



TEXAS INFERTILITY PREVENTION PROJECT

HIV/STD Comprehensive Services Branch

www.dshs.state.tx.us/hivstd

RFP #: RFP HIV/UNIQ-0202.1
Issued July 20, 2006
Due August 31, 2006

Client Services Contracting Unit
1100 W. 49th Street
Austin, Texas 78756-3199

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

TABLE OF CONTENTS

PROPOSAL INFORMATION 4

I.	INTRODUCTION	4
	A. Eligible Respondents	7
	B. Contract Term.....	7
	C. Use of Funds	8
	D. Schedule of Events	8
II.	PROGRAM INFORMATION.....	8
	A. General Purpose and Program Goals.....	8
	B. Background	11
	C. Legal Authority	11
	D. Program Requirements	11
III.	PROCUREMENT REQUIREMENTS	13
	A. RFP Point of Contact.....	13
	B. Letter of Intent (LOI).....	14
	D. Proposal Due Date	14
	E. Submission	15
IV.	PROPOSAL EVALUATION, SELECTION & NEGOTIATION	15
	B. Evaluation Process.....	16
	C. Evaluation Criteria	17
	D. Selection and Negotiation	18
V.	DSHS ADMINISTRATIVE INFORMATION	18
	A. Rejection of Proposals.....	18
	B. Right to Amend or Withdraw RFP.....	18
	C. Authority to Bind DSHS.....	18
	D. Financial and Administrative Requirements	19
	E. Contracting with Subcontractors.....	20
	F. Historically Underutilized Business (HUB) Guidelines.....	20
	G. Contract Information.....	21
	H. Contract Award Protest Policy.....	22

CONTENT AND PREPARATION 23

VI.	PROPOSAL CONTENT	23
	A. Instructions for Preparation	23
	B. Confidential Information	23
	C. Table of Contents.....	24
VII.	BLANK FORMS AND INSTRUCTIONS.....	24
	FORM A: FACE PAGE – Proposal for Financial Assistance RFP HIV/UNIQ-0202.1	26
	FORM A: FACE PAGE Instructions.....	27
	FORM B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST.....	28
	FORM C: CONTACT PERSON INFORMATION.....	29
	FORM D: ADMINISTRATIVE INFORMATION.....	30
	FORM E: RESPONDENT BACKGROUND.....	33

FORM F: ASSESSMENT NARRATIVE.....	34
FORM F: ASSESSMENT NARRATIVE GUIDELINES.....	35
FORM G: PERFORMANCE MEASURES	36
FORM G: PERFORMANCE MEASURES GUIDELINES	37
FORM H: WORK PLAN	38
FORM H: WORK PLAN GUIDELINES	39
DETAILED BUDGET AND JUSTIFICATION INSTRUCTIONS	40
FORM I: SAMPLE JUSTIFIED CATEGORICAL BUDGET.....	44
FORM I-a: JUSTIFICATION FOR REQUEST For Equipment Purchases	48
FORM I-b: MINIMUM COMPUTER SPECIFICATIONS FORM	50
Form J: HISTORICALLY UNDERUTILIZED BUSINESS (HUB)	52
FORM J-1: HUB SUBCONTRACTING PLAN (HSP).....	53
FORM K: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM	57

DSHS REQUIRED APPENDICES 58

APPENDIX A: DSHS ASSURANCES AND CERTIFICATIONS	59
APPENDIX B: GENERAL PROVISIONS.....	66

PROGRAM SPECIFIC APPENDICES..... 67

APPENDIX C: TIPP SITE REVIEW TOOLS.....	68
APPENDIX D: TIPP PRIORITY ASSESSMENT TOOL.....	74
APPENDIX E: TIPP DATA ELEMENTS.....	75
APPENDIX G: HIV CONTRACTOR ASSURANCES	77
APPENDIX H: 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.....	79

PROPOSAL INFORMATION

I. INTRODUCTION

The Department of State Health Services (DSHS) HIV/STD Comprehensive Services Branch announces the expected availability of fiscal year (FY) 2007 funding from the Centers for Disease Control and Prevention to provide administrative support, technical assistance for sexually transmitted disease control, and data management for the Texas Infertility Prevention Project. 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 are 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 and 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 under this RFP.

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.

Sentinel Site – A healthcare provider that performs STD testing or screening, whose rates of morbidity serve as an indicator of disease prevalence among certain populations.

Site Review Tool—The TIPP site review tool is a DSHS approved document designed to provide uniform evaluation of TIPP sentinel sites. The review tool assesses appropriate gonorrhea and chlamydia screening, treatment, education, and partner referral.

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 to compliance requirements of the federal program, e) 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

Eligible respondents include individuals, governmental entities, and public and private for profit and non-profit organizations who have established or will establish upon contract award an office in Travis, Hays, or Williamson Counties, Texas *and must comply with the criteria listed below*. Agencies that have had a state or federal contract(s) terminated within the last 24 months for deficiencies in fiscal or programmatic performance are not eligible to apply.

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 be in good standing with the IRS and Federal Excluded Parties List System (EPLS) at <http://epls.arnet.gov/>.
3. 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.
4. Respondent may be ineligible for contract award if any audit reports identify ongoing concern issues, material non-compliance or material weaknesses that are not satisfactorily addressed, as determined by DSHS.
5. Staff members, including the executive director, shall not serve as voting members on their employer's governing board.
6. 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 01/01/2007 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 \$246,900 is expected to be available to fund one contract. The specific dollar amount awarded to the 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 (replace) local, state, or federal funds. Funds may be used for personnel, fringe benefits, staff travel, equipment, supplies, contractual services, other operating costs, and indirect costs if such expenditures are expressly approved in the budget of the contract entered into pursuant to this RFP. Equipment purchases and contractual services are allowed only if approved in advance by DSHS.

D. Schedule of Events

1. Post (Issue) RFP to the Electronic State Business Daily (ESBD)	07/20/2006
2. Letter of Intent Due	08/03/2006
4. Deadline for Submitting Questions	08/17/2006
5. Post Answers to Questions to the ESBD	08/24/2006
6. Deadline for Submission of Proposals	08/31/2006
7. Post Awards to the ESBD	09/11/2006
8. Mail Contract(s) to Awarded Respondent(s) for Signature	11/15/2006
9. Anticipated Contract Begin Date	01/01/2007

DSHS reserves the right to change the dates shown above.

II. PROGRAM INFORMATION

A. General Purpose and Program Goals

The general purpose of the Texas Infertility Prevention Project (TIPP) is to prevent Sexually Transmitted Disease (STD)-caused infertility in women by promoting high quality, interdisciplinary, collaborative STD prevention efforts among relevant health programs and between health programs and communities. In Texas, this purpose is being pursued through a collaborative effort among the HIV/STD Comprehensive Services Branch, the Preventive and Primary Care Unit within the Community Health Services Section, the Laboratory Services Section, and their respective community affiliates. The TIPP supports a number of sentinel sites across the State of Texas for screening and treatment of chlamydia and gonorrhea among at risk women, their partners, and certain high-risk males, through the provision of testing supplies, laboratory support, and medications. Additionally, TIPP provides clinical and disease intervention technical assistance to local health departments, as directed by DSHS. Current objectives for the TIPP address the areas of community and individual behavior change, medical and laboratory services, partner services, support of leadership and program management, surveillance and data management, and training and professional development.

The selected applicant will be responsible for the following activities:

- As federal funding allows and as directed by DSHS, identify, recruit, and provide orientation of new TIPP sentinel sites.
- Annually conduct or assist in the conducting of (in those instances when DSHS conducts the site reviews) approximately 5 to 7 site reviews of high priority TIPP sites, to determine compliance with TIPP Guidelines (see http://www.dshs.state.tx.us/famplan/pdf/2004%20R6_IPPGuidelines.pdf), to include adequate procedures for screening, treatment, prevention education, and partner follow-up for gonorrhea and chlamydia cases. (See Appendix C for the tools used in site reviews.) High priority sites are identified through an existing Priority Assessment Tool (see Appendix D). Site review reports are due to DSHS TIPP staff within 30 calendar days after each site review.
- At least once annually, review and revise if necessary the TIPP site review tool to reflect adherence to current CDC screening and treatment guidelines.
- Provide on-site and telephone technical assistance to TIPP sites throughout Texas, as needed, depending on disease morbidity and medication and testing supply utilization trends.
- Provide technical assistance to TIPP sites and STD programs on all aspects of STD programs, depending on continuing and emerging STD morbidity trends across the State of Texas, through the securing of the

services of consultants in the field of STD treatment and prevention, who are approved by DSHS TIPP program staff.

- At least annually, conduct a Training Needs Assessment with TIPP sites. After review of the assessment by DSHS TIPP staff and at the direction of DSHS TIPP staff, arrange the logistics for training of personnel at TIPP sites, to include locating and hiring appropriate trainers, preparing notices to eligible TIPP site personnel, and obtaining appropriate meeting/training space and materials.
- Work with the DSHS TIPP and Pharmacy staff to coordinate the purchase and distribution of TIPP medications, according to purchase and distribution schedules approved by DSHS and as needed in response to disease morbidity and programmatic trends.
- Draft the required TIPP components of the federal Comprehensive STD Prevention Systems grant and progress reports, to be submitted to DSHS by the deadline given. TIPP components currently include Laboratory Services, Surveillance and Data Management, Program Management, Clinical Services, and Training. Components are subject to change at the discretion of the CDC.
- Write at least one article annually for the Regional Infertility Prevention Advisory Committee (RIPAC) newsletter on subjects related to the TIPP, and attend all RIPAC meetings.
- Plan (which includes, but is not limited to: setting an agenda; arranging meeting space; preparing handouts; inviting attendees) and attend four (4) quarterly TIPP meetings in Austin and other TIPP meetings as directed by DSHS; take minutes and submit to DSHS for review and approval.
- Assist in developing and/or presenting TIPP information at workshops and conferences, as directed by DSHS TIPP staff.
- Attend the bi-annual HIV/STD conference and at least one Family Planning conference or workshop annually.
- Meet at least weekly and as needed in Austin, Texas with DSHS TIPP staff to review work plans and present and discuss relevant issues.
- Create and maintain an electronic database that combines TIPP data from all participating TIPP sites. See Appendix E for a list of data elements required in the database.
- Perform quality control activities to verify that statewide data is complete and free of logical inconsistencies, correcting data errors as necessary.
- Perform Statistical Package for the Social Sciences (SPSS) programming quarterly and as needed to calculate frequencies and cross tabulations of TIPP data.
- Perform data segmentation for substantive comparisons of chlamydia and gonorrhea infections as a function of age, race/ethnicity, clinical type, laboratory test type and others as determined by DSHS TIPP staff.

- Utilizing the proper CDC format, as specified by DSHS, develop and disseminate quarterly data reports, due to DSHS TIPP staff 90 days after the end of the quarter.
- Prepare the quarterly submission of electronic data with hard copy reports, in a format and by dates specified by the CDC, to DSHS TIPP program staff and the U.S. Public Health Region VI Data Manager, for submission to the Centers for Disease Control and Prevention (CDC).
- Provide assistance to DSHS in analyzing and interpreting TIPP data and the presentation of findings to DSHS staff.

B. Background

The Texas Prevention of STD-Related Infertility Project (IPP) began in 1995, when the CDC made funds available for the first time to test and treat high-risk women for STDs, principally chlamydia and gonorrhea, which if left untreated can result in infertility. In that same year the Region VI Infertility Prevention Advisory Council (RIPAC) was formed for the states of Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. All state infertility prevention projects are supervised by RIPAC. The Texas IPP is a collaborative effort among the DSHS HIV/STD Comprehensive Services Branch, the Preventive and Primary Care Unit within the Community Health Services Section, the Laboratory Services Section, and their respective community affiliates. The Texas IPP currently provides test kits and medications to some 30 sites across the state, including local health departments and STD clinics, family planning clinics, juvenile detention centers, and adult detention centers.

C. Legal Authority

The HIV/STD Prevention Program in Texas operates in accordance with Title 25 Texas Administrative Code, Chapter 97, as authorized under the V.T.C.A. Health and Safety Code, Chapter 81, Communicable Diseases. The DSHS Preventive and Primary Care Unit within the Community Health Services Section operates under Title X of the Public Health Service Act, 42 USC 300, and Title XX of the Social Security Act, 42 USC 701 et seq.; 42 USC 1397 et seq.

D. Program Requirements

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 on the DSHS website at <http://www.dshs.state.tx.us/qmb/dshsstdnrds4clnicservs.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 Ms. Kathie Walden. All communications concerning this RFP, shall be addressed by email or fax to:

Ms. Kathie Walden
Ref: RFP# RFP HIV/UNIQ-0202.1
Client Services Contracting Unit
Room T-502 Mail Code 1886
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 the date specified in the schedule of events by **5:00 P.M. Central Daylight Time**. 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. on the date specified in Section I D. Schedule of Events.

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-0202.1.
 - 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)

A LOI must be submitted by the deadline stated below. Applications submitted by organizations that do not submit a LOI by the deadline will not be reviewed, scored, or considered for funding. See Appendix F for a template for the LOI.

Respondents planning to submit a RFP must submit a letter of intent to submit a proposal no later than 2:00 PM on 08/03/2006. 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: Ms. Kathie Walden, Department of State Health Services, 1100 W. 49th Street, Room T-502, Austin, TX 78756. Mark "RFP #RFP HIV/UNIQ-0202.1" 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.

D. Proposal Due Date

The proposal must be received on or before the following date and time:
2:00 P.M. C.D.T. 08/31/2006.

E. Submission

The original proposal and 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.**

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. Proposal received on or before the proposal due date and time.

2. 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. **Note to All Respondents: 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.**
3. 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.
4. 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

Applications that successfully satisfy the above initial screening criteria will be reviewed by a panel of reviewers using a standardized review tool based on the RFP. Application content will be weighted as indicated in Section C below. Every effort will be made to insure that no conflict of interest is present in the review process. An average of reviewers' scores will be calculated. Applications will then be ranked in order of average score, with the award going to the applicant with the highest average score.

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:

Criteria	Value
Respondent background	40
Assessment narrative	0
Performance measures	15
Work plan	30
Budget	15
Total	100

D. Selection and Negotiation

Once award decisions are made, DSHS staff is 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 selected for contract award 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's 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 HIV/STD Comprehensive Services Branch will initiate the development of a contract.

CSCU will post to the ESBD 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 proposals 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 ESBD.

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 not subject to that circular	Program audit conducted by an independent certified public accountant shall be in accordance with Governmental Auditing Standards.	UGMS

Additional requirements on basic accounting and financial management systems are found in the DSHS Contractor 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

The selected respondent may enter into contracts with subcontractors. The contractor is responsible to DSHS for the performance of any subcontractor.

If the respondent enters into contracts with subcontractors, the documents must be in writing and must comply with the requirements specified in articles of the General Provisions found in the Appendices of this RFP.

If a respondent plans to enter into a contract in which a subcontractor 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 must submit justification to DSHS and receive prior written approval from DSHS before entering into the contract.

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:

IT Data Information/Management Systems

206-28, 208-60, 920 (hardware and services)

946-20 Auditing Services 961-90 Writing Services (all kinds)

952-90 Training & Instruction for clients

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.

Questions concerning HUBs and the DSHS HUB program should be directed to the HUB Program Coordinator at 512-458-7394 / 800-243-7487 or by email at:

HUB-Contact@dshs.state.tx.us

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 (or their designees). 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 in addition to the 5 unbound hard copies.

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 be neither 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 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. Categorical Budget Justification
- J. Historically Underutilized Businesses (HUBs)
- K. Nonprofit Board of Directors and Executive Director Assurances Form
- L. HIV Contractor Assurances
- M. Assurance of Compliance with CDC and DSHS Requirements for Contents of HIV/STD-Related Written Educational Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions

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.



Department of State Health Services
FORM A: FACE PAGE - Proposal for Financial Assistance RFP HIV/UNIQ-0202.1

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"/> Faith Based (Nonprofit Org)
<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: _____
Does respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year (excluding amount requested in line 8 above)? **	Phone: _____
Yes <input type="checkbox"/> No <input type="checkbox"/>	Fax: _____
<i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	F-mail: _____
11) FINANCIAL OFFICER	
Name: _____	
Phone: _____	
Fax: _____	
E-mail: _____	
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	Categorical Budget Justification	<input type="checkbox"/>		
J	HUB Subcontracting Plan - completed and included	<input type="checkbox"/>		
K	Nonprofit Board of Directors and Executive Director Assurances - form signed and included	<input type="checkbox"/>		
L	HIV Contractor Assurances	<input type="checkbox"/>		
M	Assurance of Compliance with CDC and DSHS Requirements for Contents of HIV/STD-Related Written Educational Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions	<input type="checkbox"/>		

FORM C: CONTACT PERSON INFORMATION

Legal Name of Respondent: _____

*This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Client Services Contracting Unit**.*

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

FORM D: ADMINISTRATIVE INFORMATION

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 _____

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)	

If NO, respondent must be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If an agency does not have an audited balance sheet, submit a copy of your IRS Form 990 and an explanation why an audited statement is not available. DSHS will review the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the respondent's financial capability.

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.

FORM E: RESPONDENT BACKGROUND

1. Applicant shall provide a narrative description including: the legal name of the applicant; 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.
2. Describe organizational experience with the Region VI Infertility Prevention Advisory Council, state and local STD and family planning programs, provision of STD technical assistance, testing and treatment for chlamydia and gonorrhea, and provision of health-related training.
3. Describe organizational experience in the collection, analysis, and electronic submission of disease morbidity data to the CDC.
4. Include letters of support from organizations for which the applicant has provided these services in the past.

A maximum of two additional pages (excluding letters of support) 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. The assessment should not exceed **one** page.

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 the disease burden of STD in the state of Texas by location, gender, age, race, and sex.

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 **two** additional pages may be attached if needed.

FORM G: PERFORMANCE MEASURES GUIDELINES

1. Respondent must include the performance measures in the proposal along with the proposed target levels of performance for each measure. Proposed performance measures should be based on the project activities as identified in this RFP. The proposed target levels of performance and reporting frequency will be negotiated and agreed upon by respondent and DSHS if respondent is selected to negotiate a contract.

2. Respondents must 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 respondent and DSHS if respondent is selected to negotiate a contract.

Performance measures must be specific, measurable, time-phased, and feasible. Performance measures quantify outcomes and outputs, the number of such outputs to be performed, and the efficiency with which they will be performed. Performance measures also define the respondent's obligations in order to meet its contract requirements.

Performance measures are defined as outcome, output, efficiency, and explanatory measures. 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>% of clients rehabilitated % decline in inappropriate ER usage % decline in school absences</i>
<i>Output or Process</i>	<i>counts the goods/services provided</i>	<i># of clients served # of clinic sessions</i>
<i>Efficiency</i>	<i>measures the cost, unit cost, or productivity associated with a given outcome or output</i>	<i>average cost per client served average time per visit</i>
<i>Explanatory</i>	<i>shows the resources used to produce services and display factors that affect entity performance</i>	<i># of clients eligible for services # and type of health services presently available # of new partnerships developed</i>

FORM H: WORK PLAN

Applicants shall describe a plan for performance of the activities specified in the General Purpose and Program Goals section of this RFP. Include timelines for accomplishments. Address the required elements (see WORK PLAN Guidelines) associated with the services proposed in this application.

A maximum of **two** 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 activities as defined in the General Purpose and Program Goals section of this RFP.
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 of project activities with DSHS programs, STD and family planning sites across the state, TIPP sentinel sites, RIPAC, and the CDC.
5. 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 must include the following 1) role of the QA/QI Committee; 2) Medical Director's involvement in the QA/QI activities; 3) activities utilized to identify trends of needed improvement and the frequency of those activities; 4) activities to ensure correction and follow-up to findings identified; 5) utilization and frequency of client satisfaction surveys; 6) system utilized to identify and monitor adverse outcomes; 7) process for identifying performance and outcome measures; and 8) process utilized to develop protocols and Standing Delegation Orders.

DETAILED BUDGET AND JUSTIFICATION INSTRUCTIONS

Requirements for Categorical Budgets

Proposals must include a detailed, justified categorical budget. A format for the justified categorical budget is provided after these instructions. The definitions of budget cost categories are as follows:

Personnel: 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.

Fringe Benefits: 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.

Travel: 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.

Equipment: 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.

Supplies: 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.

Contractual: 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.

Other: 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.

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:

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 (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 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.

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 program 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.

FORM I: SAMPLE JUSTIFIED CATEGORICAL BUDGET

A. PERSONNEL

(Total)

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

Example:

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

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

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

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

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

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

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

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

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

Provides case management services to rural HIV-positive residents of Jones, Hays, Delgado counties through face-to-face client contact and phone contact.

Conducts needs assessments with the clients and updates needs assessment on a regular basis. Establishes linkages with social services providers and medical providers to ensure clients have a medical home. Makes appropriate referrals for services, and collects and maintains accurate program data.

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

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

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

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

B. FRINGE BENEFITS

(Total)

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

Example:

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

C. STAFF TRAVEL

(Total)

[Budget the projected costs of transportation, lodging, meals, and related expenses for official staff business travel conducted in carrying out the contract. Out of state travel is only allowed with pre-approval from the DSHS. NOTE: Grantees who do not have written travel reimbursement policies must use DSHS travel reimbursement rates as follows: \$.445/mile, \$30/day meals, and \$80/day lodging.]

Example:

Mileage for Case Managers in service area:	2,520
\$0.35/mile X 600 miles/mo. X 12 months -	\$2,520

Expenses for 3 staff members to attend Texas HIV/STD Conferences:	1,845
Airfare @ \$175 X 3 staff = \$525	
Lodging @ \$80 X 4 days X 3 staff = \$960	
Meals @ \$30 X 4 days X 3 staff = \$360	

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 <http://www.dshs.state.tx.us/grants/docs.shtm> or by calling the Client Services and Contract Unit (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-a: 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.

Contractor Name: _____

Scope of Work: _____

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

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

ALL APPLICANTS REQUESTING FUNDS FOR EQUIPMENT MUST COMPLETE THIS SECTION:

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

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

HIV SERVICES PROVIDERS ONLY:

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

FORM I-b: MINIMUM COMPUTER SPECIFICATIONS FORM

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 _____

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.

HSP Rev. 9/05

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.

- 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/cmbhub.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.**
- 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.**
- 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 #: _____ HSP Rev. 9/05

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

10

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.

*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.

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

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

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

28. Will comply with Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," which generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93):
- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement;
 - B. If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any

agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Department of State Health Services; and

- C. The language of this certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly;

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

29. Is in good standing with the Internal Revenue Service on any debt owed;
30. Certifies that no person who has an ownership or controlling interest in the organization or who is an agent or managing employee of the organization has been placed on community supervision, received deferred adjudication or been convicted of a criminal offense related to any financial matter, federal or state program or felony sex crime;
31. Is in good standing with all state and/or federal departments or agencies that have a contracting relationship with the respondent;
32. Statutes and Standards of General Applicability. It is Contractor's responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Contractor shall carry out the terms of this Contract in a manner that is in compliance with the provisions set forth below. To the extent such provisions are applicable to Contractor, Contractor agrees to comply with the following:
- a) The following statutes that collectively prohibit discrimination on the basis of race, color, national origin, limited English proficiency, sex, sexual orientation, disabilities, age, substance abuse or religion: 1) Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §§2000d et seq.; 2) Title IX of the Education Amendments of 1972, 20 U.S.C.A. §§ 1681-1683, and 1685-1686; 3) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794(a); 4) the Americans with Disabilities Act of 1990, 42 U.S.C.A. §§12101 et seq.; 5) Age Discrimination Act of 1975, 42 U.S.C.A. § 6101-6107; 6) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, 42 U.S.C.A. § 290dd (b)(1); 7) 45 CFR Parts 80, 84, 86 and 91; and 8) TEX. LAB. CODE. ch. 21; DSHS Policy AA-5018, Non-discrimination Policies and Procedures for DSHS Programs;
 - b) Drug Abuse Office and Treatment Act of 1972, 21 U.S.C.A. §§ 1101 et seq., relating to drug abuse;
 - c) Public Health Service Act of 1912, §§523 and 527, 42 U.S.C.A. §290dd-2, and 42 C.F.R. pt. 2, relating to confidentiality of alcohol and drug abuse patient records;
 - d) Title VIII of the Civil Rights Act of 1968, 42 U.S.C.A. §§ 3601 et seq., relating to nondiscrimination in housing;
 - e) Immigration Reform and Control Act of 1986, 8 U.S.C.A. § 1324a, regarding employment verification;
 - f) Pro-Children Act of 1994, 20 U.S.C.A. §§ 6081-6084, regarding the non-use of all tobacco products;

- g) National Research Service Award Act of 1971, 42 U.S.C.A. §§ 289a-1 et seq., and 6601 (P.L. 93-348 and P.L. 103-43), as amended, regarding human subjects involved in research;
- h) Hatch Political Activity Act, 5 U.S.C.A. §§ 7321-26, which limits the political activity of employees whose employment is funded with federal funds;
- i) Fair Labor Standards Act, 29 U.S.C.A. §§ 201 et seq., and the Intergovernmental Personnel Act of 1970, 42 U.S.C.A. §§ 4701 et seq., as applicable, concerning minimum wage and maximum hours;
- j) TEX. GOV'T CODE ch. 469 (Supp. 2004), pertaining to eliminating architectural barriers for persons with disabilities;
- k) Texas Workers' Compensation Act, TEX. LABOR CODE, chs. 401-406 28 TEX. ADMIN. CODE pt. 2, regarding compensation for employees' injuries;
- l) The Clinical Laboratory Improvement Amendments of 1988, 42 USC § 263a, regarding the regulation and certification of clinical laboratories;
- m) The Occupational Safety and Health Administration Regulations on Blood Borne Pathogens, 29 CFR § 1910.1030, or Title 25 Tex. Admin Code ch. 96 regarding safety standards for handling blood borne pathogens;
- n) Laboratory Animal Welfare Act of 1966, 7 USC §§ 2131 et seq., pertaining to the treatment of laboratory animals;
- o) Environmental standards pursuant to the following: 1) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§ 4321-4347 and Executive Order 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;" 2) Notification of violating facilities pursuant to Executive Order 11738 (40 CFR Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with respect to Federal Contracts, Grants, or Loans;" 3) Protection of wetlands pursuant to Executive Order 11990, 42 Fed. Reg. 26961; 4) Evaluation of flood hazards in floodplains in accordance with Executive Order 11988, 42 Fed. Reg. 26951 and, if applicable, flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234); 5) Assurance of project consistency with the approved State Management program developed under the Coastal Zone Management Act of 1972, 16 USC §§ 1451 et seq; 6) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§ 7401 et seq.; 7) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§ 300f-300j; 8) Protection of endangered species under the Endangered Species Act of 1973, 16 USC §§ 1531 et seq.; 9) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, 42 USC §7401 et seq.; 10) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-330j; 11) Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting certain rivers system; and 12) Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) prohibiting the use of lead-based paint in residential construction or rehabilitation;
- p) Intergovernmental Personnel Act of 1970 (42 USC §§4278-4763 regarding personnel merit systems for programs specified in Appendix A of the federal Office of Program Management's Standards for a Merit System of Personnel Administration (5 C.F.R. Part 900, Subpart F);
- q) Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), relating to fair treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs;
- r) Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally-assisted construction subagreements;
- s) Assist DSHS in complying the National Historic Preservation Act of 1966, §106 (16 U.S.C. § 470), Executive Order 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.) regarding historic property;

- t) Financial and compliance audits in accordance with Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations;" and
- u) requirements of any other applicable statutes, executive orders, regulations and policies.

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

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

APPENDIX B: GENERAL PROVISIONS

For the latest version of DSHS contract General Provisions, please go to the following web page:
<http://www.dshs.state.tx.us/grants/docs.shtm>.

PROGRAM SPECIFIC APPENDICES

- C. TIPP Site Review Tools
- D. TIPP Priority Assessment Tool
- E. TIPP Data Elements
- F. Letter of Intent
- G. HIV Contractor Assurances
- H. Assurance of Compliance with the Contents of AIDS-Related Materials.

APPENDIX C: TIPP SITE REVIEW TOOLS

**TEXAS INFERTILITY PREVENTION PROJECT (TIPP)
ADMINISTRATIVE SITE VISIT TOOL**

Clinic Name:	Date of Site Visit:
Clinic ID #:	Phone No.:
Contact Person:	Title:
Address:	
Type of Clinic: ? FP ? STD ? Integrated ? Correctional ? Maternity ? Other	
Audit Period: _____ to _____	
Total number of Ct tests last year _____	Total number of GC tests last year _____
% Positive: _____ % Unsatisfactory _____	% Positive: _____ % Unsatisfactory _____

Chart Audit Summary		
Total Charts Audited	Male	Female
CT Positive	GC Positive	Co-Infection
<u>No documentation of partner counseling</u>		
<u>No documentation of risk reduction counseling</u>		
Other:		

Reviewer (s) _____

SCREENING

1. Does this clinic routinely screen patients over the age of 24 for Ct? ? Yes ? No
2. **If “Yes,”** what is the funding source for this screening? _____
3. **If “Yes,”** please identify when screening occurs (*check all that apply*).
 - ? Only when Risk Factors are present
 - ? Routinely for all Initial Visits
 - ? Routinely for all Annual Visits
 - ? At certain stages of pregnancy
 - ? IUD insertion
 - ? Patient request
 - ? Other *Please specify:* _____
4. Is there a copy of the *Region VI Chlamydia Screening and Treatment Guidelines* available at this clinic? ? Yes ? No *Where?* _____
5. Is there a copy of the most recent *CDC STD Treatment Guidelines* available at this clinic?
? Yes ? No *Where?* _____

TREATMENT

6. Does this clinic treat patients presumptively? ? Yes ? No
7. **If “Yes,”** under what circumstances?
 - ? Symptomatic patient
 - ? Clinical signs
 - ? STD contact
 - ? Other
8. Does this clinic routinely treat partners for Ct and GC? ? Yes ? No
9. If partners are **not** treated, is there a referral system in place? ? Yes ? No
10. **If “Yes,”** please identify where partners are referred (*check all that apply*).
 - ? Local Health Department or STD Clinic
 - ? Private provider
 - ? Other *Please specify:* _____
11. Are written materials provided to client and/or partner? ? Yes ? No
12. Are medications given to clients to treat their partners? ? Yes ? No
13. What is your clinic’s follow-up procedure on positive CT or GC tests?
14. What systems do you have in place to assure timely treatment of CT and GC positives?

COUNSELING AND EDUCATION

15. Who routinely counsels clients on risk reduction?

? Clinician/Nurse ? Patient Educator ? Social Worker ? DIS ? Other

16. If client is positive for Ct or GC, who counsels client to identify partners?

? Clinician/Nurse ? Patient Educator ? Social Worker ? DIS ? Clinic Manager ? Other

17. Who is responsible for reporting positive test results to the Health Department?

? Clinician/Nurse ? Patient Educator ? Social Worker ? DIS ? Clinic Manager ? Other

Name(s): _____

18. **How** are positives reported? ? Mail ? Fax ? Telephone ? Other

19. **How** often? _____ (days)

20. How are partners notified?

? Patient ? Referral/Contact Card ? Health Department ? Other

LABORATORY SPECIMENS

21. What type of Chlamydia tests is this clinic currently using?

? GenProbe ? TMA/Aptima ? Becton Dickinson ? Other *Specify:* _____

22. What laboratory currently processes your TIPP specimens?

? TDH Austin ? Dallas ? San Antonio ? Lubbock ? WHL (SA)

? Houston ? Harlingen ? Other *Specify:* _____

23. How often are TIPP specimens transported to the lab? _____ (days)

24. Average time period from submission of TIPP specimens to availability of results? _____ (days)

25. How are positive results received? _____ Negative? _____

26. How often does the laboratory provide summary reports of test results?

? At least monthly ? Quarterly ? Every 6 months ? Yearly ? Other: _____

27. Are clinicians routinely notified as to how many unsatisfactory or indeterminate test results they have obtained for their patients? ? Yes ? No

28. **If “Yes,”** is this information ever used to require additional training in correct specimen collection?

? Yes ? No

29. Has any additional training been required in the last 12 months? ? Yes ? No

30. Are untreated patients routinely brought back for repeat testing if original test results were "Unsatisfactory?" ?
Yes ? No

31. Does this clinic ever participate in special studies? ? Yes ? No

Please Specify:

DATA

32. How is your TIPP data collected: ? TIPP forms ? Electronic

33. Who is assigned to Quality Assurance for the TIPP data? _____

34. How has this clinic utilized the last TIPP Data Report? _____

STAFF TRAINING

35. How many clinicians in this clinic collect CT/GC specimens? _____

36. Are all clinicians required to have special training in correct specimen collection technique of CT/GC specimens? ? Yes ? No

37. Where does this training occur?

? In-house ? Dallas STD Training Center ? Other _____

38. Are all new staff required to have training regarding the TIPP? ? Yes ? No

Name of Interviewee: _____

Phone # _____

CHART AUDIT

Medical Record #:	Date of Patient Visit:	
Age:	Sex:	Type of Visit:
1. Client met regional guidelines for Chlamydia screening? ? Yes ? No ? N/A		
2. Client was tested for CT? ? Yes ? No ? N/A	4. Client was tested for GC? ? Yes ? No ? N/A	
3. Chlamydia test result: ? Positive ? Negative ? Indeterminate ? Unsatisfactory	5. Gonorrhea test result: ? Positive ? Negative ? Indeterminate ? Unsatisfactory	
6. If test was positive , did client receive appropriate treatment? ? Yes Date: ? No		
7. If "No," why not? _____		
8. If test was positive and client was not treated, is there documentation of at least two contact attempts? ? Yes ? No		
9. Was the Health Department contacted to follow-up with untreated client? ? Yes ? No		
10. If test was positive , is there documentation that client was instructed on the importance of partner notification and treatment? ? Yes ? No		
11. Does client have a history of Chlamydia documented? ? Yes ? No Date of Positive Test: (mm/dd/yyyy) ____/____/_____		
12. Does client have a history of Gonorrhea documented? ? Yes ? No Date of Positive Test: (mm/dd/yyyy) ____/____/_____		
13. Does client have a history of		
? Syphilis	? HIV	
? Hepatitis B or C	? HPV	
? Trich	? HSV	
? Bacterial Vaginosis	? Other	
14. Is there documentation that client received information and/or counseling on risk reduction within the last year? ? Yes ? No		
Notes:		

Name of Person Conducting Chart Audit (*initials*): _____

APPENDIX D: TIPP PRIORITY ASSESSMENT TOOL

Texas Infertility Prevention Project Priority Assessment Tool To Assess Sentinel Site Visit Priority

Sentinel Site:
Address:

<u>Site Contact Information</u>	
Agency/Program Director	
Phone Number	
Email Address	
TIPP Contact	
Phone Number	
Email Address	

CRITERIA	YES	NO	N/A	COMMENTS
1. Has there been any significant staff turnover at the site since the last visit?				
2. Does the site have a new clinic or program manager or assigned TIPP contact since the last visit?				
3. Has it been more than one project year since the last TIPP Administrative Site Visit?				
4. What was the outcome of the last TIPP Administrative Site Visit?				
5. Has the site had any significant problems/issues that have required special attention since the last visit?				
<ul style="list-style-type: none"> • Data submission problems 				
<ul style="list-style-type: none"> • Documentation errors 				
<ul style="list-style-type: none"> • Specimen rejection issues 				
<ul style="list-style-type: none"> • Depleted TIPP supplies 				
<ul style="list-style-type: none"> • TIPP supplies expired 				
<ul style="list-style-type: none"> • Site not responding to contact attempts 				
<ul style="list-style-type: none"> • Other 				

If the "YES" column is marked for any of the criteria, the sentinel site will receive a site visit within the current project year.

Next Scheduled Visit: _____

APPENDIX E: TIPP DATA ELEMENTS

The selected contractor will download TIPP case data from participating laboratories or will scan case data from scan forms completed by laboratories. Cases will equal or exceed 30,000 annually. Each case will include the following data fields:

- County of client residence
- Date of birth
- Clinic site number
- Ethnicity
- Pregnancy status
- Client zip code
- Reason for exam
- Symptomatic partner last 60 days
- Treatment for Gonorrhea last 12 months
- Condom use during last sex
- Laboratory test results
- Client unique identifier
- Date of specimen collection
- Type of clinic
- Sex (M/F)
- Presumptive treatment
- Race
- Two or more sex partners in past 60 days
- Treatment for Chlamydia last 12 months
- Treatment for other STD last 12 months
- Contraceptive use in past 60 days

Clinical Assessment Variables for Females:

- Normal appearance
- Mucopurulent
- Cervicitis
- Friable cervicitis
- Ectopy with edema
- Pelvic inflammatory disease (PID)
- Other

Clinical Assessment Variables for Males:

- Normal appearance
- Urethral
- Discharge
- Gram stain results

Both downloaded and scanned data will be coded into the Region VI IPP data format for quarterly submission to DSHS and the CDC. All data will be submitted on Cdrom with accompanying hard copy reports. Reports are due on June 1 for the first quarter (January-March); September 1 for the 2nd quarter (April-June); November 1 for the 3rd quarter (July-September); and May 1 for a final year-end submission containing data from all four quarters of the previous year (January-December).

APPENDIX F: LETTER OF INTENT

Instructions: Respondent must submit a letter of intent (LOI) in the format provided by **2 P.M. C.D.T. on 08/03/06**. If the LOI is not received by the deadline, respondent's proposal **will not be considered for funding**.

[DATE]

Ms. 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#: RFP HIV/UNIQ-0202.1

It is the intent of (responding agency name) to respond to the Department of State Health Services (DSHS) HIV/STD Comprehensive Services Branch's request for proposal RFP # RFP HIV/UNIQ-0202.1.

It is understood that to be considered this letter must be received by DSHS by 2:00 p.m. C.D.T. on 08/03/2006.

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 that meets the criteria established in this RFP, DSHS reserves the right to contract with that agency if the agency has the background and qualifications required to perform the activities described in this RFP and has established or will establish an office in Travis, Hays, or Williamson Counties, Texas, upon award of a contract.

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

APPENDIX G: 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;
- (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 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 program website at <http://www.tdh.state.tx.us/hivstd/policy/policy4.htm>.

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

APPENDIX H: 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 _____