

## **PCPE TRAINING SERVICES RENEWAL FORMS**

(To access the forms listed below you may use the click function to follow the link)

**RENEWAL APPLICATION CHECKLIST**

**CONTACT PERSON INFORMATION**

**PERFORMANCE MEASURES**

**WORK PLAN**

**JUSTIFICATION FOR REQUEST FOR EQUIPMENT PURCHASES**

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

**HIV CONTRACTOR ASSURANCES**

## RENEWAL APPLICATION CHECKLIST

Legal Name of Applicant	
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*This form is provided to ensure that the renewal application is complete and properly signed.*

DESCRIPTION	Included		Not Applicable
Renewal Application Checklist completed and included	<input type="checkbox"/>		
Contact Person Information completed and included	<input type="checkbox"/>		
Performance Measures included	<input type="checkbox"/>		
Work Plan included	<input type="checkbox"/>		
Categorical Budget Justification included	<input type="checkbox"/>		
<b>*Assurances only applicable if signature authority has changed*</b>			
Nonprofit Board of Directors and Executive Director Assurances form signed and included If the signed original of this form has been provided to the Department of State Health Services during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.	<input type="checkbox"/>		
HIV Contractor Assurances	<input type="checkbox"/>		

## CONTACT PERSON INFORMATION

Legal Name of Applicant: \_\_\_\_\_

*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.*

<b>Executive Director:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Project Contact:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Financial Reporting Contact:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Data Reporting Contact:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Clinical Services Contact:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Board Chairperson:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____

# PERFORMANCE MEASURES

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

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## **Performance Measure Guidelines**

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

The agency will provide risk reduction specialist (RRS) and quality assurance training and technical assistance. This includes, but is not limited to the DSHS Prevention Counseling and Partner Elicitation (PCPE) and related protocol based counseling courses. Program goals include:

- Quality training of DSHS-funded contractors to enable them to provide HIV/STD/HCV risk reduction counseling, develop effective risk reduction plans, exhibit effective communication with clients, and provide needed links to services.
- Improve the implementation and quality assurance of individual level evidence-based interventions and linkages to group and community level interventions.
- Increase the effectiveness and efficiency of RRS, case managers, and other professionals to conduct partner services elicitation and referrals.

Agency must include the following Performance Measures and propose target levels of performance:

- Provide at least 9 protocol-based trainings to include 6 out of the Austin area and 3 in the Austin area.
- Coordinate continuing education credits for nurses, certified health education specialists, licensed chemical dependency counselors, social workers and other identified paraprofessionals.
- Coordinate scheduling of trainings and collection of applicable fees with designated DSHS staff.
- Identify additional provider needs on at least a quarterly basis.
- Provide at least eleven 3-day TA site visits outside of the Austin area and six 3-day visits within Austin area.

## WORK PLAN

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

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### Workplan Guidelines

Agency is requested to submit information only if changed to the following workplan elements:

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 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 Quality Assurance/Quality Improvement (QA/QI) process utilized to monitor services, identify staff that utilize them and who is responsible for ensuring they are updated. The description shall include the following 1) role of the QA/QI Committee; 2) activities utilized to identify trends of needed improvement and the frequency of those activities; 3) activities to ensure correction and follow-up to findings identified; 4) utilization and frequency of client satisfaction surveys; 5) system utilized to identify and monitor adverse outcomes; 6) process for identifying performance and outcome measures; and 7) process utilized to develop protocols.

## JUSTIFICATION FOR REQUEST FOR EQUIPMENT PURCHASES

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

**Contractor Name:** \_\_\_\_\_

**Scope of Work:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_ **Contract Term:** \_\_\_\_\_

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

### ALL APPLICANTS REQUESTING FUNDS FOR EQUIPMENT MUST COMPLETE THIS SECTION:

1. Does the cost include shipping and handling?
2. Does the cost include a warranty?
3. Does the cost include a maintenance agreement? Describe any special maintenance needs, service contracts, insurance, repair costs, etc. related to the proposed equipment. How will these expenses be supported over time?
4. Does the cost include training in the use of the equipment?
5. Why is the equipment needed? What is the purpose of the equipment?
6. Estimate the expected results of the equipment purchase. Who will benefit and how?
7. How many clients will be served with the equipment?
8. What administrative or other activities will be accomplished as a result of the equipment purchase?
9. Where will it be located?
10. Who will use the equipment? Is the necessary staff in place to support the proper use of the equipment (e.g., if a van is requested, is there funding already in place to pay for a driver)?

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

**HIV SERVICES PROVIDERS ONLY:**

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

# NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM

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

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(Name & Address Of Organization)

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

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

\_\_\_\_\_  
\*Chairman of the Board Signature/Date

\_\_\_\_\_  
\*President or Executive Director Signature/Date

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



## 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 that 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; and
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f), above.

6. POLICIES OF THE BUREAU OF HIV & STD PREVENTION

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

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