



Competitive RFP For Increasing Participation of Minorities with HIV in the Texas HIV Medication Program in Harris and Dallas Counties

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

**RFP HIV/UNIQ-0199.1
Issue Date: July 21, 2006
Due Date: September 14, 2006**

**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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PROPOSAL INFORMATION

I. INTRODUCTION

The Texas Department of State Health Services HIV/STD Comprehensive Services Branch requests proposals to create intensive case management systems to establish and maintain participation by minorities with human immunodeficiency virus (HIV) disease in the Texas HIV Medication Program (THMP). The target populations to be served are African Americans, Hispanics and other minority groups. with HIV in the state's two highest morbidity counties, Harris and Dallas, who are: (1) incarcerated in federal, state or local adult and juvenile institutions, or (2) recently released back into these two counties. This RFP is not limited to this source of funding if other sources become available for this project.

This Request for Proposal (RFP) contains the requirements that all respondents shall meet to be considered for funding. Failure to comply with these requirements will result in disqualification of the respondent without further consideration. Each respondent is solely responsible for the preparation and submission of a proposal in accordance with instructions contained in this RFP.

Before completing the proposal, refer to the program standards provided in **SECTION II. PROGRAM INFORMATION**. Other sections within the RFP may contain additional instructions pertaining to unique program requirements set forth in legislation or regulations.

PLEASE READ ALL MATERIALS BEFORE PREPARING THE PROPOSAL.

Definitions

Appendix – Additional information and/or forms that is available in the back of this solicitation.

Budget – A financial guideline documented in the contract that describes how funds will be utilized and/or describes the basis for reimbursement for the provision of contracted services. Types of budget may include: categorical or line item, fee for service, or lump sum payable upon receipt of a product or deliverable. *Refer to Budget Summary Instructions of this document for greater detail.*

Budget Period – The number of months the contract will reflect from begin date to end date including renewals.

Contract – A written document referring to promises or agreement for which the law establishes enforceable duties and remedies between a minimum of two parties.

Contract Term – The term of the contract from begin date to end, or renewal date. The contract term may or may not be the same as the budget period.

Cost Reimbursement – A payment mechanism in which funds are provided to carry out approved activities based on an approved eight (8) category budget. Amounts expended in support of these activities shall be billed on a monthly basis for reimbursement. Indirect costs are a separate cost group in the budget.

Debarment – An exclusion from contracting or subcontracting with state agencies on the basis of cause set forth in Title I, Texas Administrative Code, 113.101-113.108, commensurate with the seriousness of the offense, performance failure, or inadequacy to perform.

Deliverables – Goods or services contracted for delivery or performance.

Due Date – Established deadline for submission of a document or deliverable.

Fully Executed – Contract is signed by both parties and forms a legal binding contractual relationship. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

General Provisions – Standard DSHS contract provisions.

Indirect Costs – A cost not readily assignable to a particular program and is incurred for a common purpose that benefits more than one program; i.e., general administrative costs. *Refer to Budget Summary Instructions of this document for greater detail.*

Program Attachment – An attachment to a base contract that details the contracted statement/scope of work.

Project – A description of the overall goal or mission of the grant or contract.

Project Period – The total number of budget periods anticipated for this project.

Respondent – Entity that submits a proposal in response to this RFP.

Scope of Work or Statement of Work – A statement outlining the specific services a contractor is expected to perform, indicating the type, level and quality of service, as well as the time schedule required.

Solicitation – The process of notifying prospective contractors of an opportunity to provide goods or services to the state, i.e., Request for Proposal (RFP).

Special Provisions – Exceptions and additions to the General Provisions for a funded program activity; these are usually customized for the program's requirements and contain items specific to the program.

Subcontractor – An entity awarded funds to perform a portion of the scope of work by the entity contracting with DSHS as a result of this solicitation.

Subrecipient – A contractor with most of the following characteristics: a) determines who is eligible to receive what assistance, b) has performance measured against federal or state program objectives, c) has responsibility for programmatic decision-making, and d) carries out all or part of a program.

Vendor – A contractor with most of the following characteristics: a) provides goods and services within normal business operations, b) provides similar goods and services to many different purchasers, c) operates in a competitive environment, d) is not subject for federal program compliance requirements, d) provides goods and services that are ancillary to the operation of the program.

Vendor Identification Number (ID #) – Fourteen-digit number needed for any entity to contract with the State of Texas and which must be set up with the State Comptroller's Office. It consists of a ten-digit vendor number (IRS number, state agency number, or social security number) +check digit + mail code.

A. Eligible Respondents

Only non-profit, community-based organizations that have a demonstrable history of outstanding public health-related service to minority populations, provide culturally appropriate messages (i.e., respectful, sensitive and appropriate for the range of cultures, races and ethnicities represented by the agency's clients) and have documented linkages to minority communities located within Harris or Dallas Counties, Texas are eligible for this grant. The entity submitting a proposal should have minority representation on its board of directors similar to the minority community it proposes to serve (e.g., one or more Hispanic members on the board of an entity proposing to serve a Hispanic community). Individuals are not eligible to apply. Applicants must have documented experience and/or expertise in working with the target population(s). **Entities that have had state or federal contracts terminated within the last 24 months for deficiencies in fiscal or programmatic performance are not eligible to apply.** Applicants must provide historical evidence of fiscal and administrative responsibility as outlined in the Form D: Administrative Information.

Eligible respondents include and must comply with the criteria listed below.

1. Respondent shall be established as an appropriate legal entity, as described above, under state statutes and must have the authority and be in good standing to do business in Texas.
2. Respondent must have a Texas address. A post office box may be used when the proposal is submitted, but the respondent must conduct business at a physical location in Texas before the contract is awarded.
3. Respondent must be in good standing with the IRS and Federal Excluded Parties List System (EPLS) at <http://epls.arnet.gov/>.

4. If respondent is currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs, respondent is ineligible to apply for funds under this RFP.
5. Respondent may be ineligible for contract award if any audit reports submitted with the proposal identify ongoing concern issues, material non-compliance or material weaknesses that are not satisfactorily addressed, as determined by DSHS.
6. Staff members, including the executive director, shall not serve as voting members on their employer's governing board.
7. An organization is not considered eligible to apply unless the organization meets the eligibility conditions on the due date for proposals and continues to meet these conditions throughout the selection and funding process. DSHS expressly reserves the right to review and analyze the documentation submitted, and to request additional documentation, and determine the respondent's eligibility to compete for the contract award.

B. Contract Term

It is expected that the contract will begin on or about **04/01/07** and will be made for 1 year, with renewals possible (but not guaranteed) for an additional 4 years.

Successful awards based on this RFP and any anticipated contract renewals are contingent upon the continued availability of funding. DSHS reserves the right to alter, amend or withdraw this RFP 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.

Continued funding of the project in future years is contingent upon the 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.

C. Use of Funds

Approximately **\$533,838** is expected to be available to fund **3** contract(s). The specific dollar amount awarded to each successful respondent depends upon the merit and scope of the proposal.

Funds are awarded for the purpose specifically defined in this RFP and shall not be used for any other purpose. Funds shall not be used to supplant local, state, or federal funds. Equipment purchases and contractual services are allowed if justified and approved in advance by DSHS. Agencies are required to submit detailed budget information with their application. All costs are subject to negotiation with DSHS.

D. Schedule of Events

- | | |
|---|----------|
| 1. Post (Issue) RFP to the Electronic State Business Daily (ESBD) | 07/21/06 |
| 2. Letter of Intent Due | 08/15/06 |
| 3. Deadline for Submitting Questions | 08/15/06 |
| 4. Post Answers to Questions to the ESBD | 08/31/06 |
| 5. Deadline for Submission of Proposals | 09/14/06 |
| 6. Post Awards to the ESBD | 12/15/06 |
| 7. Mail Contract(s) to Awarded Respondent(s) for Signature | 02/15/07 |
| 8. Anticipated Contract Begin Date | 04/01/07 |

DSHS reserves the right to change the dates shown above.

II. PROGRAM INFORMATION

A. General Purpose and Program Goals

The purpose of this special project is to increase participation of minorities in Texas, with HIV disease, in the Texas HIV Medication Program (THMP) through education and outreach linking eligible clients to intensive case management services within community-based organizations that serve minority populations. The target populations to be served are African Americans, Hispanics and other minority populations with HIV in the state's two highest morbidity counties, Harris and Dallas, who are: (1) incarcerated in federal, state or local adult and juvenile correctional facilities, or (2) recently released back into these two counties from adult and juvenile correctional facilities.

The overall goal of the project is to increase minority client-level health outcomes by documenting increased and sustained participation in the THMP. Specific Project Goals include:

- Increasing the number of minority inmates and recently released minority individuals who apply for the THMP.
- Increasing access of minority inmates and recently released minority individuals to Ryan White Title II care programs and services, including new treatments consistent with established clinical and case management standards of care, at an earlier stage in their illness.
- Establishing systems for providing or improving continuity of care between community and correctional facilities, and establishing memoranda of understanding (MOU) between these entities.

Projects funded under this RFP must collaborate with the THMP and with existing Ryan White Title II programs in order to maximize resources and efficiency, improve access to care, avoid duplication of effort and better serve target populations.

B. Background

Texas HIV Medication Program (THMP). Under the HIV/STD Comprehensive Services Branch, the Texas Department of State Health Services Texas HIV Medication Program (THMP) is the official AIDS Drug Assistance Program (ADAP) for the State of Texas. The THMP has been in existence since 1987 and provides medications approved by the Food and Drug Administration (FDA) for the treatment of illnesses caused by the HIV and other opportunistic infections in HIV-infected individuals as prescribed by their doctor.

THMP distributed over \$81 million in antiretroviral drugs and other prophylactic medications in FY 2005. The medications help delay the onset of symptomatic disease and prevent opportunistic infections in persons living with HIV disease. THMP provides medications to HIV-infected individuals who qualify for enrollment in the program across the State. The THMP currently supplies 41 different medications in more than 100 strengths and formulations and is operated through a network of participating pharmacies, local health departments and public health clinics.

To be enrolled in the THMP a person must: (a) be diagnosed as HIV-positive, with a CD4 count and viral load on file with a licensed physician; (b) be a Texas resident; (c) be otherwise underinsured for prescription drug coverage (this information must be verifiable); and (d) meet certain income guidelines. To qualify financially for the THMP, a person, their spouse (whether legal or common law), and their children under age 18 that reside with them must together have an annual adjusted gross income that falls at or below 200% of the current Federal poverty income guidelines. Sufficient proof of the household's income is required at the time of application to the THMP. A description of the THMP application process can be found at <http://www.tdh.state.tx.us/hivstd/meds/pdf/medbro.pdf>. Also, answers to frequently asked questions can be found at <http://www.tdh.state.tx.us/hivstd/meds/faq.htm>. Further information concerning the HIV/STD Comprehensive Services Branch and the THMP can be found at the following DSHS website address: <http://www.tdh.state.tx.us/hivstd/clinical/default.htm>.

C. Legal Authority

Funding for the federal CARE Act authorized by Public Law 101-381, as amended by Public Law 106-345, the Ryan White CARE Act Amendments of 2000.

D. Project Development

Applicants are expected to discuss their ideas for developing projects early in the planning stage with state, regional, and local planning agencies and/or health departments and correctional facilities. Community support should be cultivated by providing adequate opportunities for public and private participation in the planning and development phases. Applicants are required to assess the current services in their community and determine where additional funds would most directly benefit current and potential clients, in accordance with the project goals stated in this RFP. Where feasible, the applicant should consult with the infected and affected populations, current and potential service providers in their community, community leaders in other fields, local elected officials federal, state and/or local adult and juvenile institutions, Ryan White Title II Administrative Agencies, Ryan White Title

I Planning Council, Ryan White Title III and IV grantees, substance abuse treatment programs serving targeted populations, local mental health/mental retardation agencies serving targeted populations and the DSHS Regional HIV Coordinator when planning the special project.

E. Program Requirements

Respondents should refer to Appendix C, *Program Requirements for Ryan White Title II Contracts*, for the programmatic duties and responsibilities of Ryan White contractors

Contractors are required to conduct project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requisites can be found on the Civil Rights Office website at <http://www.hhs.state.tx.us/aboutHHS/CivilRights.shtml>

All project activities under contracts awarded from this RFP are to be conducted in accordance with the most recent DSHS Standards for Public Health Clinic Services. A copy of the most recent DSHS Standards for Public Health Clinic Services is posted at <http://www.dshs.state.tx.us/qmb/dshsstndrds4clinicsevs.pdf>

DSHS reserves the right to incorporate additional Special Provisions into contracts awarded from this RFP.

III. PROCUREMENT REQUIREMENTS

A. RFP Point of Contact

For purposes of addressing questions concerning this RFP, the contact is Kathie Walden, Client Services Contracting Unit (CSCU). All communications concerning this RFP must be addressed in writing, by email or fax to:

Kathie Walden
RFP#: RFP HIV/UNIQ-0199.1
Client Services Contracting Unit
Room T-502
Department of State Health Services
1100 West 49th Street
Austin, Texas 78756-3199
FAX (512) 458-7351
Email: Kathie.walden@dshs.state.tx.us

Upon issuance of this RFP, other employees and representatives of DSHS are not permitted to answer questions or otherwise discuss the contents of the RFP with any potential respondents 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 RFP.

Written inquiries or questions about this RFP must be received no later than 2:00PM C.D.T. on **August 15, 2006**. Questions submitted after this date and time will not be answered. Questions will not be answered verbally. Questions must be submitted by email or fax to the email address or fax number above.

All questions and answers will be posted on the Electronic State Business Daily (ESBD) at <http://esbd.tbpc.state.tx.us/1380/sagency.cfm>. Postings may be made as questions are answered; however, all questions will be answered and posted no later than 5:00 P.M. C.D.T. August 31, 2006.

Below are steps to navigate the ESBD web site to view all documents posted related to this RFP including questions and answers.

1. On the ESBD page, under the Browse heading:
 - For the Agency Field, click Name then select Department of State Health Services from the pull down menu.
 - For the Search Type Field, select Search Bid/Procurement Opportunities from the pull down menu.
 - In the Agency Requisition Number field, type RFP HIV/UNIQ-0199.1.
 - Leave the NIGP Class – Item Number field blank.

- For the Order Results By field, select your preference from the pull down menu.
 - Click the FIND button.
2. All documents that are posted for this RFP will be displayed with a description of each document.
 3. Click on the appropriate document or bid package to see the file.

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 RFP and any contract awarded as a result of this RFP.

B. Letter of Intent (LOI)

Respondents planning to submit a RFP must submit a letter of intent to submit a proposal no later than 2:00 PM on **August 15, 2006**. The Letter of Intent shall be on the Respondent's business letterhead using the template provided in the appendices of this RFP. The letter must be received on or before the deadline by mail or hand-delivery to: **Kathie Walden**, Department of State Health Services, 1100 W. 49th Street, Room T-502, Austin, TX 78756. Mark "RFP # HIV/UNIQ-0199.1" on the envelope. **If a responder does not comply with this requirement any proposal that is subsequently submitted will not be evaluated.**

NOTE: A submission of a Letter of Intent does not obligate the party to submit a proposal in the event that party decides not to participate in this RFP process.

C. Proposal Due Date

The proposal must be received on or before the following date and time:
2:00 P.M. C.D.T. September 14, 2006.

E. Submission

The original proposal and five (5) copies must be submitted **on or before the due date to the RFP point of contact at the address specified in Section III.A. RFP Point of Contact. One copy must be submitted to the HIV/STD regional staff (Appendix F).**

If a proposal is sent by overnight mail or hand-delivered to the DSHS address above, the respondent should request a receipt at the time of delivery to verify that the proposal was received on or before the proposal due date and time. **Hand-delivered proposals must be delivered to the room number identified in Section III. A. RFP Point of Contact.**

If a proposal 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 proposals by facsimile or e-mail.

Respondents sending proposals by the United States Postal Service or commercial delivery services must ensure that the carrier will be able to guarantee delivery of the proposal by the due date and time. DSHS may make exceptions only for natural disasters or catastrophes in the affected area as determined by DSHS. The respondent must submit to DSHS proper documentation that reflects the above exceptions before DSHS can consider the proposal as having been received by the deadline. It is the respondent's responsibility to ensure timely delivery of the proposal as required by this RFP.

Proposals that do not meet the above criteria will not be eligible for competition.

IV. PROPOSAL EVALUATION, SELECTION & NEGOTIATION

Proposals will be reviewed according to the criteria below. To maximize fairness for all proposals during review, DSHS staff may only confirm receipt of a proposal and are not permitted to discuss the proposal or its review during the review process. All proposals remain with DSHS and are not returned to the respondent.

A. Screening Process

Proposals are initially screened for eligibility and completeness. The preliminary screening requirements include:

1. The Letter of Intent (LOI), in the prescribed format, received on or before the due date and time.
2. Proposal received on or before the proposal due date and time.
3. The original proposal bears an original signature of the authorized official of the respondent organization on the Face Page. Historically Underutilized Business (HUB) subcontracting plan that meets HUB requirements is included. **Texas law provides that a proposal filed in response to this RFP that does not contain a historically underutilized business (HUB) subcontracting plan is non-responsive, in accordance with Texas Government Code § 2161.252.**
4. In compliance with the Texas Building and Procurement Commission rules, a name search will be conducted using the federal Excluded Parties List System (EPLS) and/or Specially Designated Nationals (SDN) at <http://epls.arnet.gov>. No contract may be awarded to any person/entity found on the EPLS system. If a name match is found, their proposal will be excluded from review.
5. In conducting the pre-screen evaluation, DSHS reserves the right to waive irregularities which DSHS in its sole discretion determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived.

PROPOSALS THAT DO NOT MEET THESE REQUIREMENTS WILL NOT BE CONSIDERED FOR REVIEW.

B. Evaluation Process

DSHS will engage reviewers who will assure that they possess no conflict of interest. Each application will be reviewed by a minimum of three reviewers. The total scores awarded by each reviewer will be averaged. Respondents, who are otherwise eligible, with scores at or above 80 percent of the total available points will be eligible for a pre-selection site review. DSHS reserves the right to visit respondent agencies with application scores below 80 percent. Awards will be made to the respondents scoring highest on the site review in the Dallas and Houston areas, except in the case of a tied score with a current contractor. In this case, the award will be made to the current contractor.

In circumstances when an item of non-compliance is found in a significant number of proposals, suggesting a possible lack of clarity in the RFP, DSHS at its sole discretion may give respondents an opportunity to correct the identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be evaluated as is. Information submitted after the deadline will not be part of the evaluation.

C. Evaluation Criteria

The proposal sections as required in the Proposal Instructions will be weighted as follows:

Note: Form D: Administrative Information may be used in the evaluation criteria.

Criteria	Value
Respondent Background	26%
Assessment Narrative	7%
Performance Measures	5%
WorkPlan	56%
Budget	6%
Total	100

D. Selection and Negotiation

Once award decisions are made, DSHS staff are responsible for negotiating contracts to obtain the needed client services within the framework of the goals of the HIV/STD Comprehensive Services Branch and available funds. As funds are never unlimited, it is expected that the respondent(s) selected for contract awards may be asked to revise the budgets, as well as the goals and objectives, of their proposals in order to achieve the HIV/STD Comprehensive Services Branch goals within available funding limits. This process is commonly referred to as contract negotiation. Respondent must submit written revisions reflecting negotiated changes. Once the contract negotiation process is complete, the DSHS staff will initiate the development of a contract.

CSCU will post to the ESBID a list of respondents whose proposals are selected for a contract. This posting does not constitute a fully executed contract.

V. DSHS ADMINISTRATIVE INFORMATION

A. Rejection of Proposals

1. DSHS reserves the right to reject any or all proposals and is not liable for any costs incurred by the respondent in the development or submission of the proposal.
2. Any attempt by an employee, officer, or agent of the respondent to influence the outcome of the funding agency review through contact with any Commissioner or staff member of DSHS or other Texas Health and Human Services agency shall result in rejection of the proposal.
3. Any material misrepresentation in a proposal(s) submitted to DSHS shall result in rejection of the proposal.
4. Form D: ADMINISTRATIVE INFORMATION supplied on this form will be used in the evaluation and/or rejection of any proposal.

B. Right to Amend or Withdraw RFP

DSHS reserves the right to alter, amend, or modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract if it is in the best interest of DSHS and the State of Texas. The decision of DSHS is administratively final. Amendment or withdrawal of the RFP will be posted to the ESB.

C. Authority to Bind DSHS

For the purposes of this RFP, the Commissioner of DSHS, Assistant Commissioner, Chief Financial Officer or Chief Operating Officer, CSCU Director, or the employee designated through commissioner’s directive relating to line of authority (CD-2005.02) to act in place of one of those employees is granted the signature responsibility of that employee are the only individuals who may legally commit DSHS to the expenditure of public funds under the contract. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

D. Financial and Administrative Requirements

All contractors must comply with the cost principles, audit requirements, and administrative requirements listed below:

Financial and Administrative Requirements

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, (Contract Cost Principles Procedures, or uniform cost accounting standards that comply with cost principles acceptable to the federal or state awarding agency), For-profit Organization other than a hospital and an organization named in OMB Circular A-122 as	Program audit conducted by an independent certified public accountant shall be in accordance with Governmental Auditing Standards.	UGMS

not subject to that circular		
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Additional requirements on basic accounting and financial management systems are found in the DSHS Contractor Financial Administrative Procedures Manual. Copies of the manual are available online at <http://www.dshs.state.tx.us/contracts>.

All DSHS contractors are required to maintain a financial management system that will identify the receipt and expenditure of funds separately for each DSHS contract and/or program attachment and will record expenditures by the budget cost categories in the approved budget. This requires establishing within the chart of accounts and general ledger, a separate set of accounts for each program attachment. In order to ensure the fiscal integrity of accounting records, the contractor must utilize an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger.

E. Contracting with Subcontractors, Vendors, and/or Joint Proposals

The selected respondents may enter into grant contracts with subrecipients or procurement contracts with vendors on a limited basis with the funds provided by this RFP. Subcontracts may be used to augment respondents' capacity to perform the basic functions of an AA, but may not be used to permanently or completely fulfill those functions. The contractor is responsible to DSHS for the performance of any subrecipient or subgrantee.

Contracts with subrecipients or procurement contracts with vendors must be in writing, are subject to the requirements of the primary contract and shall comply with the requirements specified in the General Provisions for Department of State Health Services Grant Contracts. The contract general provisions are available online at <http://www.dshs.state.tx.us/grants/docs.shtm> unless otherwise specified in resulting contract.

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

For program specific requirements on Subcontracting for HIV related services, refer to Appendix C: Program Requirements for Administrative Agency Contracts.

F. Historically Underutilized Business (HUB) Guidelines

In accordance with Texas Government Code Chapter 2161, Subchapter F, **DSHS has determined that HUB subcontracting opportunities are probable as a result of this solicitation.** Therefore, Respondent must submit a completed HUB Subcontracting Plan (HSP). The respondent must utilize the HUB subcontracting forms provided in the Appendix of this RFP.

Please read the HSP form and instructions carefully. The HSP, if accepted by DSHS, will become a provision of any contract awarded as a result of this RFP.

Proposals that do not include an HSP, or proposals that contain an HSP that DSHS in its sole discretion determines was not developed in good faith, shall be rejected as a material failure to comply with the specifications set forth in this RFP and Title 1, TAC, Part 5, Chapter 111, Subchapter B, §111.14(a)(2)(B).

In accordance with Texas Government Code Title 10, Subtitle D, Chapter 2161 and 1 Texas Administrative Code (TAC), Sections 111.11 – 111.24, state agencies are required to make a good faith effort to assist HUBs in receiving contract awards issued by the state. The goal is to promote full and equal business opportunity for all businesses in contracting with the state. HUBs are strongly urged to respond to this RFP. Respondents who meet the HUB qualifications are strongly encouraged to apply to the Texas Building and Procurement Commission (TPBC) for certification as a HUB.

To search for potential HUB vendors and subcontractors who may provide goods or perform services, respondents must refer to the TBPC Centralized Master Bidders List (CMBL) and/or TBPC HUB Directory. Class and item codes for potential subcontracting opportunities under this RFP, include, but are not limited to:

Case Management Services – 952-15	Computer equipment 206
Office Supplies 615-00	Outreach Counselor 952-21
Medical Consultant 918-28	Physician Services 948-74
Printing Services 966-57	Auditing Services 946-20

Each respondent will have to determine if all services will be performed only by the respondent, or if part of the goods or services required under the RFP's scope of work will be subcontracted. If some areas will be subcontracted, each area **(whether one of the potential business areas above, or others not on list)** will have to be listed on the HSP and a good faith effort to utilize HUB vendors for each area will be required to be documented.

G. Contract Information

The final funding amount and the provisions of the contract will be determined through negotiations between DSHS staff and the successful respondent(s). Any exceptions to the requirements in the RFP sought by the respondent will be specifically detailed in writing by the respondent in the proposal submitted to DSHS for consideration. DSHS will accept or reject each proposed exception.

DSHS will monitor contractors' expenditures on a quarterly basis. A contractor's budget may be subject to a decrease for the remainder of the budget period if expenditures are below the amount projected. Vacant positions existing after ninety (90) days may result in a decrease in funds. DSHS reserves the right to adjust the funding allocation to contractors pursuant to the terms of the contract.

H. Contract Award Protest Policy

Bidders who feel aggrieved in connection with the award of the contract must submit a written protest within ten (10) working days of posting of the award on the ESBD. If the protest is not timely, it will not be considered. A protest is limited to matters relating to the protestant's qualifications, the suitability of the goods or services offered by the protestant, or alleged irregularities in the procurement process. A formal protest must contain: (1) a specific identification of any statutory or regulatory provision or procurement procedure that the protested action is alleged to have violated and a specific description of each act alleged to have violated the statutory, regulatory or procurement provision(s); (2) a precise statement of the relevant facts; (3) an identification of the issues to be resolved; and (4) the aggrieved party's arguments and supporting documentation.

The protest must be mailed, faxed, or delivered to the Contract Oversight and Support Section (COS).

COS Point of Contact: Pat Goodman
Mailing/Physical address: Department of State Health Services
1100 W. 49th Street, Room G-108
Austin, TX 78756
Fax Number: 512-458-7202

The protestant is responsible for ensuring that the protest is received by the COS within the above-referenced ten (10) working days. The COS will record the official date that the protest is received and forward it to the Protest Resolution Committee (PRC) which shall consist of the Chief Operating Officer, the Chief Financial Officer and the Deputy Commissioner for Prevention, Preparedness and Regulatory Services. The PRC shall have the authority to settle and resolve the dispute. The PRC may solicit written responses, schedule meetings, or request additional information. The PRC will issue a written determination within

twenty (20) days of receipt of the protest by the PRC, and a copy will go to the protestant.



CONTENT AND PREPARATION

VI. PROPOSAL CONTENT

A. Instructions for Preparation

The proposal should be developed and submitted in accordance with the instructions outlined in this section. The proposal should meet the following stylistic requirements:

- All pages clearly and consecutively numbered;
- Original and **(5)** copies unbound, but secured with binder clips or rubber bands;
- Typed (computer or typewriter);
- No less than single-spaced;
- No less than 12-point font on 8 1/2" x 11" paper with 1" margins
- Blank forms provided in **SECTION VII. BLANK FORMS AND INSTRUCTIONS** must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided);
- Signed in ink by an authorized official (copies must be signed but need not bear an original signature);
- An electronic disc copy must be included;
- Submit (1) copy of proposal to the appropriate regional staff (Appendix F).

Specific instructions for each required section are provided. Instructions for completing forms are found on each form.

B. Confidential Information

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

mandatorily exempt from the Public Information Act, Chapter 552, Texas Government Code.

C. Table of Contents

THE PROPOSAL SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:

- A. Face Page - Proposal for Financial Assistance
- B. Proposal Table of Contents and Checklist
- C. Contact Person Information
- D. Administrative Information – attach required information
- E. Respondent Background
- F. Assessment Narrative
- G. Performance Measures
- H. Work Plan
- I. Budget
- J. Historically Underutilized Businesses (HUBs)
- K. Nonprofit Board of Directors and Executive Director Assurances Form
- L. Other HIV/STD Comprehensive Services Branch Assurances, Forms, and Requirements

VII. 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 columns and all 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.

Locked Forms

Fill in the form by entering information in the form fields. You can use the TAB and SHIFT+TAB or the arrow keys to move between fields.

To have the computer do the addition:

1. Use the tab key to move from field to field. Completely fill out the column or row you are going to sum.
2. Word will **not** update the totals automatically. On the Tools menu, click Options, and then click the Print tab.
3. Under “Printing” options, click the Update fields check box. Print the document or the changed page and the new sum will be calculated.
4. Check the results. If it looks wrong, check the numbers you put in the row or column.

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



Department of State Health Services
FORM A: FACE PAGE – Proposal for Financial Assistance
RFP# HIV/UNI-0199.1

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

RESPONDENT 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) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____
7) COUNTIES SERVED BY PROJECT:	
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON
9) PROJECTED EXPENDITURES	Name: _____ Phone: _____ Fax: _____ E-mail: _____
Does respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year (excluding amount requested in line 8 above)? **	11) FINANCIAL OFFICER
Yes <input type="checkbox"/> No <input type="checkbox"/>	Name: _____ Phone: _____ Fax: _____ E-mail: _____
<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>	
The facts affirmed by me in this proposal are truthful and I warrant that the respondent is in compliance with the assurances and certifications contained in APPENDIX A: DSHS Assurances and Certifications . I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.	
12) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/>	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: _____ Title: _____ Phone: _____ Fax: _____ E-mail: _____	14) DATE

FORM A: FACE PAGE Instructions

This form provides basic information about the respondent and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms that the facts contained in the respondent's response are truthful and that the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the respondent's proposal.

- 1) **LEGAL NAME** - Enter the legal name of the respondent.
- 2) **MAILING ADDRESS INFORMATION** - Enter the respondent's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the respondent. 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 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) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities. This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).
- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 12) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the respondent. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the respondent must sign in this blank.
- 14) **DATE** - Enter the date the authorized representative signed this form.

FORM B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST

Legal Name of Respondent _____

This form is provided as your Table of Contents and to ensure that the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to indicate page number.

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	<input type="checkbox"/>		
B	Proposal Table of Contents and Checklist - completed and included	<input type="checkbox"/>		
C	Contact Person Information - completed and included	<input type="checkbox"/>		
D	Administrative Information - completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>		
E	Respondent Background - included	<input type="checkbox"/>		
F	Assessment Narrative – included	<input type="checkbox"/>		
G	Performance Measures – included	<input type="checkbox"/>		
H	Work Plan – included	<input type="checkbox"/>		
I	Budget Summary Form - completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	<input type="checkbox"/>		
I-1-I-6	Budget Category Detail Forms - completed and included	<input type="checkbox"/>		
J	HUB Subcontracting Plan - completed and included	<input type="checkbox"/>		
K-1-K-5	Nonprofit Board of Directors and Executive Director Assurances - form signed and included	<input type="checkbox"/>		<input type="checkbox"/>
L	TABLE 1-MAI: SERVICE PRIORITIES AND OBJECTIVES	<input type="checkbox"/>		<input type="checkbox"/>
_____	Other Assurances, Forms, and Requirements - signed and included	<input type="checkbox"/>		<input type="checkbox"/>

FORM C: CONTACT PERSON INFORMATION

Legal Name of Respondent: _____

This form provides information about the appropriate program contacts in the applicant's organization. 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 Contact: _____ 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): _____ _____ _____
Board Chairperson: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____

FORM D: ADMINISTRATIVE INFORMATION

This form provides information regarding identification and contract history of the respondent, 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.

NOTE: Administrative Information may be used in screening and/or evaluating proposals.

Legal Name of Respondent: _____

Identifying Information

1. The respondent must 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 respondent.

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 the office held by each member (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 respondent is a for-profit corporation.

2. Is respondent a private, nonprofit organization?

YES **NO**

If YES, respondent must include evidence of its nonprofit status with the proposal. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence or complete the "Previously Filed" section, whichever is applicable.

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS's) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid IRS exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the respondent organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the respondent organization is a local nonprofit affiliate.

FORM D: ADMINISTRATIVE INFORMATION continued

Conflict of Interest and Contract History

The respondent must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts include an existing or potential business or personal relationship between the respondent, its principal, or any affiliate or subcontractor, with DSHS, the Health and Human Services Commission, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any existing or potential personal or business relationship between the respondent, the principals, or any affiliate or subcontractor, with any employee of DSHS, or the Health and Human Services Commission must be disclosed. Any such relationship that might be perceived, or represented as a conflict, must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by DSHS that a conflict of interest exists the respondent may be disqualified from further consideration for the award of a contract.

Pursuant to Texas 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 specifications or the RFP on which the bid is based.

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

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. Will any person who received compensation from DSHS for participating in the preparation of the specifications or documentation for this RFP participate financially with respondent as a result of an award under this RFP?

YES NO

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

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

YES NO

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

4. Has respondent had a contract with DSHS within the past 24 months?

YES NO

If YES, indicate the contract number(s):

DSHS Contract Number(s)	

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

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

YES NO

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

6. Has the respondent had a contract suspended or terminated prior to expiration of contract or not been renewed under an optional renewal by any local, state, or federal department or agency or non-profit entity?

YES NO

If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract and a contract reference number, and provide copies of any and all decisions or orders related to the suspension, termination, or non-renewal by the contracting entity.

Additional Information for Non-Profit Agencies

Non-profit applicants must be able to demonstrate fiscal solvency. Applicants shall submit a copy of the organization’s most recent audited balance sheet with management letters and audit notes, and a statement of income and expenses. If the applicant does not have an audited balance sheet and statement of income and expenses, the applicant must attach the most recent unaudited balance sheet and statement of income and expenses, and explain why audited documents are not available (*Attach no more than one additional page*). The DSHS will evaluate the financial statements and may, at its sole discretion, reject the proposal on the grounds of the applicant’s financial capability.

1. Are required financial statements attached?

YES NO

2. Does the applicant have personnel policies approved by the governing body which address essential issues of personnel management?

YES NO

3. Does the applicant contract with or employ the services of a CPA, accountant, bookkeeping service or trained financial manager other than the Executive Director?

YES NO

If the applicant is a non-profit entity, respond to the following:

a. Applicant has active, involved board as demonstrated by bylaws, regular meetings with sufficient attendance, minutes, and clear definition of role?

YES NO

b. Board membership includes diverse community representation?

YES NO

c. Board membership includes diverse skills?

YES NO

d. Applicant maintains Directors and Officers insurance?

YES NO

e. Applicant has a Board policy and procedures manual?

YES NO

f. Applicant provides orientation and training on board member responsibilities to new members?

YES NO

g. What date did the applicant's Board of Directors adopt the current operating budget of the agency?

h. Applicant must attach a copy of the Board minutes for the meeting in which the operating budget was adopted. Are the minutes attached?

YES NO

Signature of Authorized Official	Title
Typed Name of Authorized Representative	Date

FORM E: RESPONDENT BACKGROUND

Respondent must provide a narrative description including: the legal name of the respondent; any affiliations; its overall purpose or mission statement; and a brief history of its accomplishments. Describe the organizational structure, such as board of directors, officers, advisory councils, or committees. **A maximum of 20 additional pages may be attached if needed.**

A. Statement of Intent

1. What is respondent's mission statement, and how do creating case management systems to maintain minority participation in the THMP fit with the respondent's mission?

B. Historical Background

1. Describe the history of respondent organization and the types of services or activities in which the organization has participated.
2. Has the respondent been under sanction from any funding source during the 24 months prior to issuance of this RFP? If there has been a sanction placed on the respondent since this date, provide details and the current status of sanctions.
3. Describe respondent's relationship to other organizations within the Administrative Service Area. Specifically describe respondent's linkages to health and social service agencies, including those that serve people with HIV/AIDS or those who are at risk for contracting HIV.
4. Describe the organization's experience and credibility in providing services to: (1) HIV-infected individuals and their families, including current and past HIV activities; (2) the target population; and (3) working with correctional facilities.

C. Program Oversight Background

1. Describe respondent's current programs and activities that are relevant to fulfillment of the functions required by this RFP.
2. Describe respondent's organizational structure, such as board of directors, officers, advisory councils or committees. Attach a current organizational chart showing proposed positions for this project.
3. How is the structure of respondent agency suited to carrying out the duties of the MAI project?
4. Describe respondent's experience in handling and protecting confidential client information.
5. What experience does your agency have in developing and establishing a health and social service delivery system?
6. What experience does your agency have in evaluating the performance of health and social service providers?
7. What experience does your agency have in monitoring clinical and case management services?
8. Describe your system for collecting and maintaining client-level data that includes information on client characteristics, services utilized and outcomes.
9. Describe your data management capacity, including qualifications and job duties of staff assigned to data management.
10. How does your agency involve clients, customers, or stakeholders in the decision-making processes?
11. Describe how your agency has used program data to improve program functioning.
12. Briefly describe respondent's client complaint procedure.
13. Describe respondent's experience and ability to provide administrative services to the entire geographic area that you are proposing to serve.

D. Financial Capacity of Respondent

1. What is respondent's current total operating budget?
2. What experience and expertise does respondent have in grants and contracts management? Provide a list of current grants and contracts respondent manages, including project periods for each.
3. What is respondent's experience in submitting financial reports to funding sources?
4. Describe the financial management staff, including any financial management performed by volunteers and by outside accountants.
5. What accounting software does respondent utilize and how well suited is it to fund accounting for multiple funding sources?
6. If your organization is a nonprofit agency, describe the role your Board of Directors takes in approving an annual agency budget, in approving grant application budgets, in monitoring agency expenditures compared to the budget, in approving budget amendments and variances, and in determining appropriate salary levels for the Executive Director.
7. If respondent is a nonprofit agency, describe the role of the Board of Directors in examining agency financial statements, in addressing financial concerns, and in raising funds for the respondent agency.
8. For both nonprofit and government agency respondents, describe the mechanisms and procedures in place to ensure that respondent is capable of submitting vouchers on a monthly basis to DSHS for contract expenditures.
9. Describe the mechanisms in place to ensure that the respondent is capable of reimbursing subcontractors rapidly after receipt of acceptable invoices or vouchers from subcontractors.

10. Describe the current and anticipated status of cash flow of respondent agency.

E. Subcontracting Background

1. What experience does respondent have in subcontracting with other agencies/providers?
2. Describe respondent's experience in developing requests for proposals and conducting competitive processes for subcontractor selection.
3. What experience and expertise does respondent have in performing program monitoring of subcontractors, including monitoring of professional and clinical services?
4. What experience does respondent have in providing technical assistance to subcontractors, including budget development and management?
5. What staff position(s) will be responsible for monitoring subcontractors and what qualifications will be required?
6. What staff positions are anticipated for monitoring professional and clinical subcontractors and what are their qualifications?
7. What policies and procedures does the respondent have for monitoring subcontractors that provide direct client services?
8. What staff positions are anticipated for providing training and technical assistance to subcontractors on data collection and submission, and data quality improvement?

FORM E: RESPONDENT BACKGROUND

Respondent must provide a narrative description including: the legal name of the respondent; any affiliations; its overall purpose or mission statement; and a brief history of its accomplishments. Describe the organizational structure, such as board of directors, officers, advisory councils, or committees. **A maximum of 10 additional pages may be attached if needed.**

FORM F: ASSESSMENT NARRATIVE

Multiple data sources and assessments exist for many communities. Respondent is encouraged to utilize these resources when completing this form. Address each of the assessment activities (see ASSESSMENT NARRATIVE Guidelines) associated with the services proposed in this proposal. A maximum of **3** additional pages may be attached if needed.

FORM F: ASSESSMENT NARRATIVE GUIDELINES

Multiple data sources and assessments exist for many communities. Respondent is encouraged to utilize these resources when completing this form. Specifically address each of the assessment activities listed below associated with the services proposed in this proposal. The required assessment items include:

1. Describe role and experience in public health assessment activities.
2. Specify names of the individuals or groups who conducted the assessment(s) and the date(s) completed.
3. Provide brief synopsis of the community as a whole describing in general:
 - a. Geographic boundaries (urban or rural, physical environment);
 - b. General demographic data (age, gender, ethnicity, etc.);
 - c. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.); and
 - d. General description of community-wide health status (e.g., key morbidity/mortality statistics).
4. Describe target population including:
 - a. Geographic service area;
 - b. Characteristics of target population (including demographic and socioeconomic data specific to each population);
 - c. Target population's health status (including population data related to health indicators, behavioral data, and community opinion data); and
 - d. Current population served (characteristics, population data, numbers of clients served, types and numbers of services provided).
5. Describe gaps in resources and potential barriers to improving health status.

FORM G: PERFORMANCE MEASURES

In the event a contract is awarded, respondent agrees that performance measures will be used to assess, in part, the respondent's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this proposal.

A maximum of 3 additional pages may be attached if needed.

FORM E: PERFORMANCE MEASURE Guidelines

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>Ninety five percent (95%) of identified potential clients from the target population received face-to-face contact within two (2) weeks of release from prison.</i>
<i>Output or Process</i>	<i>counts the goods/services provided</i>	<i># of service units for outreach provided # of service units for case management provided</i>

Grant Specific Required Outcome Measure

The Case Management System shall:

1. Initiate a face-to-face contact with ninety five percent (95%) of identified potential clients from the target population within two (2) weeks of release of potential client from prison.
2. Link ninety-five percent (95%) of identified clients to HIV related primary medical care and psychosocial services after the initial client contact and enroll ninety percent (90%) of the clients who pass the eligibility screen into the THMP.
3. Maintain ninety percent (90%) of eligible clients on the THMP for two (2) months after the initial THMP enrollment and eighty percent (80%) of eligible clients on the THMP for six (6) months after the initial THMP enrollment.
4. Ensure adherence by eighty percent (80%) of eligible THMP clients in obtaining THMP approved prescription medication refills for two (2) out of three (3) consecutive months in the quarterly reporting period of July 2007, October 2007, January 2008, and April 2008.
5. Report number of service units for outreach (one service unit = 1 contact with potential client), compare with targets and define strategies for improvement, if indicated. Targets may need to be redefined based on the ability to provide more services than were indicated in the proposal response. This information should be noted in the quarterly reports.
6. Report the number of service units provided for case management (one service unit equals 15 minutes), compare with targets and define strategies for improvement, if indicated. Targets may need to be redefined based on the ability to provide more services than were indicated in the proposal response. This information should be noted in quarterly reports.

FORM H: WORK PLAN

Respondents must 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 proposal. A maximum of **10** additional pages may be attached if needed.

FORM H: WORK PLAN GUIDELINES

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include time lines for accomplishments. The plan must:

1. Summarize the proposed services, population to be served, location (counties to be served), etc. Also, address if and how you will serve individuals from counties outside your stated service area.
2. Describe delivery systems, workforce (attach organizational chart), policies, support systems (i.e., training, research, technical assistance, information, financial and administrative systems) and other infrastructure available to achieve service delivery and policy-making activities. What resources do you have to perform the project, who will deliver services and how will they be delivered?
3. Describe 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 coordination with the other health and human services providers in the service area(s) and delineate how duplication of services is to be avoided.
5. Describe ability to provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility for the defined population).
6. Describe internal and external quality management system used to determine and enhance the effectiveness and efficient use of funds for the HIV services administration. Please include:
 - description of the Quality Assurance/Quality Improvement/Performance Improvement (QA/QI/PI) Committee membership;
 - physician/medical director involvement;
 - frequency of QA/QI/PI committee meetings;
 - role and relationship of QA/QI/PI Committee to the agency's internal management structure;
 - areas to be continuously reviewed;
 - process for setting up, monitoring and reporting outcomes;
 - activities utilized to identify trends of needed improvement and the frequency of those activities;
 - activities to ensure correction and follow-up to findings identified;
 - system to identify, report and monitor adverse outcomes;
 - method of subcontractor participation in the quality management system;
 - feedback communication loop to subcontractors of monitoring results;
 - process for development and review of clinical protocols and Standing Delegation Orders (SDOs);
 - annual review of agency policies and procedures;
 - annual evaluation of the quality management system (internally and externally); and
 - process for addressing staff development needs as identified through the quality management system.

Respondents must submit a written quality improvement plan that addresses goals and the associated measurable objectives used to determine and evaluate progress or lack of progress toward program goals.

Describe client satisfaction survey process to include:

- list of areas targeted with the applicable questions;
- method used to elicit client completion of client satisfaction survey;
- frequency of the survey process;
- system to facilitate return rate of the client satisfaction survey;
- how client anonymity is maintained throughout the process; and
- how the gathered and compiled client satisfaction survey results are used to improve services.

Respondent must provide two examples of how information obtained from previous client satisfaction survey results were used to improve program services and/or agency operations.

Describe the agency's client satisfaction survey return rate within the previous year.

INSTRUCTIONS AND EXAMPLES FOR A CATEGORICAL BUDGET JUSTIFICATION

NOTE: All applications must include a categorical budget justification for the FY2007 budget period.

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/monthly X 5% X 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/monthly X 10% X 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/monthly X 100% X 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/monthly X 40% X 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/monthly X 100% X 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
 $\$2,375/\text{monthly} \times 100\% \times 12 = \$28,500$

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
 $\$2,375/\text{monthly} \times 100\% \times 12 = \$28,500$

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: $0.765 \times \$101,604 =$	7,773
Insurance: $\$2,160 \times 3.55 \text{ FTEs} =$	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, \$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 computers, 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 \$5000 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 General Provisions for Department of State Health Services Grant Contracts available online at <http://www.dshs.state.tx.us/grants/docs.shtm> 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, if applicable.]

J. TOTAL BUDGET

(Total)

FORM I: BUDGET SUMMARY

Legal Name of Respondent: _____

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	\$	\$	\$	\$	\$	\$ 0
E. Supplies	\$	\$	\$	\$	\$	\$ 0
F. Contractual	\$	\$	\$	\$	\$	\$ 0
G. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
H. Other	\$	\$	\$	\$	\$	\$ 0
I. Total Direct Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
J. Indirect Costs	\$	\$	\$	\$	\$	\$ 0
K. Total (Sum of I and J)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
L. Program Income - Projected Earnings	\$	\$	\$	\$	\$	\$ 0

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

- The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. _____ % A copy is attached behind the OTHER Budget Category Detail Form (FORM I-6).
- The respondent's most recent indirect cost rate that is on file with DSHS, _____ %
- The respondent's cost allocation plan, which will be submitted within 30 days of the contract start date.

*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS. If the respondent 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 I: 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 proposal. All respondents must complete the budget summary form. Be sure to refer to the appropriate sections in the RFP for program-specific allowable and unallowable costs.

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

Column 1: The amount of funds requested from the DSHS for this project.

Column 2: Federal funds awarded directly to respondent.

Column 3: Funds awarded to respondent from other State of Texas governmental agencies.

Column 4: Funds awarded to respondent 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. Respondent must estimate the amount of program income that is expected to be generated during the budget period.

DEFINITION: Program income is the income by a contractor activities supported in whole or in part by a federal/state contract. Program income earned as a result of an effort that 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:

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

Contractor must 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 obtain a copy of DSHS's Financial Administrative Procedures Manual from the Internet at

<http://www.dshs.state.tx.us/grants/docs.shtm>.

INSTRUCTIONS:

Projected Earnings. Respondent 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 I: BUDGET SUMMARY EXAMPLE

Legal Name of Respondent: 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	\$ 1,751.26	\$ 2,070	\$ 5,00	\$ 0	\$ 0	\$ 3,448
D. Equipment	\$ 2,060	\$ 3,050	\$ 2,050	\$ 1,500	\$ 0	\$ 8,660
E. Supplies	\$ 45,000	\$ 46,000	\$ 20,000	\$ 5,500	\$ 0	\$ 116,500
F. Contractual	\$ 41,208	\$ 42,010	\$ 15,000	\$ 0	\$ 0	\$ 98,218
G. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
H. Other	\$ 23,000	\$ 1,000	\$ 500	\$ 0	\$ 0	\$ 24,500
I. Total Direct Costs	\$ 144,951	\$ 130,060	\$ 44,050	\$ 7,000	\$ 0	\$ 326,061
J. Indirect Costs	\$ 2,025	\$ 900	\$ 650	\$ 0	\$ 0	\$ 3,575
K. Total (Sum of I and J)	\$ 146,976	\$ 130,960	\$ 44,700	\$ 7,000	\$ 0	\$ 329,636
L. Program Income --Projected Earnings	\$ 13,200	\$ 12,000	\$ 4,200	\$ 600	\$ 0	\$ 30,000

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

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. 7 % A copy is attached behind the OTHER Budget Category Detail Form (FORM I-6).

The respondent's most recent indirect cost rate that is on file with DSHS. _____ %

The respondent's cost allocation plan, which will be submitted within 30 days of the contract start date.

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

DETAILED BUDGET CATEGORY FORMS

General Information

Requirements for Categorical Budgets

The proposal must include a detailed breakdown of budget cost categories and a narrative justification. Details of each cost category must be expressed using the budget category detail forms (I-1–I-6), 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. The manual is available on the Internet at <http://www.dshs.state.tx.us/grants/docs.shtm>.

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

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

A. Allowable and Unallowable Costs

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

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

1. It is necessary and reasonable for proper and efficient administration of the funded program;
2. It allocable to the funded program in accordance with the relative benefit received;
3. It is authorized or is not prohibited under State or local laws or regulations;
4. It conforms to applicable limitations or exclusions set forth in applicable cost principles, Federal or State laws and the terms and condition of the contract;
5. It is consistent with policies and procedures that apply uniformly to other activities of the organization;
6. It is accorded consistent treatment as either a direct or indirect cost;
7. It is determined in accordance with generally accepted accounting principles;
8. It is not allocated or included as a cost of any other program or used to meet cost sharing or match requirements of any other Federal or State award;
9. It is adequately documented; and
8. It is 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 program 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 objective of an organization. These costs may be charged directly to the DSHS contract attachment (if respondent is awarded a contract). 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 incurred for a common or joint purpose benefiting more than one project or cost objective and not readily identified with a particular program. Respondents claiming central service costs (applies to governmental entities only) or indirect costs must comply with the following requirements:

Governmental Entities

Respondents with a current central service cost rate or an indirect cost rate agreement approved by a Federal cognizant agency or a state single audit coordinating agency must submit a copy of the rate agreement with their budget.

Respondents that do not have an approved rate agreement may prepare a central service cost allocation plan or an indirect cost rate proposal in accordance with the requirements of Uniform Grants Management Standards (UGMS) and Office of Management and Budget (OMB) Circular A-87. The plan/proposal must be prepared utilizing the "fixed rate" option as defined in UGMS. The proposal and related supporting documentation must be maintained on file for audit or review. Governmental entities claiming central service costs or indirect costs based on a rate must submit a certification that complies with UGMS requirements along with a statement of the effective rate and base. Acceptance of the central service cost/indirect cost rate by DSHS does not signify approval of the rate.

Respondents not using rates must develop a cost allocation plan that distributes indirect costs to benefiting programs/activities. In this case, a narrative cost allocation methodology should be developed, documented, and maintained on file for audit/review. If awarded a contract, the respondent must submit a copy of the cost allocation plan within 30 days after the contract start date.

For contract renewals, the contractor must submit one of the following: 1) an approved rate agreement as described in the first paragraph of this section; 2) a central service cost allocation plan or indirect cost rate proposal as described in the second paragraph of this section; 3) a cost allocation plan certification or a revised cost allocation plan if there were significant changes in allocation methodology.

Note: Guidance pertaining to cost allocation plans and cost allocation plan certifications is contained in the Financial Administrative Procedures Manual for DSHS Grantees.

Non-Profit Organizations

Respondents with a current indirect cost rate agreement approved by a Federal cognizant agency or a state single audit coordinating agency must submit a copy of the rate agreement with their budget.

Respondents that do not have an approved rate agreement and are claiming indirect costs must prepare a cost allocation plan in accordance with the requirements in OMB Circular A-122 and maintain the plan on file for audit or review. The cost allocation plan must include a narrative that clearly describes the allocation methodology. If awarded a contract, the respondent must submit a copy of the cost allocation plan within 30 days after the contract start date.

For contract renewals, the contractor must submit one of the following: 1) an approved rate agreement as described in the first paragraph of this section; 2) a cost allocation plan certification or a revised cost allocation plan if there were significant changes in allocation methodology.

Note: Guidance pertaining to cost allocation plans and cost allocation plan certifications is contained in the Financial Administrative Procedures Manual for DSHS Grantees.

D. Audit Requirements

If required by OMB Circular A-133 and/or UGMS, respondent or respondent's authorized contracting entity* must arrange for a financial and compliance audit (Single Audit). Respondent 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 must be procured in compliance with state procurement procedures, as well as the provisions of UGMS.

* Authorized Contracting Entity – Entity that may legally sign a contract with DSHS.

EXAMPLE FORM I-1: PERSONNEL Budget Category Detail Form Example

Legal Name of Respondent: 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
Program Director (E)	5%		\$42,000	\$2,100	N	Provides programmatic oversight and programmatic accountability of organization
Case Manager (P)	5%		\$36,000	\$1,800	Y	Provides case management 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: Respondent 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 its employees as compensation in addition to regular salaries and wages. Fringe benefits include but are not limited to the cost of 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: Respondent is responsible for understanding the potential impact of alternative Fringe Benefit options.

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent: _____

I 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 Respondent 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	

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 I-2: TRAVEL Budget Category Detail Form Example

Legal Name of Respondent:

Apple County Health Department

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)
\$.445	1,068	\$ 475.26	\$ 144	\$ 619.26	Executive Director – Travel to all site locations in the nineteen county area to review, monitor, evaluate, and oversee clinic operations.

Conference/Workshop Costs

Name and/or Description of Conference/Workshop	Location (City)	No. of Respondent 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	Austin	1	1,735 miles x \$0.445/mile =	\$772	\$360	\$0	\$898	Clinic Services Director to attend Family Planning Committee meetings
TOTAL for Conf/Workshop TRAVEL:				\$772	\$360	\$0	\$1,132	

TRAVEL Costs:	\$619.26	Conf/Workshop TRAVEL Costs:	\$1,132	Total TRAVEL Costs:	\$1751.26
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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 – NOTE: ALL OUT OF STATE TRAVEL MUST HAVE DSHS PRIOR APPROVAL.

DEFINITION: The cost 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 under the "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 the "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 travel costs, multiply the local reimbursement rate per mile by the total estimated number of automobile miles. Enter the estimated per diem costs that may be associated with local travel and show the basis for cost (ex. 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 I-3: EQUIPMENT Budget Category Detail Form

Legal Name of Respondent: _____

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order. See attached sample for equipment definition and detailed instructions to complete this form.

DESCRIPTION OF ITEM (≥ \$5,000 or Exception)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
TOTAL Amount Requested for EQUIPMENT:		\$ 0.00	

EXAMPLE FORM I-3: EQUIPMENT Budget Category Detail Form Sample

Legal Name of Respondent: Apple County Health Department

Itemize, describe and justify the list below. Attach complete specifications or a copy of the purchase order.

DESCRIPTION OF ITEM (≥ \$5,000 or Exception)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
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:		\$ 5,250	

EQUIPMENT -

DEFINITION: Equipment is defined by DSHS as non-expendable personal property with a unit cost of more than \$5,000.00 and a useful life of more than one year, with the following exceptions: fax machines, stereo systems, cameras, video recorders/players, microcomputers, printers, software, medical and laboratory equipment. Medical and laboratory equipment in this category is defined as microscopes, oscilloscopes, centrifuges, balances, and incubators. Medical and laboratory equipment not included in these five categories are not considered a capital asset unless the unit value is over \$5,000.00. The exception items listed will still be inventoried if their unit cost plus any items used with or attached to the unit is \$500.00 or greater. For items with component parts (i.e., computers), the aggregate cost must be considered when applying the \$500/\$5,000 threshold.

INSTRUCTIONS: Enter the following information on the EQUIPMENT Budget Category Detail Form for each type of equipment item: 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 equipment is necessary and how the respondent determined or will determine that the cost is reasonable. Attach a complete specification or a copy of the purchase order.

EXAMPLES OF EQUIPMENT DESCRIPTIONS

Remember: Equipment is priced **per unit** including freight. If you intend to purchase 10 modems @ \$95 each, this would be considered a supply item not an equipment item.

INCORRECT EXAMPLES

Computer-850 Mhz Pentium
1 @ \$2,150
(insufficient description/specification)
1 @ \$250 Laser Jet Printer
(This item would be moved to supplies as it is less than \$500.00).

CORRECT EXAMPLES

Pentium 4 Processor 2.8 Hz., 800 MHz FBS, 512 MB RAM, 32 MB RAM PCI, 40 GB EIDE 7200RPM, 1.44 MB 3.5 in. floppy drive
Fat Ethernet 100 Mbps, EIDE CD ROM drive48X, Sound Blaster, Business Audio Speakers, PS/2 Keyboard, PS/2 2-Button Mouse,
Windows XP Professional with SP2, 17 inch SVGA color monitor .28 mm, support 1024x768 resolution, 3 yr ltd Warranty. 1 @ \$1,500
24" Zenith Portable TV/VCR Combination;
Model #Z12345
1 @ \$750

FORM I-3a: Minimum Computer Specifications Form [OPTIONAL]

The following table contains minimum computer equipment specifications required for computer equipment purchases approved DSHS. Please see notes on the next page for additional requirements.

Health Promotion Unit <u>Minimum</u> Computer Equipment Specifications (04/01/2005)	
Processor	Pentium® 4 Processor 2.8 Hz, 800 MHz FBS or higher
Memory	512 MB RAM or higher
Video Card	32 MB RAM PCI or AGP or higher
Hard Drives	40 GB EIDE 7200RPM or higher
Floppy Drive	1.44MB 3.5 Inch Floppy Drive
Network Adapter (NIC)	Fast Ethernet 100 Mbps or higher
CDROM	EIDE CD ROM drive (48X speed or higher)
Audio Solutions	Sound Blaster Compatible
Speakers	Business Audio Speakers
Keyboards	PS/2 Keyboard
Mouse:	PS/2 2-Button Mouse
Operating System	Windows® XP Professional with SP2 or newer
Monitor:	17 inch SVGA color monitor .28 mm, support 1024 x 768 resolution or higher (optional)
Hardware Support Services	3Yr Ltd Warranty On-Site Service

Notes:

- a.) A complete system price shall not exceed \$1,500.00 for a desktop/laptop system. Please submit justification when the purchase cost for a system exceeds these limits.
- b.) When contractor budgets are prepared to purchase computer equipment, complete computer equipment specifications, including printers, must be submitted to DSHS.
- c.) Vendors who assemble systems with generic (clone) computer parts or upgrade components must complete and submit the attached vendor certification to the quote and equipment specifications the vendor presents to the DSHS contractor. The vendor's certification must be submitted to DSHS along with the contractor's budget to purchase computer equipment.
- d.) Due to market volatility, the pricing of computer equipment or peripherals may fluctuate greatly within weeks. The DSHS considers vendor quotations issued greater than 30 days from the current date to be expired or non-current. A DSHS contractor should submit current vendor specifications and quotations to the DSHS with their requests to purchase equipment.

If you need additional information, please contact *Austin Metro Branch Manager, Information Technology Section, 512-458-7271*

Vendor Certification for Computer Equipment purchased by DSHS Contractor

(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%) IBM-compatible 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 2003 or higher and Novell Netware 6.5 compatible. All equipment purchased for use as network file servers shall be Microsoft/National Software Testing Laboratories-certified to operate Windows 2003 Advanced Server and Novell-certified to operate as a Netware 6.5 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 that have problems that 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 that 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 I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent: _____

Itemize, describe and justify the supply items listed below. Costs may be categorized by each general type (i.e., office, computer, medical, educational, janitorial, etc.). See attached sample for definition of supplies and detailed instructions to complete this form.

DESCRIPTION OF ITEM (≤ \$5,000 excluding equipment exceptions)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION

TOTAL Amount Requested for SUPPLIES: \$ 0.00

EXAMPLE FORM I-4: SUPPLIES Budget Category Detail Form Sample

Legal Name of Respondent: Apple County Health Department

Itemize, describe and justify the supply items listed below. Costs may be categorized by each general type (i.e., office, computer, medical, educational, janitorial, etc.).

DESCRIPTION OF ITEM (≤ \$5,000 excluding equipment exceptions)	COST PER UNIT / # OF UNITS	UNIT TOTAL	PURPOSE & JUSTIFICATION
Office supplies	\$750/month / 12 months	\$9,000	Consumable items needed to support Family Planning clinic services; no item has a unit cost greater than \$499.
Pharmaceuticals	\$2,500/month / 12 months	\$30,000	Consumable items needed to support Family Planning clinic services; no item has a unit cost greater than \$499.
TOTAL Amount Requested for SUPPLIES:		\$ 39,000	

SUPPLIES

DEFINITION: Costs for materials and supplies necessary to carry out the program. This includes medical supplies, drugs, janitorial supplies, office supplies, patient educational supplies, software less than \$500, plus any equipment or furniture with a purchase price including freight not to exceed \$5,000 per item, except those listed in the "equipment" category.

INSTRUCTIONS: Enter the following information in the SUPPLIES Budget Category Detail Form for each general category or type of supplies: description of the items, 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), and state the purpose for the item(s), why the supplies are necessary and how the respondent determined or will determine that the cost is reasonable.

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent: _____

List contracts for services related to the scope of work that is 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 respondent's funding request, whichever is greater, must be attached behind this form.

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

TOTAL Amount Requested for CONTRACTUAL: \$ 0

FORM I-5: CONTRACTUAL Budget Category Detail Form Example

Legal Name of Respondent: Apple County Health Department

List contracts for services related to the scope of work that is 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 respondent'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 respondent 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 respondent enters into grant contracts with subrecipients or procurement contracts with vendors, the documents must be in writing and must comply with the requirements specified in the General Provisions for Department of State Health Services Grant Contracts which are available online at <http://www.dshs.state.tx.us/grants/docs.shtm>.

If an respondent 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 respondent's funding request whichever is greater, the respondent 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 respondent intends to contract for the service, why the service is necessary to perform the scope of work and how the respondent 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 respondent's funding request whichever is greater, must be attached behind the CONTRACTUAL Budget Category Detail Form.

FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent: _____

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

FORM I-6: OTHER Budget Category Detail Form Example

Legal Name of Respondent: 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 RFP budget period.

Subcontracting Plan Information

In accordance with Texas Government Code (TGC) §2161.252 and Texas Administrative Code (TAC) Title 1, Part 5, Chapter 111, Subchapter B, Rule §111.14, each state agency (including institutions of higher education) as defined by TGC §2151.002 that considers entering into a contract with an expected value of \$100,000 or more shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract.

If subcontracting opportunities are probable, each state agency's invitation for bids or other purchase solicitation documents for construction, professional services, other services, and commodities with an expected value of \$100,000 or more shall state that probability and require a HUB Subcontracting Plan (HSP).

In accordance with Texas Government Code, §2161.181 and §2161.182, each state agency shall make a good faith effort to increase the contract awards for the purchase of goods or services to HUBs based on rules adopted by the Commission to implement the disparity study described by TGC §2161.002(c).

The purpose of the HUB Program is to promote equal business opportunities for economically disadvantaged persons (as defined by TGC §2161) to contract with the State of Texas in accordance with the goals specified in the State of Texas Disparity Study. The HUB goals per TAC §111.13 are: **11.9% for heavy construction other than building contracts; 26.1% for all building construction, including general contractors and operative builders contracts; 57.2% for all special trade construction contracts; 20% for professional services contracts; 33% for all other services contracts; and 12.6% for commodities contracts.**

IF YOUR RESPONSE TO THIS SOLICITATION DOES NOT CONTAIN A HUB SUBCONTRACTING PLAN, YOUR RESPONSE SHALL BE REJECTED AS A MATERIAL FAILURE TO COMPLY WITH THE ADVERTISED SPECIFICATIONS.

FORM J-1: HUB Subcontracting Plan (HSP)

In accordance with Gov't Code §2161.252, the contracting agency has determined that subcontracting opportunities are probable under this contract. Therefore, respondents, including State of Texas certified Historically Underutilized Businesses (HUBs), must complete and submit a State of Texas HUB Subcontracting Plan (HSP) with their solicitation response.

NOTE: Responses that do not include a completed HSP shall be rejected pursuant to Gov't Code §2161.252(b).

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State of Texas in accordance with the goals specified in the State of Texas Disparity Study. The HUB goals defined in 1 TAC §111.13 are: **11.9 percent for heavy construction other than building contracts, 26.1 percent for all building construction, including general contractors and operative builders contracts, 57.2 percent for all special trade construction contracts, 20 percent for professional services contracts, 33 percent for all other services contracts, and 12.6 percent for commodities contracts.**

- - Agency Special Instructions/Additional Requirements - -

SECTION 1 - RESPONDENT AND SOLICITATION INFORMATION

- a. Respondent (Company) Name: _____ State of Texas VID #: _____
 Point of Contact: _____ Phone #: _____
- b. Is your company a State of Texas certified HUB? - Yes - No
- c. Solicitation #: _____

SECTION 2 - SUBCONTRACTING INTENTIONS

After having divided the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, the respondent must determine what portion(s) of work, including goods or services, will be subcontracted. Note: In accordance with 1 TAC §111.12., a "Subcontractor" means a person who contracts with a vendor to work, to supply commodities, or contribute toward completing work for a governmental entity. Check the appropriate box that identifies your subcontracting intentions:

- Yes, I will be subcontracting portion(s) of the contract.
 (If Yes, in the spaces provided below, list the portions of work you will be subcontracting, and go to page 2.)
- No, I will not be subcontracting any portion of the contract, and will be fulfilling the entire contract with my own resources.
 (If No, complete SECTION 9 and 10.)

Line Item # - Subcontracting Opportunity Description	Line Item # - Subcontracting Opportunity Description
(#1) -	(#11) -
(#2) -	(#12) -
(#3) -	(#13) -
(#4) -	(#14) -
(#5) -	(#15) -
(#6) -	(#16) -
(#7) -	(#17) -
(#8) -	(#18) -
(#9) -	(#19) -
(#10) -	(#20) -

*If you have more than twenty subcontracting opportunities, a continuation page is available at http://www.tbpc.state.tx.us/hub/forms/HSP_sep06_cont1.doc.

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Enter your company's name here: _____ Solicitation #: _____

IMPORTANT: You must complete a copy of this page for each of the subcontracting opportunities you listed in SECTION 2. You may photocopy this page or download copies at http://www.tbpc.state.tx.us/hub/forms/HSP_sep06_cont2.doc.

SECTION 3 - SUBCONTRACTING OPPORTUNITY

Enter the line item number and description of the subcontracting opportunity you listed in SECTION 2.

Line Item # _____ Description: _____

SECTION 4 - MENTOR-PROTÉGÉ PROGRAM

If respondent is participating as a Mentor in a State of Texas Mentor Protégé Program, submitting their Protégé (Protégé must be a State of Texas certified HUB) as a subcontractor to perform the portion of work (subcontracting opportunity) listed in SECTION 3, constitutes a good faith effort towards that specific portion of work. Will you be subcontracting the portion of work listed in SECTION 3 to your Protégé?

- Yes (If Yes, complete SECTION 8 and 10.) - No / Not Applicable (If No or Not Applicable, go to SECTION 5.)

SECTION 5 - PROFESSIONAL SERVICES CONTRACTS ONLY

This section applies to Professional Services Contracts only. All other contracts go to SECTION 6.

Does your HSP contain subcontracting of 20% or more with HUB(s)?

- Yes (If Yes, complete SECTION 8 and 10.) - No / Not Applicable (If No or Not Applicable, go to SECTION 6.)

In accordance with Gov't Code §2254.004, "Professional Services" means services: (A) within the scope of the practice, as defined by state law of accounting; architecture; landscape architecture; land surveying; medicine; optometry; professional engineering; real estate appraising; or professional nursing; or (B) provided in connection with the professional employment or practice of a person who is licensed or registered as a certified public accountant; an architect; a landscape architect; a land surveyor; a physician, including a surgeon; an optometrist; a professional engineer; a state certified or state licensed real estate appraiser; or a registered nurse.

SECTION 6 - NOTIFICATION OF SUBCONTRACTING OPPORTUNITY

Complying with a, b and c of this section constitutes Good Faith Effort towards the portion of work listed in SECTION 3. After performing the requirements of this section, complete SECTION 7, 8 and 10.

- a. Provide written notification of the subcontracting opportunity listed in SECTION 3 to **three (3)** or more HUBs. Use the State of Texas' Centralized Master Bidders List (CMBL), found at <http://www.tbpc.state.tx.us/cmb/cmb/hub.html>, and its HUB Directory, found at <http://www.tbpc.state.tx.us/cmb/hubonly.html>, to identify available HUBs. **Note: Attach supporting documentation (letters, phone logs, fax transmittals, electronic mail, etc.) demonstrating evidence of the good faith effort performed.**
- b. Provide written notification of the subcontracting opportunity listed in SECTION 3 to a minority or women trade organization or development center to assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. A list of trade organizations and development centers may be accessed at <http://www.tbpc.state.tx.us/hub/minoritywomenbuslinks.html>. **Note: Attach supporting documentation (letters, phone logs, fax transmittals, electronic mail, etc.) demonstrating evidence of the good faith effort performed.**
- c. Written notifications should include the scope of the work, information regarding the location to review plans and specifications, bonding and insurance requirements, required qualifications, and identify a contact person. Unless the contracting agency has specified a different time period, you must allow the HUBs no less than five (5) working days from their receipt of notice to respond, and provide notice of your subcontracting opportunity to a minority or women trade organization or development center no less than five (5) working days prior to the submission of your response to the contracting agency.

SECTION 7 - HUB FIRMS CONTACTED FOR SUBCONTRACTING OPPORTUNITY

List **three (3)** State of Texas certified HUBs you notified regarding the portion of work (subcontracting opportunity) listed in SECTION 3. Specify the vendor ID number, date you provided notice, and if you received a response. **Note: Attach supporting documentation (letters, phone logs, fax transmittals, electronic mail, etc.) demonstrating evidence of the good faith effort performed.**

Company Name	VID #	Notice Date (mm/dd/yyyy)	Was Response Received?
_____	_____	____/____/____	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
_____	_____	____/____/____	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
_____	_____	____/____/____	<input type="checkbox"/> - Yes <input type="checkbox"/> - No

SECTION 8 - SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the portion of work (subcontracting opportunity) listed in SECTION 3. Also, specify the expected percentage of work to be subcontracted, the approximate dollar value of the work to be subcontracted, and indicate if the company is a Texas certified HUB.

Company Name	VID #	Expected % of Contract	Approximate Dollar Amount	Texas Certified HUB?
_____	_____	____%	____\$	<input type="checkbox"/> - Yes <input type="checkbox"/> - No*
_____	_____	____%	____\$	<input type="checkbox"/> - Yes <input type="checkbox"/> - No*

If the subcontractor(s) you selected is not a Texas certified HUB, provide written justification of your selection process below:

Enter your company's name here: _____

Solicitation #: _____

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SECTION 9

- SELF PERFORMANCE JUSTIFICATION
(If you responded "No" to SECTION 2, you must complete SECTION 9 and 10.)

Does your response/proposal contain an explanation demonstrating how your company will fulfill the entire contract with its own resources?

- Yes If Yes, in the space provided below, list the specific page/section of your proposal which identifies how your company will perform the entire contract with its own equipment, supplies, materials and/or employees.

- No If No, in the space provided below, explain how your company will perform the entire contract with its own equipment, supplies, materials, and/or employees.

SECTION 10

- AFFIRMATION

As evidenced by my signature below, I affirm that I am an authorized representative of the respondent listed in SECTION 1, and that the information and supporting documentation submitted with the HSP are true and correct. Respondent understands and agrees that, if awarded any portion of the solicitation:

- The respondent must submit monthly compliance reports (Prime Contractor Progress Assessment Report – PAR) to the contracting agency, verifying their compliance with the HSP, including the use/expenditures they have made to subcontractors. (The PAR is available at <http://www.tbpc.state.tx.us/hub/forms/subcontractprogassess.doc>).
- The respondent must seek approval from the contracting agency prior to making any modifications to their HSP. If the HSP is modified without the contracting agency's prior approval, respondent may be subject to debarment pursuant to Gov't Code §2161.253(d).
- The respondent must, upon request, allow the contracting agency to perform on-site reviews of the company's headquarters and/or work-site where services are to be performed and must provide documents regarding staff and other resources.

Signature

Printed Name

Title

Date

HSP Rev. 9/05

**FORM K: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE
DIRECTOR ASSURANCES FORM**

If the respondent 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 respondents 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 _____) to discuss the operations of the organization. **[Program should indicate frequency.]**
- 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, 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 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 follows 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 the 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. 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.
- L. Staff members, including the executive director, shall not serve as voting members on their employer's governing board. **[Program should determine if this applies - optional]**

*Chairman of the Board Signature/Date

*President or Executive Director Signature/Date

*If the signed original of this form has been provided to the 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-2: 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 HIV/STD PROGRAM

The applicant agency assures the DSHS that it will abide by all policies of the HIV/STD Program 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	

FORM K-3: 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	

**FORM K-4: 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

FORM K-5: Assurance Regarding HIV/STD Clinical 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	

FORM L: TABLE 1-MAI: SERVICE PRIORITIES AND OBJECTIVES

Administrative Agency Name: _____

HIV Service Delivery Area: _____

Date of Service Delivery Plan: _____

Instructions: In column 2a, show the number of units to be provided and in column 2b show the number of persons to be serviced. **NOTE: for an organization operating with unit cost, please only complete the “unit” column.** In column 3, state the budget amount allocated to that service category, and in column 4 indicate the percentage of the total allocation represented by the amount allocated to the service.

Column 1 SERVICES CATEGORIES	Columns 2a & 2b OBJECTIVE		Column 3 RW Title II Allocation	Column 4 % of RW Title II Allocation
	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 for Titles 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 detailed list). ¹				
35. TOTAL DIRECT SERVICES				
36. Subcontractor Administrative Costs ²				
37. Capacity Building				
38. Assembly Needs Assessment/Planning/ Evaluation (AA cost only)				
39. Planning Assembly/Body Support				
40. Quality Management Plan				
41. Grantee Administrative Cost ³				
42. TOTAL GRANT BUDGET⁴				

Footnotes

1. A Glossary of HIV-Related Service Categories and Administrative Services is included in the FY2006 Renewal Application.
2. Subcontractor administrative costs may not exceed 10% of the amount of the subcontract.
3. May not exceed 10% of line 42, Total Grant Budget.
4. Amount should equal the total amount of the contract.

I verify that the 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.

Signature: _____ **Date:** _____

DSHS REQUIRED APPENDICES

- A. DSHS Assurances and Certifications
- B. General Provisions

APPENDIX A: 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.

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; and
 - 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;
 - 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).

APPENDIX B: GENERAL PROVISIONS

**General Provisions are posted at
<http://www.dshs.state.tx.us/grants/docs.shtm>**

PROGRAM SPECIFIC APPENDICES

- Appendix C: Program Requirements for Ryan White Title II Contracts
Glossary HIV-Related Service Categories and Administrative Services
- Appendix D: Letter of Intent
- Appendix E: Subcontractor Forms
- Appendix F: DSHS Regional HIV/STD Managers, Coordinators, and Consultants
- Appendix G: Map of Public Health Regions

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

A. Description of Service Components

Ryan White CARE Act Title II (RWCA) 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 the *Glossary of HIV-Related Service Categories and Administrative Services*.

B. Administrative Requirements

RWMAI contractors are responsible for Quality Management.

Quality Management Functions

Quality Management is a mandated function in the Ryan White Care Act. Quality Management Systems require:

- a) The presence of a documented, ongoing quality management system that is used to guide and continuously improve the program;
- b) A QA/QI/PI committee function that includes documented membership, member roles, responsibilities, meeting frequency, and minutes of each meeting;
- c) Significant participation by physician in quality management functions;
- d) Evidence of actions to measure, monitor and improve quality of care, including improvements in accessibility, availability, effectiveness, efficiency, and/or quality of services;
- e) Programmatic, financial, operational and other applicable data analysis in order to identify issues that impact the quality of services;
- f) Satisfaction surveys and follow up on all identified issues from the surveys with supported documentation of improvement and re-evaluation of those issues;
- g) The identification of outcomes and efforts at improving them through the utilization of goals and measurable objectives with associated strategies to accomplish these;
- h) Identification, monitoring and correction of adverse outcomes;
- i) Contractor oversight compliance monitoring system, including documented corrective action, review, evaluation and follow up;
- j) Contractor participation in the ongoing quality management system;
- k) Review and analysis of client, staff and subcontractor grievances;
- l) Evidence of programmatic and management improvements, including documented revisions to program administration, policies and procedures, committee actions and other applicable initiatives impacting quality of services;
- m) An annual evaluation of the quality management system (internal and external);
- n) An annual evaluation of agency policies and procedures as applicable to the quality management system; and
- o) A process for development and an annual review of clinical protocols and Standing Delegation Orders (SDOs);

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/docs/fapmanual.pdf>.

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.

Contractors 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:

- 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" <http://www.dshs.state.tx.us/grants/docs/fapmanual.pdf>.

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 within 180 days of the contract start date. Costs incurred from the billing process may not be charged to the client in whole or in part. 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. A performing agency that contracts for funds with the DSHS is required to become a Medicaid provider for applicable program activities. Performing agencies must bill Medicaid for Medicaid-eligible services. Funds may not be used to pay for any Medicaid-covered services for Medicaid enrollees. Current Medicaid providers are required to 1) screen all clients, 2) expeditiously enroll eligible clients into the Medicaid program, and 3) actively promote successful client enrollment in other third party payor sources for which clients may be eligible (Medicare, CHIP, etc). 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

All providers are required to develop and implement a fee for service system, such as a sliding scale fee or client co-payment, within 180 days of the contract start date using the federal poverty guidelines. 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

An eligibility assessment done of each client will provide annual gross salary of the individual/family 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 not currently designated as a Medicaid provider must apply to be a Medicaid provider within 90 days of the contract start date, and begin billing Medicaid within 90 days of obtaining Medicaid approval. Performing Agencies who cannot meet eligibility requirements to become Medicaid providers for applicable program activities may apply for a waiver. Waivers will be granted pending approval of adequate justification provided by the performing agency. Examples of adequate justification include but are not limited to: evidence of denial by Medicaid, evidence that implementing this requirement would result in a loss of critical HIV/STD services to the community, or evidence that implementing this requirement 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/qmb/dshsstndrds4clinicsevs.pdf>. 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: <http://www.hhs.state.tx.us/aboutHHS/CivilRights.shtml>.

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:

- *RECEIVING AGENCY'S HIV and STD Program Operation Procedures and Standards, 2003 and any revisions;*
- *Chapter 6A (Public Health Service) of Title 42 (The Public Health and Welfare) of the United States Code, as amended;*
- *RECEIVING AGENCY Program's 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 – February 24, 2005, or latest version;*
- *Guidelines for the Use of Antiretroviral Agents in HIV-Infected Adults and Adolescents, April 7, 2005, or latest version as developed by the Panel on Clinical Practices for Treatment of HIV Infection convened by the Department of Human Services (DHS);*
- *Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection; Health Resources and Services Administration (HRSA) and National Institutes of Health (NIH), March 24, 2005, or latest version;*
- *Treating Opportunistic Infections Among Infected Adults and Adolescents – Centers for Disease Control (CDC) Morbidity and Mortality Weekly Report (MMWR) 2004, Volume 53, Recommendations and Reports (RR);*
- *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;*
- *Prevention and treatment of tuberculosis among patients infected with human immunodeficiency virus: principles of therapy and revised recommendations. MMWR 1998; 47(No RR-20)*
- *Updated guidelines for the use of rifabutin or rifampin for the treatment and prevention of tuberculosis among HIV-infected patients taking protease inhibitors or nonnucleoside reverse*

transcriptase inhibitors. MMWR 2000; 49: 185-9.

- *Perspectives in Disease prevention and Health Promotion Update: Universal Precautions for Prevention of Transmission of Human Immunodeficiency Virus, Hepatitis B Virus, and Other Bloodborne Pathogens Vol 37, No MM24; 377.*
- *Incorporating HIV Prevention into the Medical Care of Persons Living with HIV – CDC MMWR, Volume 52, RR 12, dated July 18, 2003;*
- *RECEIVING AGENCY Program’s Universal Precautions Preventing the Spread of HIV, Tuberculosis, and Hepatitis B in Employees of HIV/STD Funded Programs, HIV/STD Policy No. 800.001;*
- *RECEIVING AGENCY’S STD Clinical Standards and Monitoring Guidelines; and*
- *Updated U.S. Public Health Service Guidelines for the Management of Occupational Exposures to HBV, HCV, and HIV and Recommendations for Postexposure Prophylaxis, CDC MMWR, Volume 54, RR 9, pages 1-17, dated September 30, 2005, or latest version.*
- *Revised Guidelines for HIV Counseling, Testing, Technical Expert Panel Review of CDC. HIV Counseling, Testing, and Referral Guide- Center for Disease Control (CDC) Morbidity & Mortality Weekly Report (MMWR) November 9, 2001/50 (RR19)1-58.*

Current, federally approved guidelines for clinical treatment of HIV and AIDS are available from the HIV/AIDS Treatment Information Services (ATIS) at <http://aidsinfo.nih.gov>, 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 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 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 their 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

All Ryan White eligible services provided to Ryan White eligible clients must be reported by the DSHS.

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. **Contractors must demonstrate in the quarterly reports continuing efforts to assure that Ryan White monies are the payer of last resort through third party billing for all professional services, enrollment in available prescription plans and any other appropriate alternate payers.** 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.

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 Nurse Consultant
- Public Health Regional HIV Program Manager

If electronic submission is not an option, phone your Nurse 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

Care Act Data Report

The CARE Act Data Report (CADR) must be submitted by February 15, 2008 for the current year (FY 2007).

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 31 and reported to DSHS on DSHS Form GC-11 no later than October 15. 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 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; Federally Qualified Health Centers (FQHC); local and regional public health officials; federal HOPWA grantees; Section 8 Housing Authority; 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 Protocol Based Counseling (PBC) and Prevention Case Management (aka Comprehensive Risk Counseling Services - CRCS) 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.

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

Contractors 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. Contractors 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.

N. SUBCONTRACTING

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 one original and three 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.

O. QUALITY MANAGEMENT (QM)

The quality management system must include a documented ongoing quality improvement plan that addresses quality of HIV and related services using goals with applicable measurable objectives and associated strategies; quality management committee information; lists of activities involved in the achievement and monitoring of goals; display involvement of all agency administrative areas; and processes in place to ensure contract compliance with applicable state and federal laws, standards and programmatic guidelines (e.g. 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 used to achieve the desired goals and objectives. A documented annual evaluation of the ongoing quality management efforts and the results of those interventions are required. Contractors are required to implement outcome 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 system 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, participating in telephonic conferences, completing corrective action requirements, providing access to agency and contractor staff, client records, documenting improvements and updating the HIV/STD Prevention Services Group on the QM program's progress in quarterly reports.

The quality management system 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. Internal administrative staff (e.g. Human Resources, Chief Financial Officer, Safety Officer, Director of Nursing, Chief Executive Officer, etc.) should also participate in the QM system. Additionally, these representatives may participate on the QM committee or subcommittees. The quality

* 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.

improvement committee should meet at least quarterly.

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 D: LETTER OF INTENT

Applicants must submit a letter of intent (LOI) in the format provided to apply for Ryan White CARE Act Title II Minority AIDS Initiative funds by 2 P.M. C.D.T. on August 15, 2006. If the LOI is not received by the deadline, applicant's proposal will not be considered for funding.

(DATE)

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

Ref: Letter Of Intent for RFP#: HIV/UNIQ-0199.1

It is the intent of (agency name) to respond to the Department of State Health Service (DSHS) HIV/STD Comprehensive Services Branch request for proposal #HIV/UNIQ-0199.1.

It is understood that to be considered this letter must be received by DSHS by 2:00 p.m. C.D.T. on August 15, 2006.

It is understood that this LOI is not a commitment to submit a proposal; however, the LOI is a condition precedent to submitting a proposal. Proposals received where an applicant has not submitted a timely LOI will not be considered.

It is understood that if only one agency submits a LOI and a viable proposal for the designated administrative service area, DSHS reserves the right to contract with that agency if the agency meets the Core Competencies required of an administrative agency and, if deemed necessary, has a favorable pre-selection site review.

AUTHORIZED REPRESENTATIVE Name: Title: Phone: Fax: E-mail:	SIGNATURE OF AUTHORIZED REPRESENTATIVE
	DATE

APPENDIX E: 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

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 2006 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 F: DSHS REGIONAL HIV/STD MANAGERS, COORDINATORS, AND CONSULTANTS

<p>REGION 1 Name: Elena Rodriguez Title: Regional HIV/STD Team Leader Address: 1109 Kemper Lubbock, Texas 79403-2599 Phone: (806) 767-0497 Fax: (806) 765-8700 Email: elena.rodriguez@dshs.state.tx.us</p> <p>REGION 2/3 Name: Gary Willett Title: HIV/STD Program Manager Address: 1301 S. Bowen Road, Suite 200 Arlington, Texas 76013 Phone: (817) 264-4500 Fax: (817) 264-4778 Email: gary.willett@dshs.state.tx.us</p> <p>Name: Laticcia Riggins Title: Regional HIV Services Prevention Consultant Address: 1301 S. Bowen Road, Suite 200 Arlington, Texas 76013 Phone: (817) 264-4776 Fax: (817) 264-4778 Email: laticcia.riggings@dshs.state.tx.us</p> <p>Name: Ronald (Ron) W. Stinson Title: HIV/STD Regional Coordinator Address: 1301 S. Bowen Road, Suite 200 Arlington, Texas 76013-2262 Phone: (817) 264-4775 Fax: (817) 264-4778 Email: ron.stinson@dshs.state.tx.us</p>	<p>REGION 4/5 North Name: Charles O'Brien Title: HIV/STD Program Manager Address: 1517 West Front Street Tyler, Texas 75702 Phone: (903) 533-5329 Fax: (903) 533-5348 Email: charles.obrien@dshs.state.tx.us</p> <p>Name: Della Mendez Title: HIV Team Leader Address: 1517 West Front Street Tyler, Texas 75702 Phone: (903) 533-5322 Fax: (903) 533-5348 Email: della.Mendez@dshs.state.tx.us</p> <p>Name: James Shadden Title: STD Team Leader Address: 1517 West Front Street Tyler, Texas 75702 Phone: (903) 533-5307 Fax: (903) 533-5348 Email: jim.shadden@dshs.state.tx.us</p> <p>REGION 6/5 South Name: Robert Castaneda Title: HIV/STD Program Manager Address: 5425 Polk, Suite J Houston, Texas 77023 Phone: (713) 767-3421 Fax: (713) 767-3423 Email: robert.castaneda@dshs.state.tx.us</p> <p>Name: Tamaria Walker Title: STD Team Leader Address: 5425 Polk, Suite J Houston, Texas 77023 Phone: (713) 767-3441 Fax: (713) 767-3295 Email: tamaria.walker@dshs.state.tx.us</p>
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REGION 6/5 South (continued)

Name: Raleigh (Roy) R. Delesbore
Title: Regional HIV Prevention/Services Coordinator
Address: 5425 Polk, Suite J
Houston, Texas 77023
Phone: (713) 767-3444
Fax: (713) 767-3435
Email: raleigh.delesbore@dshs.state.tx.us

REGION 7

Name: Al Gonzales
Title: Regional HIV/STD Program Manager
Address: 2408 South 37th
Temple, Texas 76504
Phone: (254) 778-6744
Fax: 254-771-1768
Email: al.gonzales@dshs.state.tx.us

Name: Robert Hochstedler
Title: STD Team Leader
Address: 2408 South 37th
Temple, Texas 76504
Phone: (254) 778-6744
Fax: 254-771-1768
Email: robert.hochstedler@dshs.state.tx.us

Name: Chesca Pledger
Title: HIV Coordinator
Address: 2408 South 37th
Temple, Texas 76504
Phone: (254) 778-6744
Fax: 254-771-1768
Email: Chesca.Pledger@dshs.state.tx.us

REGION 8

Name: Eduardo Flores
Titles: Disease Control & Prevention Program Manager
Address: 7430 Louis Pasteur Drive
San Antonio, Texas 78229-4507
Phone: (210) 949-2196
Fax: (210) 692-1477
Email: Eduardo.flores@dshs.state.tx.us

Name: Deborah Mayhew
Titles: Regional HIV/STD Team Leader
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San Antonio, Texas 78229-4507
Phone: (210) 949-2154
Fax: (210) 949-2059
Email: deborah.mayhew@dshs.state.tx.us

REGION 9/10

Name: Oscar Hernandez
Title: Regional HIV/STD Program Manager
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Midland, Texas 79705
Phone: (432) 683-9492
Fax: (432) 684-3932
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Name: Anita Montañez
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Midland, Texas 79705
Phone: (432) 683-9492
Fax: (432) 684-3932
Email: anita.montanez@dshs.state.tx.us

REGION 11

Name: Richard Anguiano
Title: Regional HIV/STD Program Manager
Address: 601 West Sesame Drive
Harlingen, Texas 78550
Phone: (956) 423-0130 ext. 562
Fax: (956) 444-3245
Email: richard.anguiano@dshs.state.tx.us

APPENDIX G: MAP OF PUBLIC HEALTH REGIONS

