



FY 2006
Renewal Application
For Housing Assistance
Opportunities for Persons with
AIDS (HOPWA)

www.dshs.state.tx.us/hivstd

RFP #: HIV-0061.4
Issue Date: September 15, 2005
Due Date: October 14, 2005

Health Promotion Unit
1100 W. 49th Street
Austin, Texas 78756-3199
September 2005

Eduardo J. Sanchez, M.D., M.P.H.
Commissioner of Health

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I. INTRODUCTION

Current Texas Department of State Health Services (DSHS) Administrative Agency contractors receiving Housing Opportunities for Persons with AIDS (HOPWA) funds under the original Request for Proposals (RFP) Supplemental Administrative Agency Funding for Designated HIV Planning Areas, issued January 31, 2001, (RFP-HIV-0017) RFP for HIV CARE Administrative Agencies in Five HIV Planning Areas, issued January 31, 2001, and (RFP-HIV-0024) RFP for HIV CARE Administrative Agencies in Three Planning Areas, issued August 1, 2001 are requested to submit a renewal application for the 12-month budget period of February 1, 2006 through January 31, 2007.

During 2006, DSHS is implementing the following changes to the HOPWA program:

- Contractors will be required to report quarterly, rather than semi-annually, and Exhibit A will be a required attachment to all quarterly reports. A new quarterly report format and Exhibit A are included with this application, and may be found on the reports website located at <http://www.tdh.state.tx.us/hivstd/fieldops/page9.htm>.
- Exhibit A must also accompany each voucher (i.e., request for reimbursement) when submitted to DSHS Accounts Payable.
- DSHS is implementing a new activity as allowed under 24 CFR 574.300 for Supportive Services. These services will be limited primarily to case management and purchase of smoke detectors for HOPWA clients. This change will require AAs to collect data on a new category in the new Quarterly Reporting form.
- The State and the Administrative Agencies combined may not use more than three percent (3%) of the overall grant award for costs relating to grant administration, as defined at 24 CFR 574.3. Project Sponsors carrying out HOPWA activities through the state program may not use more than seven percent (7%) of the amounts they receive for administrative costs (see 24 CFR Section 574.300(b)(10)(i)-(ii)). Administrative costs are defined as "costs for general management, oversight, coordination, evaluation, and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities, since these costs are eligible as part of the activity delivery costs of such activities."
- DSHS will implement changes to funding of certain Administrative Agencies and Project Sponsors in compliance with OMB Bulletin No. 03-04, *Revised Definitions of Metropolitan Statistical Areas, New Definitions of Metropolitan Statistical Areas and Combined Statistical Areas and Guidance on Uses of the Statistical Definitions of These Areas, as indicated in the chart below:* *

HOPWA FORMULA JURISDICTIONS (* new in FY04 or (-) dropped)		Changes in service areas using new MSA definitions, including divisions	
NAME OF HOPWA GRANTEE FOR THE METROPOLITAN STATISTICAL AREA (MSA) OR DIVISION	ST	Counties added to prior service area	Counties cut from prior service area
TEXAS	TX	Henderson & Hood	Atascosa, Austin, Bandera, Brazoria, Delta, Galveston, Kendall, Medina, San Jacinto, & Wise
AUSTIN-ROUND ROCK, TX	TX		
DALLAS-PLANO-IRVING, TX DIVISION	TX	Delta	Henderson
FORT WORTH-ARLINGTON, TX DIVISION	TX	Wise	Hood
HOUSTON-BAYTOWN-SUGAR LAND, TX	TX	Austin, Brazoria, Galveston & San Jacinto	
SAN ANTONIO, TX	TX	Atascosa, Bandera, Kendall & Medina	

*These changes are reflected in the 2006 Allocations Table.

- DSHS will be responsible for implementing the new Outcome Performance Measurement system beginning 02/01/06 – 01/31/07. For additional details about the proposed Outcome Performance Measurement System, please reference Federal Register/Vol. 70, No. 111/Friday, June 10, 2005/Notices. Guidance will be provided to AAs if changes to current performance measures are required.

The Texas Department of State Health Services (DSHS) reserves the right to negotiate any terms and conditions including budget amounts and allocations. Any contract renewal is contingent upon the continued availability of funds and the satisfactory performance of the contractor during the prior budget period. Funding may vary and is subject to change each budget period. DSHS reserves the right to alter, amend or withdraw this Request for Application at any time prior to the execution of a contract if funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or agencies, amendment of the appropriations act, health and human services agency consolidations, or any other disruption of current appropriations. If a contract has been fully executed and these circumstances arise, the provisions of the Termination Article in the contract General Provisions shall apply.

The *HOPWA Program Manual* is in effect and serves as the basic program guidance for the HOPWA program. An electronic version of the *HOPWA Program Manual* and links to Housing and Urban Development (HUD) information on Fair Market Rents (FMRs) and Income Limits may be found on the HIV and STD Comprehensive Services Branch website at www.tdh.state.tx.us/hivstd/fieldops/hopwa.htm. Further guidance can be found in the HOPWA Letter to Administrative Agencies, June 2004 (see Appendix A).

II. RENEWAL APPLICATION DEADLINE AND SUBMISSION

A. Application Deadline

The application shall be received on or before the following date and time: **2:00 P.M. C.S.T. on 10/14/2005.**

B. Submission

The original application, three (3) copies, and diskette shall be submitted **on or before the deadline** to:

**Debbie Bennett
Client Services Contracting Unit
Room T-502
Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3199
RFP #: HIV-0061.4**

C. Contact

For purposes of addressing questions concerning this Renewal Application, the contact is Debbie Bennett. All communications concerning this Renewal Application shall include the RFP # and be addressed in writing, by fax or email to:

Debbie Bennett
Client Services Contracting Unit
Room T-502
Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3199
FAX (512) 458-7351
Email : Debbie.Bennett@dshs.state.tx.us
RFP # : HIV 0061.4

Upon issuance of this Renewal Application, other employees and representatives of DSHS will not answer questions or otherwise discuss the contents of the Renewal Application with any potential applicants or their representatives. Failure to observe this restriction may result in disqualification of any subsequent proposal. This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this Renewal Application.

The Client Services Contracting Unit (CSCU) is the point of contact with regard to all procurement and contractual matters relating to the services described herein. The (CSCU) is the only office authorized to clarify, modify, amend, alter, or withdraw the project requirements, terms, and conditions of this Renewal Application and any contract awarded as a result of this Renewal Application.

D. Assembly and Submission

1. Assembly

To facilitate review and processing, each renewal application should meet the following stylistic requirements:

- All pages clearly and consecutively numbered;
- Original and three (3) copies unbound, but secured with binder clips or rubber bands;
- Typed (computer or typewriter);
- Single-spaced;
- 12-point font on 8 ½" x 11" paper with 1" margins;
- Blank forms provided in **SECTION IV. BLANK FORMS AND INSTRUCTIONS** shall be used (electronic reproduction of the forms is acceptable; however, all forms shall be identical to the original form(s) provided); and
- Signed in ink by an authorized official (copies must be signed but need not bear an original signature).

Confidential Information:

The applicant shall clearly designate any portion(s) of this application that contains confidential information and state the reasons the information should be designated as such. Marking the entire application as confidential will neither be accepted nor honored. If any information is marked as confidential in the application, DSHS will determine whether the requested information may be excluded from disclosure under the Public Information Act, Texas Government Code, Chapter 552. If it constitutes an exception, and if a request is made by any other entity for the information marked as confidential, the information may be excepted from disclosure and shall be forwarded to the Texas Attorney General along with a request for a ruling on its confidentiality. Applicants are advised to consult with their legal counsel regarding disclosure issues and to take the appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, applications to this RFP are subject to release as public information unless any application or specific parts of any application can be shown to be exempt from the Public Information Act, Chapter 552, Texas Government Code.

2. Submission

The originally signed renewal application and three (3) copies shall be submitted **on or before the deadline to:**

**Debbie Bennett:
Client Services Contracting Unit
Room T- 502
Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3199**

REF: RFP # HIV 0061.4

Renewal applications may be mailed or hand-delivered to the DSHS address above. If a renewal application is sent by overnight mail or hand-delivered to the DSHS

address above, the applicant should request a receipt at the time of delivery to verify that the application was received on or before the due date and time. Hand-delivered applications must be delivered to the room number identified in the address above.

If a renewal application is mailed, it is considered as meeting the deadline if it is received on or before the due date and time. DSHS will not accept renewal applications by facsimile or e-mail.

Applicants sending renewal applications by the United States Postal Service or commercial delivery services must ensure that the carrier will be able to guarantee delivery of the renewal application by the closing date and time. DSHS may make exceptions only for 1) carrier error, when the carrier accepted the package with a guarantee for delivery by the closing date and time, or 2) significant weather delays or natural disasters. The applicant must submit to DSHS proper documentation that reflects one of the above exceptions before DSHS can consider the application as having been received by the deadline.

ORGANIZATION AND CONTENT

III. RENEWAL APPLICATION ORGANIZATION AND CONTENT

The renewal application should be organized in the following order:

- A. Face Page - Renewal Application, RFP # HIV 0061.4
- B. Renewal Application Checklist
- C. Contact Person Information
- D. Administrative Information
- E. Performance Measures
- F. Work Plan
- G. Budget Summary and Detailed Budget (All Budget Detail "G" Forms are REQUIRED)
- H. Nonprofit Board of Directors and Executive Director Assurances Form
- I. Subcontractor Forms
- J. Certification of Local Approval for Project Sponsors
- K. Assurance of Compliance with Conflict Interest Restrictions

IV. BLANK FORMS AND INSTRUCTIONS

Tip: To use the check box, place the pointer over the box and double click the left mouse button. In the Check Box Form Field Options, change the Default Value to Checked by clicking the circle in front of it.

Unlocked Forms

To have the computer do the addition:

1. Completely fill out the column or row you are going to sum. If you are summing all of the totals, update the sum of all the columns and all the rows before updating the sum of the totals.
2. Word will **not** update the totals automatically. Select the form field for the sum in one of the following ways:
 - Use the tab key to move from field to field or place the cursor immediately in front of the "0" or previous total with gray shading.
 - Drag the cursor over the "0" or previous total with gray shading so that only the number is selected. Note: If the entire table cell is selected (black), the formula will not work and you risk deleting the form field.

Tip: The first time you use the forms; the totals are all "0" with gray shading. Before updating a total, zoom in until you can easily see the "0" and the gray shading.
3. Press the F9 key (usually at the top of the keyboard).
4. Check the results. If it looks wrong, check the numbers you put in the row or column.

Caution: Never delete the form field for the total (the "0," or previous total, with gray shading). The formulas will not work after the form field for the total is deleted. Selecting the field and typing over it will delete the field. The Backspace key will delete the field. The Delete key will delete the field.

Tip: You must update the totals for the columns and rows each time you change a number in that column or row.



Department of State Health Services (DSHS)

FORM A: FACE PAGE - Renewal Application for Housing Assistance Opportunities for Persons with AIDS (HOPWA) as authorized under the original Request for Proposals (RFP) Supplemental Administrative Agency Funding for Designated HIV Planning Areas, Issued January 31, 2001 (RFP-HIV-0017) RFP for HIV CARE Administrative

Agencies in Five HIV Planning Areas, issued January 31, 2001, and (RFP-HIV-0024) RFP for HIV CARE Administrative Agencies in Three Planning Areas, Issued August 1, 2001

This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the renewal application and shall be completed in its entirety.

APPLICANT INFORMATION	
1) LEGAL NAME:	
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):	Check if address change <input type="checkbox"/>
3) PAYEE Mailing Address (if different from above):	Check if address change <input type="checkbox"/>
4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) : <i>*The vendor acknowledges, understands and agrees that the vendor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>	
5) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community -Based Organization <input type="checkbox"/> Minority Organization
<input type="checkbox"/> Individual <input type="checkbox"/> FOHC <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>	
6) Currently operating under a HUB Subcontracting plan on file at DSHS?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____
8) COUNTIES SERVED BY PROJECT:	
9) AMOUNT OF FUNDING REQUESTED:	11) PROJECT CONTACT PERSON
10) PROJECTED EXPENDITURES	Name: _____
Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? **	Phone: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Fax: _____
<i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	E-mail: _____
12) FINANCIAL OFFICER	
Name: _____	
Phone: _____	
Fax: _____	
E-mail: _____	
I, the undersigned, am the authorized representative of the applicant filing this contract renewal application. The facts contained herein are true, and the applicant is in compliance with the assurances and certifications contained in the competitive RFP identified above, which is part of the original contract and any prior renewals and amendments. I understand that this contract renewal depends on the truthfulness of this document and on the applicant's continued compliance with the original contract and all its components and amendments.	
13) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/>	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: _____	
Title: _____	
Phone: _____	
Fax: _____	
E-mail: _____	
	15) DATE

FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the DSHS, including the signature of the authorized representative. It is the cover page of the renewal application and required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in the identified Competitive Request for Proposal and the original DSHS contract, any renewal(s) or amendment(s). Applicant acknowledges that continued compliance is a condition for the renewal of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Enter the PAYEE's name and mailing address if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The vendor acknowledges, understands and agrees that the vendor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The Texas Building and Procurement Commission (TBPC) or another entity must certify the HUB.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.
- 6) **CURRENTLY OPERATING UNDER A HUB SUBCONTRACTING PLAN ON FILE AT DSHS? YES OR NO** - Check the appropriate box to indicate whether or not the applicant is operating under a HUB Subcontracting Plan filed with DSHS under the original competitive RFP. If yes, the applicant must continue to comply with reporting requirements if a renewal contract is executed. Any changes to the budget that affect the HUB Subcontracting Plan must be communicated with the DSHS HUB Coordinator at 1-800-243-7487 or by e-mail at HUB-contact@dshs.state.tx.us. If no is checked, no further action is required.
- 7) **PROPOSED BUDGET PERIOD** - Enter budget period as identified in this renewal application.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities. This amount must match column (1) row J from FORM I: BUDGET SUMMARY.
- 10) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year, applicant shall arrange for a financial and compliance audit (Single Audit)
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 12) **FINANCIAL OFFICER** - Enter the name, title, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the applicant. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.
- 15) **DATE** - Enter the date the person authorized to represent the applicant signed this form.

FORM B: RENEWAL APPLICATION CHECKLIST

Legal Name of Applicant: _____

This form is provided to ensure that the renewal application is complete and properly signed.

FORM	DESCRIPTION	Included	Not Applicable
A	Face Page – Renewal Application completed, and proper signatures and date included	<input type="checkbox"/>	
B	Renewal Application Checklist completed and included	<input type="checkbox"/>	
C	Contact Person Information completed and included	<input type="checkbox"/>	
D	Administrative Information for Renewal Application completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>	
E	Performance Measures included	<input type="checkbox"/>	
F	Work Plan included	<input type="checkbox"/>	
G	Budget Summary Form completed and included	<input type="checkbox"/>	
G-1-G-6	Budget Category Detail Forms completed and included	<input type="checkbox"/>	
H	Nonprofit Board of Directors and Executive Director Assurances form signed and included If the signed original of this form has been provided to the Department of State Health Services during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.	<input type="checkbox"/>	<input type="checkbox"/>
I	Subcontractor Forms	<input type="checkbox"/>	
J	Certification of Local Approval for Project Sponsors	<input type="checkbox"/>	
K	Assurance of Compliance with Conflict of Interest Restrictions	<input type="checkbox"/>	
Appendices	Other Assurances, Forms, and Requirements: Appendix B: HIV Contractor Assurances	<input type="checkbox"/>	

FORM C: CONTACT PERSON INFORMATION

Legal Name of Applicant: _____

This form provides information about the appropriate program contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please notify the Texas Department of State Health Services.

Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
E-mail: _____	_____

FORM D: ADMINISTRATIVE INFORMATION - Renewal Application

This form provides information regarding identification and contract history on the applicant, executive management, project management, governing board members, and/or principal officers. Respond to each request for information **or provide the required supplemental document behind this form**. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

Legal Name of Applicant: _____

Identifying Information

If there are no changes to any of the items below, check here and skip the next question in this section.

1. The applicant shall attach the following information:

If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the applicant.

If a Nonprofit or For profit Corporation

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if applicant is a for profit corporation.

Conflict of Interest and Contract History

If there are no changes to any of the items below, check here and skip the questions in this section.

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this renewal application. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with DSHS, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this renewal application. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of DSHS, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the applicant may be disqualified from further consideration for the renewal of a contract.

1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this renewal application?

YES NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the renewal application due date?

YES NO

If YES, indicate his/her name, social security number, job title, agency employed by, separation date, and reason for separation.

3. Is applicant or any member of applicant's executive management, project management, board members or principal officers:

- delinquent on any state, federal or other debt;
- affiliated with an organization which is delinquent on any state, federal or other debt; or
- in default on an agreed repayment schedule with any funding organization?

YES NO

If YES, please explain. (Attach no more than one additional page.)

FORM E: PERFORMANCE MEASURES

*In the event a contract is renewed, applicant agrees that performance measures(s) will be used to assess, in part, the applicant's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this renewal application. **A maximum of 6 additional pages may be attached if needed.***

FORM E: PERFORMANCE MEASURE Guidelines

Applicant shall include the performance measures in the renewal application along with the proposed target levels of performance for each measure. The proposed target levels of performance and reporting frequency will be negotiated and agreed upon by applicant and DSHS if applicant is selected to negotiate a contract.

Contractors must address the following performance measures (*also refer to cover letter for details concerning the new performance measurement outcome system mandated by HUD*):

1. The Administrative Agency will assure that 100% of the agencies receiving HOPWA funds document the local demand for housing needs beyond their current capacity and have a written policy that outlines the agency's response to such demand. The documentation of local demand for housing needs is to be done through the use of waiting lists that are to be updated every six (6) months indicating the date persons were added and removed.

Agencies are required to maintain and track separate waiting lists for clients needing rental assistance and emergency assistance using the following criteria:

Rental Assistance -- number of clients who:

- a) Are HIV Positive
- b) Are Income Eligible (as defined in the DSHS HOPWA Manual: <http://www.tdh.state.tx.us/hivstd/fieldops/hopwa.htm>)
- c) Have an identified housing need as determined through the client's needs assessment.
- d) Are unable to receive rental assistance due to insufficient HOPWA funds.

Emergency Assistance -- number of clients who:

- a) Are HIV Positive
- b) Are Income Eligible (as defined in the DSHS HOPWA Manual: <http://www.tdh.state.tx.us/hivstd/fieldops/hopwa.htm>)
- c) Have an identified housing need as determined through the client's needs assessment.
- d) Have a short-term emergency situation that may put the client at risk of becoming homeless.
- e) Are unable to receive emergency assistance due to insufficient HOPWA funds.

Data must be available by service provider, as well as by HSDA.

2. 100% of clients receiving HOPWA Rental Assistance will apply for Section 8 housing to determine eligibility and renew their applications every ninety (90) days or as required by the local Section 8 program.
3. Contractors will report quarterly, using the required forms. Please see Exhibit A for the quarterly report form. This form is can be found at <http://www.tdh.state.tx.us/hivstd/fieldops/page9.htm>.

FORM F: WORK PLAN

*Applicant shall describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. Address the required elements (see WORK PLAN Guidelines) associated with the services proposed in this renewal application. **A maximum of 6 additional pages may be attached if needed.***

FORM F: WORK PLAN Guidelines

Applicant shall describe its plan for service delivery to the population in the proposed service area(s) and include time lines for accomplishments. The work plan shall address any changes to the needs and the problems identified in the community assessment for improving health status. The plan shall:

1. Summarize the proposed services, population to be served, location (counties to be served), etc. Also address the following two questions: a) Will you serve individuals from counties outside your stated service area? b) If you are requesting funds to increase your total project budget (all sources), how will this impact your overall agency program goals.
2. Describe delivery systems, and any changes to: workforce (attach organizational chart if changed from original competitive RFP application), policies, support systems (i.e., training, research, technical assistance, information, financial and administrative systems) and other infrastructure available to achieve service delivery and policy-making activities. "What resources do we have to perform the project, who will deliver services and how will they be delivered?"
3. Describe any changes to how data is collected and tabulated, who will be responsible for data collection and reporting, and how often data collection activities will occur.
4. Describe any changes to coordination with the other Health and Human Services providers in the service area(s) and delineate how duplication of services is to be avoided.
5. Describe any changes to applicant's ability to provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, and other means to ensure accessibility for the defined population).
6. Describe any changes to applicant's internal Quality Assurance/Quality Improvement (QA/QI) process utilized to monitor services. Identify any changes to staff who use them and who is responsible for ensuring they are updated. The description shall include the following 1) role of the QA/QI Committee; 2) Medical Director's involvement in the QA/QI activities; 3) activities utilized to identify trends of needed improvement and the frequency of those activities; 4) activities to ensure correction and follow-up to findings identified; 5) utilization and frequency of client satisfaction surveys; 6) system utilized to identify and monitor adverse outcomes (sentinel events); 7) process for identifying outcome measures; and 8) process utilized to develop protocols and Standing Delegation Orders (SDOs).

FORM G: BUDGET SUMMARY, Special Instructions

Administrative Agencies (AAs) may NOT increase their administrative costs over the amount that was allocated for the 2005 contract year. Administrative Agencies may only use HOPWA funds allocated from their own HIV Service Delivery Areas (HSDA) for administrative costs. They may not use HOPWA funds from other HSDAs for administration.

The Texas Department of State Health Services (DSHS) and Administrative Agencies combined are held to a cap of three percent (3%) of the total state award for administrative costs. Project Sponsors (subcontractors) of the Administrative Agencies are held to a cap of seven percent (7%) of their agency's grant award for administrative costs.

FORM G: BUDGET SUMMARY

Legal Name of Applicant: _____

Cost Categories	DSHS Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$	\$	\$	\$	\$	\$ 0
B. Fringe Benefits	\$	\$	\$	\$	\$	\$ 0
C. Travel	\$	\$	\$	\$	\$	\$ 0
D. Equipment and Supplies	\$	\$	\$	\$	\$	\$ 0
E. Contractual	\$	\$	\$	\$	\$	\$ 0
F. Construction	N/A	0	N/A	0	N/A	0
G. Other	\$	\$	\$	\$	\$	\$ 0
H. Total Direct Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
I. Indirect Costs	\$	\$	\$	\$	\$	\$ 0
J. Total (Sum of H and I)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
K. Program Income - Projected Earnings	\$	\$	\$	\$	\$	\$ 0

Indirect costs are based on (mark the statement that is accurate):

- The applicant's most recently approved indirect cost rate _____ % A copy is attached behind the OTHER Budget Category Detail Form (FORM G5).
- The applicant's most recently approved indirect cost rate _____ % which is on file with DSHS's Contract Policy & Monitoring Division.

*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from other non-DSHS state agencies. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

FORM G: BUDGET SUMMARY Instructions

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the renewal application. All applicants shall complete the budget summary form. Be sure to refer to the appropriate sections in the renewal application for program-specific allowable and unallowable costs.

Administrative Agencies (AAs) may NOT increase their administrative costs over the amount that was allocated for the 2005 contract year. Administrative Agencies may only use HOPWA funds allocated from their own HIV Service Delivery Areas (HSDA) for administrative costs. They may not use HOPWA funds from other HSDAs for administration. Project Sponsors (Subcontractors) are limited to 7% administrative costs.

Composite Regulations for HOPWA 574.3 Definitions, defines administrative costs in the following way: "Administrative costs mean costs for general management, oversight, coordination, evaluation, and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities." **DSHS is implementing a new activity as allowed under 24 CFR 574.3 for Supportive Services. These services will be limited primarily to case management and the purchase of smoke detectors for HOPWA clients. Eligibility staff time, travel to a client's residence, and providing smoke detectors are considered costs directly related to carrying out one of the eligible activities of providing emergency assistance, rental assistance, or supportive services. Those costs should be billed and reported as services expenditures.**

This form shall reflect funding from all sources that support the project described in this attachment. See "Detailed Budget Category Forms, General Information" for definitions of cost categories. For purposes of this form, the column headings have the following meanings:

- Column 1: The amount of funds requested from the Department of State Health Services (DSHS) for this project.
- Column 2: Federal funds awarded directly to applicant.
- Column 3: Funds awarded to applicant from other State of Texas governmental agencies.
- Column 4: Funds awarded to applicant by local governmental agencies (city, county, local health department, etc.).
- Column 5: Funds from other sources not previously addressed in columns 1-4 (private foundations, donations, fund-raising, etc.).
- Column 6: The sum of columns 1-5.

PROGRAM INCOME

Program Income: Projected Earnings. Applicant shall estimate the amount of program income that is expected to be generated during the budget period.

DEFINITION: Program income is the income resulting from fees or charges made by a contractor in connection with activities supported in whole or in part by a federal/state contract. Program income earned as a result of an effort which is jointly funded by DSHS and the contractor is to be shared by DSHS and the contractor. A program income allocation plan is the means by which DSHS's share is determined. The required formula for a plan is as follows:

$$\frac{\text{DSHS's Share of Funding}}{\text{DSHS's Share of Funding} + \text{Contractors Share of Funding}} \times \text{Total Program Income Collected} = \text{DSHS's Share of Program Income}$$

Contractor shall disburse program income rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting cash payments including advance payments from DSHS.

For more information about program income, refer to the Program Income Article in the General Provisions for DSHS Grants Contracts and/or request a copy of DSHS's Financial Administrative Procedures Manual on the Internet at <http://www.dshs.state.tx.us/grants/default.shtm>.

INSTRUCTIONS:

Projected Earnings. Applicant must enter on the BUDGET SUMMARY form the estimated amount of program income that is expected to be generated during the budget period.

Examples Of Program Income

- *Fees received for personal services performed in connection with and during the period of contract support;*
- *Tuition and fees when the course of instruction is developed, sponsored, and supported by the applicable contract from state or federal sources;*
- *Sale of services such as laboratory tests or computer time;*
- *Payments received from patients or third parties for medical or hospital service, such as Title XIX or Title XX reimbursements, insurance payments, or patient fees. These payments may be made under either a cost reimbursement or a fixed price agreement;*
- *Lease or rental of films or video tapes; and*
- *Rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.*

FORM G: BUDGET SUMMARY Example

Legal Name of Applicant: Apple County Health Department

Cost Categories	DSHS Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$ 27,900	\$ 30,900	\$ 5,000	\$ 0	\$ 0	\$ 63,800
B. Fringe Benefits	\$ 4,032	\$ 5,030	\$ 1,000	\$ 0	\$ 0	\$ 10,062
C. Travel	\$ 1,373	\$ 2,070	\$ 5,00	\$ 0	\$ 0	\$ 3,448
D. Equipment and Supplies	\$ 47,060	\$ 49,050	\$ 22,050	\$ 7,000	\$ 0	\$ 117,160
E. Contractual	\$ 41,208	\$ 42,010	\$ 15,000	\$ 0	\$ 0	\$ 98,218
F. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
G. Other	\$ 23,000	\$ 1,000	\$ 500	\$ 0	\$ 0	\$ 24,500
H. Total Direct Costs	\$ 144,573	\$ 130,060	\$ 44,050	\$ 7,000	\$ 0	\$ 325,683
I. Indirect Costs	\$ 2,025	\$ 900	\$ 650	\$ 0	\$ 0	\$ 3,575
J. Total (Sum of H and I)	\$ 146,598	\$ 130,960	\$ 44,700	\$ 7,000	\$ 0	\$ 329,258
K. Program Income	\$ 13,200	\$ 12,000	\$ 4,200	\$ 600	\$ 0	\$ 30,000

Indirect costs are based on (mark the statement that is accurate):

- The applicant's most recently approved indirect cost rate 7 % A copy is attached behind the OTHER Budget Category Detail Form (FORM G5).
- The applicant's most recently approved indirect cost rate _____ % which is on file with DSHS's Contract Policy & Monitoring Division.

*Letter(s) of good standing that validate the applicant's programmatic, administrative, and financial capability must be placed after this form if applicant receives any funding from other non-DSHS state agencies. If the applicant is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

DETAILED BUDGET CATEGORY FORMS

General Information

Requirements for Categorical Budgets

The renewal application shall include a detailed breakdown of budget cost categories and a narrative justification. Details of each cost category shall be expressed using the budget category detail forms (G-1 to G-5), which follow. Definitions of the cost categories and instructions and examples of how to itemize the contents of each cost category are included after the budget category detail forms. Computer generated facsimiles may be substituted for any of the forms; however, the exact wording and format must be maintained.

General Information

Additional information on basic accounting and financial management systems requirements is available in DSHS's Financial Administrative Procedures Manual. Copies of the manual are available on the Internet at www.dshs.state.tx.us/grants/default.shtm.

Only those costs allowable under UGMS and any revisions thereto plus any applicable federal cost principles are eligible for reimbursement under this contract. Applicable cost principles, audit requirements, and administrative requirements are as follows:

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non Profit Organizations	OMB Circular A-133 and UGMS	UGMS
48 CFR Part 31, For Profit Organization and other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	Program audit conducted by an independent certified public accountant must be in accordance with Governmental Auditing Standards.	

A. Allowable and Unallowable Costs

Below is a brief listing of allowable and unallowable costs as prescribed by federal cost principles or DSHS policy. Applicable federal cost principles provide additional information and guidance on allowable and unallowable costs.

An **allowable cost**, in accordance with federal cost principles, meets the following criteria:

1. It is necessary and reasonable for proper and efficient administration of the funded program;
2. It can be allocated to the funded program and is not a general expense needed to carry out the contractor's general responsibilities;
3. It is authorized or is not prohibited under applicable laws or regulations;
4. It conforms to applicable limitations or exclusions;
5. It is consistent with applicable policies and procedures;
6. It is treated consistently through the renewal application of generally accepted accounting principles appropriate to the circumstances;
7. It is not allocated or included as a cost of any other program; and
8. It is the net sum of all applicable credits.

**DETAILED BUDGET CATEGORY FORMS,
Allowable/Unallowable Costs continued**

Unallowable costs, i.e., costs that may not be paid with DSHS funds include, but are not limited to:

1. Advertising and public relations costs other than those specifically allowed by terms of the contract attachment or those incurred for the purpose of personnel recruitment, solicitation of bids and disposal of surplus materials;
2. Bad debts;
3. Construction is not allowed without the prior written approval of DSHS;
4. Contingency reserve funds;
5. Contributions and donations;
6. Entertainment costs including amusement/social activities and their related costs (meals, beverages, lodgings, rentals, transportation, and gratuities) are not allowed unless the costs are directly related to the program's purpose and DSHS has reviewed and issued prior written approval of the work plan components that relate to entertainment costs;
7. Fines, penalties, late payment fees, bank overdraft charges;
8. Fundraising;
9. Interest (unless specifically authorized by applicable cost principles or authorized by federal or state legislation);
10. Lobbying.

B. Direct Costs

Direct costs are those that can be specifically identified with a particular award, project, service, scope of work or other direct objective of an organization. These costs may be charged directly to the DSHS contract attachment (if contract is renewed). These costs may also be charged to cost objectives used to accumulate all costs pending distribution to specific contracts and other purposes. Direct cost categories include: personnel, fringe benefits, travel, equipment, supplies, contractual, and other.

C. Indirect Costs

Indirect costs are those costs related to the project that are not included in direct costs. Indirect costs are those costs incurred for a common or joint purpose benefiting more than one cost objective and not readily identified with a particular cost center and which may be paid if allowable under the funding source, e.g., depreciation and use allowances, interest, operation and maintenance expenses (janitorial and utility services, repairs and normal alterations of buildings, furniture, equipment, care of grounds, security), general administration and general expenses (central offices such as director, office of finance, business services, budget and planning, personnel, general counsel, safety and risk management, management information services).

The Client Services Contracting Unit (CSCU) is currently working on policies/procedures to determine how DSHS will handle contractor indirect cost (IC) rates and allocation plans (AP). These policies and procedures will be approved in the near future. The following recommendations are only to be used until the DSHS has approved policies and procedures to address IC and AP issues. These recommendations do not preclude tasks normally performed by the programs, i.e., budget, negotiations, review of supporting documentation, etc. Review of IC and AP will be the responsibility of the Contract Oversight and Monitoring Section (COS) when financial site reviews are conducted. It is anticipated that this interim procedure will be short lived and will pose minimal risk to the contractor. All questions and concerns regarding IC and AP policies and procedures should be addressed to Robert Vitek at 512-458-7111 X2281.

Recommendation for Indirect Cost Rates:

- CSCU will accept all indirect cost rates whether based on a rate approved by a federal cognizant agency or State Single Audit Coordinating Agency, including agencies that no longer exist (MHMR). The assumption is, if the rate was approved by a federal cognizant agency or State Single Audit Coordinating Agency, someone with the expertise to do so reviewed it.
- CSCU will accept expired, soon to expire, and pending rates as long as indirect cost rates have been submitted for approval by a federal cognizant agency or State Single Audit Coordinating Agency.
- Indirect cost rate proposals submitted by government entities will be accepted pending review/audit by DSHS COS.

Recommendation for Indirect Costs based on Indirect Cost Allocation Plans:

- CSCU will accept all indirect costs based on allocation plans. Indirect costs based on allocation plans will be reflected in the IC category of the budget (not under Other). Exception for FY 06: If indirect costs have already been budgeted to the Other category and can be clearly identified as indirect costs, this will be accepted by

CSCU until future indirect cost guidance has been developed and made available to the DSHS programs and their contractors.

- Programs have the option to request copies of allocation plans.
- Allocation plans must be made available for review during on-site compliance reviews.

Proposed implementation of new policies and procedures:

- Once DSHS has approved the recommended policies and procedures, a letter will be sent to contractors to address the new policies and procedures and how contracts executed during this interim period will be administered. In addition, DSHS will request a signature and the return of a certification form within 30 days (assuming this certification process is approved and adopted as part of the new procedures).
- If the approved procedures include plans to be reviewed in-house by COS, plans submitted for contracts executed during this interim period, should be reviewed first or as soon as resources allow. This is to reduce financial risk by contractors whose contracts were executed during this interim period, due to possible error in the development of their rate/plan.

NOTE: “Acceptance” by DSHS of an indirect cost rate or indirect costs based on allocation plans pending financial compliance review by DSHS should not be construed as “approval”.

D. Audit Requirements*

If required by OMB Circular A-133 and/or UGMS, applicant or applicant’s authorized contracting entity shall arrange for a financial and compliance audit (Single Audit). Applicant may include in the budget request an amount for DSHS’s proportionate share of costs. The audit must be conducted by an independent CPA and must be in accordance with applicable OMB Circulars, Government Auditing Standards, and UGMS. Audit services shall be procured in compliance with state procurement procedures, as well as the provisions of UGMS.

EXAMPLE CRM G-1: PERSONNEL Budget Category Detail Form Example

Legal Name of Applicant: Apple County Health Department

Functional Title + Code E=Existing or P=Proposed	% Time	Certification/ License Required	Total Annual Salary	Salary Requested for Project	Vacant Y/N	Justification
Financial Officer (E)	5%		\$42,000	\$2,100	N	Provides financial accountability of program
Administrative/Personnel (P)	5%		\$36,000	\$1,800	Y	Provides personnel services and training
Outreach Counselor (E)	100%		\$24,000	\$24,000	N	Provides outreach/case management services
FRINGE BENEFITS: Itemize the elements of fringe benefits in this space. Attach an additional sheet of paper if more space is required. Note: Applicant is responsible for understanding the potential impact of alternative Fringe Benefit options. FICA 7.65% Worker's Comp 2.05% Retirement Plan 1.63% Health Insurance 3.12%				Salary Total		\$27,900
				Fringe Benefit Rate 14.45 %		
				FRINGE BENEFITS TOTAL		\$4,032

PERSONNEL

DEFINITION: The actual cost of salaries and wages paid to employees of the organization devoted to the DSHS funded project. These costs are allowable to the extent that they are reasonable and conform to the established, consistently applied policy of the organization and reflect no more than the time actually devoted to the project.

INSTRUCTIONS: Enter the following information for each position on the PERSONNEL Budget Category Detail Form: functional title, whether the position is existing or proposed, % of time dedicated to the project, any certification or license an individual must possess to be qualified for the position, the total annual salary, the amount of DSHS funds requested for this position's salary (% of time dedicated to the project multiplied by the annual salary), whether the position is vacant or filled, and the justification for the position. Justification may include a brief description of the position's primary responsibilities and an explanation for the % of time dedicated to the project, why the position classification is appropriate (including license/certification requirements), and an explanation of reasonableness of the annual salary.

FRINGE BENEFITS

DEFINITION: Fringe benefits are allowances and services provided by the organization to their employees as compensation in addition to regular salaries and wages. Fringe benefits include but are not limited to the cost of leave, employee insurance, pensions, and unemployment benefit plans. The cost of fringe benefits is allowable (in proportion to the amount of time or effort employees devote to the grant funded project), to the extent that the benefits are reasonable and are incurred under formally established and consistently applied policies of the organization. Note: Applicant is responsible for understanding the potential impact of alternative Fringe Benefit practices.

INSTRUCTIONS: Itemize the elements of fringe benefits and indicate the % rate on the PERSONNEL Budget Category Detail Form.

FORM G-2: TRAVEL Budget Category Detail Form

Legal Name of Applicant: _____

Local Travel Costs (mileage plus per diem)

Mileage Reimbursement Rate	Estimated Number of Miles	Estimated Mileage Cost (a)	Estimated Per Diem Costs (b)	Estimated Total Local Travel Costs (a) + (b)	Justification (include who or what position will be traveling, area or locations to cover, and why local travel is necessary to accomplish the project)
\$		\$	\$	\$ 0	

Conference/Workshop Costs

Name and/or Description of Conference/Workshop	Location (City)	No. of Applicant Employees Attending (for whom DSHS funds are requested)	Estimated Travel Cost (# of miles x reimbursement rate; estimated airfare, etc.)	Estimated Per Diem Cost	Estimated Related Travel Costs (taxi, etc.)	Estimated Total Conference/Workshop Cost	Justification
						0	
						0	
						0	
						0	
						0	
						0	
TOTAL for Conf/Workshop TRAVEL:			\$ 0	\$ 0	\$ 0	\$ 0	

Local TRAVEL Costs: \$ 0	Conf/Workshop TRAVEL Costs: \$ 0	Total TRAVEL Costs: \$ 0
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NOTE: All contracts with the Department of State Health Services require that a written travel policy be maintained by the contracting entity. Attach a copy of the travel policy as an appendix to the proposal. If a written travel policy is not in place, DSHS's travel policy will be used.

EXAMPLE FORM G-2: TRAVEL Budget Category Detail Form Example

Legal Name of Applicant: Apple County Health Department

Local Travel Costs (mileage plus per diem)

Mileage Reimbursement Rate	Estimated Number of Miles	Estimated Mileage Cost (a)	Estimated Per Diem Costs (b)	Estimated Total Local Travel Costs (a) + (b)	Justification (include who or what position will be traveling, area or locations to cover, and why local travel is necessary to accomplish the project)
\$.31	1,068	\$ 331	\$ 144	\$ 475	Executive Director – Travel to all site locations in the nineteen county area for review, monitor, evaluate, and oversee clinic operations.

Conference/Workshop Costs

Name and/or Description of Conference/Workshop	Location (City)	No. of Applicant Employees Attending (for whom DSHS funds)	Estimated Travel Cost (# of miles x reimbursement rate; estimated airfare, etc.)		Estimated Per Diem Cost	Estimated Related Travel Costs (taxi, etc.)	Estimated Total Conference/Workshop Cost	Justification
Family Planning Advisory Committee Meetings (4)	Austin	1	1,735 miles x \$0.31/mile =	\$538	\$360	\$0	\$898	Clinic Services Director to attend Family Planning Committee meetings (4)
TOTAL for Conf/Workshop TRAVEL:				\$538	\$360	\$0	\$898	

Local TRAVEL Costs:	\$475	Conf/Workshop TRAVEL Costs:	\$898	Total TRAVEL Costs:	\$1,373
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NOTE: All contracts with the Department of State Health Services require that a written travel policy be maintained by the contracting entity. Attach a copy of the travel policy as an appendix to the proposal. If a written travel policy is not in place, DSHS's travel policy will be used.

TRAVEL

DEFINITION: The costs of transportation, lodging, meals and related expenses incurred by employees of the organization while performing duties relevant to the proposed project. This includes auto mileage paid to employees on the basis of a fixed mileage rate for the use of their personal vehicle. Costs related to client transportation and registration fees should be classified as "Other" expense category. Travel costs incurred by a third party under contract should be included within the terms of the contract and be budgeted under "Contractual" expense category.

INSTRUCTIONS: The TRAVEL Budget Category Detail Form requires information on local travel costs (travel and per diem) and information on conferences/workshops for which DSHS funding is being requested. For local travel, enter the reimbursement rate for automobile mileage and the estimated number of miles to be traveled for the budget period. To calculate the total estimated local travel costs, multiply the local reimbursement rate per mile by the total estimated number of automobile miles. Enter the estimated per diem costs which may be associated with local travel and show the basis for cost (15 partial days x \$7 per partial day = \$105). The justification should include who or what position classification(s) will be traveling and why local travel is necessary to accomplish the project. For conferences/workshops, the following must be included for all attending for whom DSHS funds are being requested: the

name and/or description of the conference/workshop, the location (city), the number of persons attending, estimated travel, per diem, other related travel costs (excluding registration fees) and total costs for all attending. The justification should include how attendance at the conference/workshop will directly benefit the project and why it is necessary to accomplish the project.

FORM G-3: EQUIPMENT AND SUPPLIES Budget Category Detail Form, Instructions

Revisions to UGMS change the definition of equipment by raising the threshold from \$1,000 to \$5,000. Changes have also been made as to the accounting of “controlled assets” or exception equipment items (such as stereo systems, cameras, facsimile machines, VCRs, printers, computers, cell phones, etc., valued between \$500 and \$1,000). The Health and Human Services Commission (HHSC) has also established uniform definitions, processes and procedures.

A new Cost Category and Budget Category Detail Form has been created to capture information about the cost and need for equipment and supplies at different dollar thresholds. It includes definitions and instructions. Using a single form with multiple dollar thresholds will enable DSHS to continue with RFP and Renewal Application review, evaluation and negotiation; and also allow the flexibility to develop any resulting contracts with the final UGMS definition.

DEFINITION:

Materials and supplies that cost less than \$500; this includes medical supplies, drugs, janitorial supplies, office supplies, patient educational supplies, and software.

Items with a unit cost equal to or greater than \$500 but less than \$1,000 and a useful life of more than one year; for items with component parts (i.e. computers), the aggregate cost must be considered when applied to the threshold.

Items with a unit cost equal to or greater than \$1,000 but less than \$5,000 and a useful life of more than one year; for items with component parts (i.e. computers), the aggregate cost must be considered when applied to the threshold.

Items with a unit cost equal to or greater than \$5,000 and a useful life of more than one year. For items with component parts (i.e. computers), the aggregate cost must be considered when applied to the threshold.

INSTRUCTIONS:

Enter the following information on the EQUIPMENT AND SUPPLIES Budget Category Detail Form in the respective dollar threshold: description of each item, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), state the purpose for the item(s) and why the item(s) are necessary and how the applicant determined or will determine that the cost is reasonable. Attach a complete specification or a copy of the purchase order for items equal to or greater than \$500 per unit.

FORM G-3: EQUIPMENT AND SUPPLIES Budget Category Detail Form

Legal Name of Applicant: _____

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order for items with a unit cost equal to or greater than \$500. See attached example and FORM G-3: EQUIPMENT AND SUPPLIES Budget Category Detail Form, Instructions to complete this form.

DESCRIPTION OF ITEMS Itemize under the appropriate dollar thresholds below. Insert more rows if needed.	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
DESCRIPTION OF ITEMS WITH A UNIT COST OF LESS THAN \$500			
DESCRIPTION OF ITEMS WITH A USEFUL LIFE OF 1 YEAR OR MORE AND A UNIT COST EQUAL TO OR GREATER THAN \$500 BUT LESS THAN \$1,000			
DESCRIPTION OF ITEMS WITH A USEFUL LIFE OF 1 YEAR OR MORE AND A UNIT COST EQUAL TO OR GREATER THAN \$1,000 BUT LESS THAN \$5,000			
DESCRIPTION OF ITEMS WITH A USEFUL LIFE OF 1 YEAR OR MORE AND A UNIT COST EQUAL TO OR GREATER THAN \$5,000			
TOTAL Amount Requested for EQUIPMENT AND SUPPLIES:		\$ 0.00	

EXAMPLE CRM G-3: EQUIPMENT Budget Category Detail Form Example

Legal Name of Applicant: Apple County Health Department

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order for items with a unit cost equal to or greater than \$500.

DESCRIPTION OF ITEMS Itemize under the appropriate dollar thresholds below. Insert more rows if needed.	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
DESCRIPTION OF ITEMS WITH A UNIT COST OF LESS THAN \$500			
Office supplies Pharmaceuticals	\$750 mo/12 mo \$2,500 mo/12 mo	\$9,000 \$30,000	Consumable items needed to support Family Planning clinic services; no item has a unit cost greater than \$499.
DESCRIPTION OF ITEMS WITH A USEFUL LIFE OF 1 YEAR OR MORE AND A UNIT COST EQUAL TO OR GREATER THAN \$500 BUT LESS THAN \$1,000			
24" Zenith Portable TV/VCR Combination; Model #Z12345	\$750/1	\$750	To play educational and instructional family planning videos. Portable model needed for out reach activities conducted at public events (not on at a clinic site).
DESCRIPTION OF ITEMS WITH A USEFUL LIFE OF 1 YEAR OR MORE AND A UNIT COST EQUAL TO OR GREATER THAN \$1,000 BUT LESS THAN \$5,000			
Laptop Computer Dell Inspiron 8000, Intel Pentium III Processor at 850 MHZ, .32 KB Internal Cache (L1), 100 MHZ (Pentium III) external BUS, Frequency and 66 MHZ (Celeron) external BUS frequency Intel 815e AGP, Set Chipset with 4X AFP memory	\$2,060/1	\$2,060	Administrative processing and billing for Family Planning
DESCRIPTION OF ITEMS WITH A USEFUL LIFE OF 1 YEAR OR MORE AND A UNIT COST EQUAL TO OR GREATER THAN \$5,000			
PhoneMaster Professional Autodialing Voice Organization-to-Client Communication System, with 2 year warranty	\$5,250/1	\$5,250	Phone system will confirm appointments and make autodial phone calls for outreach events. Reduction in staff time for follow-up calls and reduction in marketing/advertising expenses.
TOTAL Amount Requested for EQUIPMENT AND SUPPLIES:		\$ 47,060.00	

FORM G-4: CONTRACTUAL Budget Category Detail Form

Legal Name of Applicant: _____

List contracts for services related to the scope of work that are to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION

TOTAL Amount Requested for CONTRACTUAL:

\$	0
----	---

FORM G-4 CONTRACTUAL Budget Category Detail Form Example

Legal Name of Applicant: Apple County Health Department

List contracts for services related to the scope of work that are to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request, whichever is greater, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	METHOD OF REIMBURSEMENT (Unit Cost or Cost Reimbursement)	# of Hours or Units of Service	UNIT COST RATE (If Applicable)	CONTRACTOR TOTAL	JUSTIFICATION
Dr. Bob Health, D.O.	Oversees medical services	Unit Cost	month	\$300	\$3,600	Medical Director required by DSHS
Dr. Peter Paul, D.O.	Provides health history & physicals	Unit Cost	130 hours/month	\$3,034	\$36,408	Contract physician at clinics performing medical exams
Dr. Billy Bob, D.O.	Provide professional guidance	Cost Reimburse	N/A	N/A	\$1,200	Medical Consultant
TOTAL Amount Requested for CONTRACTUAL:					\$ 41,208	

CONTRACTUAL

DEFINITION: Activities identified in the scope of work that are delegated by the applicant to a third party; the cost of providing these activities is recorded in this category. Travel costs incurred by a third party while performing these activities should be included in this category. Contracts for administrative services are not included in this category; they are properly classified in the "Other " category.

If the applicant enters into grant contracts with subrecipients or procurement contracts with vendors, the documents will be in writing and will comply with the requirements specified in the Contracts with Subrecipients and Contracts for Procurement articles in the General Provisions for Department of State Health Services Grant Contracts which are available online at <http://www.DSHS.state.tx.us/grants/default.shtm>.

If an applicant plans to enter into a contract which delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant must submit justification to DSHS and receive prior written approval from DSHS before entering into the contract.

INSTRUCTIONS: The CONTRACTUAL Budget Category Detail Form requires names of the individuals or organizations performing the services, a description of the services being contracted, the number of hours or units of service to be purchased, the method of reimbursement (cost reimbursement or unit cost), unit cost if applicable and total amount of each subcontract. Justification should include why applicant intends to contract for the service, why the service is necessary to perform the scope of work and how the applicant will ensure that the cost of the service is reasonable.

Justification for contracts that delegate a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, must be attached behind the CONTRACTUAL Budget Category Detail Form.

EXAMPLE HER Budget Category Detail Form Example

Legal Name of Applicant: Apple County Health Department

DESCRIPTION	# of units x unit cost if applicable	COST	PURPOSE & JUSTIFICATION
Telephone (23 lines)	12 months x \$833.34 =	\$10,000	Telephone service
Printing	12 months x \$666.67 =	\$8,000	Documents, forms, letters, and literature
Single Audit	1 x \$5,000 =	\$5,000	Single Audit (DSHS requirement)*
TOTAL Amount Requested for OTHER:		\$ 23,000	

OTHER

DEFINITION: All other allowable direct costs not listed in any of the above categories are to be included in this category. Some of the major costs that should be budgeted in this category are:

- * contracts for administrative services;
- * space and equipment rental;
- * utilities and telephone expenses;
- * data processing services;
- * printing and reproduction expenses;
- * postage and shipping;
- * contract clerical or other personnel services;
- * janitorial services;
- * exterminating services;
- * security services;
- * insurance and bonds;
- * equipment repairs or service maintenance agreements;
- * books, periodicals, pamphlets, and memberships;
- * advertising;
- * registration fees;
- * patient transportation;
- * training costs, speakers fees and stipends.
- * software less than \$500

INSTRUCTIONS: The OTHER Budget Category Detail Form requires a general description of the service, and the cost. The justification should include an explanation of the purpose of the service and how it is necessary for the completion of the activity. The justification should also include a statement of when services will be utilized if other than the full renewal application budget period.

FORM G-6: Categorical Budget Instructions

The HOPWA Program manual is in effect and serves as the basic program guidance for the HOPWA program. An electronic version of the HOPWA Program Manual and links to Housing and Urban Development (HUD) information on Fair Market Rents (FMRs) and Income Limits may be found on the website at www.tdh.state.tx.us/hivstd/fieldops/hopwa.htm.

Please submit a 12-month budget categorical budget and justification based on current level funding (see Table A attached to transmittal memorandum). Use the Instructions and Examples for a Categorical Budget Justification format provided to create a categorical budget and budget justification.

Composite Regulations for HOPWA (CFR 574.3 Definitions), defines administrative costs in the following way: “Administrative costs mean costs for general management, oversight, coordination, evaluation and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities.” Eligible staff time and travel to a client’s residence and providing smoke detectors are considered as costs directly related to carrying out one of the eligible activities of providing emergency assistance or rental assistance.

The budget you submit must clearly summarize the amounts allocated in the following categories:

AA Administrative Cost:	\$ _____
Project Sponsor Administrative Cost:	\$ _____
Project Sponsor Emergency Assistance:	\$ _____
Project Sponsor Rental Assistance:	\$ _____
Project Sponsor Other Non-Administrative Services Costs:	\$ _____
Total:	\$ _____

FORM G-6: Categorical Budget Example

A. PERSONNEL **Total**
101,604

[List each position. Give a brief job description of 50 words or less. For each position listed, multiply the monthly salary or wages by the percentage of personnel time by the number of months which the salary is to be paid from this budget.]

Example:

Executive Director (Gonzales) **1,920**
 $\$3,200/\text{monthly} \times 5\% \times 12 = \1920

Oversees all program activities. Ensures compliance with contract requirements. Provides program/financial information to the Board of Directors. Acts as agency personnel director and public spokesperson. supervises Program Manager.

Bookkeeper (Jones) **1,800**
 $\$1,500/\text{monthly} \times 10\% \times 12 = \1800

Performs full charge bookkeeping duties. Inputs transaction data and produces general ledger, income/expense statements and balance sheets. Maintains and produces payroll. Checks invoices for accuracy and prepares them to be approved for payment. Prepares accounts payable.

Program Manager (Watson) **12,384**
 $\$2,580/\text{monthly} \times 40\% \times 12 = \$12,384$

Supervises Prevention Counselor and Outreach Educator. Provides needed staff training. Coordinates prevention programming. Designs and maintains data collection system. Prepares all required program reports. Evaluates staff performance and conducts quality assurance.

HIV Prevention Counselor (McDade) **28,500**
 $\$2,375/\text{monthly} \times 100\% \times 12 = \$28,500$

Conducts HIV prevention counseling and testing through street outreach targeting IDUs, sex partners of IDUs and females who sell sex for drugs or money. collect and maintain accurate program data. Make appropriate referrals for services. Distribute condoms. Performs partner elicitation activities with HIV-positive clients.

HIV Prevention Counselor/Outreach Educator (Vacant) **28,500**
 $\$2,375/\text{monthly} \times 100\% \times 12 = \$28,500$

Conducts street outreach with UHS high-risk adolescents. Does one-on-one and small group education and risk reduction skills training at appropriate sites (hang-out street corners, juvenile detention centers, youth shelters). Provide prevention counseling and testing at these same locations. Conduct partner

elicitation. Collect and maintain accurate program data. Make appropriate referrals for services. Distribute condoms.

Outreach Educator (New position) (attach Job description) 28,500
 \$2,375/monthly X 100% X 12 = \$28,500

Conduct street outreach and small group activities with MSMs of Color. Conduct one-on-one risk reduction and education at bars, public sex environments, and other places the population congregates. Provide risk-reduction and self-esteem building small groups. Distribute condoms and make referrals. Design literature which is language and culturally appropriate. Collect and maintain accurate program data.

B. FRINGE BENEFITS

(Total)

[Itemize the cost of fringe benefits paid for employees, including employer contributions for Social Security, retirement, insurance and unemployment compensation. Fringe benefits requested must represent the actual benefits paid for employees.]

Example:

FICA: 0.765 x \$101,604 =	7,773
Insurance: \$2,160 x 3.55 FTEs =	7,668
Worker's Comp: rate x salaries = \$	\$
Unemployment: rate x salaries = \$	\$

C. STAFF TRAVEL

(Total)

[Budget the projected costs of transportation, lodging, meals, and related expenses for official staff business travel conducted in carrying out the contract. Out of state travel is only allowed with pre-approval from the DSHS. Costs for travel to the bi-annual Texas HIV/STD Conference Austin should be included, if applicable. NOTE: Grantees who do not have written travel reimbursement policies must use DSHS new travel reimbursement rates as follows: mileage/40.5 cents, meals/\$36.00 daily, and lodging/\$85 daily.]

Example:

Mileage for Prevention Counselors in service area: \$0.405/mile X 300 miles/mo. X 12 months - \$1,464	1,464
Mileage for Outreach Educators in service area: \$0.405 mile X 300 miles/mo. X 12 months - \$1,464	1,464
Expenses for 3 staff members to attend Texas HIV/STD Conferences: Airfare @ \$175 X 3 staff = \$525 Lodging @ \$85 X 4 days X 3 staff = \$1,020 Meals @ \$36 X 4 days X 3 staff = \$432	1,977

(Total)

D. EQUIPMENT

[Equipment is defined as tangible non-expendable property with an acquisition cost of over \$5000, including freight, and a useful life of more than one year, with the following exceptions: costs for FAX machines, stereo systems, cameras, video recorder/players, computers, microcomputers, and printers with a unit cost of \$500 or more. Prior written approval from the DSHS is required before grantee may acquire equipment. List each item, describe and explain use. Attach the Justification for Request for Equipment Purchase form for each piece of equipment requested.]

E. SUPPLIES

5,575

[This category is for the costs of materials and supplies necessary to carry out the project. It includes general office supplies, janitorial supplies, and any equipment with a purchase price, including freight, of less than \$5000 or less per item not on the exception list above.]

Example:

General office supplies - \$100 mo x 12 mo	1,200
Education Supplies - \$2,800	2,800
Includes: supplies for safer sex kits (lubricants, oral sex condoms, female condoms, etc.)	
Phlebotomy supplies - \$1,000	1,000

F. CONTRACTUAL

(Total)

[DEFINITION: Whenever the applicant intends to delegate part of the activities identified in the scope of work to a third party, the cost of providing these activities is recorded in this category. Travel by these individuals should be included in this category if they are delivering client services. Contracts for administrative services are not included in this category; they are properly classified in the Other category.]

If the applicant enters into grant contracts with subrecipients or procurement contracts with vendors, the documents will be in writing and will comply with the requirements specified in the Contracts with Subcontractors and Contracts for Procurement articles in the General Provisions for Texas Department of Health Grant Contracts available online at www.tdh.state.tx.us/grants/default.shtm or by calling the Client Services Contracting Unit at 512-458-7470.

If an applicant plans to enter into a contract which delegates a substantial portion of the scope of the project, i.e., \$25,000 or 25% of the applicant's funding request whichever is greater, the applicant must submit justification to DSHS and receive prior written approval from DSHS before entering into the contract.]

G. OTHER

(Total)

[DEFINITION: All other allowable direct costs not listed in any of the above categories are to be included in this category. Some of the major costs that should

be budgeted in this category are:

- * contracts for administrative services;
- * space and equipment rental;
- * utilities and telephone expenses;
- * data processing services;
- * printing and reproduction expenses;
- * postage and shipping;
- * contract clerical or other personnel services;
- * janitorial services;
- * exterminating services;
- * security services;
- * insurance and bonds;
- * equipment repairs or service maintenance agreements;
- * books, periodicals, pamphlets, and memberships;
- * advertising;
- * registration fees;
- * patient transportation;
- * training costs, speakers fees and stipends.

H. TOTAL DIRECT COSTS

(Total)

[Enter the total of A - G above]

I. INDIRECT COSTS

(Total)

A copy of the current negotiated indirect cost rate must be attached, if applicable.

J. TOTAL BUDGET

(Total)

BUDGET SUMMARY BY THE AMOUNTS ALLOCATED TO EACH CATEGORY:

AA Administrative Cost:	\$ _____
Project Sponsor Administrative Cost:	\$ _____
Project Sponsor Emergency Assistance:	\$ _____
Project Sponsor Rental Assistance:	\$ _____
Project Sponsor Other Non-Administrative Services Costs:	\$ _____
Total:	\$ _____

FORM H: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM

If the applicant is a nonprofit organization, this form must be completed (state or other governmental agencies are not required to complete this form). The purpose of the form is to inform nonprofit board members and officers of the responsibilities and administrative oversight requirements of nonprofit applicants intending to or contracting with Department of State Health Services (DSHS).

(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with DSHS.
- B. The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with DSHS, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be kept at the organization and be available for inspection by DSHS staff.
- K. If a contract is executed with the DSHS and the nonprofit organization has not received any funding from DSHS for the past 24 months, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed "tear-out" sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office. All tear-out sheets will be available for inspection by DSHS staff.

- L. The organization will administer any contract executed with the DSHS in accordance with applicable federal statutes and regulations, including federal grant requirements applicable to funding sources, Uniform Grant Management Standards issued by the Governor's Office, applicable Office of Management and Budget Circulars, applicable Code of Federal Regulations, and provisions of the contract document.

*Chairman of the Board Signature/Date

*President or Executive Director Signature/Date

*If the signed original of this form has been provided to DSHS during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

FORM I: Subcontractor Forms

SUBCONTRACTOR DATA SHEET

Contract Beginning Date _____	Contract Ending Date _____
Check source of funding: _____ HOPWA _____ Ryan White _____ State Services _____ Early Intervention	
Subcontractor Name: _____	
Mail Address: _____	
Street Address: _____	
City, State, Zip: _____	
Phone Number: _____	Fax Number: _____
E-mail address: _____	
Executive Director: _____	
Contact Person & Title: _____	
Estimated Number of Persons to be Served: _____	
Services Categories to be provided:* _____	

*(Attach Table 1 if more than one service is to be provided)

CATEGORICAL BUDGET INFORMATION	
Personnel:	\$ _____
Fringes:	\$ _____
Travel:	\$ _____
Equipment:	\$ _____
Supplies:	\$ _____
Contractual:	\$ _____
Other:	\$ _____
Total Direct Costs (DC):	\$ _____
Indirect Costs (IC):	\$ _____
Total Subcontract Amount (DC + IC):	\$ _____

ATTACH A BUDGET JUSTIFICATION FOR THE ABOVE ITEMS (If over \$25,000).

FEE-FOR- SERVICE/UNIT COST CONTRACT
If the subcontract is a fee-for-service or unit cost contract, provide the maximum amount that can be charged under the contract <u>and attach the Fee-For-Service form.</u>
AMOUNT: \$ _____

Name of Administrative Agency: _____
Selection Process: __ Competitive Bid __ Sole Source __ Single Source _____
Minority Subcontractor? _____ Yes* _____ No *(50% of Board of Directors must be minority.)
Faith-based Organization? _____ Yes _____ No
HUB Certified? _____ Yes _____ No
Does your agency collect sliding-scale fees from clients? _____ Yes _____ No
Does your agency collect co-payments from clients? _____ Yes _____ No

FEE-FOR-SERVICE FORM

1. Name of Provider : _____

2. Type of Service/Service Category: _____

3. Provide a Narrative Justification with sufficient detail to define how the fee-for-service or unit cost was established and the rationale for the number of clients proposed. This narrative description should include the Who, What, Where, When and Why to justify the unit cost.

4. Fee Charged Per Unit of Service: _____

5. Number of Units to be Provided: _____

6. Maximum Charges for this Contract: _____

7. COMPIS Definition of the Unit of Service:

8. Unit Fee-for-Service reimbursement contracts **MUST** report: the precise unit cost, and the proportion of the unit cost represented by each of the object class categories listed below:*

Personnel:

Fringe Benefits:

Travel:

Equipment:

Supplies:

Contractual:

Other:

Indirect Costs:

TOTAL BUDGET: _____

Divided by # of Units of Service: _____

Equals Fee per Unit of Service:

*NOTE: The budget breakdown is NOT required for unit costs that use a Medicaid approved rate. If you are using a Medicaid approved rate, check the box below:

Medicaid Approved Rate Used

FORM J: CERTIFICATION OF LOCAL APPROVAL FOR PROJECT SPONSORS

**CERTIFICATION
OF
LOCAL APPROVAL FOR PROJECT SPONSORS**

I, _____, duly authorized to act on behalf
(Printed or Typed Name and Title)

of _____, hereby approve the following
(Name of Jurisdiction)

project(s) proposed by _____ for grant assistance under the
(Name of Project Sponsor)

Housing Opportunities for Persons with AIDS program which is to be located in

(Name of Jurisdiction):

(Signature)

(Date)

**FORM K: Assurance of Compliance with Conflict of Interest
Restrictions**

**ASSURANCE OF COMPLIANCE
WITH
CONFLICT OF INTEREST RESTRICTIONS**

The _____ and its employees or subcontractors, if applicable, provide assurance to the Texas Department of State Health Services that:

No person who is an employee, agent, consultant, officer, or elected or appointed official of _____, and therefore in a position to obtain financial interest or benefit from an activity, or an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter shall participate in the decision making process or use inside information with regard to such activity.

Furthermore, _____ has adopted procedural rules which require the affected person to withdraw from his or her functions and responsibilities or the decision-making process with respect to the specific assisted activity from which they would derive benefit.

Signature of Project Director

Date

Signature of Authorized Business Official

Date

Appendix A: Administrative Agency Letter, June 2004

Eduardo J. Sanchez, M.D., M.P.H.
Commissioner of Health

Randy Fritz, MPA
Chief Operating Officer

Nicolas Curry, M.D., M.P.H.
Executive Deputy Commissioner

Bureau of HIV and STD Prevention
1100 West 49th Street
Austin, Texas 78756-3199

(512) 490-2505
Fax (512) 490-2544
<http://www.tdh.state.tx.us/hivstd>

HIV/STD Clinical Resources Division
(512) 490-2505 - Fax (512) 490-2544

HIV/STD Epidemiology Division
(512) 490-2505 - Fax (512) 490-2536

HIV/STD Health Resources
Division
(512) 490-2505 - Fax (512) 490-2538

June 23, 2004

Re: HOPWA Administrative Costs

Dear :

The information regarding HOPWA administrative cost caps that was included in our July 3, 2003, HOPWA Technical Assistance Bulletin has changed. This bulletin stated that Administrative Agencies (AAs) were held to a 7 per cent administrative cap and that there was no cap required for subcontractors. Instead, the Department of Housing and Urban Development (HUD) has recently informed us that the following administrative cost caps apply:

- The Texas Department of State Health Services (DSHS) and AAs combined are held to a cap of three (3) per cent of the total state award.
- Subcontractors are held to a cap of seven (7) per cent of their agency's grant award.

Beginning with the current contract year, you must hold all subcontractors to this seven (7) per cent cap. This is retroactive to the contract start date, 2/1/04. This cap does not include direct service expenses such as smoke detectors, or personnel and fringe for a HOPWA Case Manager. If you have questions regarding the classification of other costs, please contact your regional staff or Field Operations Consultant.

Regarding the combined DSHS/AA 3 percent cap, we are not requiring AAs to make any changes to their budgets for the current contract year. Instead, DSHS has been able to internally manage the budget to ensure that we remain within this cap. Please note, however, it is likely that we may need to implement stricter requirements for AAs with future contracts.

We recently instructed our staff to ask your agency to break out the AA's own administrative expenses on the HOPWA vouchers. However, we are no longer requiring this. To hopefully make it simpler for you

Page 2
June 23, 2004

and your staff, we are instead revising the semi-annual report format to capture both the AA's administrative costs and those for each subcontractor. It remains important, therefore, that you accurately track this information throughout the contract year.

We appreciate your attention to this matter. Again, should you have any questions, please contact your Regional HIV Coordinator or Field Operations Consultant.

Sincerely,

Felipe Rocha, MSSW, LMSW, Branch Manager
HIV/STD Field Operations Branch

cc: County HOPWA Contact
Regional HIV Coordinator

bcc: Michelle Thomas
Susan Aulds
Debra Seamans
Field Ops Team Leaders
Field Ops Consultants
Patty Melchior

Texas Department of State Health Services

HIV/STD Comprehensive Services Branch

Appendix B: HIV CONTRACTOR ASSURANCES

HIV CONTRACTOR ASSURANCES

1. ADVOCATE AND PROMOTE

The applicant agency assures that it does not advocate or promote conduct that violates state law, in compliance with the HIV Services Act, Texas Health and Safety Code, Section 85.011, as follows:

"Grants may not be awarded to an entity or community organization that advocates or promotes conduct that violates state law. This subsection does not prohibit the award of a grant to an entity or community organization that provides accurate information about ways to reduce the risk of exposure to or transmission of HIV."

2. CONFIDENTIALITY

The applicant agency and its employees or subcontractors, if applicable, provide assurance to the Texas Department of State Health Services (DSHS) that confidentiality of all records shall be maintained. No information obtained in connection with the examination, care, or provision of programs or services to any person with HIV shall be disclosed without the individual's consent, except as may be required by law, such as for the reporting of communicable diseases. Information may be disclosed in statistical or other summary form, but only if the identity of the individuals diagnosed or provided care is not disclosed.

We are aware that the Health and Safety Code, §81.103, provides for both civil and criminal penalties against anyone who violates the confidentiality of persons protected under the law. Furthermore, all employees and volunteers who provide direct client care services or handle direct care records wherein they may be informed of a client's HIV status or any other information related to the client's care, are required to sign a statement of confidentiality assuring compliance with the law. An entity that does not adopt a confidentiality policy as required by law is not eligible to receive state funds until the policy is developed and implemented.

3. CONFLICT OF INTEREST

The applicant agency and its employees or subcontractors, if applicable, provide assurance to the Texas Department of State Health Services (DSHS) that no person who is an employee, agent, consultant, officer, board member, or elected or appointed official of this agency, and, therefore, in a position to obtain a financial interest or benefit from an activity, or an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter shall participate in the decision making process or use inside information with regard to such activity. Furthermore, this agency will adopt procedural rules which require the affected person to withdraw from his or her functions and responsibilities or the decision-making process with respect to the specific assisted activity from which they would derive benefit.

4. TUBERCULOSIS COLLABORATION

The applicant agency assures the DSHS that it maintains collaborative efforts with local Tuberculosis (TB) Control programs in order to insure that HIV and TB treatment and prevention services are provided to persons at risk of HIV and TB.

5. DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that it will provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing,

possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;

- (b) Establishing a drug-free awareness program to inform employees about-
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (c) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
 - 1. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
 - 2. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later that five days after such conviction;
- (d) Notifying the agency within ten days after receiving notice under subparagraph (d)(2), above, from an employee or otherwise receiving actual notice of such conviction;
- (e) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted:
 - 1. Taking appropriate personnel action against such an employee, up to and including termination; or
 - 2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
- (f) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f), above.

6. POLICIES OF THE HIV/STD Comprehensive Services Branch

The applicant agency assures the DSHS that it will abide by all policies of the HIV/STD Comprehensive Services Branch that apply to the programs being provided. A list of policies applicable to all HIV and STD contractors is provided at the Branch website at <http://www.dshs.state.tx.us/hivstd/policy/default.htm>.

Signature of Authorized Certifying Official	Title
Date	
Legal Name of Applicant Organization	

**EXHIBIT A:
Summary of HOPWA Expenditures by Administrative Agency and Project Sponsor
To be submitted with each voucher and also with quarterly reports**

Administrative Agency _____

Contact Person: _____ Phone: _____

Administrative Agency Expenditures	Contract Amount	Expenditures				Total*
		Emergency Assistance	Rental Assistance	Other Services	Administration	
AA Sub-total						0
Sub-Contractor (Project Sponsor) Expenditures (list each)						0
						0
						0
						0
						0
						0
						0
						0
						0
Project Sponsor Sub-total						0
TOTAL*						0

INSTRUCTIONS:

1. Use this form to report separate administrative and HOPWA services costs for both AA and Project Sponsors.
2. *Totals in this document must be consistent with amounts vouchered during the reporting period.
3. "Other Services" are non-administrative expenses that do not fall into the 3 categories of Admin, Rental Assistance or Emergency Assistance. Examples include HOPWA case manager salaries/fringe and smoke detectors.
4. Quarterly reports are due on the 10th working day after each quarterly report period.
5. Attach Exhibit A's submitted with all requests for reimbursement vouchers to your quarterly report.