




**TABLE A:  
HOPWA 2008  
12 Month FUNDING ALLOCATIONS  
(02/01/08 – 01/31/09)**

ADMINISTRATIVE AGENCY	FUNDING BY HSDA'S SERVED	HOPWA CONTRACT AMOUNT
Lubbock Regional MHMR	Lubbock: \$127,433 Amarillo: \$120,007 Permian: \$111,572	<b>\$359,012</b>
Tarrant County Public Health Department	Abilene: \$59,135 Fort Worth: \$40,020 Wichita Falls: \$57,617	<b>\$156,773</b>
Dallas County Health and Human Services Dept.	Dallas: \$9,951 Sherman: \$48,352	<b>\$58,303</b>
Houston Regional Resource Group	Beaumont: \$122,704 Lufkin: \$148,537 Houston: \$20,611 Galveston: \$20,000 Tyler: \$321,440 Texarkana: \$93,765	<b>\$727,057</b>
Brazos Valley Council of Governments	Austin: \$20,867 Concho: \$50,195 Temple: \$44,539 Waco: \$77,859 College Station: \$66,380	<b>\$259,841</b>
Alamo Area Council of Governments	Uvalde: \$25,109 Victoria: \$78,653 San Antonio: \$90,480	<b>\$194,242</b>
South Texas Development Council	Laredo: \$79,249 Brownsville: \$344,302 Corpus: \$319,161	<b>\$742,713</b>
Planned Parenthood Center of El Paso	El Paso: \$505,962	<b>\$505,962</b>
<b>TOTAL</b>		<b>\$3,003,903</b>

 <p><b>Documentation Regarding the Environmental Review Record in HOPWA Project Sponsors</b></p>	Policy Number	
	Effective Date ( <i>original issue</i> )	January 13, 2006
	Revision Date ( <i>most recent</i> )	
	Subject Matter Expert ( <i>title</i> )	Manager, HIV/STD Prevention Services Group
	Approval Authority ( <i>title</i> )	Unit Director
	Signed by ( <i>signature for hard copy; name for online</i> )	

## 1.0 Purpose

The environmental review record (ERR form) must be prepared by the responsible entity and include written determinations and other review finds required by the regulations found at 24 CFR 58.38. This procedure establishes the roles and responsibilities for assuring this documentation in the HIV/STD Comprehensive Services Branch (Branch) for the Housing Opportunities for Persons (HOPWA) with AIDS/HIV grant recipients on behalf of the project sponsors.

## 2.0 Background

In a compliance review in May, 2005, the U.S. Department of Housing and Urban Development found that the short term rent, mortgage and utility payments to prevent homelessness, and tenant-based rental assistance may be classified as categorically excluded under 24 CFR 53.25(b). Documentation of compliance with 24 CFR 58.6 requirements is usually not applicable to these activities. Program administration may be classified as exempt from environmental review under 24 CFR 48.34(a)(3).

## 3.0 Policy

It is the policy of the Branch that determination will be made and ERR forms will be executed for each HOPWA project on an annual basis as part of the renewal process for HOPWA funding.

## 4.0 Persons Affected

Contract Management Unit (CMU) and Health Promotion Unit Manager.

## 5.0 Procedures

<i>Step</i>	<b>Action</b>
1	During the annual HOPWA renewal process, CMU prepares the ERR form for each contractor and routes to the Health Promotion Unit Manager for approval and signatures.
3	Unit Manager returns approved documents to CMU.
4	CMU files approved ERR forms in contractor files for HUD inspection

## 6.0 Revision History

<b>Date</b>	<b>Action</b>	<b>Section</b>
1/13/2006	New policy.	



**FY 2008**

**Renewal Application**

**For Housing Assistance**

**Opportunities for Persons with**

**AIDS (HOPWA)**

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

*Issue Date: 09/18/2007*  
*Due Date: 10/18/2007*

Contract Management Unit  
1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756-3199

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David L. Lakey, M.D.

Commissioner of Health

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# Department of State Health Services (DSHS)

FORM A: FACE PAGE – Whether the Contractor received their award as a Governmental Entity or as part of the competitive process, the Contractor is held to the requirements articulated in the Competitive RFP for HIV Care Administrative Agencies (RFP# HIV/RW-0196.1), dated June 16, 2006, and HIV FY 2007 Renewal Application For Housing Assistance Opportunities for Persons with AIDS (HOPWA) dated December 21, 2006. This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the renewal application and shall be completed in its entirety.

APPLICANT INFORMATION	
1) LEGAL NAME:	
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):	Check if address change <input type="checkbox"/>
3) PAYEE Mailing Address (if different from above):	
Check if address change <input type="checkbox"/>	
4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) : <i>*The vendor acknowledges, understands and agrees that the vendor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>	
5) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization
<input type="checkbox"/> Individual <input type="checkbox"/> FQHC <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: List all counties to be served	
9) AMOUNT OF FUNDING REQUESTED:	11) PROJECT CONTACT PERSON
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>	Name: Phone: Fax: E-mail:
12) FINANCIAL OFFICER	
Name: Phone: Fax: E-mail:	
I, the undersigned, am the authorized representative of the applicant filing this contract renewal application. The facts contained herein are true, and the applicant is in compliance with the assurances and certifications contained in the competitive RFP identified above, which is part of the original contract and any prior renewals and amendments. I understand that this contract renewal depends on the truthfulness of this document and on the applicant's continued compliance with the original contract and all its components and amendments.	
13) AUTHORIZED REPRESENTATIVE	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: Title: Phone: Fax: E-mail:	15) DATE
Check <input type="checkbox"/> if change	

## FORM B: 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 Liza Hinojosa, Contract Manager, in writing.*

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

Planning Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
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Clinical Services Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
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# FORM C: 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.*

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**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 D: HOPWA PERFORMANCE MEASURES Guidelines

Applicant shall include the following performance measures in the renewal application along with the proposed target levels of performance for each measure. The proposed target levels of performance and reporting frequency will be negotiated and agreed upon by applicant and DSHS.

Contractors must address the following performance measures:

1. Administrative Agencies will assure that each HOPWA Project Sponsor annually establishes goals for the following HOPWA services:
  - a. Number of households to receive TBRA
  - b. Number of households to receive STRMU
  - c. Number of households to receive HOPWA-funded Supportive Services
  - d. Number of households to receive Smoke Detectors
  - e. Number of households to receive Permanent Housing Placement

2. 100% of clients receiving HOPWA housing assistance will receive case management services.

Describe how the Administrative Agency will monitor to assure this standard is being met at the subcontractor level.

3. All HOPWA clients must have a comprehensive housing plan that includes periodic contact with a case manager/benefits counselor and a primary care physician.

Describe how the Administrative Agency will monitor to ensure this standard is being met by subcontractors.

**Only the three (3) performance measures listed above are required for this contract. If you choose to include additional measures you will be required to monitor and report on all performance measures completed in this section in your quarterly report.**

## FORM D: HOPWA 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 one additional page may be attached if needed.*

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## FORM E: HOPWA WORK PLAN Guidelines

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

1. Summarize the housing needs in each proposed service area based on the most recent needs assessment completed for your health administrative service area.
  - a. Describe all available housing resources in each proposed service area.
2. Summarize the proposed services, population to be served, location (counties to be served), etc. Also address the following two questions:
  - a. Will you serve individuals from counties outside your stated service area?
  - b. If you are requesting funds to increase your total project budget (all sources), how will this impact your overall agency program goals?
3. Describe the capacity of the Administrative Agency (AA) to carry out roles and responsibilities to administer HOPWA services. Your description must include: personnel, financial management, contract administration, technical assistance and training, monitoring and reporting, and agency integration of the quality management program (quality assurance & improvement processes). Also discuss barriers/challenges to HOPWA administration and how these will be addressed.
4. Describe how the AA will assure that Project Sponsors will collect and tabulate HOPWA data correctly and who will be responsible for data collection and reporting at the Project Sponsor level. Also include who will be responsible (at the AA) for conducting quality assurance on data and reporting submitted to the AA and describe any issues the Project Sponsor or AA may have with data and reporting processes.
5. Describe how the AA will assure that Project Sponsors report quarterly, using the appropriate forms. Include who will be responsible (at the AA) for verifying that Project Sponsor reports are submitted on time, accurate and complete.
6. Describe coordination with area HIV/AIDS providers and local area housing authorities. Describe how you will assure that Project Sponsors make certain HOPWA will be payor of last resort and how duplication of services will be avoided.
7. Explain how the AA will assure that Project Sponsors are documenting and tracking client referrals.
8. Describe how the AA will assure that Project Sponsors make certain 100% of clients receiving HOPWA TBRA will apply for Section 8 housing to determine eligibility and renew their applications every ninety (90) days or as required by the local Section 8 program.
9. Describe how the AA will assure that Project Sponsors will 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). Explain how you will assure that Project Sponsors establish written policies to address HOPWA waiting lists and special needs populations.
10. Describe how your Quality Management Program is utilized to monitor HOPWA services. The description shall include the following:
  - a. Role and responsibilities of the QA/QI/QM Committee
  - b. Subcontractor/provider feedback loop and involvement in the QA/QI/QM activities
  - c. Activities utilized to identify trends of needed improvement and the frequency of those activities
  - d. How HOPWA services are incorporated into the QM Plan
  - e. Activities to ensure correction and follow-up to unsatisfactory findings identified, including a compliant tracking system
  - f. Utilization and frequency of client satisfaction surveys
  - g. System utilized to identify and monitor adverse outcomes (sentinel events)

- h. Process to monitor client demographic access to services and other quality outcome measures
- i. Annual policy and procedure review and update process
- j. Subcontractor/provider satisfaction oversight process
- k. Utilization and frequency of subcontractor/provider satisfaction surveys

11. The Administrative Agency must assure that 100% of the Project Sponsors receiving HOPWA funds document the local demand for housing needs beyond their current capacity and have a written policy that outlines the agency's response to such demand. The documentation of local demand for housing needs is to be done through the use of waiting lists that are to be updated every six (6) months indicating the date persons were added and removed. Describe how the AA will assure that Project Sponsors maintain and track separate waiting lists for clients needing tenant based rental assistance (TBRA) previously known as rental assistance and short-term rent, mortgage and/or utility (STRMU) previously known as emergency assistance using the following criteria: (Data must be available by service provider, as well as by HSDA)

**TBRA** -- number of clients who:

- a) Are HIV Positive;
- b) Are Income Eligible (as defined in the DSHS HOPWA Manual located at <http://www.dshs.state.tx.us/hivstd/fieldops/hopwa.shtm>);
- c) Are unable to receive rental assistance due to insufficient HOPWA funds.

**STRMU** -- number of clients who:

- a) Are HIV Positive;
- b) Are Income Eligible (as defined in the DSHS HOPWA Manual located at <http://www.dshs.state.tx.us/hivstd/fieldops/hopwa.shtm>);
- c) Are the owner or named occupant on the lease/rental agreement/utility bill.
- d) Already in housing and have a short-term emergency situation that may put the client at risk of becoming homeless; and
- e) Are unable to receive emergency assistance due to insufficient HOPWA funds.

## FORM E: HOPWA 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. **Additional pages may be attached if needed.***

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## FORM F: BUDGET SUMMARY Instructions

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

**Effective April 1, 2007, all HOPWA administrative costs must be charged to the Administrative Agency budget.**

Composite Regulations for HOPWA 574.3 Definitions, defines administrative costs in the following way: "Administrative costs mean costs for general management, oversight, coordination, evaluation, and reporting on eligible activities. Such costs do not include costs directly related to carrying out eligible activities, since those costs are eligible as part of the activity delivery costs of such activities." **DSHS is implementing a new activity as allowed under 24 CFR 574.3 for Permanent Housing Placement. These services will be limited primarily to assistance for reasonable security deposits not to exceed the amount equal to two (2) months of rent, and costs related to application fees and credit checks. Deposits must be returned to the Project Sponsor.**

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 refer to DSHS' Contractor Financial Procedures Manual on the Internet at <http://www.dshs.state.tx.us/contracts/ta.shtml>

### **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.*

# EXAMPLE

## FORM F: BUDGET SUMMARY Example

**Legal Name of Applicant:** Apple County Health Department

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

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

The applicant's most recently approved indirect cost rate 7 % A copy is attached behind the OTHER Budget Category Detail Form (FORM G5).

The applicant's most recently approved indirect cost rate \_\_\_\_\_ % which is on file with DSHS's Contract Policy & Monitoring Division.

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



## FORM F: 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	N/A 0	N/A 0	N/A 0
G. Other	\$	\$	\$	\$	\$	\$ 0
H. Total Direct Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
I. Indirect Costs	\$	\$	\$	\$	\$	\$ 0
J. Total (Sum of H and I)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
K. Program Income - Projected Earnings	\$	\$	\$	\$	\$	\$ 0

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

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

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

## FORM G: Categorical Budget Instructions

The HOPWA Program Manual is in effect and serves as the basic program guidance for the HOPWA program. An electronic version of the HOPWA Program Manual and links to Housing and Urban Development (HUD) information on Fair Market Rents (FMRs) and Income Limits may be found on the website at: <http://www.dshs.state.tx.us/hivstd/default.shtm>

Please submit a twelve (12) month categorical budget and justification (02/01/08 – 01/31/09) based on the allocation table (see Table A). Use the Instructions and Examples for a Categorical Budget Justification format provided to create a categorical budget and budget justification.

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

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

<b>058</b>	<b>Project Sponsor Administrative Cost</b>
<b>D77</b>	<b>Project Sponsor STRMU</b>
<b>D76</b>	<b>Project Sponsor TBRA</b>
<b>055</b>	<b>Project Sponsor Other Non-Administrative Services Costs</b>
<b>472</b>	<b>Permanent Housing Placement Services</b>

FORM G: Categorical Budget Example

A. <u>PERSONNEL</u>	(0)
B. <u>FRINGE BENEFITS</u>	(0)
C. <u>STAFF TRAVEL</u>	(0)
D. <u>EQUIPMENT</u>	(0)
E. <u>SUPPLIES</u>	(0)
F. <u>CONTRACTUAL</u>	<b>Total</b>

Please report the following costs for each Project Sponsor:

- Project Sponsor Administrative Cost
- Project Sponsor STRMU
- Project Sponsor TBRA
- Project Sponsor Other Non-Administrative Services Costs
- Permanent Housing Placement Services

G. <u>OTHER</u>	(0)
	<b>Total</b>
H. <u>TOTAL DIRECT COSTS</u>	
[Enter the total of F above]	
I. <u>INDIRECT COSTS</u>	(0)
J. <u>TOTAL BUDGET</u>	<b>Total</b>

**TOTAL AMOUNT ALLOCATED TO EACH CATEGORY FOR ALL PROJECT SPONSORS:**

058	Project Sponsor Administrative Cost:	\$ _____
D77	Project Sponsor STRMU:	\$ _____
D76	Project Sponsor TBRA:	\$ _____
055	Project Sponsor Other Non-Administrative Services Costs:	\$ _____
472	Permanent Housing Placement Services:	\$ _____
	Total: (same as J above)	\$ _____

## FORM G: BUDGET JUSTIFICATION

*Provide a detailed budget justification of proposed HOPWA services costs. Effective April 1, 2007, all HIV Services administrative costs must be charged under the Administrative Agency budget. Submitted budget should detail Contractual expenses (Project Sponsor administrative costs, TBRA, STRMU, Other non-administrative services costs, and Permanent Housing Placement ), include Total Direct Costs, and Total Budget.*

## HOPWA PROJECT SPONSOR DATA SHEET

**INSTRUCTIONS:** To be prepared by the AA on each HOPWA subcontractor and provided to DSHS as indicated in renewal instructions and as changes in subcontractors or contract amounts occur, via the reporting mailbox at [HIVSTDReports.Tech@DSHS.state.tx.us](mailto:HIVSTDReports.Tech@DSHS.state.tx.us).

Administrative Agency: _____	Date of this report: _____
Contact Person for this Report: _____	Phone No: _____

Counties Served: \_\_\_\_\_

Project Sponsor Name: _____	
Mailing Address: _____	
Street Address: _____	
City, State, Zip: _____	
Phone Number: _____	Fax Number: _____
Executive Director: _____	E-mail address: _____
Contact Person & Title: _____	
Contract Beginning Date: _____	Contract Ending Date _____

Budget for Contract Period	Amount Budgeted for Contract Period	Goals for Project Period
		# of Households to be Served
STRMU		
TBRA		
Supportive Services <sup>1</sup> :		
Permanent Housing Placement Services <sup>2</sup> :		
Administration		
<b>TOTALS</b>		

Process used for selection of this agency as a HOPWA provider:

Competitive RFP   
  Sole Source   
  Single Source

Non-Profit organization?     Yes     No

Minority Organization?<sup>3</sup>     Yes     No

Minority Provider?<sup>4</sup>     Yes     No

Faith-based Organization?     Yes     No

HUB Certified?     Yes     No

<sup>1</sup> Supportive services are limited to case management, smoke detectors and telephone service assistance. Smoke detectors are only authorized for clients receiving STRMU. Case management must be provided to all households receiving HOPWA assistance and is defined as a range of client centered services that focus on the client's support systems, social services needs (to include emotional/psychological needs), and family needs in order to advocate for a package of multiple services to meet the client's specific complex needs. Only case management services provided with HOPWA funds should be included under Supportive Services. If case management for a household is provided with funds from another source, that case management should be shown under 'number of households receiving Non-HOPWA Services.'

<sup>2</sup> Permanent Housing Placement Services are limited to costs that include reasonable security deposits up to 2 months of rent and related application fees and credit checks.

<sup>3</sup> Minority Organization is one whose Board of Directors is made up of 50% racial or ethnic minority members.

<sup>4</sup> Minority provider is defined as:

- documented history of providing service to the targeted racial/ethnic minority community(ies) to be served; and
- located in or near the targeted racial/ethnic minority community they are intended to serve; and
- 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 provides services in a manner that is culturally and linguistically appropriate.

## Certification of Categorical Exclusion (not subject to 58.5)

Determination of activities listed at 24 CFR 58.35(b)  
May be subject to provisions of Sec 58.6, as applicable

Administrative Agency (Grant Recipient): \_\_\_\_\_

Project Sponsor (Subrecipient): \_\_\_\_\_

Project Name: Housing Opportunities for Persons with AIDS/HIV (HOPWA)

Project Description (Include all actions which are either geographically or functionally related):

Administration, supportive services, short term rent, mortgage and utility payments to prevent homelessness and tenant-based rental assistance for persons with AIDS/HIV

Location: \_\_\_\_\_

Funding Source: State HOPWA grant

Funding Amount: \_\_\_\_\_ Grant Number: TX01F99

I hereby certify that the abovementioned project has been reviewed and determined to be a Categorically Excluded activity (not subject to 58.5) per 24 CFR 58.35(b) as follows:

<input checked="" type="checkbox"/>	1. Tenant-based rental assistance;
<input checked="" type="checkbox"/>	2. Supportive services including, but not limited to, health care, housing services, permanent housing placement, day care, nutritional services, short-term payments for rent/mortgage/utility costs, and assistance in gaining access to local, State, and Federal government benefits and services;
	3. Operating costs including maintenance, security, operation, utilities, furnishings, equipment, supplies, staff training and recruitment and other incidental costs;
	4. Economic development activities, including but not limited to, equipment purchase, inventory financing, interest subsidy, operating expenses and similar costs not associated with construction or expansion of existing operations;
	5. Activities to assist homebuyers to purchase existing dwelling units or dwelling units under construction, including closing costs and down payment assistance, interest buy downs, and similar activities that result in the transfer of title.
	6. Affordable housing pre-development costs including legal, consulting, developer and other costs related to obtaining site options, project financing, administrative costs and fees for loan commitments, zoning approvals, and other related activities which do not have a physical impact.
	7. Approval of supplemental assistance (including insurance or guarantee) to a project previously approved under this part, if the approval is made by the same responsible entity that conducted the environmental review on the original project and re-evaluation of the environmental findings is not required under Sec. 58.47.

If your project falls into any of the above categories, no Request for Release of Funds (RROF) is required, and no further environmental approval from HUD will be needed by the recipient for the draw-down of funds to carry out exempt activities and projects. The responsible entity must maintain this document as a written record of the environmental review undertaken under this part for each project.

By signing below the Responsible Entity certifies in writing that each activity or project is Categorically Excluded (not subject to 58.5) and meets the conditions specified for such determination per section 24 CFR 58.35(b). Please keep a copy of this determination in your project files.

AA Certifying Official Name and Title (Printed) DSHS Responsible Entity Certifying Official Name & Title

(Signature) (Date) (Signature) (Date)

**EXHIBIT A**  
**Summary of HOPWA Expenditures by Administrative Agency and Project Sponsor**  
**To be submitted with each Quarterly Report**

**Reporting period:**      **1 QTR:** \_\_\_\_      **2QTR:** \_\_\_\_      **3QTR:** \_\_\_\_      **4QTR:** \_\_\_\_  
    Feb-Mar-April      May-Jun-Jul      Aug-Sep-Oct      Nov-Dec-Jan

**Administrative Agency:** \_\_\_\_\_      **Date: (mm/dd/yyyy)** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_      **Phone:** \_\_\_\_\_

**INSTRUCTIONS:**

1. Use this form to report separate administrative and HOPWA services costs for both AA and Project Sponsors
2. Totals in this document must be consistent with amounts vouchered during the reporting period
3. 'Supportive Services' previously known as 'Other Services.' Examples include HOPWA case manager salaries/fringe, smoke detectors, and telephone service assistance.
4. Permanent Housing Placement Services are amounts expended for security deposits and related application fees and credit checks.
5. Quarterly reports are due on the 20<sup>th</sup> calendar day after each quarterly reporting period
6. This completed form MUST be submitted with each Quarterly Report

AA HOPWA contract amount

Subcontractor Name (Project Sponsor)	Contract Amount	STRMU		TBRA		Supportive Services		Permanent Housing Placement		Administration		Total	
		D77		D76		055		472		058			
		Qtr	YTD	Qtr	YTD	Qtr	YTD	Qtr	YTD	Qtr	YTD	Qtr	YTD
<b>Subcontractor Total</b>													

**EXHIBIT B**

**Summary of HOPWA Expenditures by Administrative Agency and Project Sponsor  
MUST be submitted with each HOPWA voucher for reimbursement**

**Administrative Agency:** \_\_\_\_\_

**Submission Date:** \_\_\_/\_\_\_/\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Service Dates:** \_\_\_\_\_

<b>AA Contract Amount</b>

<b>Subcontractor (Project Sponsor)</b>	<b>Contract Amount</b>	<b>STRMU D77</b>	<b>TBRA D76</b>	<b>Supportive Services 055</b>	<b>Permanent Housing Placement 472</b>	<b>Administration 058</b>	<b>Total</b>
<b>Subcontractor sub- total</b>							

**INSTRUCTIONS:**

- 1. Complete this form and submit with each voucher for reimbursement**
- 2. ‘Supportive Services’ previously known as ‘Other Services.’ Examples include HOPWA case manager salaries/fringe, smoke detectors, and telephone service assistance.**
- 3. Permanent Housing Placement Services are amounts expended for security deposits and related application fees and credit checks up to 2 months rent.**



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

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

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(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.

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\*Chairman of the Board Signature/Date

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\*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.

## **HIV CONTRACTOR ASSURANCES**

### **1. ADVOCATE AND PROMOTE**

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

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

### **2. CONFIDENTIALITY**

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

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

### **3. CONFLICT OF INTEREST**

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

#### 4. TUBERCULOSIS COLLABORATION

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

#### 5. DRUG-FREE WORKPLACE REQUIREMENTS

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

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about-
  - (1) The dangers of drug abuse in the workplace;
  - (2) The grantee's policy of maintaining a drug-free workplace;
  - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (c) The penalties that may be imposed upon employees for drug abuse violations

occurring in the workplace;

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

6. POLICIES OF THE HIV/STD Comprehensive Services Branch

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

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

## DSHS ASSURANCES AND CERTIFICATIONS

**Note: Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the contact person named in this RFP. These assurances and certifications shall remain in effect throughout the project period of this solicitation and the term of any contract between respondent and DSHS.**

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**As the duly authorized representative of the respondent, my signature on the FACE PAGE Form certifies that the respondent:**

1. Is a legal entity legally authorized and in good standing to do business with the State of Texas and has the legal authority to apply for state/federal assistance, and has the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this proposal; possesses legal authority to apply for funding; that a resolution, motion or similar action has been duly adopted or passed as an official act of the respondent's governing body, authorizing the filing of the proposal including all understandings and assurances contained therein, and directing and authorizing the person identified as the authorized representative of the respondent to act in connection with the proposal and to provide such additional information as may be required;
2. Certifies that under Government Code Section 2155.004, the individual or entity (respondent) is not ineligible to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is incorrect. NOTE: Under Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specification of RFP on which the bid is based.
3. Has a financial system that: identifies the source and application of DSHS funds in a unique set of general ledger account numbers, permits preparation of reports required by the tract, permits the tracing of funds expended and program income, allows for the comparison of actual expenditures to budgeted amounts; and maintains accounting records that are supported by verifiable source documents.
4. A parent, affiliate, or subsidiary organization, if such a relationship exists, will give DSHS, HHSC Office of Inspector General, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
5. Will supplement the project/activity with funds other than the funds made available through a contract award as a result of this RFP and will not supplant funds from that contract to replace or substitute existing funding from other sources;
6. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
7. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the respondent's governing body or of the respondent's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body

or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;

8. Has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement; Does not have nor shall it knowingly acquire any interest that would conflict in any manner with the performance of its obligations under any awarded contract that results from this RFP;
9. Will honor for 90 days after the proposal due date the technical and business terms contained in the proposal;
10. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
11. Will not require a client to provide or pay for the services of a translator or interpreter;
12. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
13. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;
14. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this proposal;
15. Agrees to comply with the following to the extent such provisions are applicable:
  - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d, et seq.;
  - B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
  - C. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.;
  - D. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
  - E. DSHS Policy AA-5018, Non-Discrimination Policies and Procedures for DSHS Programs, which prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or disability; and
  - F. Any other nondiscrimination provision in specific statutes under which application for federal or state assistance is being made.
16. Will comply with the Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and its references are available upon request;
17. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;

18. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate;
19. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
20. Will comply with environmental standards prescribed pursuant to the following:
  - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§4321-4347, and Executive Order (EO) 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality";
  - B. Notification of violating facilities pursuant to EO 11738 (40 CFR, Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans";
  - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§7401 et seq.; and
  - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;
21. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
22. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §§289a-1 et seq., as amended and 6601 (P.L. 93-348 – P.L. 103-43), as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance, as implemented by 45 CFR Part 46, Protection of Human Subjects;
23. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263a, as amended, which establish federal requirements for the regulation and certification of clinical laboratories;
24. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Blood-borne Pathogens, 29 CFR §1919.030, which set safety standards for those workers and facilities in the private sector who may handle blood-borne pathogens, or Title 25 Texas Administrative Code, Chapter 96, which affects facilities in the public sector;
25. Will not charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance project;
26. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;
27. As the primary participant in accordance with 45 CFR Part 76, respondent and its principals:
  - A. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - B. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - C. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (B) of this certification;

- D. have not within a 3-year period preceding this proposal/proposal had one or more public transactions (federal, state, or local) terminated for cause or default; and
- E. has not (nor has its representative nor any person acting for the representative) (1) violated the antitrust laws codified by Chapter 15, Business & Commercial Code , or the federal antitrust laws; or (2) directly or indirectly communicated the bid to a competitor or other person engaged in the same line of business.

Should the respondent not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the proposal response;

The respondent agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions;

- 28. Will comply with Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," which generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93):
  - A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement;
  - B. If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Department of State Health Services; and
  - C. The language of this certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly;

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure;

- 29. Is in good standing with the Internal Revenue Service on any debt owed;
- 30. Certifies that no person who has an ownership or controlling interest in the organization or who is an agent or managing employee of the organization has been placed on community supervision, received deferred adjudication or been convicted of a criminal offense related to any financial matter, federal or state program or felony sex crime;
- 31. Is in good standing with all state and/or federal departments or agencies that have a contracting



relationship with the respondent;

32. Statutes and Standards of General Applicability. It is Contractor's responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Contractor shall carry out the terms of this Contract in a manner that is in compliance with the provisions set forth below. To the extent such provisions are applicable to Contractor, Contractor agrees to comply with the following:
- a) The following statutes that collectively prohibit discrimination on the basis of race, color, national origin, limited English proficiency, sex, sexual orientation, disabilities, age, substance abuse or religion: 1) Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §§ 2000d et seq.; 2) Title IX of the Education Amendments of 1972, 20 U.S.C.A. §§ 1681-1683, and 1685-1686; 3) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794(a); 4) the Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101 et seq.; 5) Age Discrimination Act of 1975, 42 U.S.C.A. §§ 6101-6107; 6) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, 42 U.S.C.A. § 290dd (b)(1); 7) 45 CFR Parts 80, 84, 86 and 91; and 8) TEX. LAB. CODE. ch. 21; DSHS Policy AA-5018, Non-discrimination Policies and Procedures for DSHS Programs;
  - b) Drug Abuse Office and Treatment Act of 1972, 21 U.S.C.A. §§ 1101 et seq., relating to drug abuse;
  - c) Public Health Service Act of 1912, §§ 523 and 527, 42 U.S.C.A. § 290dd-2, and 42 C.F.R. pt. 2, relating to confidentiality of alcohol and drug abuse patient records;
  - d) Title VIII of the Civil Rights Act of 1968, 42 U.S.C.A. §§ 3601 et seq., relating to nondiscrimination in housing;
  - e) Immigration Reform and Control Act of 1986, 8 U.S.C.A. § 1324a, regarding employment verification;
  - f) Pro-Children Act of 1994, 20 U.S.C.A. §§ 6081-6084, regarding the non-use of all tobacco products;
  - g) National Research Service Award Act of 1971, 42 U.S.C.A. §§ 289a-1 et seq., and 6601 (P.L. 93-348 and P.L. 103-43), as amended, regarding human subjects involved in research;
  - h) Hatch Political Activity Act, 5 U.S.C.A. §§ 7321-26, which limits the political activity of employees whose employment is funded with federal funds;
  - i) Fair Labor Standards Act, 29 U.S.C.A. §§ 201 et seq., and the Intergovernmental Personnel Act of 1970, 42 U.S.C.A. §§ 4701 et seq., as applicable, concerning minimum wage and maximum hours;
  - j) TEX. GOV'T CODE ch. 469 (Supp. 2004), pertaining to eliminating architectural barriers for persons with disabilities;
  - k) Texas Workers' Compensation Act, TEX. LABOR CODE, chs. 401-406 28 TEX. ADMIN. CODE pt. 2, regarding compensation for employees' injuries;
  - l) The Clinical Laboratory Improvement Amendments of 1988, 42 USC § 263a, regarding the regulation and certification of clinical laboratories;
  - m) The Occupational Safety and Health Administration Regulations on Blood Borne Pathogens, 29 CFR § 1910.1030, or Title 25 Tex. Admin Code ch. 96 regarding safety standards for handling blood borne pathogens;
  - n) Laboratory Animal Welfare Act of 1966, 7 USC §§ 2131 et seq., pertaining to the treatment of laboratory animals;
  - o) Environmental standards pursuant to the following: 1) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§ 4321-4347 and Executive Order 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;" 2) Notification of violating facilities pursuant to Executive Order 11738 (40 CFR Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with respect to Federal Contracts, Grants, or Loans;" 3) Protection of wetlands pursuant to Executive Order 11990, 42 Fed. Reg. 26961; 4) Evaluation of flood hazards in floodplains in accordance with Executive Order 11988, 42 Fed. Reg. 26951 and, if applicable, flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234); 5) Assurance of project consistency with the approved State Management program developed under the Coastal Zone Management Act of 1972, 16 USC §§ 1451 et seq; 6) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§

- 7401 et seq.; 7) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§ 300f-300j; 8) Protection of endangered species under the Endangered Species Act of 1973, 16 USC §§ 1531 et seq.; 9) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, 42 USC §7401 et seq.; 10) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-330j; 11) Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting certain rivers system; and 12) Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) prohibiting the use of lead-based paint in residential construction or rehabilitation;
- p) Intergovernmental Personnel Act of 1970 (42 USC §§4278-4763 regarding personnel merit systems for programs specified in Appendix A of the federal Office of Program Management's Standards for a Merit System of Personnel Administration (5 C.F.R. Part 900, Subpart F);
- q) Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), relating to fair treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs;
- r) Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally-assisted construction subagreements;
- s) Assist DSHS in complying the National Historic Preservation Act of 1966, §106 (16 U.S.C. § 470), Executive Order 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.) regarding historic property;
- t) Financial and compliance audits in accordance with Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations;" and
- u) requirements of any other applicable statutes, executive orders, regulations and policies.

If this Contract is funded by a grant, additional requirements found in the Notice of Grant Award may be imposed on Contractor.

33. Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the DSHS terms and conditions if an award is issued as a result of this proposal. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).