

## Consultant/Subcontractor Application Form

Please read the instructions carefully and complete all of the requested information. Incomplete applications will not be considered. Your signed and completed application and attachments may be submitted by mail to Business Office, TAC, 15 Court Square, 11th floor, Boston MA 02108 or emailed to [info@tacinc.org](mailto:info@tacinc.org).

### Part 1: Individual or Organizational Information

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Company/Consultant Name: \_\_\_\_\_

Type of Entity: (check one)	Sole Proprietor (individual using SSN as Tax Payer ID)
	Corporation                      LLC
	Other: _____

DUNS Number (if applicable): \_\_\_\_\_

If you are a corporation or LLC, have you submitted, or do you intend to submit, an application directly to HUD for technical assistance funds? If yes, please explain:                      Yes                      No

If you are a corporation or LLC, have you applied, or do you intend to apply, as a subcontractor to another HUD technical assistance provider? If yes, please explain:                      Yes                      No

To what other entities has this organization or sole proprietor been a subcontractor or consultant in the past 18 months?

If requested, could the applicant provide a certificate of insurance?                      Yes                      No

## **Organizational Biography\***

*If a sole proprietor, please skip this section and respond to “Sole Proprietor / Individual Consultant Biography” below.* In the space provided, please give a general description of your organization and its experience and qualifications in the areas of affordable housing; community planning; Continuum of Care program and planning; the design and delivery of services to prevent and end homelessness; behavioral health systems and services; Medicaid; *Olmstead* planning and community integration for people with disabilities; organizational development; training and technical assistance; social justice and racial equity in homelessness, health, and human service systems; and related topics. Please describe your experience with planning and programming for subpopulations including homeless and at-risk youth; transition-age youth; Veterans; people with mental health issues; and people with substance use disorders. Please include a corporate résumé or brochure if one is available. Please also provide details, including résumés, on the experience and expertise of the key individuals in your organization who would provide consulting services.

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## **Sole Proprietor or Individual Consultant Biography**

If you are an individual consultant or sole proprietor, please provide a general description of your experience and qualifications in the areas of affordable housing; community planning; Continuum of Care program and planning; the design and delivery of services to prevent and end homelessness; behavioral health systems and services; Medicaid; *Olmstead* planning and community integration for people with disabilities; organizational development; training and technical assistance; social justice and racial equity in homelessness, health, and human service systems; and related topics. Please describe your experience with planning and programming for subpopulations including: homeless and at-risk youth; transition-age youth; Veterans; people with mental health issues; and people with substance use disorders. Please include your résumé.

## Part 2: Billing Information

Status (check all that apply):

Organization is independently audited.

Organization is subject to a federal single audit.

Organization has an approved federally negotiated indirect cost rate.

Organization is not federally audited and does not have federally negotiated indirect cost rates. The rates listed below are determined by individual.

Not applicable

### Proposed Rate Schedule

Please include the information below for each person who would be providing technical assistance services. Check “staff” or “subcontractor” based on the person’s relationship to your own organization. Note that the fully loaded rate should include direct labor costs and all applicable indirect labor costs (such as fringe benefits, overhead, and G&A) but not travel, which is paid separately at the government rate. The fully loaded rate must not include a fee or profit, and must be consistent with rates charged to other government and non-government clients for comparable work.

Name: _____	Staff:	Subcontractor		
Title: _____				
Email: _____				
Fully loaded hourly billing rate in	2024: _____	2025: _____	2026: _____	2027: _____

Name: _____	Staff:	Subcontractor		
Title: _____				
Email: _____				
Fully loaded hourly billing rate in	2024: _____	2025: _____	2026: _____	2027: _____

Name: _____	Staff:	Subcontractor		
Title: _____				
Email: _____				
Fully loaded hourly billing rate in	2024: _____	2025: _____	2026: _____	2027: _____

Name: _____	Staff:	Subcontractor		
Title: _____				
Email: _____				
Fully loaded hourly billing rate in	2024: _____	2025: _____	2026: _____	2027: _____

Name: _____	Staff:	Subcontractor		
Title: _____				
Email: _____				
Fully loaded hourly billing rate in	2024: _____	2025: _____	2026: _____	2027: _____

## Recent Rate History

For some clients, including federal funders, TAC must demonstrate that rates are competitive. In this section, please provide the *lowest* rates charged during the previous 12 months. Include at least three examples, including at least one for each person listed above.

Name of Client: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Consultant Staff: \_\_\_\_\_  
 Performance Period: \_\_\_\_\_ Fully loaded hourly billing rate: \_\_\_\_\_

Name of Client: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Consultant Staff: \_\_\_\_\_  
 Performance Period: \_\_\_\_\_ Fully loaded hourly billing rate: \_\_\_\_\_

Name of Client: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Consultant Staff: \_\_\_\_\_  
 Performance Period: \_\_\_\_\_ Fully loaded hourly billing rate: \_\_\_\_\_

Name of Client: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Consultant Staff: \_\_\_\_\_  
 Performance Period: \_\_\_\_\_ Fully loaded hourly billing rate: \_\_\_\_\_

Name of Client: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Consultant Staff: \_\_\_\_\_  
 Performance Period: \_\_\_\_\_ Fully loaded hourly billing rate: \_\_\_\_\_

**Please include with your application:**

- ✓ Corporate résumé or brochure if available.
- ✓ Résumés for all persons named in the application.
- ✓ Contact information for three professional references.

Your signed and completed application and attachments may be submitted by mail to Business Office, TAC, 15 Court Square, 11th floor, Boston MA 02108 or emailed to [info@tacinc.org](mailto:info@tacinc.org).