



## **HIV PREVENTION PROGRAM**

### ***FY 2012 Renewal Application HIV/PREVF***

Issued **July 8, 2011**  
Due **August 5, 2011**

Division of Prevention and Preparedness  
HIV/STD Prevention and Care Branch  
Contract Management Unit

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David L. Lakey, M.D. Commissioner

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## INTRODUCTION

The Department of State Health Services (DSHS) HIV/STD prevention program announces the expected availability of state fiscal year (FY) 2012 state funding to provide individual, group, and community level HIV prevention interventions to persons at greatest risk for acquiring or transmitting HIV.

This contract renewal is not limited to this source of funding if other sources become available for this project.

### **PLEASE READ THIS GUIDANCE BEFORE PREPARING THE RENEWAL APPLICATION**

#### **Contract Term**

It is expected that the initial contract period will begin on or about 01/01/2012 and will be made for a 12-month budget period.

This contract is expected to be distributed for a competitive procurement for FY 2013 and therefore will not be renewed past FY 2012 under the existing RFP HIV/PREV-0214.1 issued on December 7, 2006.

Continued funding of the project 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.

Contractor should submit a 12-month budget not exceeding the amount of the existing contract (level funding).

#### **Submission**

The renewal application must be submitted **by or before 2:00 p.m. CDT on Friday, August 5, 2011.**

Renewal applications and budget forms should be e-mailed to [hiv-prevcontracts@dshs.state.tx.us](mailto:hiv-prevcontracts@dshs.state.tx.us) with a copy to the contractor's assigned DSHS central office program consultant.

The renewal forms should be e-mailed in Microsoft Word 2003 or 2007 format with budget forms returned in Microsoft Excel 2003 or 2007 format. **Do not submit renewal packets in Adobe PDF format.**

An original copy of the Form A: Face Page must also be submitted via regular mail bearing the original signature of the Authorized Representative to the address listed below:

Contract Management Unit – MC 1990  
Department of State Health Services  
Attn: Mike Spencer, Contract Manager  
P.O. Box 149347  
Austin, TX 78714-9347

**A scanned copy of Form A along with any required contractor assurances requiring signature are**

acceptable and may be submitted in PDF format. Any signed forms not provided in a PDF scanned format must be received by the Contract Management Unit by or before 2:00 p.m. CDT on Friday, August 12, 2011.

**Point of Contact**

For questions regarding this renewal packet, please e-mail Mike Spencer, Contract Management Unit, at [hiv-prevcontracts@dshs.state.tx.us](mailto:hiv-prevcontracts@dshs.state.tx.us). Questions and responses will be shared in a timely manner with all HIV prevention contractors and will not contain any contractor identifying information.



Department of State Health Services  
**FORM A: FACE PAGE**

*This form requests basic information about the contractor and project, including the signature of the authorized representative. The face page is the cover page of the renewal application and must be completed in its entirety.*

| <b>CONTRACTOR INFORMATION</b>  |  |
|--|--|
| 1) LEGAL BUSINESS NAME:  |  |
| 2) MAILING Address Information (include mailing address, street, city, county, state and zip code):  | Check if address change <input type="checkbox"/>   |
| 3) PAYEE Name and 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 contractor acknowledges, understands and agrees that the contractor'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<br><input type="checkbox"/> County<br><input type="checkbox"/> Other Political Subdivision<br><input type="checkbox"/> State Agency<br><input type="checkbox"/> Indian Tribe   | <input type="checkbox"/> Nonprofit Organization*<br><input type="checkbox"/> For Profit Organization*<br><input type="checkbox"/> HUB Certified<br><input type="checkbox"/> Community-Based Organization<br><input type="checkbox"/> Minority Organization<br><input type="checkbox"/> Faith Based (Nonprofit Org) |
| <input type="checkbox"/> Individual<br><input type="checkbox"/> FQHC<br><input type="checkbox"/> State Controlled Institution of Higher Learning<br><input type="checkbox"/> Hospital<br><input type="checkbox"/> Private<br><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: (see Form A-1)  |  |
| 8) AMOUNT OF FUNDING REQUESTED:  | 10) PROJECT CONTACT PERSON   |
| 9) PROJECTED EXPENDITURES<br>Does contractor's projected state or federal expenditures exceed \$500,000 for contractor's current fiscal year (excluding amount requested in line 8 above)? **<br><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br><i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>  | Name:<br>Phone:<br>Fax:<br>E-mail:   |
| 11) FINANCIAL OFFICER  |  |
| Name:<br>Phone:<br>Fax:<br>E-mail:   |  |
| The facts affirmed by me in this renewal application are truthful and I warrant the contractor is in compliance with the assurances and certifications contained in <b>APPENDIX A: DSHS Assurances and Certifications</b> . I understand 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 contractor and I (the person signing below) am authorized to represent the contractor. |  |
| 12) AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Check if change   | 13) SIGNATURE OF AUTHORIZED REPRESENTATIVE   |
| Name:<br>Title:<br>Phone:<br>Fax:<br>E-mail:   | 14) DATE   |

## FORM A: FACE PAGE INSTRUCTIONS

This form provides basic information about the contractor 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 renewal application and is required to be completed. Signature affirms the facts contained in the contractor's response are truthful and the contractor 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 contractor's renewal application.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the contractor.
- 2) **MAILING ADDRESS INFORMATION** - Enter the contractor's complete physical address and mailing address, city, county, state, and zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with contractor to receive payment for services rendered by contractor 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 contractor. 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 contractor acknowledges, understands and agrees the contractor'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 Comptroller's Texas Procurement and Support Services 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 renewal application. Budget period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project on Form A-1.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If contractor's projected state or federal expenditures exceed \$500,000 for contractor's current fiscal year, contractor 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 contractor. 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 contractor must sign in this blank.
- 14) **DATE** - Enter the date the authorized representative signed this form.

# FORM A-1: TEXAS COUNTIES AND REGIONS LIST

(in Alphabetical Order)

COUNTIES SERVED BY PROJECT - Item 7 of Form A: Face Page: Check  counties to be served and include behind Form A: Face Page.

| Counties      | <input checked="" type="checkbox"/> | R  | Counties   | <input checked="" type="checkbox"/> | R  | Counties   | <input checked="" type="checkbox"/> | R  | Counties      | <input checked="" type="checkbox"/> | R  | Counties         | <input checked="" type="checkbox"/> | R  |
|---------------|-------------------------------------|----|------------|-------------------------------------|----|------------|-------------------------------------|----|---------------|-------------------------------------|----|------------------|-------------------------------------|----|
| <b>-A-</b>    |                                     |    | Crosby     | <input type="checkbox"/>            | 01 | Hays       | <input type="checkbox"/>            | 07 | Martin        | <input type="checkbox"/>            | 09 | Schleicher       | <input type="checkbox"/>            | 09 |
| Anderson      | <input type="checkbox"/>            | 04 | Culberson  | <input type="checkbox"/>            | 10 | Hemphill   | <input type="checkbox"/>            | 01 | Mason         | <input type="checkbox"/>            | 09 | Scurry           | <input type="checkbox"/>            | 02 |
| Andrews       | <input type="checkbox"/>            | 09 | <b>-D-</b> |                                     |    | Henderson  | <input type="checkbox"/>            | 04 | Matagorda     | <input type="checkbox"/>            | 06 | Shackelford      | <input type="checkbox"/>            | 02 |
| Angelina      | <input type="checkbox"/>            | 05 | Dallam     | <input type="checkbox"/>            | 01 | Hidalgo    | <input type="checkbox"/>            | 11 | Maverick      | <input type="checkbox"/>            | 08 | Shelby           | <input type="checkbox"/>            | 05 |
| Aransas       | <input type="checkbox"/>            | 11 | Dallas     | <input type="checkbox"/>            | 03 | Hill       | <input type="checkbox"/>            | 07 | McCulloch     | <input type="checkbox"/>            | 09 | Sherman          | <input type="checkbox"/>            | 01 |
| Archer        | <input type="checkbox"/>            | 02 | Dawson     | <input type="checkbox"/>            | 09 | Hockley    | <input type="checkbox"/>            | 01 | McLennan      | <input type="checkbox"/>            | 07 | Smith            | <input type="checkbox"/>            | 04 |
| Armstrong     | <input type="checkbox"/>            | 01 | Deaf Smith | <input type="checkbox"/>            | 01 | Hood       | <input type="checkbox"/>            | 03 | McMullen      | <input type="checkbox"/>            | 11 | Somervell        | <input type="checkbox"/>            | 03 |
| Atascosa      | <input type="checkbox"/>            | 08 | Delta      | <input type="checkbox"/>            | 04 | Hopkins    | <input type="checkbox"/>            | 04 | Medina        | <input type="checkbox"/>            | 08 | Starr            | <input type="checkbox"/>            | 11 |
| Austin        | <input type="checkbox"/>            | 06 | Denton     | <input type="checkbox"/>            | 03 | Houston    | <input type="checkbox"/>            | 05 | Menard        | <input type="checkbox"/>            | 09 | Stephens         | <input type="checkbox"/>            | 02 |
| <b>-B-</b>    |                                     |    | DeWitt     | <input type="checkbox"/>            | 08 | Howard     | <input type="checkbox"/>            | 09 | Midland       | <input type="checkbox"/>            | 09 | Sterling         | <input type="checkbox"/>            | 09 |
| Bailey        | <input type="checkbox"/>            | 01 | Dickens    | <input type="checkbox"/>            | 01 | Hudspeth   | <input type="checkbox"/>            | 10 | Milam         | <input type="checkbox"/>            | 07 | Stonewall        | <input type="checkbox"/>            | 02 |
| Bandera       | <input type="checkbox"/>            | 08 | Dimmit     | <input type="checkbox"/>            | 08 | Hunt       | <input type="checkbox"/>            | 03 | Mills         | <input type="checkbox"/>            | 07 | Sutton           | <input type="checkbox"/>            | 09 |
| Bastrop       | <input type="checkbox"/>            | 07 | Donley     | <input type="checkbox"/>            | 01 | Hutchinson | <input type="checkbox"/>            | 01 | Mitchell      | <input type="checkbox"/>            | 02 | Swisher          | <input type="checkbox"/>            | 01 |
| Baylor        | <input type="checkbox"/>            | 02 | Duval      | <input type="checkbox"/>            | 11 | <b>-I-</b> |                                     |    | Montague      | <input type="checkbox"/>            | 02 | <b>-T-</b>       |                                     |    |
| Bee           | <input type="checkbox"/>            | 11 | <b>-E-</b> |                                     |    | Irion      | <input type="checkbox"/>            | 09 | Montgomery    | <input type="checkbox"/>            | 06 | Tarrant          | <input type="checkbox"/>            | 03 |
| Bell          | <input type="checkbox"/>            | 07 | Eastland   | <input type="checkbox"/>            | 02 | <b>-J-</b> |                                     |    | Moore         | <input type="checkbox"/>            | 01 | Taylor           | <input type="checkbox"/>            | 02 |
| Bexar         | <input type="checkbox"/>            | 08 | Ector      | <input type="checkbox"/>            | 09 | Jack       | <input type="checkbox"/>            | 02 | Morris        | <input type="checkbox"/>            | 04 | Terrell          | <input type="checkbox"/>            | 09 |
| Blanco        | <input type="checkbox"/>            | 07 | Edwards    | <input type="checkbox"/>            | 08 | Jackson    | <input type="checkbox"/>            | 08 | Motley        | <input type="checkbox"/>            | 01 | Terry            | <input type="checkbox"/>            | 01 |
| Borden        | <input type="checkbox"/>            | 09 | Ellis      | <input type="checkbox"/>            | 03 | Jasper     | <input type="checkbox"/>            | 05 | <b>-N-</b>    |                                     |    | Throckmorton     | <input type="checkbox"/>            | 02 |
| Bosque        | <input type="checkbox"/>            | 07 | El Paso    | <input type="checkbox"/>            | 10 | Jeff Davis | <input type="checkbox"/>            | 10 | Nacogdoches   | <input type="checkbox"/>            | 05 | Titus            | <input type="checkbox"/>            | 04 |
| Bowie         | <input type="checkbox"/>            | 04 | Erath      | <input type="checkbox"/>            | 03 | Jefferson  | <input type="checkbox"/>            | 05 | Navarro       | <input type="checkbox"/>            | 03 | Tom Green        | <input type="checkbox"/>            | 09 |
| Brazoria      | <input type="checkbox"/>            | 06 | <b>-F-</b> |                                     |    | Jim Hogg   | <input type="checkbox"/>            | 11 | Newton        | <input type="checkbox"/>            | 05 | Travis           | <input type="checkbox"/>            | 07 |
| Brazos        | <input type="checkbox"/>            | 07 | Falls      | <input type="checkbox"/>            | 07 | Jim Wells  | <input type="checkbox"/>            | 11 | Nolan         | <input type="checkbox"/>            | 02 | Trinity          | <input type="checkbox"/>            | 05 |
| Brewster      | <input type="checkbox"/>            | 10 | Fannin     | <input type="checkbox"/>            | 03 | Johnson    | <input type="checkbox"/>            | 03 | Nueces        | <input type="checkbox"/>            | 11 | Tyler            | <input type="checkbox"/>            | 05 |
| Briscoe       | <input type="checkbox"/>            | 01 | Fayette    | <input type="checkbox"/>            | 07 | Jones      | <input type="checkbox"/>            | 02 | <b>-O-</b>    |                                     |    | <b>-U-</b>       |                                     |    |
| Brooks        | <input type="checkbox"/>            | 11 | Fisher     | <input type="checkbox"/>            | 02 | <b>-K-</b> |                                     |    | Ochiltree     | <input type="checkbox"/>            | 01 | Upshur           | <input type="checkbox"/>            | 04 |
| Brown         | <input type="checkbox"/>            | 02 | Floyd      | <input type="checkbox"/>            | 01 | Karnes     | <input type="checkbox"/>            | 08 | Oldham        | <input type="checkbox"/>            | 01 | Upton            | <input type="checkbox"/>            | 09 |
| Burleson      | <input type="checkbox"/>            | 07 | Foard      | <input type="checkbox"/>            | 02 | Kaufman    | <input type="checkbox"/>            | 03 | Orange        | <input type="checkbox"/>            | 05 | Uvalde           | <input type="checkbox"/>            | 08 |
| Burnet        | <input type="checkbox"/>            | 07 | Fort Bend  | <input type="checkbox"/>            | 06 | Kendall    | <input type="checkbox"/>            | 08 | <b>-P-</b>    |                                     |    | <b>-V-</b>       |                                     |    |
| <b>-C-</b>    |                                     |    | Franklin   | <input type="checkbox"/>            | 04 | Kenedy     | <input type="checkbox"/>            | 11 | Palo Pinto    | <input type="checkbox"/>            | 03 | Val Verde        | <input type="checkbox"/>            | 08 |
| Caldwell      | <input type="checkbox"/>            | 07 | Freestone  | <input type="checkbox"/>            | 07 | Kent       | <input type="checkbox"/>            | 02 | Panola        | <input type="checkbox"/>            | 04 | Van Zandt        | <input type="checkbox"/>            | 04 |
| Calhoun       | <input type="checkbox"/>            | 08 | Frio       | <input type="checkbox"/>            | 08 | Kerr       | <input type="checkbox"/>            | 08 | Parker        | <input type="checkbox"/>            | 03 | Victoria         | <input type="checkbox"/>            | 08 |
| Callahan      | <input type="checkbox"/>            | 02 | <b>-G-</b> |                                     |    | Kimble     | <input type="checkbox"/>            | 09 | Parmer        | <input type="checkbox"/>            | 01 | <b>-W-</b>       |                                     |    |
| Cameron       | <input type="checkbox"/>            | 11 | Gaines     | <input type="checkbox"/>            | 09 | King       | <input type="checkbox"/>            | 01 | Pecos         | <input type="checkbox"/>            | 09 | Walker           | <input type="checkbox"/>            | 06 |
| Camp          | <input type="checkbox"/>            | 04 | Galveston  | <input type="checkbox"/>            | 06 | Kinney     | <input type="checkbox"/>            | 08 | Polk          | <input type="checkbox"/>            | 05 | Waller           | <input type="checkbox"/>            | 06 |
| Carson        | <input type="checkbox"/>            | 01 | Garza      | <input type="checkbox"/>            | 01 | Kleberg    | <input type="checkbox"/>            | 11 | Potter        | <input type="checkbox"/>            | 01 | Ward             | <input type="checkbox"/>            | 09 |
| Cass          | <input type="checkbox"/>            | 04 | Gillespie  | <input type="checkbox"/>            | 08 | Knox       | <input type="checkbox"/>            | 02 | Presidio      | <input type="checkbox"/>            | 10 | Washington       | <input type="checkbox"/>            | 07 |
| Castro        | <input type="checkbox"/>            | 01 | Glasscock  | <input type="checkbox"/>            | 09 | <b>-L-</b> |                                     |    | <b>-R-</b>    |                                     |    | Webb             | <input type="checkbox"/>            | 11 |
| Chambers      | <input type="checkbox"/>            | 06 | Goliad     | <input type="checkbox"/>            | 08 | Lamar      | <input type="checkbox"/>            | 04 | Rains         | <input type="checkbox"/>            | 04 | Wharton          | <input type="checkbox"/>            | 06 |
| Cherokee      | <input type="checkbox"/>            | 04 | Gonzales   | <input type="checkbox"/>            | 08 | Lamb       | <input type="checkbox"/>            | 01 | Randall       | <input type="checkbox"/>            | 01 | Wheeler          | <input type="checkbox"/>            | 01 |
| Childress     | <input type="checkbox"/>            | 01 | Gray       | <input type="checkbox"/>            | 01 | Lampasas   | <input type="checkbox"/>            | 07 | Reagan        | <input type="checkbox"/>            | 09 | Wichita          | <input type="checkbox"/>            | 02 |
| Clay          | <input type="checkbox"/>            | 02 | Grayson    | <input type="checkbox"/>            | 03 | La Salle   | <input type="checkbox"/>            | 08 | Real          | <input type="checkbox"/>            | 08 | Wilbarger        | <input type="checkbox"/>            | 02 |
| Cochran       | <input type="checkbox"/>            | 01 | Gregg      | <input type="checkbox"/>            | 04 | Lavaca     | <input type="checkbox"/>            | 08 | Red River     | <input type="checkbox"/>            | 04 | Willacy          | <input type="checkbox"/>            | 11 |
| Coke          | <input type="checkbox"/>            | 09 | Grimes     | <input type="checkbox"/>            | 07 | Lee        | <input type="checkbox"/>            | 07 | Reeves        | <input type="checkbox"/>            | 09 | Williamson       | <input type="checkbox"/>            | 07 |
| Coleman       | <input type="checkbox"/>            | 02 | Guadalupe  | <input type="checkbox"/>            | 08 | Leon       | <input type="checkbox"/>            | 07 | Refugio       | <input type="checkbox"/>            | 11 | Wilson           | <input type="checkbox"/>            | 08 |
| Collin        | <input type="checkbox"/>            | 03 | <b>-H-</b> |                                     |    | Liberty    | <input type="checkbox"/>            | 06 | Roberts       | <input type="checkbox"/>            | 01 | Winkler          | <input type="checkbox"/>            | 09 |
| Collingsworth | <input type="checkbox"/>            | 01 | Hale       | <input type="checkbox"/>            | 01 | Limestone  | <input type="checkbox"/>            | 07 | Robertson     | <input type="checkbox"/>            | 07 | Wise             | <input type="checkbox"/>            | 03 |
| Colorado      | <input type="checkbox"/>            | 06 | Hall       | <input type="checkbox"/>            | 01 | Lipscomb   | <input type="checkbox"/>            | 01 | Rockwall      | <input type="checkbox"/>            | 03 | Wood             | <input type="checkbox"/>            | 04 |
| Comal         | <input type="checkbox"/>            | 08 | Hamilton   | <input type="checkbox"/>            | 07 | Live Oak   | <input type="checkbox"/>            | 11 | Runnels       | <input type="checkbox"/>            | 02 | <b>-Y-</b>       |                                     |    |
| Comanche      | <input type="checkbox"/>            | 02 | Hansford   | <input type="checkbox"/>            | 01 | Llano      | <input type="checkbox"/>            | 07 | Rusk          | <input type="checkbox"/>            | 04 | Yoakum           | <input type="checkbox"/>            | 01 |
| Concho        | <input type="checkbox"/>            | 09 | Hardeman   | <input type="checkbox"/>            | 02 | Loving     | <input type="checkbox"/>            | 09 | <b>-S-</b>    |                                     |    | Young            | <input type="checkbox"/>            | 02 |
| Cooke         | <input type="checkbox"/>            | 03 | Hardin     | <input type="checkbox"/>            | 05 | Lubbock    | <input type="checkbox"/>            | 01 | Sabine        | <input type="checkbox"/>            | 05 | <b>-Z-</b>       |                                     |    |
| Coryell       | <input type="checkbox"/>            | 07 | Harris     | <input type="checkbox"/>            | 06 | Lynn       | <input type="checkbox"/>            | 01 | San Augustine | <input type="checkbox"/>            | 05 | Zapata           | <input type="checkbox"/>            | 11 |
| Cottle        | <input type="checkbox"/>            | 02 | Harrison   | <input type="checkbox"/>            | 04 | <b>-M-</b> |                                     |    | San Jacinto   | <input type="checkbox"/>            | 05 | Zavala           | <input type="checkbox"/>            | 08 |
| Crane         | <input type="checkbox"/>            | 09 | Hartley    | <input type="checkbox"/>            | 01 | Madison    | <input type="checkbox"/>            | 07 | San Patricio  | <input type="checkbox"/>            | 11 |                  |                                     |    |
| Crockett      | <input type="checkbox"/>            | 09 | Haskell    | <input type="checkbox"/>            | 02 | Marion     | <input type="checkbox"/>            | 04 | San Saba      | <input type="checkbox"/>            | 07 | <b>STATEWIDE</b> | <input type="checkbox"/>            |    |

# FORM B: RENEWAL APPLICATION TABLE OF CONTENTS AND CHECKLIST

*This form is provided as your Table of Contents and to ensure the renewal application is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to mark if the item is not applicable for this renewal application or if the document is include as part of the renewal application.*

| <u>FORM</u> | <u>DESCRIPTION</u>  | <u>NOT APPLICABLE</u>    | <u>INCLUDED</u>          |
|-------------|---|--------------------------|--------------------------|
| A           | Face Page – completed, and proper signatures and date <u>included</u>   |                          | <input type="checkbox"/> |
| B           | Table of Contents and Checklist – completed and <u>included</u>   |                          | <input type="checkbox"/> |
| C           | Contact Person Information -- completed and <u>included</u>   |                          | <input type="checkbox"/> |
| D           | Protocol Based Counseling (PBC) -- Performance Measures<br>– completed and <u>included</u>                            | <input type="checkbox"/> | <input type="checkbox"/> |
| E           | Comprehensive Risk Counseling Services (CRCS) -- Performance Measures<br>– completed and <u>included</u>              | <input type="checkbox"/> | <input type="checkbox"/> |
| F           | Social Networking Strategies (SNS) – Performance Measures<br>– completed and <u>included</u>                          | <input type="checkbox"/> | <input type="checkbox"/> |
| G-1 -- G-2  | Group Level Evidence Based Interventions (EBI) -- Performance Measures<br>– completed and <u>included</u>             | <input type="checkbox"/> | <input type="checkbox"/> |
| H-1         | Community Level Interventions – MPowerment – Performance Measures<br>– completed and <u>included</u>                  | <input type="checkbox"/> | <input type="checkbox"/> |
| H-2         | Community Level Intervention – Community Promise (PROMISE) – Performance Measures<br>– completed and <u>included</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| H-3         | Community Level Intervention – Popular Opinion Leader (POL) – Performance Measures<br>– completed and <u>included</u> | <input type="checkbox"/> | <input type="checkbox"/> |
| I-1 -- I-3  | Budget – Budget Section forms and instructions – completed and <u>included</u>  |                          | <input type="checkbox"/> |
| I-4         | Justification for Request of Equipment Purchases – completed and <u>included</u>                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| J-1         | Protocol Based Counseling (PBC) – Work Plan<br>– completed and <u>included</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| J-2         | Comprehensive Risk Counseling Services (CRCS) – Work Plan<br>– completed and <u>included</u>                          | <input type="checkbox"/> | <input type="checkbox"/> |
| J-3         | Evidence Based Intervention (EBI) & Community Level Intervention – Work Plan<br>– completed and <u>included</u>       | <input type="checkbox"/> | <input type="checkbox"/> |
| Appendix A  | Contractor Assurances and Requirements  |                          |                          |

## FORM C: CONTACT PERSON INFORMATION

*All communication from the HIV Prevention Program or the Contract Management Unit will be sent to the Project Manager / Coordinator listed below. Contractors may list other individuals and mark if that individual should be included on the respective e-mail distribution lists. The organization will need to forward if information should be routed to another person for response in the organization if their contact information is not provided below*

*If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit and to the contractor's assigned consultant (see Appendix B).*

|   |   |
|---|---|
| <b>Executive Director / CEO (required)</b>  |   |
| Contact: _____  | Mailing Address (incl. street, city, county, state, & zip): _____ |
| Title: _____  | _____   |
| Phone: _____ Ext. _____   | _____   |
| Fax: _____  | _____   |
| E-mail: _____   | _____   |
| <input type="checkbox"/> Yes, please add my e-mail address to the HIV prevention program information distribution list.<br><input type="checkbox"/> Yes, please add my e-mail address to the Contract Management information distribution list. |   |
| <b>Project Manager / Coordinator (required)</b>   |   |
| Contact: _____  | Mailing Address (incl. street, city, county, state, & zip): _____ |
| Title: _____  | _____   |
| Phone: _____ Ext. _____   | _____   |
| Fax: _____  | _____   |
| E-mail: _____   | _____   |
| <b>**Program Manager / Coordinator will serve as the <u>primary contact</u> to the HIV prevention program and have their e-mail address automatically added to both the program and Contract Management information distribution lists.</b>     |   |
| <b>Secondary Contact Person (required – must not be same as Project Manager / Coordinator)</b>  |   |
| <i>This person will be contacted as the backup to the Project Manager / Coordinator for programmatic questions.</i>   |   |
| Contact: _____  | Mailing Address (incl. street, city, county, state, & zip): _____ |
| Title: _____  | _____   |
| Phone: _____ Ext. _____   | _____   |
| Fax: _____  | _____   |
| E-mail: _____   | _____   |
| <input type="checkbox"/> Yes, please add my e-mail address to the HIV prevention program information distribution list.<br><input type="checkbox"/> Yes, please add my e-mail address to the Contract Management information distribution list. |   |
| <b>Additional Program-Area Contact Person (optional)</b>  |   |
| Contact: _____  | Mailing Address (incl. street, city, county, state, & zip): _____ |
| Title: _____  | _____   |
| Phone: _____ Ext. _____   | _____   |
| Fax: _____  | _____   |
| E-mail: _____   | _____   |
| <input type="checkbox"/> Yes, please add my e-mail address to the HIV prevention program information distribution list.<br><input type="checkbox"/> Yes, please add my e-mail address to the Contract Management information distribution list. |   |

FORM C: CONTACT PERSON INFORMATION (CONTINUED)

Financial Officer (required)

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

- Yes, please add my e-mail address to the HIV prevention program information distribution list.  
 Yes, please add my e-mail address to the Contract Management information distribution list.

Primary Billing Contact (required)

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

- Yes, please add my e-mail address to the HIV prevention program information distribution list.  
 Yes, please add my e-mail address to the Contract Management information distribution list.

Other: (optional)

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

- Yes, please add my e-mail address to the HIV prevention program information distribution list.  
 Yes, please add my e-mail address to the Contract Management information distribution list.

Other: (optional)

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

- Yes, please add my e-mail address to the HIV prevention program information distribution list.  
 Yes, please add my e-mail address to the Contract Management information distribution list.

Other: (optional)

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

- Yes, please add my e-mail address to the HIV prevention program information distribution list.  
 Yes, please add my e-mail address to the Contract Management information distribution list.

FORM D: PROTOCOL BASED COUNSELING (PBC)  
CATEGORY I -- PERFORMANCE MEASURES

| <b>PBC Minimum Requirements for Delivery of Test Results and Linking Clients to Early Intervention and Prenatal Care Services</b> |   |
|---|---|
| <b>OBJECTIVE A</b>  | At least 75% of clients testing for HIV will receive results. Contractor must document attempts to deliver results to all clients that receive an HIV test.   |
| <b>OBJECTIVE B</b>  | At least 95% of clients testing positive for HIV will receive results counseling.   |
| <b>OBJECTIVE C</b>  | At least 95% of clients who test positive for HIV (all positives) and received results will be successfully linked <sup>1</sup> to HIV Early Intervention. Contractor must document attempts to successfully link all HIV positive clients into services. |
| <b>OBJECTIVE D</b>  | At least 90% of pregnant women testing positive for HIV will be successfully linked into prenatal care.   |

| <b>PBC Projected Numbers to be Served for FY 2012</b>   |  |
|---|--|
| <b>OBJECTIVE E</b>  |  |
| 1. 2012 <b>Projected Number</b> of tests to be performed by the end of the contract term:   |  |
| <b>OBJECTIVE F</b>  |  |
| 2. 2012 <b>Projected Number</b> (minimum) of newly diagnosed HIV positive persons by the end of the contract term:<br>(Note: The overall state positivity rate is 1.0%; therefore, agencies should strive to meet this rate.) |  |
| <b>OBJECTIVE G</b>  |  |
| 3. Of the total number of tests outlined in question 1, the contractor will provide a <b>projected minimum number</b> of tests to <u>each</u> of the listed priority populations by the end of the contract term:             |  |
| Population 1:   |  |
| Population 2:   |  |
| Population 3:   |  |
| Population 4:   |  |

|  |
|--|
| <p>1 Successfully linked means that the client's attendance at their first appointment with the case manager or medical provider has been <u>confirmed</u>.<br/>(Note: Objectives A-D, F apply to all testing performed whether accompanied by protocol based counseling or testing without counseling.)</p> |
|--|

FORM E: COMPREHENSIVE RISK COUNSELING SERVICES (CRCS)  
CATEGORY II -- PERFORMANCE MEASURES

| <b>CRCS Projected Numbers to be Served for FY 2012</b>  |  |
|---|--|
| <b>OBJECTIVE A</b>  |  |
| 1. 2012 <b>Projected Minimum Number</b> of CRCS sessions to be performed by the end of the contract term:<br>(Note: This number should include the average number of sessions per client times the total number of clients.)  |  |
| <b>OBJECTIVE B</b>  |  |
| 2. 2012 <b>Projected Number</b> (minimum) of clients will enroll in CRCS by the end of the contract term:<br>(Note: Enter the total number of clients that will enroll in CRCS by the end of the contract term. An enrolled client refers to a client that has attended at least three (3) CRCS sessions.)                                    |  |
| <b>OBJECTIVE C</b>  |  |
| 3. Of the total number of clients outlined in question 2, the contractor will enroll a <b>projected minimum number</b> of clients in CRCS to <u>each</u> of the listed priority populations by the end of the contract term:<br>(Note: Enter the total number of clients enrolled by the contractor's designated priority populations below.) |  |
| Population 1:   |  |
| Population 2:   |  |
| Population 3:   |  |
| Population 4:   |  |

FORM F: SOCIAL NETWORK STRATEGIES (SNS)  
PERFORMANCE MEASURES

| SNS Projected Numbers to be Served for FY 2012   |  |
|--|--|
| OBJECTIVE A – RECRUITER ENLISTMENT   |  |
| 1. 2012 <b>Projected Number</b> (minimum) of potential recruiters in the (identified target) population to be screened by the end of the contract term:  |  |
| 2. Of the total number of potential recruiters outlined in question 1, the contractor will identify a <b>projected minimum number</b> of potential recruiters to be screened in <u>each</u> of the listed priority populations by the end of the contract term:      |  |
| Population 1:  |  |
| Population 2:  |  |
| Population 3:  |  |
| Population 4:  |  |
| OBJECTIVE B – RECRUITER ENGAGEMENT<br>(NOTE: AT LEAST ONE (1) RECRUITER MUST BE HIV-POSITIVE.)   |  |
| 3. 2012 <b>Projected Number</b> (minimum) of recruiters to be oriented in the target population by the end of the contract term:   |  |
| 4. Of the total number of recruiters outlined in question 3, the contractor will identify a <b>projected minimum number</b> of recruiters to be oriented in the target population in <u>each</u> of the listed priority populations by the end of the contract term: |  |
| Population 1:  |  |
| Population 2:  |  |
| Population 3:  |  |
| Population 4:  |  |
| 5. 2012 <b>Projected Number</b> (minimum) of recruiters interviewed in the target population by the end of the contract term:<br>(Note: This number should be 90% of the target listed in Question 3.)   |  |
| 6. Of the total number of recruiters outlined in question 5, the contractor will identify a <b>projected minimum number</b> of recruiters interviewed in <u>each</u> of the listed priority populations by the end of the contract term:                             |  |
| Population 1:  |  |
| Population 2:  |  |
| Population 3:  |  |
| Population 4:  |  |
| 7. 2012 <b>Projected Number</b> (minimum) of recruiters coached in the target population by the end of the contract term:<br>(Note: This number should be 90% of the target listed in Question 5.)   |  |

FORM F: (CONTINUED)  
 SOCIAL NETWORK STRATEGIES (SNS)  
 PERFORMANCE MEASURES

|  |  |
|--|--|
| 8. Of the total number of recruiters outlined in question 7, the contractor will identify a <b>projected minimum number</b> of recruiters coached in <u>each</u> of the listed priority populations by the end of the contract term:   |  |
| Population 1:  |  |
| Population 2:  |  |
| Population 3:  |  |
| Population 4:  |  |
| <b>OBJECTIVE C – RECRUITMENT OF NETWORK ASSOCIATES</b>   |  |
| 9. 2012 <b>Projected Number</b> (minimum) of network associates to be identified and successfully contacted in the target population by the end of the contract term:<br>(Note: Each recruiter should contact a minimum of five (5) high risk network associates.)                               |  |
| 10. Of the total number of network associates outlined in question 9, the contractor will identify a <b>projected minimum number</b> of network associates to be identified and successfully contacted in <u>each</u> of the listed priority populations by the end of the contract term:        |  |
| Population 1:  |  |
| Population 2:  |  |
| Population 3:  |  |
| Population 4:  |  |
| <b>OBJECTIVE D – TESTING AND REFERRAL</b>  |  |
| 11. 2012 <b>Projected Number</b> (minimum) of high risk network associates in the target population will be provided testing and referral by the end of the contract term:   |  |
| 12. Of the total number of high risk network associates outlined in question 11, the contractor will identify a <b>projected minimum number</b> of high risk network associates provided testing and referral in <u>each</u> of the listed priority populations by the end of the contract term: |  |
| Population 1:  |  |
| Population 2:  |  |
| Population 3:  |  |
| Population 4:  |  |

FORM G-1: GROUP LEVEL EVIDENCE BASED INTERVENTIONS (EBI)  
 CATEGORY II -- PERFORMANCE MEASURES

| <b>Group Level EBI Projected Numbers to be Served for FY 2012</b><br>(ONE PAGE PER EBI)   |  |  |
|---|--|--|
| <input type="checkbox"/> Brother to Brother<br><input type="checkbox"/> Enhancing Motivation Skills<br><input type="checkbox"/> Healthy Relationships<br><input type="checkbox"/> Hot, Healthy, and Keeping It Up                                 | <input type="checkbox"/> Partners in Prevention<br><input type="checkbox"/> Partners in Prevention (Women's Edition)<br><input type="checkbox"/> Safety Counts | <input type="checkbox"/> SISTA<br><input type="checkbox"/> Turning Point<br><input type="checkbox"/> VOICES/VOCES<br><input type="checkbox"/> WILLOW |
| <b>OBJECTIVE A</b>  |  |  |
| 1. 2012 <b>Projected Number</b> of clients will finish the intervention by the end of the contract term:  |  |  |
| <b>OBJECTIVE B</b>  |  |  |
| 2. Of the total number of clients outlined in question 1, the contractor will provide a <b>minimum number</b> of clients expected to complete the intervention by <u>each</u> of the listed priority populations by the end of the contract term: |  |  |
| Population 1:   |  |  |
| Population 2:   |  |  |
| Population 3:   |  |  |
| Population 4:   |  |  |
| <b>OBJECTIVE C</b>  |  |  |
| 3. 2012 <b>Projected Number</b> of times the complete cycle of the marked intervention will be conducted by the end of the contract term.   |  |  |

FORM G-2 CONTINUED:  
 GROUP LEVEL EVIDENCE BASED INTERVENTIONS (EBI)  
 CATEGORY II -- PERFORMANCE MEASURES

| <b>Group Level EBI Projected Numbers to be Served for FY 2012</b><br><b>(ONE PAGE PER EBI)</b>  |   |  |
|---|---|--|
| <input type="checkbox"/> Brother to Brother<br><input type="checkbox"/> Enhancing Motivation Skills<br><input type="checkbox"/> Healthy Relationships<br><input type="checkbox"/> Hot, Healthy, and Keeping It Up                                 | <input type="checkbox"/> Partners in Prevention<br><input type="checkbox"/> Partners in Prevention<br>(Women's Edition)<br><input type="checkbox"/> Safety Counts | <input type="checkbox"/> SISTA<br><input type="checkbox"/> Turning Point<br><input type="checkbox"/> VOICES/VOCES<br><input type="checkbox"/> WILLOW |
| <b>OBJECTIVE A</b>  |   |  |
| 1. 2012 <b>Projected Number</b> of clients will finish the intervention by the end of the contract term:  |   |  |
| <b>OBJECTIVE B</b>  |   |  |
| 2. Of the total number of clients outlined in question 1, the contractor will provide a <b>minimum number</b> of clients expected to complete the intervention by <u>each</u> of the listed priority populations by the end of the contract term: |   |  |
| Population 1:   |   |  |
| Population 2:   |   |  |
| Population 3:   |   |  |
| Population 4:   |   |  |
| <b>OBJECTIVE C</b>  |   |  |
| 3. 2012 <b>Projected Number</b> of times the complete cycle of the marked intervention will be conducted by the end of the contract term.   |   |  |

FORM H-1: COMMUNITY LEVEL INTERVENTIONS  
 CATEGORY II – MPOWERMENT (PERFORMANCE MEASURES)

| MPOWERMENT Projected Numbers to be Served for FY 2012   |  |
|---|--|
| OBJECTIVE A   |  |
| 1. 2012 <b>Projected Minimum Number</b> of clients recruited through formal outreach efforts (e.g., bar zaps, social events, etc.) by the end of the contract term:   |  |
| OBJECTIVE B   |  |
| 2. Of the total number of clients outlined in question 1, the contractor will recruit a <b>projected minimum number</b> of clients through formal outreach efforts (e.g., bar zaps, social events, etc.) to <u>each</u> of the listed priority populations by the end of the contract term:<br>(Note: Enter the total number of clients recruited by the contractor's designated priority populations below.) |  |
| Population 1:   |  |
| Population 2:   |  |
| Population 3:   |  |
| OBJECTIVE C   |  |
| 3. 2012 <b>Projected Minimum Number</b> of peer volunteers trained in M-GROUP sessions by the end of the contract term:   |  |
| OBJECTIVE D   |  |
| 4. Of the total number of peer volunteers outlined in question 3, the contractor will recruit a <b>projected minimum number</b> of volunteers in M-GROUP to <u>each</u> of the listed priority populations by the end of the contract term:<br>(Note: Enter the total number of clients recruited by the contractor's designated priority populations below.)   |  |
| Population 1:   |  |
| Population 2:   |  |
| Population 3:   |  |
| OBJECTIVE E   |  |
| 5. 2012 <b>Projected Minimum Number</b> of M-GROUP sessions for peer volunteers by the end of the contract term:  |  |
| OBJECTIVE F   |  |
| 6. 2012 <b>Projected Minimum Number</b> of M-GROUP one-on-one safe sex conversations initiated with peers by the end of the contract term.  |  |

FORM H-2: COMMUNITY LEVEL INTERVENTION  
 CATEGORY II -- COMMUNITY PROMISE (PERFORMANCE MEASURES)

| Community Promise (PROMISE) Projected Numbers to be Served for FY 2012   |  |
|--|--|
| OBJECTIVE A  |  |
| 1. 2012 <b>Projected Minimum Number</b> of persons will be outreached to initiate one-on-one conversations and distribute role model stories by the end of the contract term:  |  |
| OBJECTIVE B  |  |
| 2. Of the total number of people outlined in question 1, the contractor will distribute a <b>projected minimum number</b> of role model stories by the end of the contract term:<br>(Note: Enter the total number of clients recruited by the contractor's designated priority populations below.)   |  |
| Population 1:  |  |
| Population 2:  |  |
| Population 3:  |  |
| OBJECTIVE C  |  |
| 3. 2012 <b>Projected Minimum Number</b> of peer volunteers will be trained to initiate one-on-one conversations and distribute role model stories by the end of the contract term:   |  |
| OBJECTIVE D  |  |
| 4. Of the total number of peer volunteers outlined in question 3, the contractor will train a <b>projected minimum number</b> of peer volunteers to initiate one-on-one conversations and distribute role model stories by the end of the contract term:<br>(Note: Enter the total number of clients recruited by the contractor's designated priority populations below.) |  |
| Population 1:  |  |
| Population 2:  |  |
| Population 3:  |  |
| OBJECTIVE E  |  |
| 5. 2012 <b>Projected Minimum Number</b> of peer volunteer group trainings implemented by the end of the contract term:   |  |

FORM H-3: COMMUNITY LEVEL INTERVENTION  
 CATEGORY II -- POPULAR OPINION LEADER (PERFORMANCE MEASURES)

| Popular Opinion Leader (POL) Projected Numbers to be Served for FY 2012   |  |
|---|--|
| OBJECTIVE A   |  |
| 1. 2012 <b>Projected Minimum Number</b> of people will be outreached to recruit popular opinion leaders by the end of the contract term:  |  |
| OBJECTIVE B   |  |
| 2. Of the total number of people outlined in question 1, the contractor will outreach to a <b>projected minimum number</b> of people to each of the listed priority populations to recruit popular opinion leaders by the end of the contract term:<br>(Note: Enter the total number of clients recruited by the contractor's designated priority populations below.) |  |
| Population 1:   |  |
| Population 2:   |  |
| Population 3:   |  |
| OBJECTIVE C   |  |
| 3. 2012 <b>Projected Minimum Number</b> of peer volunteers to complete training in POL by the end of the contract term:   |  |
| OBJECTIVE D   |  |
| 4. Of the total number of peer volunteers outlined in question 3, the contractor will recruit a <b>projected minimum number</b> of volunteers in POL to <u>each</u> of the listed priority populations by the end of the contract term:<br>(Note: Enter the total number of clients recruited by the contractor's designated priority populations below.)             |  |
| Population 1:   |  |
| Population 2:   |  |
| Population 3:   |  |
| OBJECTIVE E   |  |
| 5. 2012 <b>Projected Minimum Number</b> of POL training cycles to be implemented for peer advocates by the end of the contract term:  |  |
| OBJECTIVE F   |  |
| 6. 2012 <b>Projected Minimum Number</b> of peer volunteers will conduct conversations who complete POL training by the end of the contract term.  |  |

# FORM I-1 – I-3: BUDGET SECTION

Review the following budget guidance prior to completing the budget section of the contractor's renewal application.

The budget summary and intervention summary should be returned to DSHS in Microsoft Excel 97/2003-compatible format. The categorical budget detail document can be converted and returned in either Microsoft Word or Microsoft Excel 97/2003-compatible format.

Contractors should submit one (1) budget for the project using the attached Categorical Budget Justification Example. Budgets should cover a 12-month period. The amount requested should not exceed the current year's award.

---

## Relationship of Budget to Work Plan

The budget amounts submitted must reflect the funding required to provide services as detailed in the contractor's work plan for the target population specified.

### Form I-1: Budget Summary (Required)

Contractors should tally the individual budget categories onto the overall Budget Summary page. Additionally, contractors will need to show out of the total budget for the project how much of the funding is being requested from DSHS and show any other funding sources.

**Program Income (Row K):** Renewal application must document all sources of program income expected to be derived from proposed services for the target population. If no program income is expected under this contract, please mark zero (0).

### Form I-2: Intervention Summary (Required)

Contractors should show out of the entire budget requested from DSHS how much will be spent under each intervention to be completed by the contractor.

### Form I-3: Detailed Budget Summary (Required)

The attached document is an example of how a budget should be submitted showing each of the eight (8) categories requested as part of a budget submitted to DSHS.

The eight (8) categories are as follows:

- |                   |                  |
|-------------------|------------------|
| ➤ Personnel       | ➤ Supplies       |
| ➤ Fringe Benefits | ➤ Contractual    |
| ➤ Travel          | ➤ Other          |
| ➤ Equipment       | ➤ Indirect Costs |

The contractor should provide in their detailed budget a justification for each line item requested for funding. Each line item should also show the breakdown of costs by the interventions to be completed by the contractor.

Contractors not using the State of Texas Travel Policy should submit a copy of their agency's travel policy with their renewal application.

## Equipment Purchases

Funds can be used to purchase any equipment. For any equipment items listed on this form, the contractor should submit for each equipment item a copy of Form J: Justification for Request of Equipment Purchase. Additionally, the contractor should provide a detailed estimate of the item including all specifications of the item. DSHS will review any equipment requests and give contractors final approval.

Note that all requests for Equipment should be requested with this renewal application. Requests for Equipment received after the start of the contract will be considered for approval but may not be approved as this is the last renewal period before a competitive procurement.

For additional guidance on equipment, please see the budget form instructions or contact the DSHS assigned consultant.

### **Indirect Costs Guidance**

The HIV prevention program limits indirect cost rates to no more than 10% of the requested budget.

Contractors utilizing an approved indirect cost rate agreement, central service cost rate or indirect cost rate, or cost allocation plan should submit a copy of their most recently reviewed and contractor agency-approved form along with their renewal budget and application.

If the contractor does not have one of the above forms on file with DSHS, the contractor shall acknowledge that an agreement is not on file at this time with the knowledge that if their renewal application is accepted, the applicable documentation must be submitted to the Division's Contract Management Unit within sixty (60) days of the contract start date.

## FORM I-4: JUSTIFICATION FOR REQUEST OF EQUIPMENT PURCHASE

Use one (1) justification form for each item of equipment requested in the detailed equipment budget category. Attach copies of specifications (not older than 30 days from the due date of the renewal application) and/or other pertinent documentation. For computer equipment, complete specifications must be attached. Refer to the Budget Intervention Summary document included as part of the renewal application for the minimum computer specifications.

All applications requesting fund for equipment must complete the following questions. For any Yes/No questions listed below where the contractor answers "NO," please provide a short explanation:

Name of Contractor:

Scope of Work:

Description of Equipment Requested:

(attach additional pages, if necessary, and copies of specifications not older than 30 days and/or other pertinent documentation)

- 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 equipment?
- 5) Why is the equipment needed? Describe the purpose of the equipment.
- 6) Estimate the expected results of the equipment purchase. Describe who will benefit from the equipment purchase and how.
- 7) How many clients will be served by the equipment?
- 8) What administrative or other activities will be accomplished as a result of the equipment purchase?
- 9) Where will the equipment be located in the facility?
- 10) Who will use the equipment? Is/Are the necessary staff(s) in place to support the proper use of the equipment (e.g. if a van is requested, is funding already in place to support 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 or owned by the administrative agency or by one of the agency's current subcontractors?
- 13) Why is the equipment more appropriate than other alternatives considered or a less expensive piece of equipment? Describe any special or optional features the requested equipment has and why those features 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 the lease-to-purchase costs are spread across several funding sources other than DSHS, describe the other funding sources and their percentage of funding.

FORM J-1: PROTOCOL BASED COUNSELING (PBC)  
WORK PLAN (CATEGORY II)

*Access to HIV Testing and Protocol-Based Prevention Counseling for High Risk Populations*

Contractors funded for PBC and HIV Testing must describe the plan for service delivery to the population(s) in the proposed service area and timelines for accomplishments.

DSHS is only requesting changes to the existing work plan submitted; however, **updated partner services procedures with your local health department and all applicable memoranda of agreement (MOAs) must be submitted.** Any changes should be marked as “Changes Noted” and submitted on a separate document and included as part of this renewal application. For items that have not changed, please select the “No Changes” box.

| <b>INTERVENTION INFORMATION</b>   |  |
|---|--|
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | List details about the priority populations and counties to be served.   |
| <b>SERVICE DELIVERY</b>   |  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe recruitment strategies ( <b>including internet recruitment</b> ) that will be used to reach priority population(s) and to link clients to other services. Agencies that receive social networking strategies funding must include a description of <b>social networks recruitment strategies.</b>   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe specific venues or locations where recruitment will be conducted. Provide evidence of support for access to such venues/locations, i.e. letters of support, memoranda of agreement (MOA).   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor will provide access to counseling and testing for at risk clients to include specific venues, locations, hours, etc. (This should include <b>expanded testing</b> activities for applicable providers)<br><br>Include a description of when testing will be conducted with and without PBC as well as the number of tests with and without PBC.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | <p>DSHS defines the base activity under this category as protocol-based prevention counseling and, when client desires an HIV test, the collection of a blood specimen through venipuncture and submission of this specimen for HIV and syphilis testing through the DSHS public health laboratory.</p> <p>Applicants who propose alternative collection methods, testing technologies, or to perform testing without prevention counseling must justify use of these alternatives.</p> <p>Applicants must provide a rationale and outline the public health benefits for the following activities:</p> <ul style="list-style-type: none"> <li>➤ Use of rapid blood or oral HIV tests</li> <li>➤ Use of blood spot cards, even when processed through the public health laboratory</li> <li>➤ Use of oral tests, even when traditionally processed</li> <li>➤ HIV tests without protocol based prevention counseling</li> <li>➤ Intention to conduct HIV testing without securing specimen for syphilis testing</li> </ul> |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe other strategies that will be used to promote the intervention to the priority population.  |

FORM J-1: PROTOCOL BASED COUNSELING (PBC) -- CONTINUED  
WORK PLAN (CATEGORY II)

|   |  |
|---|--|
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how the intervention will be staffed; number of volunteers; number of paid FTEs, including staff qualifications, skills (attach pertinent resumes and job descriptions for proposed staff, as well as the contractor agency's organizational chart).  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe the contractor's plan for ensuring that services are culturally and linguistically appropriate.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor will ensure client confidentiality.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor will collaborate with other organizations to implement the intervention. Include applicable MOA. <b>All contractors must include formal procedures with the local health authority in the jurisdiction for STD and partner services. These are required to be maintained and submitted yearly.</b> |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe policies and procedures related to the intervention (include policies and procedures for youth outreach workers, if applicable).  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor agency will ensure compliance with DSHS policies including data collection and reporting requirements.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe the types of referrals that will be offered and how referrals are tracked and documented.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe the planned distribution of supplemental risk reduction materials (e.g. condoms, bleach kits, pamphlets and flyers).  |
| <b>MANAGEMENT, SUPERVISION, AND QUALITY ASSURANCE:</b>                        |  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe the managerial, supervisory and quality assurance activities that will be used to ensure that the proposed intervention(s) are implemented as intended.   |
| <b>EVALUATION</b>   |  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor agency will assess progress toward your process and outcome objectives.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor agency will ensure that program data are collected and reported on a timely basis.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how this information will be used to improve the intervention.  |

## FORM J-2: COMPREHENSIVE RISK COUNSELING SERVICES (CRCS) WORK PLAN (CATEGORY II)

### *Health Education and Risk Reduction Activities*

Contractors funded for CRCS must describe the plan for service delivery to the population(s) in the proposed service area and time lines for accomplishments. DSHS is only requesting changes to the work plan; however, annually updated partner services procedures with your local health department and all applicable memoranda of agreement (MOAs) must be submitted.

| <b>INTERVENTION INFORMATION</b>   |   |
|---|---|
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | List details about the intervention including intervention name, core or essential elements, specific activities and content, priority population(s), and counties served.  |
| <b>SERVICE DELIVERY</b>   |   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe any pre-implementation activities necessary before you can implement proposed interventions. This may include conducting of a rapid assessment of a population to see if an intervention requires adaptation.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe recruitment ( <b>including internet recruitment</b> ) and other strategies that will be used to promote the intervention to priority population(s) and to recruit clients.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe specific venues or locations where recruitment will be conducted and the frequency of outreach. Provide evidence of support for access to such venues/locations, i.e. letters of support, memoranda of agreement.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe venues/settings for the intervention and how often the intervention will occur.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how the intervention will be staffed; number of volunteers; number of paid FTEs, including staff qualifications, skills.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe the contractor's plan for ensuring that services are culturally and linguistically appropriate.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe strategies that will be used to ensure client retention through the intervention. If contractor has past experience, describe applicant success in retaining clients across multiple sessions, where applicable.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor will ensure client confidentiality.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor will collaborate with other organizations to implement the intervention. Include applicable MOA. All contractors must include formal procedures with the local health authority in the jurisdiction for STD and partner services. These are required to be maintained and submitted yearly. |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe policies and procedures related to all intervention activities, including outreach and policies on youth if employing youth outreach workers. Describe how contractor agency will ensure compliance with DSHS policies including data collection and reporting requirements.                               |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe the types of referrals that will be offered and how referrals are tracked and documented.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor agency will provide access to HIV and syphilis testing for at risk clients. Include specific venues, locations, hours, etc and include memoranda of agreement.  |

FORM J-2: CRCS CONTINUED –  
WORK PLAN (CATEGORY II)

| <b>MANAGEMENT, SUPERVISION, AND QUALITY ASSURANCE</b>                         |  |
|---|--|
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe the managerial, supervisory and quality assurance activities that will be used to ensure that the proposed intervention(s) are implemented as intended.   |
| <b>EVALUATION</b>   |  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe contractor's methods and procedures for collection, entry, and management of program service data including: <ul style="list-style-type: none"> <li>➤ Who collects the data, how, and how frequently;</li> <li>➤ Confidentiality and security of client and other records;</li> <li>➤ How contractor will ensure timely submission of data;</li> <li>➤ Procedures for ensuring accuracy of data.</li> </ul> |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Processing for assessing if services achieved desired outcomes.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Strategies that will be used to apply evaluation findings to program refinement and redirection.   |

FORM J-3: EVIDENCE BASED INTERVENTION (EBI) &  
COMMUNITY LEVEL INTERVENTION  
WORK PLAN (CATEGORY II)

*Health Education and Risk Reduction Activities*

Contractors funded for EBIs must describe the plan for service delivery to the population(s) in the proposed service area and time lines for accomplishments. This includes changes to any EBI for which funding is requested. DSHS is only requesting changes to the work plan; however, annually updated partner services procedures with your local health department and all applicable memoranda of agreement (MOAs) must be submitted.

| <b>INTERVENTION INFORMATION</b>   |   |
|---|---|
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | List details about the intervention including intervention name, core or essential elements, specific activities and content, priority population(s), and counties served.  |
| <b>SERVICE DELIVERY</b>   |   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe any pre-implementation activities necessary before you can implement proposed interventions. This may include conducting of a rapid assessment of a population to see if an intervention requires adaptation.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe recruitment ( <b>including internet recruitment</b> ) and other strategies that will be used to promote the intervention to priority population(s) and to recruit clients.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe specific venues or locations where recruitment will be conducted and the frequency of outreach.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Provide evidence of support for access to such venues/locations, i.e. letters of support, memoranda of agreement.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe venues/settings for the intervention and how often the intervention will occur.  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how the intervention will be staffed; number of volunteers; number of paid FTEs, including staff qualifications, skills.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe the contractor's plan for ensuring that services are culturally and linguistically appropriate   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe strategies that will be used to ensure client retention through the intervention. If contractor has past experience, describe applicant success in retaining clients across multiple sessions, where applicable.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor will ensure client confidentiality.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor will collaborate with other organizations to implement the intervention. Include applicable MOA. All contractors must include formal procedures with the local health authority in the jurisdiction for STD and partner services. These are required to be maintained and submitted yearly. |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe policies and procedures related to all intervention activities, including outreach and policies on youth if employing youth outreach workers. Describe how contractor agency will ensure compliance with DSHS policies including data collection and reporting requirements.                               |

FORM J-3: EBI & COMMUNITY LEVEL INTERVENTION CONTINUED  
 WORK PLAN (CATEGORY II)

|   |  |
|---|--|
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe the types of referrals that will be offered and how referrals are tracked and documented.   |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe how contractor agency will provide access to HIV and syphilis testing for at risk clients. Include specific venues, locations, hours, etc and include memoranda of agreement. |
| <b>MANAGEMENT, SUPERVISION, AND QUALITY ASSURANCE</b>                         |  |
| <input type="checkbox"/> No changes<br><input type="checkbox"/> Changes noted | Describe the managerial, supervisory and quality assurance activities that will be used to ensure that the proposed intervention(s) are implemented as intended.                       |

## APPENDIX A: ASSURANCES AND REQUIREMENTS

The signature of the contractor's authorized representative on the Form A: Face Page also certifies that all below requirements and assurances shall be followed by each Administrative Agency and their subcontractors.

Some of these Assurances and Certifications may not be applicable to your project. These assurances and certifications will remain in effect throughout the project period and the term of any contract between respondent and DSHS.

As the duly authorized representative of the respondent, the signature on FORM A: FACE PAGE certifies that the contractor shall abide by the HIV Contractor Assurances and the DSHS Contractor Assurances and Certifications:

### HIV CONTRACTOR ASSURANCES

All contractors shall abide by all policies and assurances of the HIV/STD Prevention and Care Branch that apply to the programs being provided. The HIV Contractor Assurances are located on the HIV website at:

[http://www.dshs.state.tx.us/hivstd/funding/docs/HIV\\_Contractor\\_Assurances.pdf](http://www.dshs.state.tx.us/hivstd/funding/docs/HIV_Contractor_Assurances.pdf). A list of policies applicable to all HIV and STD contractors is provided at the agency's website at <http://www.dshs.state.tx.us/hivstd/policy/policies.shtm>.

### DSHS CONTRACTOR ASSURANCES AND CERTIFICATIONS

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. Under Government Code Section 2155.004, 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 and program income in a unique set of general ledger account numbers, permits preparation of reports required by the contract, 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. Will give (and any 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 not supplant funds (i.e. use funds from a contract awarded as a result of this RFP to replace or substitute existing funding from other sources that also supports the activities that are the subject of the contract), but rather will use funds from the contract to supplement any existing funds currently available for any such activities;
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 ensure that no officer, employee, or member of the respondent's governing body or of the respondent's contractor will vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity (as defined in Texas Government Code Chapter 573) to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition does not prohibit the

continued employment of a person who has 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, offered to give, nor intends to give, at any time hereafter any economic opportunity, present or future employment, gift, loan, gratuity, special discount, trip, favor, or service to any employee or official of DSHS or HHSC, in connection with this solicitation or procurement; does not have nor will 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 with limited English proficiency 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 Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the current Uniform Grant Management Standards (UGMS), issued by the Governor's Budget and Planning Office, applicable Office of Management and Budget Federal Circulars, and if applicable the Federal awarding agency Common Rule and U.S. Department of Health and Human Services Grants Policy Statements, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and federal references are available upon request;
15. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
16. 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;
17. 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;
18. Will not charge a fee or profit. A profit and/or fee are considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance program;
19. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;
20. In accordance with 2 CFR Part 376 and 180 (parts A-I), as the primary participant, and any of the primary participant's principals (collectively, participants):
  - A. are not presently disqualified, debarred, suspended, proposed for debarment, declared ineligible, or 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 private or public (federal, state, or local) transaction or contract under a private or public transaction; violation of federal or state antitrust statutes (including those proscribing price fixing between competitors, allocation of customers between competitors and bid rigging) or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or false claims, tax evasion, obstruction of justice, -receiving stolen property or any other offense indicating a lack of business integrity or business honesty that seriously and directly affects the participant's present responsibility;
  - 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, Texas 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 the respondent will include, without modification, the certifications in subparagraphs A through E of this paragraph in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions;

21. 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 respondent must 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 must 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 must 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 must be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure;

- 22. Is in good standing with the Internal Revenue Service on any debt owed;
- 23. Affirms 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;
- 24. Is in good standing with all state and/or federal departments or agencies that have a contracting relationship with the respondent;
- 25. Will comply with all statutes and standards of general applicability. It is Respondent's responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Respondent will 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 respondent, the respondent will comply with the following:
  - a) The following statutes, rules, regulations and DSHS policies, and any of their subsequent amendments that

collectively prohibit discrimination on the basis of race, color, national origin, limited English proficiency, sex, sexual orientation (where applicable), disabilities, age, substance abuse, political belief, 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 or CFR Part 15; 8) Tex. Lab. Code, ch. 21; 9) Food Stamp Act of 1977 (7 USC §200 et seq); 10) US Department of Labor, Equal Opportunity E.O. 11246, as amended and supplemented; 11) Executive Order 13279 and 45 CFR Part 87 or 7 CFR Part 16 (regarding equal treatment and opportunity for religious organizations; 12) DSHS Policy AA-5018, Non-discrimination Policies and Procedures for DSHS Programs; and 13) any other nondiscrimination provision in specific statutes under which application for federal or state assistance is being made, which prohibits exclusion from or limitation of participation in programs, benefits, or activities, or denial of any aid, care, service or other benefit;

- 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) Federal Water Pollution Control Act, 33 USC §1251 et seq.; 10) Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting certain rivers system; and 11) 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 sub-agreements;
- 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 state and federal statutes, executive orders, regulations, rules, and policies.

If this contract is funded by a grant, additional state or federal requirements found in the Notice of Grant Award may be imposed on respondent;

- 26. Under §§2155.006 and 2261.053, Government Code, is not ineligible to receive a contract under this RFP and acknowledges that any contract may be terminated and payment withheld if this certification is inaccurate. Sections 2155.006 and 2261.053 relate to violations of federal law in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or certain other disasters;
- 27. Affirms that the statements in these assurances and certifications are true, accurate, and complete (to the best of respondent's and its authorized representative's 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. Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available, be subject to civil penalties.