



## **HIV PREVENTION PROGRAM**

### ***2014 Renewal Application HIV/PREVF***

**Issued: August 13, 2013  
Due: September 10, 2013**

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 calendar year 2014 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 01/01/2014 and will be made for a 12-month budget period.

*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 for January 1, 2014 - December 31, 2014.

### **Submission**

The renewal application must be submitted **by close of business Tuesday, September 10, 2013.**

Renewal applications and budget forms should be e-mailed to [maria.lugo@dshs.state.tx.us](mailto:maria.lugo@dshs.state.tx.us) and a courtesy copy 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.**

A scanned copy of the Face Page along with any required contractor assurances requiring signature are acceptable and may be submitted in PDF format.

### **Point of Contact**

**For questions regarding this renewal packet, please e-mail Maria Lugo, Contract Management Unit at the following email [maria.lugo@dshs.state.tx.us](mailto:maria.lugo@dshs.state.tx.us), with a courtesy copy to [hiv-prevcontracts@dshs.state.tx.us](mailto:hiv-prevcontracts@dshs.state.tx.us).**

**Department of State Health Services**

**FORM A FACE PAGE**

**CONTRACTOR INFORMATION**

1) LEGAL BUSINESS NAME:

2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): Check if address change

3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change

4) DUNS Number (9-digit) required if receiving federal funds:

5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit):

*\*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.*

6) TYPE OF ENTITY (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> City                        | <input type="checkbox"/> Nonprofit Organization*      | <input type="checkbox"/> Individual                                      |
| <input type="checkbox"/> County                      | <input type="checkbox"/> For Profit Organization*     | <input type="checkbox"/> Federally Qualified Health Centers              |
| <input type="checkbox"/> Other Political Subdivision | <input type="checkbox"/> HUB Certified                | <input type="checkbox"/> State Controlled Institution of Higher Learning |
| <input type="checkbox"/> State Agency                | <input type="checkbox"/> Community-Based Organization | <input type="checkbox"/> Hospital  |
| <input type="checkbox"/> Indian Tribe                | <input type="checkbox"/> Minority Organization        | <input type="checkbox"/> Private   |
|  | <input type="checkbox"/> Faith Based (Nonprofit Org)  | <input type="checkbox"/> Other (specify): _____                          |

*\*If incorporated, provide 10-digit charter number assigned by Secretary of State:*

7) PROPOSED BUDGET PERIOD: Start Date: End Date:

8) COUNTIES SERVED BY PROJECT:

9) AMOUNT OF FUNDING REQUESTED:

10) PROJECTED EXPENDITURES

Does Contractor's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for Contractor's current fiscal year (excluding amount requested in line 9 above)? \*\*

Yes  No

*\*\*Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.*

11) PROJECT CONTACT PERSON

Name:  
Phone:  
Fax:  
Email:

12) FINANCIAL OFFICER

Name:  
Phone:  
Fax:  
Email:

13) AUTHORIZED REPRESENTATIVE Check if change

Name:  
Title:  
Phone:  
Fax:  
Email:

14) SIGNATURE OF AUTHORIZED REPRESENTATIVE

15) DATE

# FORM A-1 CONTACT PERSON INFORMATION

Legal Business Name of Contractor: \_\_\_\_\_

*This form provides information about the appropriate contacts in the Contractor's organization in addition to those on FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Contract Management Unit**.*

Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
<b>Designated Emergency Contact (required)</b>	
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
<b>Executive Director / CEO (required)</b>	
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
<b>Project Manager / Coordinator (required)</b>	
Contact: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
<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: _____	_____
Email: _____	_____

# 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.

- 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 9-digit 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, including 9-digit zip code, if PAYEE is different from the Contractor. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **DUNS Number** – 9- digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. . This number is required if receiving **ANY** federal funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) **FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER OR SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Texas 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 its vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 6) **TYPE OF ENTITY** - Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and/or the Texas State Comptroller at [https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS\\_Guide\\_0409.pdf](https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf) and check all other boxes that describe the entity.

Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)

State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii

Institutions of higher education as defined by §61.003 of the Education Code.

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.

- 7) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFP.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **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 the BUDGET SUMMARY used for cost reimbursement budgets.
- 10) **PROJECTED EXPENDITURES** - If Contractor's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 for Contractor's current fiscal year, Contractor must arrange for a financial compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and email address of the person responsible for the proposed project.
- 12) **FINANCIAL OFFICER** - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and email 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.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the Contractor must sign in this blank.
- 15) **DATE** - Enter the date the authorized representative signed this form.

# FORM A-2: 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.

<b>FORM</b>	<b>DESCRIPTION</b>	<b>NOT APPLICABLE</b>	<b>INCLUDED</b>
A	Face Page – completed, and proper signatures and date <u>included</u>		<input type="checkbox"/>
A-1	Contact Person Information -- completed and <u>included</u>		<input type="checkbox"/>
A-2	Texas Counties and Regions List		<input type="checkbox"/>
B	Table of Contents and Checklist – completed and <u>included</u>		<input type="checkbox"/>
C	Targeted Testing and Linkage to Medical Care -- Performance Measures – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
D	Condom Distribution -- Performance Measures – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
E	Community Mobilization and Coordination Performance Measures – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
F	Prevention with Positives -- Performance Measures – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
G	Prevention with Positive Persons – Performance Measures – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
H	Health Education Risk Reduction – Performance Measures – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
I	General Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
I-1	Targeted Testing and Linkage to Medical Care Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
I-2	Condom Distribution Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
I-3	Prevention with Positives Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
I-4	Community Mobilization and Coordination Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
I-5	Health Education Risk Reduction Work Plan – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
J	Justification for Request of Equipment Purchases – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
K	Budget Forms – completed and <u>included</u>	<input type="checkbox"/>	<input type="checkbox"/>
Appendix A	Contractor Assurances and Requirements		

## FORM C: PERFORMANCE MEASURES Targeted Testing and Linkage to Medical Care

Performance Measures for All Contractors	
<b>OBJECTIVE A</b>	At least 75% of clients testing for HIV will receive results.
<b>OBJECTIVE B</b>	At least 95% of clients testing positive for HIV will receive results counseling.
<b>OBJECTIVE C</b>	At least 85% of clients who are HIV positive (all positives) and received results will be confirmed to HIV-related medical care.
<b>OBJECTIVE D</b>	Contractor will attain a minimum of 1.2% new positivity rate annually.
Projected Numbers to be Served	
<b>OBJECTIVE E</b>	
<b>Projected Minimum Number</b> of tests to be performed by the end of the contract term:	
<b>OBJECTIVE F</b>	
<b>Projected Minimum Number</b> of newly diagnosed HIV positive persons by the end of the contract term (the state standard is attaining a 1.2% positivity rate):	
<b>OBJECTIVE G</b>	
<b>Of the total number of tests outlined in E, the contractor will provide at least the following numbers of tests to the selected priority populations.*</b>	
<b>Minimum number of tests for (Insert priority population #1)</b> by the end of the contract term:	
<b>Minimum number of tests for (Insert priority population #2)</b> by the end of the contract term:	

\* A minimum of one priority population must be selected; Respondents may add lines as needed.



**FORM D: PERFORMANCE MEASURES  
Condom Distribution**

<b>Projected Numbers to be Served</b>	
<b>OBJECTIVE A</b>	
<b>Projected Minimum Number</b> of distribution sites (including: number of sites where contractor supplies free condoms) by the end of the contract term:	
<b>OBJECTIVE B</b>	
<b>Projected Minimum Number</b> of community partners assisting with access or distribution efforts (i.e. retail, civic, faith-based, local advocacy groups):	
<b>OBJECTIVE C</b>	
<b>Projected Minimum Number</b> of condoms distributed:	

**FORM E: PERFORMANCE MEASURES**  
**Community Mobilization and Coordination**

<b>Projected Numbers to be Served</b>	
<b>OBJECTIVE A</b>	
<b>Projected Minimum Number</b> of partners (i.e. organizations, agencies, individuals, etc.) involved in community mobilization by the end of the contract term:	
<b>OBJECTIVE B</b>	
<b>Projected Minimum Number</b> of planned activities to engage the community (i.e. events, coalition meetings, facilitated community conversations, etc.) by the end of the contract term:	
<b>OBJECTIVE C</b>	
<b>Projected Minimum Number</b> of individuals engaged in community mobilization activities (e.g. total number of persons who attend mobilization events) by the end of the contract term:	

**FORM F: PERFORMANCE MEASURES**  
**Prevention with Positive Persons – Individual Level Intervention**

<b>Title of Intervention (if applicable):</b>	
<b>Projected Numbers to be Served</b>	
<b>OBJECTIVE A</b>	
<b>Projected Number(minimum)</b> of participants to complete intervention by the end of the contract term:	
<b>OBJECTIVE B</b>	
<b>Projected Number</b> (minimum) of sessions by the end of the contract term:	
<b>OBJECTIVE C – ONLY IF PROPOSED ACTIVITIES TARGET A SPECIFIC SUBPOPULATION OF HIV POSITIVE PERSONS</b>	
<b>Of the total number of participants outlined in A, the contractor will provide the intervention to at least the following numbers of priority populations.*</b>	
<b>Minimum number of (Insert priority population #1)</b> reached by the end of the contract term:	

\* A minimum of one priority population must be selected; Respondents may add lines as needed

**FORM G: PERFORMANCE MEASURES**  
**Prevention with Positive Persons – Group Level Intervention**

<b>Title of Intervention (if applicable):</b>	
<b>Projected Numbers to be Served</b>	
<b>OBJECTIVE A</b>	
<b>Projected Number(minimum)</b> of participants to complete intervention by the end of the contract term:	
<b>OBJECTIVE B</b>	
<b>Projected Number</b> (minimum) of cycles of intervention by the end of the contract term:	
<b>OBJECTIVE C- ONLY IF PROPOSED ACTIVITIES TARGET A SPECIFIC SUBPOPULATION OF HIV POSITIVE PERSONS</b>	
<b>Of the total number of participants outlined in A, the contractor will provide the intervention to at least the following numbers of priority populations.</b>	
<b>Minimum number of (Insert priority population #1)</b> reached by the end of the contract term:	

\* A minimum of one priority population must be selected; Respondents may add lines as needed.

**FORM H: PERFORMANCE MEASURES  
Health Education and Risk Reduction**

<b>Title of Intervention (if applicable):</b>	
<b>Projected Numbers to be Served</b>	
<b>OBJECTIVE A</b>	
<b>Projected Number(minimum) of participants to complete intervention</b>	
<b>OBJECTIVE B (if applicable)</b>	
<b>Projected Number (minimum) of volunteers assisting with intervention.</b>	
<b>OBJECTIVE C</b>	
<b>Of the total number of participants outlined in A, the contractor will provide the intervention to at least the following numbers of priority populations.*</b>	
<b>Minimum number of (Insert priority population #1) reached by the end of the contract term:</b>	

\* A minimum of one priority population must be selected; Respondents may add lines as needed. If proposing multiple HE/RR interventions, this table can be duplicated.

## **FORM I: GENERAL WORK PLAN**

*Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments.*

Instructions: All Respondents must provide a description of how they will address the following across all funded activities (*including: Targeted HIV Testing and Linkage to Medical Care, Condom Distribution, Prevention with Positive Persons, Community Mobilization, and HE/RR*):

### **General Work Plan**

- Describe the managerial, supervisory, and quality assurance activities that will be used to ensure that proposed activities are implemented as required. Describe the responsible party for each of these activities.
- Describe how Respondent will ensure compliance with DSHS policies including data collection, data submitted on a timely basis, required documentation, and reporting systems.
- Describe the Respondent's plan to use outcome monitoring, continuous community assessments and other program data to evaluate and assess program success, development, and guide improvement.
- Describe Respondent's capacity to make referrals to other services or agencies, including substance abuse, mental health, housing authority, domestic violence/sexual assault response, STD testing and treatment, and HIV care and treatment.
- Describe program collaboration and integration of services for viral hepatitis, sexually transmitted diseases and other services. (*Note: subcontracting is allowed and collaboration with community partners is encouraged*)

# FORM I-1: TARGETED HIV TESTING AND LINKAGE TO MEDICAL CARE WORK PLAN

## *Targeted HIV Testing and Linkage to Medical Care*

### 1. Service Delivery

Describe recruitment strategies that will be used to reach proposed priority population(s) and specific venues and/or locations where project specific recruitment will be conducted. Provide evidence of support for access to such venues/locations (including: letters of support and memoranda of agreement).

- Describe brief risk screen process to determine the services most appropriate for individual clients. Describe how the risk screening assessment will be conducted.
- Describe how the Respondent will meet minimum HIV testing requirements for this project:
  - Obtain informed consent from client
  - Gather demographic information
  - Offer both anonymous and confidential HIV testing
  - Conduct brief risk assessment including:
    - Reason for HIV test
    - Recent sexual and injection drug use behaviors, focusing on activities since last HIV test
    - Other behaviors or factors that may have elevated their risk for HIV (i.e. substance use, mental health, trading sex for drugs/money); history of STD diagnosis and/or treatment.
    - Ensure delivery of HIV tests results to client
    - Date and type of transmission risk of most recent risk exposure
    - Date of last HIV test and test result, if known
  - Provide basic information about HIV infection and HIV testing including:
    - Benefits of testing
    - Behaviors that transmit HIV
    - How HIV can be prevented
    - “Window period” during which HIV infection may not be detected
    - Explain the testing technology to be used
    - Explain to the client when and how HIV test results will be provided
    - Procedure if client has a preliminary positive test or tests positive (introduction of partner services, confirmatory test, linkage to care)
  - Provide clients with population-specific (tailored) health education messages and/or materials that address their risk-level and prevention needs. The risk reduction message must be delivered in accordance with the client’s culture and risk; however the protocol based counseling (PBC) intervention is optional and not required.
- If Respondent proposes to use formal risk reduction counseling (PBC) with HIV testing: Describe rationale to provide concurrent risk reduction counseling with HIV testing and specific settings and situations in which risk reduction counseling will be offered. Rationale may be

based on client risk assessment, agency capacity, testing venue, client demand or other issues.

If the Respondent proposes to use additional testing protocol or methodologies the Respondent must provide a description of what will be added and why.

- Describe testing technology to be used. If Respondent proposes to conduct HIV rapid testing, information about the specific test to be used, quality assurance plans for rapid testing, and plan to obtain CLIA waiver must be included. Information regarding Rapid Testing Quality Assurance Plans can be found at: <http://www.dshs.state.tx.us/hivstd/contractor/hivprevention.shtm>
- Describe how HIV test results will be provided. If Respondent proposes to provide negative test results over the phone, policies and procedures that detail this process must be included. Respondent must also address how they will attempt to deliver results to clients that don't return or call for results.
- Describe process for providing HIV positive results including providing emotional support and counseling to assist the client in understanding the meaning of the test result and the benefit of initiating and remaining in HIV-related medical care.
- If Respondent proposes to use tangible reinforcements, detailed information must be provided on purpose, type, and dollar amount. Respondents proposing to use tangible reinforcements must describe policies and procedures for their purchase, use, and distribution. Respondents must maintain documentation that tracks the purchase and distribution of tangible reinforcements. **Note: Funds may not be used to make cash payments to intended recipients. Any use of tangible reinforcements must be pre-approved by DSHS.**
- Describe Respondent's plan and proposed activities to establish linkage to HIV-related medical care<sup>1</sup> for people who are infected with HIV. Describe types of referrals that will be offered and how referrals will be tracked, documented, and confirmed. Describe how the Respondent plans to overcome barriers that may prevent linkage to appropriate medical care. Describe proposed agency staffing and staff time dedicated to linkage to HIV-related medical care.
- Describe how Respondent will partner with other organizations to implement this activity. All Respondents must include formal agreements in the form of Memorandum of Agreement (MOA) with collaborating partners. A partner services procedure (PSP) with Respondent's local and/or regional health department that outlines how partner services are to be delivered must be included. The PSP is required to be maintained and submitted yearly.
- Describe any planned distribution of supplemental risk/harm reduction materials (i.e. condoms, bleach kits, hygiene kits, pamphlets, etc.) with testing populations.

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<sup>1</sup> Linkage to HIV-related medical care is defined as working with a client to establish an HIV-related medical care appointment; follow up with the client and prepare client for medical care; confirm that the client attended the appointment.



## **FORM I-2: CONDOM DISTRIBUTION WORK PLAN**

### ***Condom Distribution***

#### **1. Service Delivery**

- Provide an overview of current condom distribution activities, including a list of community partners (e.g. civic, retail, faith-based, social service, etc.) and the current number of distribution sites.
- Describe how the Respondent will conduct a condom availability assessment and condom distribution plan. If an assessment and plan have already been created, the Respondent must include a description of the process and findings with this application.
- Describe how the Respondent proposes to increase the distribution of condoms in the community (including activities, community partners, and outreach strategies). Describe how the Respondent proposes to address barriers to condom distribution.
- Describe how condom distribution activities will be linked to other available HIV prevention and treatment services.

## **FORM I-3: PREVENTION WITH POSITIVE PERSONS WORK PLAN**

### ***Prevention with Positive Persons (individual and group level)***

#### 1. Service Delivery

- For Respondents implementing individual or group-level Prevention with Positive Persons, describe the specific approaches or interventions that will be used to serve HIV infected individuals. Describe the goals of the activity, such as risk or harm reduction with HIV positive individuals and their partners, medical treatment adherence, reengagement into medical care, treatment preparation, medical adherence, disclosure of status, coping with stigma.
- Describe any tailoring to approaches to be used for individual or group-level Positive Health Prevention, if applicable.
- Describe how the Respondent proposes to recruit and retain HIV positive clients into the proposed intervention. Describe how the intervention will promote maintenance and retention in care.

## **FORM I-4: COMMUNITY MOBILIZATION AND COORDINATION WORK PLAN**

### ***Community Mobilization and Coordination***

#### **1. Service Delivery**

- Describe how the Respondent will engage community members in community mobilization. Include proposed activities to determine community need.
- All Respondents implementing community mobilization activities must describe how they propose to meet the following requirements:
  - i. Engage clients and community over an extended period of time
  - ii. Address multiple levels of HIV prevention and behavior change (including but not limited to community knowledge, self-efficacy, and attitude)
  - iii. Develop formalized partnerships, network or coalition to create a coordinated approach to HIV prevention
  - iv. Use process and outcome monitoring to support project implementation and improvement.
- Provide an overview of current partnerships and an overview of how partners are recruited; especially those who may not traditionally be involved with HIV prevention efforts.
- Describe how the Respondent proposes to address barriers to community mobilization.
- Describe how community mobilization activities will be integrated into current prevention activities or proposed activities.
- If a Respondent has already engaged their community regarding need, please provide a brief description of the proposed community mobilization project.
- Describe how the Respondent will ensure compliance with DSHS policies including data collection and reporting.
- Describe staffing and/or volunteer structure that will be used to proposed community mobilization activities.

## **FORM I-5: HEALTH EDUCATION AND RISK REDUCTION (HE/RR)**

### ***Health Education and Risk Reduction (HERR)***

#### **1. Service Delivery**

- Provide the name and description of the health education and risk reduction intervention (s) to be implemented. Describe how proposed interventions will fit the unique needs of the Respondent's target priority population; if needed describe how an intervention will be tailored to fit priority populations.
- Describe how the Respondent proposes to recruit participants and maintain participant retention.
- Describe how the Respondent plans to maximize the reach of HERR interventions in the community (i.e. scale traditional interventions to impact more people and organizations).
- Describe how Respondent will ensure compliance with DSHS policies, including data collection and reporting systems.
- Describe staffing and/or volunteer structure that will be used to conduct HERR activities.

## **FORM J: 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.

## **APPENDIX A: DSHS ASSURANCES AND CERTIFICATIONS**

**Note: It is not required that the Respondent return the DSHS Assurances and Certifications with the proposal. Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the contact person named in this RFP. These assurances and certifications will remain in effect throughout the project period of this solicitation and the term of any contract between Respondent and DSHS.**

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**As the duly authorized representative of the Respondent, my signature on FORM A: FACE PAGE certifies that the Respondent:**

1. Is a legal entity legally authorized and in good standing to do business with the State of Texas and has the legal authority to apply for state/federal assistance, and has the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this proposal; possesses legal authority to apply for funding; that a resolution, motion or similar action has been duly adopted or passed as an official act of the Respondent's governing body, authorizing the filing of the proposal including all understandings and assurances contained therein, and directing and authorizing the person identified as the authorized representative of the Respondent to act in connection with the proposal and to provide such additional information as may be required;
2. 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. As the prospective participant, and any of the prospective participant's principals (collectively, participants):
  - A. are not presently disqualified, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency; in accordance with 2CFR Parts 376 and 180 (parts A-I), and 45 CFR Part 76 (or comparable federal regulation);
  - 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 sub recipients 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; 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.