	authority, executive o	director or elected officia	al that represe	nts the
person/entity (a	as applicable).				
Person/Role:	.	Leslie Pool, City Cou			
	nce with all TDHCA rental of		ms (including: HTC, HTC	Exchange, HO	ME (RHD),
	that you have controlled		<u> </u>		
By placing an X	in this box, I certify that I h	nave no prior experie	nce with any TDHCA adm	ninistered	X
TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)
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had experience	A Community Affairs Cont overseeing within the last in this box, I certify that I h	t 3 years.			G) that you
TDHCA Contract ID#	Grantee, Contractor or Sub-Recipient Name		Program	Contract Begin (mm/yy)	Contract End (mm/yy)
63150002040	COA HH	ISD	HHSP	9/1/2014	
61150002165	COA HHSD		CSBG	1/4/2015	12/31/2015
			2" "	_ 1 (2,	
or SFD), all HTF	ce with Single Family TDHC OCI activities (including: Avards that you had experi	AYBR, Bootstrap, an	nd Colonia Self-Help Cen		
By placing an X i	n this box, I certify that I ha	ave no prior experier	nce with any Single Famil	y TDHCA	Х
TDUCA				Contract	Contract
			Program	Begin	End
Contract ID#	Sub-Recipient)			(mm/yy)	(mm/yy)
				= 1=-	

	Uniform	Previous Part	icipation Form				
Identify the sub	precipient/entity legal nam			esignated to add	lress		
	ntity Legal Name:		h and Human Services		0 = = 5		
	ed Contact Name:	Shannon Jones					
	Designated Contact Email:			Shannon.Jones@austintexas.gov			
	ons 1, 2 and 3 for each per	son/entity that has o			rsight in the		
	l, agreement or ownership			_	_		
	, individual with signature			•			
person/entity (authority, executive t	ancetor or elected offi	ciai triat represe	nts the		
Person/Role:	as applicable).	Ellen Troxclair, City	Council Member				
	nce with all TDHCA rental	development progra	ms (including: HTC, HT	C Exchange, HO	ME (RHD),		
NSP and BOND) that you have controlled	at any time.					
By placing an X	in this box, I certify that I h	nave no prior experie	nce with any TDHCA ac	dministered	х		
TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)		
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	and entirely the second second	1 1 3 1 - 1 1 1 1 1 1					
E					(4		
2.List any TDHO	A Community Affairs Con	tract Activities (inclu	ding: CSBG, CEAP, WA	P, HHSP, and ES	G) that you		
	overseeing within the las	`					
By placing an X	in this box, I certify that I h	nave no prior experie	nce with any TDHCA Co	ommunity			
TDHCA Contract ID#	Grantee, Contractor or Sub-Recipient Name		Program	Contract Begin	Contract End		
63150002040	COV PP	COATHIED		(mm/yy)	(mm/yy)		
61150002040	1	COA HHSD		9/1/2014			
01130002103	COA III	130	CSBG	1/4/2013	12/31/2015		
Vie E I							
2 1111							

or SFD), all HTF	L ce with Single Family TDH /OCI activities (including: wards that you had exper	AYBR, Bootstrap, ar	nd Colonia Self-Help Co	•			
By placing an X	in this box, I certify that I h	ave no prior experier	nce with any Single Far	mily TDHCA	Х		
TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)		Program	Contract Begin (mm/yy)	Contract End (mm/yy)		
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	Uniforn	n Previous Par	ticipation Form			
Identify the sub	precipient/entity legal nam			signated to add	iress	
	ntity Legal Name:		h and Human Services D			
	ed Contact Name:	Shannon Jones	hezaite Ufany			
	ted Contact Email:	skaller of	Shannon.Jones@austintexas.gov			
Commisto Conti	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		201			
contract, award board member,	ons 1, 2 and 3 for each perd, agreement or ownership, individual with signature	transfer being consi	dered. This form should	also be comple	eted for each	
person/entity (as applicable).	Shari Calla Cita Ca		<u> Marillea</u>		
Person/Role:		Sheri Gallo, City Co	·			
	nce with all TDHCA rental) that you have controlled		ms (including: HTC, HTC	Exchange, HO	ME (RHD),	
By placing an X	in this box, I certify that I	have no prior experie	nce with any TDHCA adr	ministered	Х	
TDHCA ID#	Property Name	Property City	Program	Control began (mm/yy)	Control End (mm/yy)	
	A Community Affairs Con		ding: CSBG, CEAP, WAP	, HHSP, and ES	G) that you	
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By placing an X	in this box, I certify that I I	have no prior experie	nce with any TDHCA Cor	 		
TDHCA Contract ID#	Grantee, Contractor or Sub-Recipient Name		Program	Contract Begin (mm/yy)	Contract End (mm/yy)	
63150002040	COA HI	HSD	HHSP	9/1/2014	8/31/2013	
61150002165	COA H	HSD	CSBG	1/4/2015	12/31/2015	
	ce with Single Family TDH OCI activities (including:				-	
	wards that you had expen			iters), Nor and	any other	
	in this box, I certify that I h			ily TDHCA	х	
		, , , , , , , , , , , , , , , , , , ,	loo many on gie rum	Contract	Contract	
TDHCA Contract ID#	Administrator Name (Grantee, Contractor or Sub-Recipient)		Program	Begin (mm/yy)	End (mm/yy)	