



## 78744 Community Collaborative Committee (CCC) Membership Application

The Community Youth Development (CYD) Community Collaborative Committee (CCC) represents the 78744 ZIP code by improving youth programs to reduce juvenile crime. To be on the CCC you must live, work or go to school in the 78744 area and be at least 10 years old or older. The CCC is made up of various people including 78744 residents, area youth programs, school officials, law enforcement, churches, business owners, and other community stakeholders who work together to have a lasting impact on the community. The CCC will meet approximately 4 times a year to:

- accomplish community initiatives in relation to juvenile crime prevention
- assist with identifying the strengths and needs of the community
- identify which youth programs should receive CYD grant funding in the community
- solicit feedback from the community on the effectiveness of CYD grant funded youth programs

The CCC is always in search of new members with new perspectives to help strengthen the collaboration. If you are interested in becoming a member, please complete this application and give it to Ricardo Zavala, the CYD Program Director. You may contact him at (512) 972-5087 or at [Ricardo.zavala@austintexas.gov](mailto:Ricardo.zavala@austintexas.gov).

### CONTACT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

### YOUR VISION

What goals, events and information would you like to receive as a CCC member?

Conflict of Interest: The funding agency prohibits persons receiving CYD funds or who have members of their households who receive CYD funds from being voting members of the CCC. If you currently do not receive funds but plan to apply for funding, you will need to step down from the CCC during the selection process. If so awarded funding, then you will no longer be able to be a voting member of the CCC. If you are not awarded funding, then you may return to the CCC with all your voting rights. Do you or any member of your immediate family currently receive salaries or money from any 78744 CYD program?  YES  NO

**Thank you for your interest in the CCC**

**PLEASE RETURN YOUR COMPLETED APPLICATION TO**

**CYD Program**

**Health and Human Services Department - Family Health Unit**

**Attention: Ricardo Zavala, CYD Program Director**

**7201 Levander Loop Bld C, C.9**

**Austin, TX 78702**

**Fax: (512) 972-6767**

**Email: [Ricardo.zavala@austintexas.gov](mailto:Ricardo.zavala@austintexas.gov)**

## Request for Criminal History and DFPS History Check

Contractor Name City of Austin		Contract Number 23794901	Telephone No. (A/C) 512-972-5065
Contractor Address (Street, City, ZIP) 7201 Levander Loop, Austin, 78702		Contractor Mailing Address (Street, City & Zip)	County Travis

Section 411.114 of the Texas Government Code and agency policy require DFPS to do Criminal and DFPS History Background Checks on Contractors, and on each employee, subcontractor, or volunteer who will be involved in direct delivery services with DFPS clients under a contract and/or access to personal DFPS client information. Identifying information must be provided by Contractors to facilitate this process. Records must be maintained and rechecked every 24 months. Contractors must submit requests for subsequent checks no more than 24 months from the date of the initial request. This information will be used to check for any criminal history and the Department's records of abuse, neglect and exploitation. It may be necessary for you to obtain additional information if the person does not live in Texas or may have a criminal history in another state. You will be notified of the results of the check.

I verify (by viewing the person's social security card and/or driver's license) that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I understand that the Department may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information is a cause for denial of the contract or revocation of my contract.

\_\_\_\_\_  
Signature of Contractor, Owner, Operator, or Authorized Representative

\_\_\_\_\_  
Date

Complete the following for each person requiring a Criminal History/DFPS History Check. All names used currently or in the past by the person must be entered. Verify that the information is accurate by checking the person's social security card and driver's license. Retain a copy of this form (along with Form 2970c) for your files. **If this request is for a new employee, subcontractor, or volunteer you must submit the request to DFPS AND receive the background check results before the person has direct contact with a DFPS client or DFPS client information.**

Please contact your Contract Manager or the Centralized Background Check Unit ([pcsbc@dfps.state.tx.us](mailto:pcsbc@dfps.state.tx.us)) if you need assistance with completing this form.

First Name		Middle Name	Last Name	
All other names used (married, maiden, etc)				
First Name		Middle Name	Last Name	
Social Security Number		Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Street Address			City	State      Zip
County			Telephone No. (A/C)	
Previous address(es) within the last 5 years:			Relationship of person to requestor <input type="checkbox"/> Service Provider <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern <input type="checkbox"/> Other (describe): _____	Date Hired
Street address		City/State/Zip		
Will this person ever drive DFPS clients? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, Driver's License # and State of Issuance	
Ethnicity (must accompany race) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unable to Determine			Race <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native	

**Disclosure and Consent to Release of Information  
Regarding Criminal or Abuse/Neglect History  
For Applicants, Employees or  
Volunteers of DFPS Contractors and Subcontractors**

Any person who will have direct contact with a Department of Family and Protective Services (DFPS) client or access to DFPS client information must complete this form.

1. Have you ever been convicted of a felony or misdemeanor as an adult or juvenile? This includes offenses to which you pleaded guilty or no contest resulting in a deferred adjudication that has not yet been completed.  Yes  No

If yes, give details including date, location and nature of the offense and disposition for each such incident.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor?  Yes  No

If yes, give details, including date, location, and type of charge.

3. Have you been or are you currently being investigated for allegedly abusing, neglecting, or exploiting a child, an elderly person, or a person with disabilities?  Yes  No

If yes, give details, including the state and county in which each such investigation occurred.

**I declare that the information provided on this statement is true and correct. I understand that any misrepresentation or omission of the information requested may result in my being barred from providing direct services or accessing DFPS client records under a contract with DFPS.**

**I also agree to inform the contractor, who will in turn notify the DFPS contract manager, if I am named in complaints, indictments, or convictions of offenses as described in items 1 & 2, or if I am investigated for allegations as described in item 3 of this form.**

**I grant permission to this contractor to request a DFPS Abuse/Neglect check, a Texas Department of Public Safety criminal history check, and (if applicable) a Federal Bureau of Investigation criminal history check using my identifying information.**

**I consent to DFPS' disclosure of any and all information, including confidential information, obtained from the above-referenced sources to the contractor listed below in order to facilitate my employment, subcontracting, or volunteer service with such contractor.**

\_\_\_\_\_  
Printed Name of Person Completing Form

\_\_\_\_\_  
Signature of Person Completing Form

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Contractor's Name

23794901

\_\_\_\_\_  
Contract #

Conflict of Interest Statement  
(for CYD Proposal Review Panels and CYD Collaborative Committee Members)

Real or apparent conflicts of interest may occur in any area of contracting.

The Department's employees, officers, or agents or any members involved in the contracting process are responsible for volunteering information on their real, apparent, or potential conflict of interest to the Department. The Department area initiating or managing a contract is responsible for ensuring that employees or volunteers are not placed in a position that causes a conflict of interest.

Austin/Travis County Health and Human Services Department employees, officers, agents or volunteers must not participate in the selection, award, or administration of a contract paid by federal or state funds if a conflict of interest, real, apparent, or potential is involved.

A conflict of interest arises when any of the following has a financial or other interest in the entity:

1. An Austin/Travis County Health and Human Services Department employee, officer, agent, or volunteer;
2. Any member of an immediate family, including parents, or
3. Any organization that employs, or has plans to employ, any of the above.

Financial or other interest includes, but it is not limited to:

- Employment with a contractor or officer;
- Paid consultation with a contractor or officer;
- Services as an officer, director, trustee, or partner of the officer, or its parent or subsidiary organization;
- Financial interest in the organization of the officer, within the meaning of 18 U.S.C. Code 208.

As used within the code:

- "parent organization" includes a holding company, trust or other entity in a higher level organizational relationship with the applicant.
- "Subsidiary" means an entity under the effective control, by ownership or otherwise, of another organization and it includes a sub-subsidiary or a co-subsidiary of the same parent organization.

Failure to comply with conflict of interest policies may result in administrative sanction and/or criminal prosecution.

I hereby acknowledge that I am aware of the Austin/Travis County Health and Human Services Department conflict of interest policy and that I do not have a real, potential, or apparent conflict of interest with regards to the offeror's submittals, which I am to review.

Printed Name  
Date

Signature

## Confidentiality Statement

Guidelines: At no time when reviewing proposals, or after, should panel members discuss the offers, comments, recommendations, evaluations, review scores, name of offer, or names of other Reviewers or Panel Members with anyone other than the panel members. Panel discussions are restricted to panel members only. Offers are submitted to Austin/Travis County Health and Human Services Department in confidence, and panel members must respect that confidentiality. There may be certain proprietary or other highly confidential information contained in offers, and while that is the exception rather than the rule, such information that comes into possession or knowledge of Reviewers and Panel Members must be held in strict confidence even after the award is made. Any individual working papers or notes you create should be kept confidential during the evaluation period, and turning in to the chairperson at the conclusion of the evaluation. Those notes may be subject to release under the Texas Public Information Act after the award is made, so be aware that any marginal notes, "doodles," etc. could be subject to public inspection.

- Do not discuss proposals with others
- Do not contact offerors regarding their offers for clarification or to discuss results of the review
- Do not photocopy offers or any materials given to you for use in the evaluation process.
- Do not remove scoring documents from the premises

Return offer packets, scoring forms, notes and other materials to the chairperson of the evaluation panel at the conclusion of the evaluation.

I certify that I have read, fully understand and will comply with the Austin/Travis County Health and Human Services Department Confidentiality Certification Process

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Signature

Date

CITY OF AUSTIN  
HEALTH AND HUMAN SERVICES DEPT

CONFIDENTIALITY POLICY

(for positions working with youth under the Community Youth Development (CYD) Grant Programs)

Employees or volunteers (to include "Mentors") of the City of Austin Health and Human Services Dept. (HHSO), including all part-time, full-time, regular or temporary employees may not divulge any of the following information:

1. Any information identifying a youth participant of CYD-funded services
2. Any information about a citizen or person registering a complaint which would locate or identify that citizen's name, address or phone number, as protected under the informant's privilege doctrine
3. Any medical or personnel information about an employee, volunteer (includes a "Mentor"), or youth participant. Job reference inquiries shall be directed to HHSO's Human Resources Unit.

The above listed information may be divulged to another employee or volunteer only if the information is directly necessary for that employee to carry out his/her official job function

If an employee or volunteer is unsure whether a release of medical information is appropriate, that should refer to the Medical Records Procedures Manual. If an employee is unsure whether a release of personnel or other information is exempt from the Open Records Act, that employee should consult with the Human Resources Manager, 572-5116 immediately. Any release of information is subject to all federal, state and local laws. Improper release of information may expose employee or volunteer to civil liability.

CONFIDENTIALITY STATEMENT

I have read and understand the above Confidentiality Policy for the Health and Human Services Dept. (HHSO). I agree that in the performance of my duties as an employee or volunteer (including a "Mentor") of HHSO's CYD Program, I will not divulge any confidential information. I understand that improper release of information may lead to disciplinary action, up to and including termination of employment or volunteer status.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_