



Renewal Application For Ryan White Title II Service Delivery (RWSD)

<http://www.dshs.state.tx.us/hivstd/default.htm>

RFP #: HIV-0078.5
Issue Date: October 21, 2005
Due Date: November 21, 2005

*HIV/STD Comprehensive Services Branch
Department of State Health Services
1100 W. 49th Street
Austin, Texas 78756-3199*

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

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INFORMATION

I. INTRODUCTION

Current Texas Department of State Health Services (DSHS) contractors receiving Ryan White CARE Act funds from the HIV/STD Comprehensive Services Branch of the Health Promotion Unit of the DSHS are requested to submit a renewal application for the fiscal year 2006 (FY06) budget period (4/1/06-3/31/07). Renewal contracts will begin on or about 4/1/06 and will be for a 12-month budget period.

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 Renewal 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.

II. RENEWAL APPLICATION DEADLINE AND SUBMISSION

A. Application Deadline

The renewal application shall be received on or before the following date and time: **2:00 P.M. C.S.T. on November 21, 2005.**

B. 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 #, be addressed in writing, and sent by fax or email to:

Debbie Bennett, Contract Coordinator

Department of State Health Services

Client Services Contracting Unit

1100 West 49th Street, Room T-502

Austin, Texas 78756-3199

FAX (512) 458-7351

Email : debbie.bennett@dshs.state.tx.us

RFP # : HIV-0078.5

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.

Written inquiries or questions about this RFP shall be received no later than **2:00 P.M. C.S.T. on November 4, 2005.**

Client Services Contracting Unit (CSCU) is the point of contact with regard to all procurement and contractual matters relating to the services described herein. 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.

C. 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 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).

2. Submission

The originally signed renewal application, **3 copies**, and your application on **diskette** must be submitted **on or before the deadline to:**

Debbie Bennett, Contract Coordinator
Department of State Health Services
Client Services Contracting Unit
1100 West 49th Street, Room T-502
Austin, Texas 78756-3199
RFP #: HIV-0078.5

Phone: (512) 458-7470

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 (HIV 0078.5) as authorized under Request for Proposals (RFP) for Supplemental Administrative Agency funding for Designated HIV Planning Areas, issued 1/31/2001; RFP for HIV Care Administrative Agencies in Five Planning Areas (# RFP-HIV-0017 and RFP-HIV-0019), issued 1/31/2001 and 3/01/2001, respectively; RFP for HIV CARE Administrative Agencies in Three HIV Planning Areas, issued (# RFP-HIV-0024), issued 8/01/2001.
- B. Renewal Application Checklist
- C. Contact Person Information
- D. Administrative Information
- E. Performance Measures

- F. Work Plan
- G. Budget Forms G through G7
- H. Table 1A: Services Priorities: Administrative Agency Summary Sheet for all HSDAs
- I. Table 1B: Services Priorities and Objectives by HSDA
- J. Nonprofit Board of Directors and Executive Director Assurances Form
- K. HIV Contractor Assurances
- L. Contractor Assurance Regarding Pharmacy Notification
- M. Assurance of Compliance with CDC and DSHS Requirements for Contents of HIV/STD Related Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions
- N. Assurance Regarding HIV/STD Clinical Resources Division Standards for Clinical and Case Management Services
- O. Written confirmation on agency letterhead from the Executive Director, Chair of the Board of Directors, or other key management staff member attesting that there have been no punitive sanctions **for evidence of 'client abuse and/or neglect'** imposed from a funding source for the 12 months prior to November 4, 2005.
- P. Written confirmation on agency letterhead from the Executive Director, Chair of the Board of Directors, or other key management staff member attesting that there have been no punitive sanctions imposed for any reason **other than "client abuse and/or neglect"** imposed from a funding source for the 6 months prior to November 4, 2005.

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.



FORM A: FACE PAGE - Renewal Application (HIV 0078.5) as authorized under Request for Proposals (RFP) for Supplemental Administrative Agency funding for Designated HIV Planning Areas, issued 1/31/2001; RFP for HIV Care Administrative Agencies in Five Planning Areas (# RFP-HIV-0017 and RFP-HIV-0019), issued 1/31/2001 and 3/01/2001, respectively; RFP for HIV CARE Administrative Agencies in Three HIV Planning Areas, issued (# RFP-HIV-0024), issued 8/01/2001.

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 Name: Phone: Fax: E-mail:
10) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <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>	
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"/> Name: Title:	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE
	15) DATE

Phone:

Fax:

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 is 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 HUB must be certified by the Texas Building and Procurement Commission (TBPC) or another entity.

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 which 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-7	Budget Category Detail Forms completed and included	<input type="checkbox"/>	
H	Table 1A: Services Priorities: Administrative Agency Summary Sheet for All HSDAs	<input type="checkbox"/>	
I	Table 1B: Services Priorities and Objectives by HSDA	<input type="checkbox"/>	
J	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"/>
K	HIV Contractor Assurances	<input type="checkbox"/>	
L	Contractor Assurance Regarding Pharmacy Notification	<input type="checkbox"/>	
M	Assurance of Compliance with CDC and DSHS Requirements for Contents of HIV/STD-Related Written Educational Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions	<input type="checkbox"/>	
N	Assurance Regarding HIV/STD Clinical Resources Division Standards for Clinical and Case Management Services	<input type="checkbox"/>	
O	Written confirmation on agency letterhead from the Executive Director, Chair of the Board of Directors, or other key management staff member attesting that there have been no punitive sanctions for evidence of 'client abuse and/or neglect' imposed from a funding source for the 12 months prior to November 4, 2005.	<input type="checkbox"/>	
P	Written confirmation on agency letterhead from the Executive Director, Chair of the Board of Directors, or other key management staff member attesting that there have been no punitive sanctions imposed for any reason 'other than 'client abuse and/or neglect' imposed from a funding source for the 6 months prior to November 4, 2005.	<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 **HIV/STD Comprehensive Services Branch**.*

Executive Director: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Project Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Financial Reporting _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Data Reporting Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Clinical Services Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____

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
- An 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 3 additional pages may be attached if needed.***

FORM E: PERFORMANCE MEASURE Guidelines

1. Applicant shall write performance measures for project objectives and proposed target levels of performance for each measure. The proposed measures and levels of performance will be negotiated and agreed upon by applicant and DSHS if applicant is selected to negotiate a contract.

Performance measures should be SMART: specific, measurable, achievable, relevant and time-phased. Performance measures quantify program outcomes and outputs, and the number of such outputs to be performed. Performance measures also define the applicant's obligations in order to meet its contract requirements.

A well-written measure includes the following components: who will deliver the service(s) and their qualifications (as appropriate); a deliverable (a product or service and how much); a schedule/time frame; and a standard of performance. The following table provides a guide for developing the different types of performance measures:

Type	Measure	Example
<i>Outcome</i>	<i>measures the actual impact or public benefit of an entity's actions</i>	<i>One hundred percent (100%) of the RWSD contracts executed by the Administrative Agency are in compliance with the Planning Body's current Priorities and Allocations.</i>
<i>Output or Process</i>	<i>counts the goods/services provided</i>	<i>At least x clients will receive at least one unit of outpatient ambulatory medical care by March 31, 2007.</i>

Performance measures should be reported separately for each HSDA.

Required Outcome Measures:

1. One hundred percent (100%) of the RWSD contracts executed by the Administrative Agency are in compliance with the Planning Body's current Priorities and Allocations.¹
2. (#) of unduplicated clients will receive at least one service during FY2006 (4/1/2006 – 3/31/07).

¹ DSHS will use the following criteria to evaluate this outcome measure: 1) The AA did not contract for any HIV-related service category that did not receive an allocation by the Planning Body. 2) The total funds committed to a service category are within 95% of the current allocations as established by the Planning Body.

FORM F: WORK PLAN

*Applicants 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 five 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 changes to services, population to be served, location (counties to be served), etc. Also address the following two questions: a) Are you serving individuals from counties outside your stated service area? b) If your agency's budget total remains at level funding (all sources), how will this impact your overall agency program goals.
2. Describe your 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, and 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. Describe how your organization ensures that the service providers you fund collaborate with the required and recommended organizations as described in Appendix A: Program Requirements.
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 internal Quality Assurance/Quality Improvement (QA/QI) process utilized to monitor services. Identify 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) Physician's involvement in the QA/QI activities; 3) the written quality management plan (required by HRSA) that assesses the quality and appropriateness of the health and support services provided by the contractors and subcontractors and provides corrective action for identified quality issues; 4) activities utilized to identify trends of needed improvement and the frequency of those activities; 5) activities to ensure correction and follow-up to findings identified; 6) utilization and frequency of client satisfaction surveys; 7) system utilized to identify, report and monitor adverse outcomes (sentinel events); 8) process for identifying and reporting outcome measures; 9) process utilized to develop protocols and Standing Delegation Orders (SDOs); 10) process for an annual evaluation of quality management efforts and the reporting of the results of those interventions (required); and 11) internal management quality improvements. For additional information and technical assistance on Quality Management in Ryan White CARE Act Title II programs, please refer to Health Resources and Services Administration's (HRSA) Quality Management Manual at <http://www.hab.hrsa.gov/tools/QM/>. Also, please include a copy of your agency's policies and procedures for subcontractor monitoring.
7. Describe what your organization is doing to ensure that Ryan White CARE Act and State Services funds are the payer of last resort and that funds are not used to provide items or services for which payment has already been made or reasonably can be expected to be made by third party payers (e.g. Medicare, Medicaid, private insurance, etc.). Describe how this expectation is communicated to subcontractors, specific policies and procedures in place at your organization regarding third party reimbursement, how this expectation is monitored during subcontractor monitoring visits, and how clients are screened by subcontractors for eligibility for third party payers and enrolled in these resources.
8. For each county in your HSDAs describe:
 - a) the process by which clients access ambulatory medical care;
 - b) how the program assures that clients have access to a physician with HIV medical experience; and
 - c) identify the specific physicians and/or ambulatory medical care clinic.

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 _____ % this 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

For the FY2006 budget period, the amount administrative agencies take from home HSDAs under this RFP for the 04/01/06- 03/31/07 budget period may not exceed the amount expended by the AAs during the 04/01/05-03/31/06 budget period.

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.

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 from the ECPS Division or on the Internet at http://www.DSHS.state.tx.us/grants/form_doc.htm.

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 _____ % this 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: 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 http://www.DSHS.state.tx.us/grants/form_doc.htm.

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 and/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 amount of indirect costs that may be charged to any resulting DSHS contract attachment is determined by negotiation and will be defined in the contract budget attachment. The applicant may negotiate an indirect cost rate with its federal cognizant agency or state-coordinating agency. If there is no assigned agency, Health and Human Services Commission (HHSC) Office of Inspector General (OIG) may provide guidance on how to have an agency assigned or they may review the applicant's cost allocation plan and negotiate an approved indirect cost rate. The HHSC OIG will maintain a listing of agencies and their approved rates. To obtain information about cognizant agencies or negotiating an indirect cost rate, contact the HHSC OIG at (512) 458-7111 ext. 2281.

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. The single audit threshold is \$500,000.

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

A new Cost Category and Budget Category Detail Form captures information about the cost and need for equipment and supplies at different dollar thresholds. It includes definitions and instructions.

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

EXAMPLE 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/form_doc.htm.

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.

FORM G-5: OTHER Budget Category Detail Form

Legal Name of Applicant: _____

DESCRIPTION	(# of units x unit cost if applicable)	COST	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for OTHER:	\$	0	

FORM G-5: OTHER 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: INSTRUCTIONS AND EXAMPLES FOR A CATEGORICAL BUDGET JUSTIFICATION

A. PERSONNEL (Total)

[List each position with 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.

Clinic Nurse (Donnelly) **38,400**
 $\$3,200/\text{monthly} \times 100\% \times 12 = \$38,400$

Works in cooperation with CARE clinic medical personnel and UTMB staff in providing primary medical care for persons living with HIV. Provides medical case management to clients. Provides supervision for clinic aide and daily functions of the clinic.

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

Supervises all HIV Services activities: Provides staff training, as needed; coordinates HIV Services programming; designs and maintains data collection system; prepares all required program reports; evaluates staff performance and conducts quality assurance.

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

Provides case management services to rural HIV-positive residents of Jones, Hays, Delgado counties through face-to-face client contact and phone contact. Conducts needs assessments with the clients and updates needs assessment on a

regular basis. Establishes linkages with social services providers and medical providers to ensure clients have a medical home. Makes appropriate referrals for services, and collects and maintains accurate program data.

HIV Case Manager (Vacant) 28,500
 \$2,375/monthly X 100% X 12 = \$28,500

Provides bilingual case management services to rural HIV-positive Spanish speaking residents of Miller, Bend, Gonzales and Montemayor counties through face-to-face client contact and phone contact. Conducts needs assessments with the clients and updates needs assessment on a regular basis. Establishes linkages with social services providers and medical providers to ensure clients have a medical home. Makes appropriate referrals for services, and collects and maintains accurate program data.

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

Oversee all activities and day care at the ART Community Center facility, stock the food pantry, keep facility organized, maintain records of client participation and usage of the facility, serve hot lunches, order and pickup groceries for the food pantry. Assist Case Managers with reporting and filing of client information

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. NOTE: Grantees who do not have written travel reimbursement policies must use DSHS travel reimbursement rates as follows: \$.405/mile, \$36/day meals, and \$85/day lodging.]

Example:

Mileage for Case Managers in service area: 2,916
 \$0.405/mile X 600 miles/mo. X 12 months - \$2,916

Expenses for 3 staff members to attend Texas HIV/STD Conferences:	1,977
Airfare @ \$175 X 3 staff = \$525	
Lodging @ \$85 X 4 days X 3 staff = \$1020	
Meals @ \$36 X 4 days X 3 staff = \$432	

D. EQUIPMENT (Total)

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, 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 (Total)

[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 not on the exception list above with a purchase price, including freight, of less than \$1000 or less per item.]

Example:

General office supplies - \$100 mo x 12 mo	1,200
--	-------

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 sub recipients or procurement contracts with vendors, the documents will be in writing and will comply with the requirements specified in the Contracts with Sub recipients and Contracts for Procurement articles in the General Provisions for Department of State Health Services Grant Contracts available online at www.DSHS.state.tx.us/grants/forms_and_documents.htm or by calling CSCU 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, speaker's 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

J. TOTAL BUDGET

(Total)

FORM G-7: JUSTIFICATION FOR REQUEST For Equipment Purchases

Instructions: Use one Justification form for each item listed on the Equipment List. Attach copies of specifications and/or other pertinent documentation. For computer equipment, complete specifications must be attached (see Appendix C, *Minimum Computer Equipment Specifications*).

Contractor Name: _____

Scope of Work: _____

Contract Number: _____ **Contract Term:** _____

Description of Equipment Requested (attach additional sheets if necessary and copies of specifications and/or other pertinent documentation):

ALL APPLICANTS REQUESTING FUNDS FOR EQUIPMENT MUST COMPLETE THIS SECTION:

1. Does the cost include shipping and handling?
2. Does the cost include a warranty?
3. Does the cost include a maintenance agreement? Describe any special maintenance needs, service contracts, insurance, repair costs, etc. related to the proposed equipment. How will these expenses be supported over time?
4. Does the cost include training in the use of the equipment?
5. Why is the equipment needed? What is the purpose of the equipment?
6. Estimate the expected results of the equipment purchase. Who will benefit and how?
7. How many clients will be served with the equipment?
8. What administrative or other activities will be accomplished as a result of the equipment purchase?
9. Where will it be located?

10. Who will use the equipment? Is the necessary staff in place to support the proper use of the equipment (e.g., if a van is requested, is there funding already in place to pay for a driver)?
11. Will the equipment replace any existing equipment? If so, please justify the replacement of existing equipment.
12. Will the equipment be purchased and owned by the administrative agency or by one of its current subcontractors?
13. Why is this equipment more appropriate than other alternatives considered or a less expensive piece of equipment? If the equipment has special or optional features, explain why they are necessary.
14. If the equipment is a lease-to-purchase agreement, is a copy of the agreement attached?
15. If the equipment is being leased with no option to buy, explain the benefit(s).
16. If lease-purchase costs are spread across several funding sources, other than DSHS, who are the other funding sources and what is their percent of funding?

HIV SERVICES PROVIDERS ONLY:

1. If equipment is for an Administrative Agency or its subcontractor, does it match the service priorities established by the local Planning Assembly? Will the equipment be used to directly provide a prioritized client service? If not, how will the equipment either indirectly support client services and/or support necessary administrative functions?
2. If requesting computer equipment, will the computer be used for reporting client data through ARIES?
3. What enhancements will the new computer(s) provide?

FORM G-8: Vendor Certification for Computer Equipment Purchased by DSHS Contractor

(Please attach to Vendor's computer equipment quote and specifications.)

- 1.) All equipment components shall be new at time of purchase, of current production, and shall include the manufacturer's standard equipment, accessories (power cords, cables, etc.) and component documentation.
- 2.) All equipment components shall be one hundred percent (100%) compatible with IBM microcomputers, capable of running the same software, and capable of operating with add-on/options cards designed to run in IBM-compatible microcomputers.
- 3.) All equipment shall be certified 100% Microsoft Windows 2000 or higher and Novell Netware 5.1 compatible. All equipment purchased for use as network file servers shall be Microsoft/National Software Testing Laboratories-certified to operate Windows 2000 Advanced Server and Novell-certified to operate as a Netware 5.1 server.
- 4.) DSHS is aware problems may develop in computer equipment due to heat generated by the components. The vendor must certify its computer system is designed in such a manner to allow for adequate heat dissipation and the vendor shall repair, replace, or add additional components to systems which have problems which are determined to be heat-related.
- 5.) DSHS expects systems and equipment purchased by DSHS contractors will be quality merchandise. Further, we expect the equipment will operate properly at the time of initial installation. DSHS hereby establishes and defines Excessive Failure as a failure rate greater than one percent (1%) of the items specified and provided to a DSHS contractor by the vendor which becomes non-operational and/or unusable during the course of normal operation. All problems must be repaired or replaced at the vendor's expense, including parts, labor, and any necessary freight or handling charges. If the vendor does not repair and/or replace the defective system(s)/component(s) within twenty-four (24) business hours of notification, the DSHS and/or its contractor shall have the right to take whatever reasonable actions are necessary to repair and/or replace the defective system(s)/components(s), and shall have the right to recover from the vendor all expenses incurred from these actions. Intentional or accidental damage of any system(s) and/or component(s) caused by employees and/or clients and/or acts of nature to the equipment shall not be construed as failure for the purposes of this provision.

Authorized Vendor Signature / Date _____

Printed Name / Title / Phone _____

Company Name / Address _____

**FORM H: TABLE 1A: SERVICES PRIORITIES: ADMINISTRATIVE
AGENCY SUMMARY SHEET FOR ALL HSDA's**

Administrative Agency name: _____

AA Contact & email address: _____

Instructions: Use this table to summarize all allocations by service categories that are detailed in all Table 1B's for each HIV Service Delivery Area (HSDA). In Column 2, state the cumulative budget amount the Planning Assembly allocated to that service category (all HSDA's served) and in Column 3, indicate what percentage of the total Title II award is allocated to that service category. Line 42, TOTAL GRANT BUDGET, must be equal to the total amount allocated to your Administrative Agency by DSHS based on the formulary.

SERVICES CATEGORY	RYAN WHITE/TITLE II ALLOCATION	% OF TOTAL RYAN WHITE/TITLE II ALLOCATION
1. Ambulatory/Outpatient Medical Care	\$	%
2. Mental Health Services	\$	%
3. Oral Health	\$	%
4. Substance Abuse Services - Outpatient	\$	%
5. Substance Abuse Services - Residential	\$	%
6. Rehabilitation Services	\$	%
7. Home health care – Para-professional	\$	%
8. Home health care – Professional	\$	%
9. Home health care – Specialized	\$	%
10. Case Management	\$	%
11. Residential or In-home Hospice Care	\$	%
12. Treatment Adherence Counseling	\$	%
13. Buddy/Companion Service	\$	%
14. Client Advocacy	\$	%
15. Legal Services	\$	%
16. Day or Respite Care for Adults	\$	%
17. Emergency Financial Assistance	\$	%
18. Housing Assistance & Housing-related Services	\$	%
19. Food Bank/Home-delivered Meals	\$	%
20. Nutritional Counseling	\$	%
21. Transportation Services	\$	%
22. Outreach Services	\$	%
23. Counseling and Testing Services to PLWHA (Early Intervention Services for Title I & II)	\$	%
24. Psychosocial Support Services	\$	%

25. Permanency Planning	\$	%
26. Child Care Services	\$	%
27. Child Welfare Services	\$	%
28. Health Education/Risk reduction	\$	%
29. Referral to Health Care/Supportive Services	\$	%
30. Referral to Clinical Research	\$	%
31. Developmental Assessment/Early Intervention Services of Infants and Children	\$	%
32. Drug Reimbursement – Local/Consortium	\$	%
33. Health Insurance	\$	%
34. Other Direct Support Services (must be a service; attach sheet listing services) ¹	\$	%
35. TOTAL DIRECT SERVICES	\$	%
36. Subcontractor Administrative Costs ²	\$	%
37. Capacity Building	\$	%
38. Assembly Needs Assessment/Planning/ Evaluation	\$	%
39. Planning Assembly/Body Support ³	\$	%
40. Quality Management	\$	%
41. Grantee Administrative Costs ⁴	\$	%
42. TOTAL GRANT BUDGET⁵	\$	100%

I verify that the Planning Assembly’s service priorities and resource allocations listed on this form are accurate and have been submitted to DSHS Planning Group for a second review before Service Delivery RFP’s are released to potential applicants.

RWAA Planner Signature: _____ **Date:** _____

1 A Glossary of HIV-Related Service Categories and Administrative Services is included in the FY2006 RW Renewal Application.

2 Include only subcontractor/service provider administrative costs; total may not exceed 10% of line 36, Total Direct Services.

3 Only Administrative Agencies responsible for Planning Body support will have these costs.

4 Amount cannot exceed the 10% administrative cost from the Administrative Agency’s HSDA.

5 Amount should match the total amount allocated to your Administrative Agency by DSHS based on the formulary and as shown in the Allocations table for this renewal application.

**FORM I: TABLE 1B: SERVICES PRIORITIES AND OBJECTIVES:
BY HIV SERVICE DELIVERY AREA (HSDA)**

Administrative Agency Name: _____

HIV Service Delivery Area: _____

Date of Service Delivery Plan: _____

Instructions: Table 1B must be completed for EACH HSDA within the Administrative Agency’s area. Use this table to reflect the service priorities established as a result of your last needs assessment process. Place the ranking number of each prioritized service in column 2. Assign a ranking only to those services you have prioritized. Leave the rest of the service categories blank. Use columns 3 and 4 to show your numerical objective for each priority. In column 3, show the number of units to be provided and in column 4 show the number of persons to be served.

NOTE: *for an organization operating with unit cost, please only complete the “unit” column. In column 5, state the budget amount allocated to that service category (includes administrative costs of delivering the service), and in column 6 indicate what percentage of the total Title II award is allocated to that service category.

SERVICES CATEGORY*	PRIORITY RANKING	OBJECTIVE		RYAN WHITE/ TITLE II ALLOCATION FOR HSDA	% OF TOTAL RW TITLE II ALLOCATION FOR HSDA
		Units*	Persons		
1. Ambulatory/Outpatient Medical Care				\$	%
2. Mental Health Services				\$	%
3. Oral Health				\$	%
4. Substance Abuse Services - Outpatient				\$	%
5. Substance Abuse Services - Residential				\$	%
6. Rehabilitation Services				\$	%
7. Home health care – Para-professional				\$	%
8. Home health care – Professional				\$	%
9. Home health care – Specialized				\$	%
10. Case Management				\$	%
11. Residential or In-home Hospice Care				\$	%
12. Treatment Adherence Counseling				\$	%
13. Buddy/Companion Service				\$	%
14. Client Advocacy				\$	%
15. Legal Services				\$	%
16. Day or Respite Care for Adults				\$	%
17. Emergency Financial Assistance				\$	%
18. Housing Assistance & Housing-related Services				\$	%
19. Food Bank/Home-delivered Meals				\$	%
20. Nutritional Counseling				\$	%

21. Transportation Services				\$		%
22. Outreach Services				\$		%
23. Counseling and Testing Services to PLWHA (Early Intervention Services for Title I & II)				\$		%
24. Psychosocial Support Services				\$		%
25. Permanency Planning				\$		%
26. Child Care Services				\$		%
27. Child Welfare Services				\$		%
28. Health Education/Risk reduction				\$		%
29. Referral to Health Care/Supportive Services				\$		%
30. Referral to Clinical Research				\$		%
31. Developmental Assessment/Early Intervention Services of Infants and Children				\$		%
32. Drug Reimbursement – Local/Consortium				\$		%
33. Health Insurance				\$		%
34. Other Direct Support Services (must be a service; attach sheet detailing services) ¹				\$		%
<u>35. TOTAL DIRECT SERVICES</u>				\$		%
36. Subcontractor Administrative Costs ²						
37. Capacity Building				\$		%
38. Assembly Needs Assessment/Planning /Evaluation (AA cost only)						
39. Planning Assembly/Body Support ³				\$		%
40. Quality Management Plan				\$		%
41. Grantee Administrative Costs ⁴ (AA HSDA only)				\$		%
<u>42. TOTAL GRANT BUDGET⁵</u>				\$		100%

I verify that the Planning Assembly’s service priorities and resource allocations listed on this form are accurate and have been submitted to DSHS Planning Group for a second review before Service Delivery RFP’s are released to potential applicants.

1A Glossary of HIV-Related Service Categories and Administrative Services is included in the FY2006 Renewal Application.

2 Include only subcontractor/service provider administrative costs; total may not exceed 10% of line 36, Total Direct Services.

3 Only Administrative Agencies responsible for Planning Body support will have these costs.

4 Amount cannot exceed the 10% administrative cost from the Administrative Agency’s home HSDA.

5 Amount should match the total amount allocated to your Administrative Agency by DSHS based on the formulary and as shown in the Allocations table for this renewal application.

RWAA Planner Signature: _____ **Date:** _____

FORM J: 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 K: 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 Department of State Health Services 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 Department of State Health Services 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 thereunder, 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
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
- (c) 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;
- (d) 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 than five days after such conviction;
- (e) 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;
- (f) 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;
- (g) 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 BUREAU OF HIV & STD PREVENTION

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 Bureau website at <http://www.tdh.state.tx.us/hivstd/policy/default.htm>.

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

Department of State Health Services
HIV/STD Comprehensive Services Branch

FORM L: CONTRACTOR ASSURANCE REGARDING PHARMACY NOTIFICATION

To ensure that pharmacies providing prescriptions to HIV services clients do not fill medications on deceased clients, the applicant agency provides assurance to the Department of State Health Services that it will notify the client's pharmacy when a client dies.

Signature of Authorized Certifying Official	Title
Date	
Legal Name of Organization	

**Department of State Health Services
HIV/STD Comprehensive Services Branch**

**FORM M: ASSURANCE OF COMPLIANCE WITH CDC AND
DSHS REQUIREMENTS FOR CONTENTS OF HIV/STD-
RELATED WRITTEN EDUCATIONAL MATERIALS,
PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY
INSTRUMENTS, AND EDUCATIONAL SESSIONS**

The applicant agency certifies that its Project Director and Authorized Business Official:
have received a copy of the *Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control Assistance Programs*, dated June, 1992, and its *Preface*, and DSHS HIV/STD Policy 500.005, *Contractor Review of HIV/AIDS and STD Written and/or Pictorial Materials Intended for Public Use*;

have read them;

accept them;

agree to comply with all particulars and specifications set forth;

agree to comply with all specifications, INCLUDING THOSE SET FORTH during the program year;

agree that all specified materials shall be submitted to the local program materials review panel and subject to the CDC and DSHS guidelines set forth; and

agree to ensure that the local program materials review panel shall reasonably reflect the views of the entire community it serves, not just those of any one population, and that all panelists shall read and abide by all CDC and DSHS guidelines for materials review panels.

If you **do not** use HIV/STD-related educational materials outlined in the CDC and DSHS guidelines, or if you only use materials developed by CDC and/or DSHS, you do not need to convene a local panel. Please circle one of the following statements and sign/date this page.

1. I certify that this program does not use HIV/STD educational materials outlined in the CDC and DSHS guidelines.
2. I certify that this program only uses HIV/STD educational materials developed by CDC and/or DSHS.

If you **do** use HIV/STD-related educational materials outlined in the CDC and DSHS guidelines, please attach a page listing the **name, occupation, affiliation, gender, race/ethnicity, mailing address, phone number and e-mail (if applicable)** of all proposed local panel members and sign/date below. You must have at least five members on your panel and one member must be an employee of the local health department.

Applicant Agency

Signature of Authorized Official

Date

DEPARTMENT OF STATE HEALTH SERVICES
HIV/STD Comprehensive Services Branch

FORM N: Assurance Regarding HIV/STD Clinical Resources Division Standards for Clinical and Case Management Services

This agency assures the Department of State Health Services that it will comply with HIV/STD Clinical Resources Division Standards for Clinical and Case Management Services (Standards) as promulgated by the HIV/STD Comprehensive Services Branch. The Standards are available at www.dshs.state.tx.us/hivstd/clinical/pdf/stvs3_01.pdf

Signature of Authorized Certifying Official	Title
Date	
Legal Name of Organization	

APPENDIX A: Program Requirements for FY2006 Ryan White Title II Contracts

A. Description of Service Components

Ryan White CARE Act Title II funds are made available to states and territories to provide comprehensive outpatient health and support services for individuals with HIV. Eligible services to be provided or administered with Ryan White Title II funds are catalogued and defined in Appendix B: *Glossary of HIV-Related Service Categories and Administrative Services*.

B. Requirements for Administrative Agencies

The roles of the AA include administration, planning, evaluation, and quality management. All AAs must provide all these services. These activities are defined as follows:

1. Administrative Functions

Through a contract with DSHS, assist DSHS in providing grant administration for available federal and State HIV services and HOPWA funds, including:

- a) developing funding applications and proposals
- b) receipt and disbursement of program funds, including identification of providers in each community to be served who are best suited to provide the funded services through DSHS-approved procurement processes such as requests for proposals, and execute contracts for these client services.
- c) developing and establishing reimbursement, accounting and financial management systems
- d) preparing routine financial data and reports as required by DSHS
- e) maintaining complete, accurate and timely client-level programmatic data, including adhering to the minimum requirements of maintaining the URS as required by DSHS
- f) implementation of the service plan of the Area Planning Body
- g) compliance with contract conditions and audit requirements
- h) subcontract monitoring and reporting, through telephone consultation, written documentation and on-site visits, for programmatic and financial contract compliance, quality and process improvement.
- i) ensuring that the service needs of all clients are provided through subcontractors who are culturally, ethnically, and linguistically sensitive to these populations
- j) staff training associated with administrative functions.

2. Planning Functions

- a) capacity building to increase the availability of services
- b) technical assistance to contractors
- c) ensure that services are accessible to the populations to be served
- d) assure that the care offered by providers meets current standards of care and treatment of persons with HIV.

3. Evaluation Functions

- a) collecting data on the outcomes of service delivery, as specified by DSHS
- b) evaluation of the cost-effectiveness of the mechanisms used in the delivery plan
- c) ensuring that URS data on client characteristics, service utilization and delivery is accurate and entered in a timely manner.

4. Quality Management Functions

Quality Management is a mandated function in the RWCA. The standards apply to RWAA, RWSD, RWSS, EACPS, MAI and SNP scopes of work. Quality Management Systems require:

- a) The presence of a documented, ongoing quality improvement process (program description and plan of work)
- b) A quality management committee function that includes member roles and responsibilities and documented minutes of each meeting
- c) Significant participation by an M.D. in quality management functions
- d) Evidence of actions to improve quality of care and services, including improvements in accessibility and availability of services
- e) Data analysis in order to identify quality issues
- f) Satisfaction surveys follow up on all identified issues identified in the surveys and documentation of improvement of those issues
- g) The identification of outcomes and efforts at improving them
- h) Identification, monitoring and improvement of adverse outcomes
- i) Contractor oversight, corrective action and documentation of improvements
- j) Corrective action plans for identified quality issues
- k) Evidence of management improvements, including revisions to program documentation, policies and procedures, committee actions and other quality initiatives
- l) An annual evaluation of quality management programs

5. Area Planning Body Support Functions

In addition to the functions discussed in Sections 1 through 4 above, agencies selected to provide Planning Body support will be responsible for the following functions:

- a) planning and development of comprehensive outpatient health and support services
- b) assessment of service needs within HIV Planning Area
- c) periodic evaluation of the success of the Area Planning Body in responding to identified needs.

C. Use of funds

1. Allowable use of funds

Contract funds may be used for personnel, fringe benefits, equipment, supplies, staff training, travel, contractual or fee-based services, other direct costs, and indirect costs. For the purposes of insurance assistance, contract funds may be used for the payment of insurance premiums, deductibles, co-insurance payments, and related administrative costs. Equipment purchases are allowed if justified and approved in advance. All costs are subject to negotiation with the DSHS.

Contractors are required to adhere to federal principles for determining allowable costs. Such costs are determined in accordance with the cost principles applicable to the organization incurring the costs. The kinds of organizations and the applicable cost principles are set out in the DSHS contract general provisions and in the *DSHS Financial Administrative Procedures Manual*. Copies are available online at <http://www.dshs.state.tx.us/grants/form doc.htm>

If the contractor expends \$500,000 or more in total federal financial assistance during the contractor's fiscal year, arrangements must be made for agency-wide financial and compliance audits. The audit must be conducted by an independent certified public

accountant and must be in accordance with applicable Office of Management and Budget (OMB) Circulars, Government Auditing Standards, and the applicable Uniform Grant Management Standard (UGMS) State Audit Circular. Contractors shall procure audit services in compliance with state procurement procedures, as well as the provisions of UGMS. If the contractor is not required to have a Single Audit, DSHS will provide the contractor with written audit requirements if a limited scope audit will be required.

The administrative agency must:

- ensure that each subcontractor obtains a financial and compliance audit (Single Audit) if required by OMB Circular A-133 and/or UGMS,
- ensure that subcontractors who are required to obtain an audit take appropriate corrective action within six months of receiving an audit report identifying instances of non-compliance and/or internal control weaknesses, and
- determine whether a subcontractor's audit report necessitates adjustment of the administrative agency's records.

2. **Disallowances**

Funds provided through this RFP may not be used for the following:

Ryan White Administrative Agencies (RWAA)

- direct client services;
- to make cash payments to intended recipients of services, except for reimbursement of reasonable and allowable out-of-pocket expenses associated with consumer participation in Planning Assembly activities;
- for acquisition of real property, building construction, alterations, renovations, or other capital improvements;
- to supplant other funding for services already in place.

Ryan White Service Delivery (RWSD)

- to duplicate services already available to the target group;
- to supplant other funding for services already in place;
- for charges which are billable to third party payers, e.g., private health insurance, prepaid health plans, Medicaid, and Medicare;
- mortgage payments;
- educational purposes, except that health education and risk reduction education is encouraged for HIV-infected individuals;
- to support employment, vocational rehabilitation, or employment-readiness services.
- funeral, burial, cremation or related expenses; and
- property taxes.

3. **Program Income**

All fees collected for services provided by Ryan White funds are considered program income. All program income generated as a result of program funding must be proportionately integrated into the program for allowable costs and deducted from gross reimbursement expenses on the voucher before requesting additional cash payments. All program income must be reported on the quarterly financial reports. The *DSHS Financial Administrative Procedures Manual* contains additional information on program income. This document is available on the DSHS Enterprise Contract and Procurement Services Division website under "Forms and Documents" at http://www.dshs.state.tx.us/grants/form_doc.htm.

4. Payor of Last Resort

The costs of delivering services should be reasonably shared by the state and federal governments, private health insurers, and, to the extent possible, by the client within the limitations set in the Charges to Clients for Services section below. To maximize the limited program funds, Ryan White CARE Act funds should be considered payor of last resort.

Contractors must agree to bill third party payors for applicable services provided, at no cost to the client. Funds may not be used to provide items or services for which payment already has been made or reasonably can be expected to be made, by third party payors, including Medicaid, Medicare, and/or other state or local entitlement programs, prepaid health plans, or private insurance. Eligible individuals must be expeditiously enrolled in Medicaid and funds may not be used to pay for any Medicaid-covered services for Medicaid enrollees. Contractors who cannot become Medicaid providers for applicable program activities may apply for a waiver. Applicants are reminded that contractors are subject to audit on this and other restrictions on use of funds.

5. Charges to Clients for Services

If an entity receiving Title II funds charges for services, it must do so on a sliding fee schedule that is available to the public. Individual, annual aggregate charges to clients receiving Title II services must conform to limitations established in the table below. The term, "aggregate charges," applies to the annual charges imposed for all such services under this Title of the CARE Act without regard to whether they are characterized as enrollment fees, premiums, deductibles, cost sharing, co-payments, coinsurance, or other charges for services. This requirement applies to all service providers from which an individual receives Title II-funded services. The State can waive this requirement for an individual service provider in those instances when the provider does not impose a charge or accept reimbursement available from any third-party payor--including reimbursement under any insurance policy or any federal or state health benefits program. The intent is to establish a ceiling on the amount of charges to recipients of services funded under Title II. Please refer to the following chart for allowable charges.

Individual/Family Annual Gross Income and Total Allowable Annual Charges

INDIVIDUAL/FAMILY ANNUAL GROSS INCOME	TOTAL ALLOWABLE ANNUAL CHARGES
Equal to or below the official poverty line	No charges permitted
101 to 200 percent of the official poverty line	5% or less of gross income
201 to 300 percent of the official poverty line	7% or less of gross income
More than 300 percent of official poverty line	10% or less of gross income

A simple application that requests information on the annual gross salary of the individual/family should suffice as the baseline by which the caps on fees will be

established. The client should assure that the information provided is accurate.

D. MEDICAID PROVISION

A performing agency that contracts for funds with the DSHS is required to become a Medicaid provider for applicable program activities unless the performing agency requests and receives an annual waiver of this requirement from the HIV/STD Comprehensive Services Branch. Eligible clients must be expeditiously enrolled in Medicaid and funds may not be used to pay for any Medicaid-covered services for Medicaid enrollees. Performing Agencies must be able to demonstrate the capacity to actively promote successful client enrollment in Medicaid and other third party payor sources for which the clients may be eligible. Performing Agencies who cannot meet eligibility requirements to become Medicaid providers for applicable program activities may apply for a waiver. A waiver will be granted if the performing agency provides adequate rationale that implementing this requirement would result in a loss of critical HIV/STD services to the community, or would result in a substantial detriment to the health of a client with HIV/AIDS. "Special Care Facilities" or "Special Care Hospitals" are automatically granted unconditional waivers.

E. PROTOCOLS, STANDARDS AND TREATMENT GUIDELINES

Client services contractors are required to conduct project activities in accordance with the Quality Care: DSHS Standards for Public Health Clinic Services manual. A copy is posted on the DSHS website at <http://www.dshs.state.tx.us/nursing/phnpubs.htm>. Contractors are required to conduct project activities in accordance with various federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requisites can be found on the following website: www.dshs.state.tx.us/cro.

Additionally, applicants who provide direct client services are required to adopt written protocols, standards and guidelines based on the latest medical knowledge regarding the care and treatment of persons with HIV infection. These include:

- Chapter 6A (Public Health Service) of Title 42 (The Public Health and Welfare) of the United States Code, as amended;
- Chapters 81 and 85 of the Health and Safety Code;
- DSHS HIV/STD Clinical Resources Division Standards for Clinical and Case Management Services;
- Public Health Service Task Force *Recommendations for Use of Antiretroviral Drugs in Pregnant HIV-1-Infected Women for Maternal Health and Interventions to Reduce Perinatal HIV-1 Transmission in the United States* - June 23, 2004, or latest version;
- *Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents*, March 23, 2004, or latest version. Developed by the Panel on Clinical Practices for Treatment of HIV Infection convened by the Department of Human Services (DHHS) and the Henry J. Kaiser Family Foundation.
- *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection*; Health Resources and Services Administration (HRSA) and National Institutes of Health (NIH), January 20, 2004, or latest version;
- 2001 United States Public Health Services (USPHS)/Infectious Diseases Society of America (IDSA) *Guidelines for the Prevention of Opportunistic Infections in Persons Infected with HIV*, November 28, 2001, or latest version;

- *Treatment of Tuberculosis - June 20, 2003* Centers for Disease Control MMWR Recommendations and Reports, June 20, 2003 Volume 52(RR11);1-77 Updated Guidelines for the Use of Rifamycins for the Treatment of Tuberculosis Among HIV -Infected Patients Taking Protease Inhibitors or Nonnucleoside Reverse Transcriptase Inhibitors, CDC, January 20, 2004, or latest version;
- Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety-Workers; CDC, 1988;
- *Incorporating HIV Prevention into the Medical Care of Persons Living with HIV - July 18, 2003*
- DSHS Universal Precautions Preventing the Spread of HIV, Tuberculosis, and Hepatitis B in Employees of HIV/STD Funded Programs, HIV/STD Policy No. 800.001;
- DSHS STD Clinical Standards and Monitoring Guidelines;
- Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Post exposure Prophylaxis, CDC, Morbidity and Mortality Weekly Report (MMWR), Volume 50, Recommendations and Reports (RR) 11, pages 1 - 42, June 29, 2001, or latest version.

Current, federally approved guidelines for clinical treatment of HIV and AIDS are available from the HIV/AIDS Treatment Information Services (ATIS) at <http://www.hivatis.org>; and on the HIV/STD Comprehensive Services Branch website at <http://www.tdh.state.tx.us/hivstd/clinical/resource.htm>.

F. ASSURANCES AND CERTIFICATIONS

Contractors must submit with the application and maintain on file current, signed, and annually-dated assurances adhering to the following (Copies of each form are provided in this application):

- DSHS Assurances and Certifications,
- Nonprofit Board of Directors and Executive Officer Assurances, if the Administrative Agency is a nonprofit organization,
- HIV Contractor Assurances,
- Contractor Assurance Regarding Pharmacy Notification,
- Assurance Regarding HIV/STD Clinical Resources Standards for Clinical/Case Management Services,
- Assurance of Compliance with Requirements for Contents of AIDS-related written materials, and
- Other assurances are included in the DSHS contract general provisions. All contractors must retain copies of the required assurances on file for review during program monitoring visits.

Documents to support compliance with the assurances are to be kept on file with the Administrative Agency and at each respective subcontractor site, and will be reviewed by DSHS staff during site visits. Non-compliance with these *Assurances* could result in the suspension or termination of funding; therefore, it is imperative that the applicant read, understand, and comply with these *Assurances*.

G. POLICIES OF THE HIV/STD COMPREHENSIVE SERVICES BRANCH

The contractor must abide by all relevant policies of the HIV/STD Comprehensive Services Branch and the HIV/STD Epidemiology and Surveillance Branch. Contractors are required to provide pertinent policies to its subcontractors, when applicable. Policies may be found at the Branch web site: <http://www.dshs.state.tx.us/hivstd/policy/default.htm>. Contractors are encouraged to establish a policy manual to contain all DSHS policies.

H. FEDERAL RYAN WHITE POLICIES

Contractors and subcontractors are required to comply with HRSA's HIV/AIDS Bureau Policies for the Ryan White CARE Act. To this end, the DSHS recommends that all Administrative Agencies and their agents obtain and refer to the latest Ryan White CARE Act Title II Manual.

This manual can be downloaded at <http://www.hab.hrsa.gov/tools/title2/> or a hard copy can be requested by contacting the HRSA Information Center at (888) ASK HRSA.

I. PROGRAM REPORTING

1. Uniform Reporting System

Participation in the Uniform Reporting System (URS) is mandatory; currently, the URS system is the AIDS Regional Information and Evaluation system. DSHS provides access to the URS at no cost to Administrative Agencies. Administrative Agencies are required to participate in the URS quality assurance activities. Administrative agencies must hire qualified personnel, as defined by DSHS policy, to fulfill the required duties and standards described in the policy. This includes assisting providers in the collection and reporting of URS data and management, improvement and assistance in the application of URS data. All Ryan White eligible services provided to Ryan White eligible clients must be reported by the DSHS URS service delivery categories and unit measurements.

2. HIV Services Program Quarterly Reports

Contractors are required to collect and maintain relevant data documenting the progress toward the goals and objectives of their project as well as any other data requested by the DSHS. All program reports are due in the format found on the DSHS HIV/STD web pages listed below no later than 20 days after the end of each reporting period. The progress toward meeting the program objectives must be reported for the quarter as well as year-to-date. All other reporting information is reported by quarter. The fourth quarter report will serve as the final program report. Failure to comply with deadlines and content requirements may result in an interruption of monthly reimbursements.

RW Administrative Agency, RW Service Delivery, and State Services providers use the same quarterly report format that is located at <http://www.dshs.state.tx.us/hivstd/fieldops/page9.htm>. RW Underserved and Emerging Populations format is located at <http://www.dshs.state.tx.us/hivstd/fieldops/page9.htm>. Minority AIDS Initiative and Early Access formats are located at <http://www.tdh.state.tx.us/hivstd/clinical/eip.htm#quarterly>.

Email all quarterly reports to:

- hivstdreport.tech@dshs.state.tx.us
and cc: (first name.last name@dshs.state.tx.us)
- Your Field Operations Consultant
- Your Nurse Consultant
- Public Health Regional HIV Program Manager

If electronic submission is not an option phone your Field Operations Consultant.

Due dates for the reporting periods are as follows:

1st Quarter (April 1 - June 30)	Due July 20
2nd Quarter (July 1 - September 30)	Due October 20
3rd quarter (October 1 - December 31)	Due January 20
4th quarter (January 1 - March 31)	Due April 20

3. Care Act Data Report

The CARE Act Data Report (CADR) must be submitted by February 15, 2006 for the current year (FY 2005).

4. Documents required for reports that DSHS must compile for reports to the Health Resources and Administration (HRSA)

Report	Due Date
FY 2006 Planned Allocations: <ul style="list-style-type: none"> • Table 1A: Services Priorities: Administrative Agency Summary Sheet for all HSDAs • Table 1B: Services Priorities and Objectives by HSDA 	submit with RWSD application
Budget Package for each RWSD subcontractor containing: <ul style="list-style-type: none"> • Contract/Subcontract Review and Certification (CRC) • Subcontractor Data Sheets • Categorical Budget Justification and/or a Fee-for-Service form on each subcontractor 	April 30, 2006
FY 2005 Final Allocations: <i>Report formats will be provided by DSHS</i> <ul style="list-style-type: none"> • Final Allocations for Administrative Agency Activities • Final Allocations Administrative Agency Summary Sheet for ALL HSDA's for RWSD • Final Allocations RWSD by HSDA 	June 30, 2006

J. FINANCIAL REPORTING

1. Quarterly Financial Status Reports

Financial status reports are required as provided in the UGMS and must be filed regardless of whether or not expenses were incurred. Quarterly Financial Status Reports (State of Texas Supplemental Form 269a/DSHS Form GC-4a), are required no later than 30 days after the end of each quarter, except the fourth quarter. Due dates are set out in the project contract.

The DSHS Enterprise Contract and Procurement Services Division will provide contractors with the required forms to use for these reports. Quarterly financial reports are to be mailed to the Department of State Health Services, Fiscal Division/Accounts Payable, 1100 West 49th Street, Austin, Texas 78756-3199.

2. Final Report

A final Financial Status Report is required within 90 days following the end of the contract period. If necessary, a State of Texas Purchase Voucher is submitted by the Contractor if all costs have not been recovered or a refund will be made of excess monies if costs incurred were less than funds received.

The final financial report is to be mailed to: Department of State Health Services, Fiscal Division/Accounts Payable, 1100 West 49th Street, Austin, Texas 78756-3199.

3. Equipment Inventory

Written prior approval for equipment purchases is required. Purchased equipment must be tagged and maintained on a property inventory. All equipment purchased with DSHS funds must be inventoried each year, no later than August 31st and reported to DSHS on DSHS Form GC-11 no later than October 15th.

Equipment is defined as an item having a single unit cost of \$5,000 or greater and an estimated useful life of more than one year; however, personal computers, FAX machines, stereo systems, cameras, video recorder/players, microcomputers, and printers with a unit cost of over \$500 also are considered as equipment.

K. COLLABORATION WITH OTHER AGENCIES

The DSHS **requires** collaboration between administrative agencies and service providers and other HIV-related programs within the HIV Service Delivery Area (HSDA), including pediatric service demonstration projects; Ryan White Title I, II, III and IV recipients; community, migrant, and homeless health centers; providers of HIV counseling and testing and prevention programs; the Texas HIV Medication Program (THMP); mental health and mental retardation providers; substance abuse facilities; STD clinical service providers; local and regional public health officials; community groups; and, individuals with expertise in the delivery of HIV/AIDS services and knowledge of the needs of the target population. Formal linkages with Prevention Counseling & Partner Elicitation (PCPE) and Prevention Case Management (PCM) sites are also **required** to improve the integration of HIV prevention and care services. Formal linkages with hospital discharge planners are encouraged.

Also, since all newly diagnosed persons with HIV should be tested for TB and STDs, applicants must have a **formal** mechanism to refer clients for clinical services to provide TB and STD screening and diagnosis, and treatment, as appropriate, from qualified medical providers and must ensure that such care is provided to clients who receive services under this grant. Applicants must also have a formal mechanism to refer all newly diagnosed persons with HIV disease for hepatitis testing and a process to refer for services, as appropriate. Title II/State Services contractors are expected to work with one another and with other providers as cooperative partners in providing a continuum of care for clients and in making successful referrals to one another.

A lack of collaboration and cooperation with the DSHS on the part of any agency that receives DSHS funds will be considered grounds for sanctions up to and including termination of funds.

L. OUTREACH AND ACCESS TO SERVICES

Administrative Agencies must ensure that subcontractors are required to provide services that are equitably available and accessible to all HIV infected individuals needing services/care. Subcontractors must employ outreach methods to reach and provide services to eligible clients who may not otherwise be able to access the services, including difficult to reach and underserved populations. Subcontractors must provide for services so that hours of operation, availability of public transportation, and location do not create barriers to the access of services by those who need them.

M. COMPREHENSIVE SERVICES PLAN

Planning Assemblies are required to develop a Comprehensive Services Plan, which identifies needs, services, resource allocation and a plan to serve HIV infected and affected individuals within the designated planning area. A Comprehensive Services Plan includes the following components:

- An Executive Summary of the Area Comprehensive Services Plan;
- The Planning Assembly Membership and Infrastructure;
- An Epidemiologic Profile;
- A Comprehensive Needs Assessment;
 - ✓ Assessment of Service Needs—client and provider
 - ✓ Resource Inventory
 - ✓ Profile of Provider Capacity
 - ✓ An Assessment of Services Gaps and Unmet Needs
- A Continuum of Care;
- A Prioritization of Service Needs and Resource Allocation; and
- A Written Plan to Meet the Prioritized Service Needs.

Title II Administrative Agencies are required to support the planning assemblies in the development, distribution and implementation of the Comprehensive Services Plan, and all components that comprise the plan. Title II planning assemblies are required by the DSHS to utilize and implement the Texas Statewide Coordinated Statement of Need (TX SCSN) *Guide to Conducting a Needs Assessment*. To assist planning assemblies in developing their area-wide Continuum of Care, the SCSN has made available the Texas SCSN *Developing the Continuum of Care, A Guidance Document*. The DSHS has also made available *Priority Setting and Resource Allocation Procedures for HIV Care Services* as an aid for planning assemblies to assist them in prioritizing service needs and allocating resources.

N. SUBCONTRACTING

Administrative Agencies are expected to enter into contracts with service providers and must ensure that subcontracts are in writing and are subject to the requirements of the primary contract.

The Contractor must submit to DSHS all subcontractor information on the forms provided in the RWSD Application (Contract/Subcontract Review and Certification (CRC) form, Subcontractor Data Sheets and a Categorical Budget Justification or Subcontractor Fee for Service form*) 30 days from the contract begin date. **Any additional subcontractors or changes to subcontractor information must be submitted to DSHS on the proper forms within 30 days of the addition or change. Mail an original and 3 copies to:**

HIV/STD Report Technician
HIV Capacity Building Group
Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3199

And an additional copy mailed to the Public Health Regional HIV Program Manager.

* If a subcontractor is adopting unit cost reimbursement, then both a categorical budget justification and a subcontractor fee for service form are required to be submitted.

O. QUALITY MANAGEMENT (QM)

All recipients are required to have a written quality management plan that assesses the quality and appropriateness of the health and support services provided by the contractors and subcontractors and that provides corrective action for identified quality issues.

The quality management process should include participation by representatives from agencies involved in the entire continuum of care, including: state and local governments; health, mental health, and social service providers; minority community-based agencies, community-based organizations, and persons with HIV infection. Additionally, these representatives may participate on the QM committee. The quality management plan must provide for the assessment of the extent that health services provided to patients are consistent with the most recent Public Health Service (PHS) guidelines for the treatment of HIV disease and related opportunistic infection. In addition, the plan must contain strategies for ensuring that health services are consistent with the guidelines for improvement in the access to and quality of HIV health services. An annual evaluation of quality management efforts and the results of those interventions are required. Contractors are required to implement outcomes monitoring according to the HRSA Technical Assistance Guides for Case Management and Ambulatory Care (<http://hab.hrsa.gov/tools/QM/>). Other services provided are also subject to the requirement for inclusion in the quality management plan, especially if they are support services for medical care. The QM program must cooperate with the DSHS quality management activities including, but not limited to, sending data, participating in studies or audits, responding to queries and complaints, completing corrective action requirements, providing access to staff and client records, documenting improvements and updating the HIV/STD Prevention Services Group on the QM program's progress in quarterly reports.

APPENDIX B - GLOSSARY HIV-RELATED SERVICE CATEGORIES AND ADMINISTRATIVE SERVICES (CADR* DEFINITIONS APPLIED)

ADMINISTRATIVE SUPPORT SERVICES**

Administrative functions are activities that Administrative Agencies are asked to report on, are not service oriented and may or may not be administrative in nature, but contribute to or help to improve service delivery.

- **Assembly Needs Assessment/Planning/Evaluation** activities are associated with documenting program accomplishments and assessing the impact of programs on clients by examining delivery of services and outcomes attributable to service efforts.

- **Capacity Building** activities are related to improving core competencies that substantially contribute to an organization's ability to deliver effective RW services. Capacity development should increase access to the service system and reduce disparities in care.

- **Planning Assembly/body support** activities are associated with planning assembly/body activities and Uniform Reporting System (URS) or ARIES activities; also includes costs related to the Comprehensive Services Plan, priority setting, and allocations.

- **Quality Management** activities are related to development of the required quality management plan that assesses the quality and appropriateness of the health and support services provided by the contractors and subcontractors and that provides corrective action for identified quality issues. They should accomplish a three-fold purpose: 1) Assist direct service medical providers in assuring that funded services adhere to established HIV clinical practice standards and Public Health Services (PHS) guidelines; 2) Ensure that strategies for improvements to quality medical care include vital health-related support services in achieving appropriate access and adherence with HIV medical care; and 3) Ensure that available demographic, clinical and primary medical care utilization information is used to monitor HIV-related illnesses and trends in the local epidemic.

- **Grantee Administrative Costs** activities apply to the administrative agency only. They include a) usual and recognized overhead, including established indirect cost rates, rent, utility, telephone, and other expenses related to administrative staff; expenses such as liability insurance and building-related expenses (e.g., janitorial). b) Management and over-sight of specific programs funded under Title II or State Services. This includes salaries, fringe, and travel expenses of administrative staff, including financial management staff. It does not include direct supervisors of program staff. If an administrator also directly supervises program staff, the actual portion of time devoted to that supervision is excluded. This does not include the salary or fringe of staff devoted to Planning Assembly support, URS or ARIES data entry or management. c) Other types of program support such as quality assurance, quality control, and related activities. This includes expenses related to monitoring and evaluation and expenses related to hiring of consultants to perform projects related to management improvement of program quality assurance. It does not include support of required Planning Assembly activities such as needs assessments, priority setting and allocations.

TIER ONE HEALTH CARE SERVICES

Ambulatory/outpatient medical care is the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where patients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties).

Primary medical care for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

Drug Reimbursement Program** is an ongoing service/program to pay for approved pharmaceuticals and/or medications for person with no other payment source. Subcategories include:

- **Local/Consortium Drug Reimbursement Program** is a program established, operated, and funded locally by a Title I EMA or a consortium to expand the number of covered medications available to low-income patients and/or to broaden eligibility beyond that established by a State-operated Title II or other State funded drug reimbursement

program.

Mental health services are psychological and psychiatric treatment and counseling services offered to individuals with a diagnosed mental illness, conducted in a group or individual setting, and provided by a mental health professional licensed or authorized within the State to render such services. This typically includes psychiatrists, psychologists, and licensed clinical social workers.

Oral health care includes diagnostic, preventive, and therapeutic services provided by general dental practitioners, dental specialists, dental hygienists and auxiliaries, and other trained primary care providers.

Substance abuse services—outpatient are the provision of medical or other treatment and/or counseling to address substance abuse problems (i.e., alcohol and/or legal and illegal drugs) in an outpatient setting, rendered by a physician or under the supervision of a physician, or by other qualified personnel.

Substance abuse services—residential are the provision of treatment to address substance abuse problems (including alcohol and/or legal and illegal drugs) in a residential health service setting (short-term).

Rehabilitation services include services provided by a licensed or authorized professional in accordance with an individualized plan of care intended to improve or maintain a client's quality of life and optimal capacity for self-care. Services include physical and occupational therapy, speech pathology, and low-vision training.

Home health care is the provision of therapeutic, diagnostic, supportive and/or compensatory health services as listed in the three categories below. Home health and community-based care does not include inpatient hospital services or nursing home and other long-term care facilities.

- **Para-professional care** is the provision of services by a homemaker, home health aide, personal caretaker, or attendant caretaker. This definition also includes non-medical, non-nursing assistance with cooking and cleaning activities to help clients with disabilities remain in their homes.

- **Professional care** is the provision of services in the home by licensed health care workers such as nurses.

- **Specialized care** is the provision of services that include intravenous and aerosolized treatment, parenteral feeding, diagnostic testing, and other high-tech therapies.

Case management services are a range of client-centered services that link clients with health care, psychosocial, and other services. These services ensure timely and coordinated access to medically appropriate levels of health and support services and continuity of care, through ongoing assessment of the client's and other key family members' needs and personal support systems. This definition also includes inpatient case management services that prevent unnecessary hospitalization or that expedite discharge from an inpatient facility. Key activities include (1) initial assessment of service needs; (2) development of a comprehensive, individualized service plan; (3) coordination of services required to implement the plan; (4) client monitoring to assess the efficacy of the plan; and (5) periodic re-evaluation and adaptation of the plan as necessary over the life of the client. Case management may include client-specific advocacy and/or review of utilization of services. This includes any type of case management (e.g., face-to-face).

Residential or in-home hospice care means room, board, nursing care, counseling, physician services, and palliative therapeutics provided to patients in the terminal stages of illness in a residential setting, including a non-acute-care section of a hospital that has been designated and staffed to provide hospice services for terminal patients.

Treatment adherence counseling is the provision of counseling or special programs to ensure readiness for, and adherence to, complex HIV/AIDS treatments.

Health Insurance** is a program of financial assistance for eligible individuals with HIV disease to maintain a continuity of health insurance or to receive medical benefits under a health insurance program.

TIER TWO – ACCESS SERVICES

Housing and housing-related services is the provision of short-term assistance to support temporary or transitional housing to enable an individual or family to gain or maintain medical care. Housing-related services may be housing in medical treatment programs for chronically ill clients (e.g., assisted living facilities), specialized short-term housing, transitional housing, and non-specialized housing for clients who are HIV affected.

Category includes access to short-term emergency housing for homeless people. This also includes assessment, search, placement, and the fees associated with them. NOTE: If housing services include other service categories (e.g., meals, case management, etc.), these services should also be reported in the appropriate service categories.

Outreach services includes programs which have as their principal purpose identification of people with HIV disease so that they may become aware of, and may be enrolled in, care and treatment services (i.e., case finding), not HIV counseling and testing or HIV prevention education. Outreach programs must be planned and delivered in coordination with local HIV prevention outreach programs to avoid duplication of effort; be targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection; be conducted at times and in places where there is a high probability that individuals with HIV infection will be reached; and be designed with quantified program reporting that will accommodate local effectiveness evaluation.

Referral for health care/supportive services is the act of directing a client to a service in person or through telephone, written, or other type of communication. Referrals may be made formally from one clinical provider to another, within the case management system by professional case managers, informally through support staff, or as part of an outreach program.

Referral to clinical research is the provision of education about and linkages to clinical research services through academic research institutions or other research service providers. Clinical research are studies in which new treatments—drugs, diagnostics, procedures, vaccines, and other therapies—are tested in people to see if they are safe and effective. All institutions that conduct or support biomedical research involving people must, by Federal regulation, have an institutional review board (IRB) that initially approves and periodically reviews the research.

Transportation services include conveyance services provided, directly or through voucher, to a client so that he or she may access health care or support services.

Early intervention services for Titles I and II are counseling, testing, and referral services to PLWHA who know their status but are not in primary medical care, or who are recently diagnosed and are not in primary medical care for the purpose of facilitating access to HIV related health services.

TIER THREE – SUPPORT SERVICES

Nutritional counseling is provided by a licensed registered dietitian outside of a primary care visit. Nutritional counseling provided by other than a licensed/registered dietitian should be recorded under “Psychosocial support services.”

Child care services are the provision of care for the children of clients who are HIV positive while the clients are attending medical or other appointments or attending Title –related meetings, groups, or training. NOTE: This does not include child care while a client is at work.

Child welfare services are the provision of family preservation/unification, foster care, parenting education, and other child welfare services. Services may be designed to prevent the break-up of a family and to reunite family members. Also includes foster care assistance to place children under age 21, whose parents are unable to care for them, in temporary or permanent homes and to sponsor programs for foster families. This category includes other services related to juvenile court proceedings, liaison to child protective services, involvement with child abuse and neglect investigations and proceedings, or actions to terminate parents’ rights. Presentation or distribution of information to biological, foster, and adoptive parents, future parents, and/or caretakers of children who are HIV positive about risks and complications, care giving needs, and developmental and emotional needs of children is also included.

Buddy/companion service is an activity provided by volunteers/peers to assist the client with performing household or personal tasks and providing mental and social support to combat the negative effects of loneliness and isolation.

Client advocacy is the provision of advice and assistance obtaining medical, social, community, legal, financial, and other needed services. Advocacy does not involve coordination and follow -up of medical treatments, as case management does.

Psychosocial support services are the provision of support and counseling activities, including alternative services (e.g., visualization, massage, art, music, and play), child abuse and neglect counseling, HIV support groups, pastoral

care, recreational outings, caregiver support, and bereavement counseling. Includes other services not included in mental health, substance abuse, or nutritional counseling that are provided to clients, family and household members, and/or other caregivers and focused on HIV-related problems.

Developmental assessment/early intervention services are the provision of professional early interventions by physicians, developmental psychologists, educators, and others in the psychosocial and intellectual development of infants and children. These services involve assessment of an infant's or a child's developmental status and needs in relation to the involvement with the education system, including assessment of educational early intervention services. It includes comprehensive assessment of infants and children, taking into account the effects of chronic conditions associated with HIV, drug exposure, and other factors. Provision of information about access to Head Start services, appropriate educational settings for HIV affected clients, and education/assistance to schools should also be reported in this category.

Day or respite care for adults is the provision of community or home-based, non-medical assistance designed to relieve the primary caregiver responsible for providing day-to-day care of a client.

Emergency financial assistance is the provision of short-term payments to agencies or establishment of voucher programs to assist with emergency expenses related to essential utilities, food (including groceries, food vouchers, and food stamps), and medication when other resources are not available.

Food bank/home-delivered meals are the provision of actual food, meals, or nutritional supplements, or vouchers for the provision of those items. It does not include finances to purchase food or meals. The provision of essential household supplies such as hygiene items and household cleaning supplies should be included in this item.

Health education/risk reduction is the provision of services that educate clients with HIV about HIV transmission and how to reduce the risk of HIV transmission. It includes the provision of information, including information dissemination about medical and psychosocial support services and counseling, to help clients with HIV improve their health status.

Legal services are the provision of services to individuals with respect to powers of attorney, do-not-resuscitate orders, wills, trusts, instructions for bankruptcy proceedings, and interventions necessary to ensure access to eligible benefits, including discrimination or breach of confidentiality litigation as it relates to services eligible for funding under the CARE Act. It does not include any legal services that arrange for guardianship or adoption of children after the death of their normal caregiver.

Permanency planning is the provision of services to help clients or families make decisions about placement and care of minor children after the parents/caregivers are deceased or are no longer able to care for them.

Other Support services are direct support services not listed above, such as translation/interpretation services.

*CARE Act Data Reporting (CADR)

**Definitions not included in CADR

APPENDIX C: Subcontractor Forms

SUBCONTRACTOR DATA SHEET

Contract Beginning Date _____ Contract Ending Date _____
 Check source of funding: _____ 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):		\$ _____

IF THE CONTRACT IS FOR MORE THAN \$25,000, ATTACH A CATEGORICAL BUDGET JUSTIFICATION FOR THE ABOVE ITEMS.

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 and attach the Fee-For-Service form.

AMOUNT: \$ _____

Name of Administrative Agency: _____

Selection Process: Competitive Bid Sole Source Single Source

Minority Organization?* _____ Yes _____ No

Minority Provider?*** _____ Yes _____ No

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

*Organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

**For the purposes of HRSA's Consolidated List of Contracts report, an organization/agency must meet the following criteria to be considered a minority provider:

- A. have a documented history of providing service to the targeted racial/ethnic minority community(ies) to be served; and
- B. are located in or near the targeted racial/ethnic minority community they are intended to serve; and
- C. have documented linkages to the targeted racial/ethnic minority populations, so that they can help close the gap in access to services for highly impacted communities of color; and
- D. provide services in a manner that is culturally and linguistically appropriate.

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 Cost or 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

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CONTRACT/SUBCONTRACT REVIEW CERTIFICATION (CRC) FORM

GRANTEE NAME: _____

CONTRACTOR/SUBCONTRACTOR NAME: _____

CONTRACTOR ADDRESS (street, city, state, 9 digit zip code): _____

CONTRACTOR 9 DIGIT Employer Identification Number (EIN): _____

IS THE CONTRACTOR A MINORITY PROVIDER?* _____

IS THE CONTRACTOR A FAITH-BASED ORGANIZATION? _____

FY 2005 STATE SERVICES AMOUNT AWARDED: _____

DATE FUNDS AWARDED: _____

PURPOSE AND SCOPE OF CONTRACT (activities and services to be provided): Use ONLY the HRSA service categories. (Attach Table 1 showing categories and amounts budgeted for each category.)

Does the contractor/subcontractor provide direct client services as opposed to grant administration or program support services? _____

A. PROGRAM REVIEW: I certify that the purpose and scope of the contract has been reviewed and found to be in compliance with any existing policies of the Division of HIV Services, HIV/AIDS Bureau (HAB) in effect at the time this contract was executed.

Project Director (signature): _____ Date: _____

B. ADMINISTRATIVE/FISCAL REVIEW

1. I certify that the procedures used to advertise and award these funds meet the minimum standards required by the Office of Management and Budget (OMB) in the following Circular (check one only).

____ A-102 (Administrative requirements applicable to grants to State and local governments) codified by DHHS in 45 CFR Part 92.

____ A-110 (Administrative requirements applicable to grants to Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations) codified by DHHS in 45 CFR Part 74.

2. I certify that the costs have been determined allowable according to principles and standards established by OMB in the following Circulars (check one only).

____ A-122, Cost Principles for Non-Profit Organizations.

____ A-87, Cost Principles for State, Local, and Indian Tribal Governments

____ A-21, Cost Principles for Educational Institutions.

____ 48 CFR Part 31, For-Profit Organizations

3. I certify that there are no mathematical errors in the budget of this contract.

ADMINISTRATIVE/BUDGET OFFICER (FISCAL): _____

APPENDIX D: Minimum Computer Equipment Specifications

**This document is available at
<http://www.tdh.state.tx.us/hivstd/grants/default.htm>.**