



FY 2012 Competitive RFP for Targeted HIV Testing and Linkage to Medical Care

HIV/STD Prevention and Care Branch

RFP #: HIV/TESTLINK- 0475.1

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Class/Item: 948-034

Client Services Contracting Unit (CSCU)

David L. Lakey, M.D. Commissioner

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I. INTRODUCTION AND DEFINITIONS

The Department of State Health Services (DSHS or Department) HIV/STD Prevention and Care Branch (Program) announces the expected availability of Fiscal Year (FY) 2012 funding for the following target population: to provide targeted HIV testing with enhanced linkage to HIV medical care for people who are infected with HIV, and targeted condom distribution to people living with HIV and individuals who are at high risk of acquiring HIV (Project). Contractors will be expected to focus testing efforts on men who have sex with men (MSM), and this should be reflected in their proposals for this RFP. This project is specific to the following Texas counties: Bexar; Dallas; Tarrant; and Travis. This Request for Proposal (RFP) is not limited to this source of funding if other sources become available for this Project.

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

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

PLEASE READ ALL MATERIALS BEFORE PREPARING THE PROPOSAL.

Definitions

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

Budget – A financial schedule documented in the contract that describes how funds will be used and/or describes the basis for reimbursement for the provision of contracted services. Types of budget may include categorical (line item), or fee for service. ***The Budget Section is required and is posted with this RFP as a separate package on the ESBD.***

Budget Period – The duration of the budget (stated in the number of months the contract will reflect from begin date to end date of the term of the contract). Each renewal will have its own budget period.

Client Services Contracting Unit – Central contracting unit within DSHS that is responsible for statewide client services procurements and their certifications. CSCU oversees, coordinates, and assists the Division with client services procurement needs, issues competitive procurements, finalizes development, and executes contracts. CSCU maintains the official contract file from procurement to contract closeout.

Contract – A written document referring to promises or agreements for which the law establishes enforceable duties and remedies between a minimum of two parties. A DSHS contract is assembled using a core contract (base), one or more program attachments, and other required exhibits (general provisions, etc.).

Contract Term – The period of time during which the contract or program attachment will be effective from begin date to end, or renewal date. The contract term may or may not be the same as the budget period.

Cost Reimbursement – A payment mechanism in which a contractor is reimbursed for actual costs incurred to carry out approved activities under a Program Attachment. Amounts expended in support of providing services and goods, if any, in accordance with the contract terms and conditions must be billed on a monthly basis for reimbursement unless otherwise specified in the contract. Reimbursement is based on actual allowable costs incurred that comply with the cost principles applicable to the grant and subgrants.

Debarment – An exclusion from contracting or subcontracting with state agencies on the basis of cause set forth in Title 34, Texas Administrative Code, §20.105 et seq.

Deliverables – Goods or services contracted for delivery or performance.

Direct Costs – Direct costs are those that can be identified specifically with a particular final cost objective of the organization. Direct costs charged to a DSHS Program Attachment are those costs that are attributable to carrying out the Program Attachment's Statement of Work and can be directly assigned to the DSHS program relatively easily with a high degree of accuracy.

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

Effective Date – The date the contract term begins.

Enhanced Comprehensive HIV Prevention Plan (ECHPP) – A CDC-funded initiative based on the National HIV/AIDS Strategy that targets the 12 Metropolitan Statistical Areas most impacted by HIV/AIDS.

Enhanced Linkage – Implementation of an evidence based model of linkage that includes working with a client to establish a medical care appointment for the client; following up with the client and preparing the client for medical care and confirming that the client attended the medical appointment.

Fully Executed – When a contract is signed by each of the parties to form a legal binding contractual relationship. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

Indirect Costs – Costs incurred for a common or joint purpose benefiting more than one project or cost objective of respondent's organization and not readily identified with a particular project or cost objective. Typical examples of indirect costs may include general administration and general expenses such as salaries and expenses of executive officers, personnel administration and accounting; depreciation or use allowances on buildings and equipment; and costs of operating and maintaining

facilities.

Program – Depending upon the context, either a coordinated group of activities carried out by DSHS, as authorized by state or federal law, for a specific purpose (“program”) or DSHS staff located in a program, region, or hospital that identify and request procurement needs (“Program”) The Program partners with CSCU on procurements.

Program Attachment – An attachment to the contract that provides details for a particular statement of work to be performed under the contract such as services to be delivered, performance measures or deliverables, funding, and reporting requirements. There may be multiple program attachments associated with a core contract. A program attachment is typically for a one-year term, with a contracting cycle made up of several one-year program attachment renewals.

Project – All work to be performed as a result of a contract or solicitation.

Project Period – The anticipated duration of the entire Project stated in total number of budget periods.

Respondent – A person or entity that submits a response to a solicitation. For purposes of this document, “respondent” is intended to include such phrases as “offeror”, “applicant”, “bidder”, “responder”, or other similar terminology employed by DSHS (or HHSC) to describe the person or entity that responds to a solicitation.

Scope of Work – A description of the services and/or goods, if any, for each service type, to be obtained as a result of a solicitation for a project period. The scope of work is a document written in the early stages of procurement to explain what DSHS plans to purchase.

Statement of Work – The part of the contract that describes the services and/or goods to be delivered by the DSHS contractor specifying the type, level and quality of service, that directly relate to program objectives.

Solicitation – The process of notifying prospective contractors of an opportunity to provide goods or services to the state (e.g., this RFP).

Special Provisions – Modifications and additions to the General Provisions for a funded program activity; which are usually customized for the Program’s requirements and contain provisions specific to the program attachment.

Subcontractor – A written agreement between the DSHS contractor and a third party to provide all or a specified part of the services, goods, work, and materials required in the original contract. The contractor remains entirely responsible to DSHS for performance of all requirements of the contract with DSHS. The contractor must closely monitor the subcontractor’s performance. Subcontracting can be done only when expressly allowed in the program attachment.

Subrecipient – A type of contractor or subcontractor to which a subaward is made in the form of money, or property in lieu of money, to carry out all or part of the DSHS Program and that is accountable to DSHS for the use of the funds and property

provided. This type of contractor may also be referred to as a subgrantee. Reimbursement is based on actual allowable costs incurred that comply with cost principles applicable to the grants and subgrants.

A subrecipient contractor will have most of the following characteristics: a) determines who is eligible to receive what assistance, according to specified criteria; b) has performance measured against federal or state program objectives, as described in the program attachment; c) has responsibility for programmatic decision-making, and d) carries out duties to implement all or part of a program, as specified. Greater detail about subrecipient classification may be found online at CFPM (September 1, 2010, 1MB Word).

Supplant (verb) - To replace or substitute one source of funding for another source of funding. A recipient of contract funds under this RFP must not use the funds to pay any costs that the recipient is already obligated to pay. If a contractor, prior to responding to an RFP, had committed to provide funding for activities defined in the contract's statement of work (i.e., as represented in the RFP Budget Summary), then the contractor must provide the amount of funding previously committed in addition to the amount requested under this RFP.

Vendor – A type of contractor or subcontractor that provides services, and goods, if any, that assist in, but are not the primary means of, carrying out the DSHS-funded Program. Under a vendor contract, the vendor will have few if any administrative requirements. (For example, a vendor might be required only to submit a summary report of services delivered and an invoice.) A vendor generally will deliver services to DSHS-funded clients in the same manner the vendor would deliver those services to its non-DSHS-funded clients.

A vendor contractor generally has most of the following characteristics: a) provides goods and services within normal business operations, b) provides similar goods and services to many different purchasers, c) operates in a competitive environment, d) is not subject to compliance requirements of the federal or state program, e) provides goods and services that are ancillary to the operation of the program. Note: Characteristics a, b, c, and d do not apply to vendor contractors that are universities. Greater detail about vendor classification may be found online at CFPM (September 1, 2010, 1MB Word).

Vendor Identification Number (Vendor ID No.) – Fourteen-digit number needed for any entity, whether vendor or subrecipient, to contract with the State of Texas and which must be set up with the State Comptroller's Office. It consists of a ten-digit identification number (IRS number, state agency number, or social security number) +check digit + 3 digit mail code. The VIN includes all the numbers in the TINs (defined above), including a three digit mail code for a total of 14 digits.

Work Plan - A plan that describes how services will be delivered to the eligible population and includes specifics such as what types of clients will be served, who will be responsible for the work, timelines for completion of activities, and how services will be evaluated when complete. To be an enforceable part of the contract, details from the work plan must be approved by DSHS and incorporated in the contract.

A. Eligible Respondents

Eligible respondents include governmental, public or private for profit and non-profit entities located within the state of Texas, including city or county health departments or districts, MHMR community centers, community-based organizations, faith-based organizations, and public and private non-profit hospitals. Individuals are not eligible to apply. Eligible respondents must comply with the criteria listed below.

1. Respondent must be established as an appropriate legal entity as described in the paragraph above, under state statutes and must have the authority and be in good standing to do business in Texas and to conduct the activities described in the RFP.
2. Respondent must have a Texas address. A post office box may be used when the proposal is submitted, but the respondent must conduct business at a physical location in Texas prior to the date that the contract is awarded.
3. Respondent must be in good standing with the U.S. Internal Revenue Service.
4. Respondent is ineligible to apply for funds under this RFP if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.
5. Respondent may be ineligible for contract award if audit reports or financial statements submitted with the proposal identify concerns regarding the future viability of the contractor, material non-compliance or material weaknesses that are not satisfactorily addressed, as determined by DSHS.
6. Respondent's staff members, including the executive director, must not serve as voting members on their employer's governing board.
7. Respondent must **not** be listed on the Excluded Parties List System (EPLS). In compliance with Comptroller of Public Accounts and Texas Procurement and Support Services rules, a name search will be conducted using the federal EPLS at: <http://epls.arnet.gov> prior to the development of a contract. No contract may be awarded to any respondent found on the EPLS system. A respondent is not considered eligible to contract with DSHS if a name match is found.

Respondent is not considered eligible to apply unless the respondent meets the eligibility conditions to the stated criteria listed above at the time the proposal is submitted. Respondent must continue to meet these conditions throughout the selection and funding process. DSHS expressly reserves the right to review and analyze the documentation submitted and to request additional documentation, and determine the respondent's eligibility to compete for the contract award.

B. Term of Contract

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 may be renewed up to two (2) additional one year period(s), with renewal initiated at the sole discretion of DSHS. Continued funding of the contract

in future years is contingent upon the availability of funds and the satisfactory performance of the contractor during the prior contract period. Funding may vary and is subject to change each renewal period.

Contracts awarded under this RFP and any anticipated contract renewals are contingent upon the continued availability of funding. DSHS reserves the right to alter, amend or withdraw this RFP at any time prior to the execution of a contract if funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or agencies, amendment of the appropriations act, health and human services agency consolidations, or any other disruption of current appropriations. If a contract has been fully executed and these circumstances arise, the provisions of the Termination Article in the contract General Provisions will apply.

C. Use of Funds

In Fiscal Year 2012, approximately **\$1,000,000** is expected to be available to fund a total of 8-10 contract(s).

Of the total amount listed above, approximately, \$500,000 of the total listed above is expected to be available to fund an estimated 1-5 contracts specifically in Dallas County.

Of the remaining balance, approximately \$500,000 is expected to be available to fund an estimated 1-5 contracts in the following counties in Texas: Bexar, Tarrant, and Travis counties.

The specific dollar amount awarded to each successful respondent depends upon the merit and scope of the proposal and other best value considerations and is at the sole discretion of DSHS. Respondents who submit a proposal specifically for the Dallas County component cannot apply to provide services for any other county(ies) in the same proposal.

Funds are awarded for the purpose specifically defined in this RFP and must not be used for any other purpose. Funds may be used for personnel, fringe benefits, staff travel, contractual services, other direct costs, and indirect costs, as allowed in the budget. Equipment purchases are allowed if justified and approved by DSHS in advance.

Funds must not be used 1) to supplant other local, state, or federal funds; 2) to make cash payments to intended recipients of services; 3) for acquisition of real property, building construction, alterations, renovations, or other capital improvements; 4) to duplicate services already available to the priority populations and sub-populations; 5) research; or 6) the purchase of health and social services.

D. Schedule of Events

- | | | |
|----|--|------------|
| 1. | Issue the RFP by posting to the Electronic State Business Daily (ESBD) | 08/10/2011 |
| 2. | Deadline for Submitting Questions | 09/01/2011 |
| 3. | Post Answers to Questions to the ESBD | 09/07/2011 |

4.	Deadline for Submission of Proposals	09/21/2011
5.	Contract Negotiations	10/17/2011
6.	Post Final Awards to the ESBD	11/04/2011
7.	Mail/Email Contract(s) to Awarded Respondent(s) for Signature	12/01/2011
8.	Anticipated Contract Begin Date	01/01/2012

DSHS reserves the right to change the dates shown above without notice.

II. PROGRAM INFORMATION

A. General Purpose and Program Goals – Scope of Work

The purposes of contracts awarded under this RFP are to:

1. Conduct HIV testing for the target population (as described herein), with a focus on MSM, in high morbidity areas to identify people who are infected with HIV;
2. Establish enhanced linkage to HIV medical care systems for members of the target population who are infected with HIV;
3. Reduce associated morbidity and mortality among HIV-infected persons in the target population and their partners by assuring referral to medical, social, and prevention services; and
4. Integrate targeted condom distribution activities into HIV testing programs for the target population.

These services are to be fully accessible, well-suited to each population's behavioral and other life situations, and fully integrated into a comprehensive system of related health services. Local communities will benefit from the provision of these services under these contracts

Required Program Activities:

Contractors will be required to conduct activities in the following service categories for the target population:

- Targeted HIV testing and enhanced linkage to HIV medical care for people who are infected with HIV; and
- Targeted condom distribution to people living with HIV and individuals who are at high risk of acquiring HIV.

Category 1: Targeted HIV testing and enhanced linkage to care for people who are infected with HIV

The goals of this category are to:

- Increase the number of HIV infected persons who know their status;
- Establish enhanced linkage to HIV medical care systems for people who are infected with HIV; and
- Ensure linkage to other medical, social and prevention services for people who are infected with HIV.

It is expected that respondents will use multiple strategies (social networking, social

marketing, online and traditional outreach, referrals, etc.) to recruit high-risk individuals for testing. Contractors are expected to place emphasis on recruiting MSM for HIV testing.

Respondents will be required to conduct a risk screening to determine the services most appropriate for individual clients. Risk screenings must include, but are not limited to, the following:

1. basic demographic information;
2. what sexual behaviors and injection drug use behaviors the client has been and is currently engaged in that may elevate his/her risk of HIV;
3. when was the client's last HIV test and what was that test result;
4. why the client has chosen to get an HIV test;
5. if the client has recently been diagnosed with and treated for a Sexually Transmitted Infection (STI); and,
6. when was the last date of potential transmission and what was the potentially risky episode.

Risk screenings can be conducted using face-to-face interviews, written questionnaires or computer-based tools. Based on the risk screening information, clients must be provided appropriate and tailored health education that addresses their risk level and prevention needs. Contractors may include additional information in the risk screening *with advance written DSHS approval.*

Information about HIV testing should be provided to clients, including but not limited to:

1. benefits of testing;
2. potential adverse consequences of being tested;
3. ways that HIV can be transmitted and how it can be prevented;
4. "Window" period during which HIV infection may not be detectable;
5. when and how HIV test results will be provided;
6. requirements for name reporting of HIV infection to public health authorities;
7. procedure if client tests positive (introduction of partner services, confirmatory testing, linkage to care, and prevention services);
8. procedure if client tests negative; and,
9. where to obtain further information, counseling, additional services or support.

Information can be provided verbally, through the use of videos, computers or in writing.

Contractors may provide testing by collecting a blood specimen through venipuncture and submitting that specimen for HIV and syphilis testing through an appropriate laboratory or request to use funds to implement rapid HIV testing. Implementation of rapid testing will be determined using criteria including, but not limited to: volume of testing; return rate; targeted populations and past performance; testing quality assurance plan; and access to appropriate laboratory facilities or Clinical Laboratory Improvement Amendments (CLIA) waiver.

Specific arrangements should be made to ensure all clients receive their HIV test results. Contractors may consider delivering negative HIV test results by telephone. A reliable process for verifying the client's identity before providing the result must be established prior to providing the test result. Additionally, policy and procedure must be in place describing under what circumstances results will be made available by

telephone and outlining the protocol for giving results by phone. HIV positive test results will only be given in person.

All clients who receive a positive HIV result should be provided emotional support and counseling at the time that result is provided to assist the client in understanding the meaning of the test result and the benefit of initiating and remaining in HIV medical care. Risk reduction messages should also be provided during HIV positive results session.

Linkage to HIV medical care for persons who test positive will be an essential component of contracts awarded under this RFP. Contractors must establish enhanced linkage to HIV medical care programs for people who are HIV positive.

Implementation of evidence-based models of linkage is strongly encouraged. Several strategies shown to improve linkage to care include:

1. Linkage case management – brief case management intervention for intensive, short-term assistance to facilitate entry into care;
2. System navigation – staff functions as coordinators and coaches to help clients make better use of available resources, develop effective communication with providers, and navigate the complexities of multidisciplinary treatment; and,
3. Outreach and peer support – peers help clients improve their knowledge of HIV, build client skills, assist in obtaining medical care, provide assistance to reduce barriers to HIV care, and provide additional external support

Other innovative strategies for increasing linkage to HIV medical care may be proposed to DSHS by Contractors for approval.

Contractors must establish and maintain relationships with HIV care providers and assess and document whether clients are successfully linked to care. In responding to this RFP, Respondents must also include a plan to address barriers to successful linkage to HIV medical care.

In accordance with Health and Safety Code, §85.085, Physician Supervision of Medical Care, HIV counseling and testing providers are required to operate under standing delegation orders of a physician. All respondents proposing testing services must complete and attach the assurance located in the Appendices of this RFP

Category 2: Targeted condom distribution to people living with HIV and individuals who are at high risk of acquiring HIV

The goals of category are to:

- Integrate targeted condom distribution activities into HIV testing programs; and,
- Increase condom use and acquisition among people who are HIV positive and individuals at high risk of acquiring HIV.

A variety of effective condoms should be made available and offered to all clients testing for HIV. Respondents must develop a process to conduct condom promotion and distribution activities at the individual, organizational, and environmental levels.

B. Program Background

With the release of the National HIV/AIDS Strategy in July 2010, President Barack Obama laid out a plan of action with three primary goals: 1) reduce the number of people who become infected with HIV, 2) increase access to care and optimize health outcomes for people living with HIV, and 3) reduce HIV related health disparities. Along with highlighting the importance of linkage to quality HIV medical care for people living with HIV, the National Strategy also stresses the need to intensify HIV prevention efforts in communities where HIV is most heavily concentrated.

The Centers for Disease Control and Prevention (CDC) responded to the National Strategy with the release of the Enhanced Comprehensive HIV Prevention Planning and Implementation for Metropolitan Statistical Areas Most Affected by HIV/AIDS (ECHPP) funding opportunity targeting twelve (12) jurisdictions most affected by HIV/AIDS.

This initiative reiterates the need to focus resources on communities most impacted by HIV and requires jurisdictions to implement a number of interventions to reduce new HIV infections including: targeted HIV testing; condom distribution; and enhanced linkage to HIV medical care. This RFP is based on the priorities and guidelines outlined in the National HIV/AIDS Strategy and ECHPP.

C. Legal Authority

DSHS is authorized to enter into contracts through Texas Health and Safety Code Chapter 1001. The HIV Prevention Program in Texas was created under Texas Health and Safety Code, Chapter 85.

D. Project Development

Awarded contractors are encouraged to actively participate in local and regional planning activities related to the scope of this RFP. For information on local planning activities, contact your local health department or DSHS regional offices at: <http://www.dshs.state.tx.us/regions/default.shtm>. Reimbursements for such activities are limited by the terms of the contract.

E. Program Requirements

Contractors are required to conduct Project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the *Health and Human Services Commission (HHSC) Civil Rights Office* website at: <http://www.hhs.state.tx.us/aboutHHS/CivilRights.shtml>.

Upon request, a contractor must provide the HHSC Civil Rights Office with copies of all the contractor's civil rights policies and procedures. Contractors must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the contract no more than 10 calendar days after receipt of the complaint. Notice must be directed to:

HHSC Civil Rights Office
701 W. 51st Street, Mail Code W206

Austin, TX 78751
Phone Toll Free (888) 388-6332
Phone: (512) 438-4313
TTY Toll Free (877) 432-7232
Fax: (512) 438-5885

A contractor must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the contractor's programs, benefits or activities on the basis of national origin, and must take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English, in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

Contractors must comply with Executive Order 13279, and its implementing regulations at 45 CFR Part 87 or 7 CFR Part 16, which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Dept. of Agriculture or U.S. Dept. of Health and Human Services must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

Contractors are required to conduct Project activities in accordance with the most recent *DSHS Standards for Public Health Clinic Services*. Contractors may obtain a copy of the most recent *DSHS Standards for Public Health Clinic Services* which is posted on the DSHS website at: <http://www.dshs.state.tx.us/qmb/dshsstndrds4clinicsevs.pdf>.

DSHS reserves the right to modify the Statement of Work of the contract and to incorporate Special Provisions into contracts awarded under this RFP.

III. PROCUREMENT REQUIREMENTS

A. RFP Point of Contact

For purposes of **submitting questions** concerning this RFP, the only contact is Cheryl Dukes unless otherwise delegated by the CSCU Director. All communications concerning this RFP must be submitted by email (preferred), mail, hand-delivery, or fax to:

Mailing Address for Regular Mail:

Cheryl Dukes
Ref: RFP# HIV/TESTLINK-0475.1
Client Services Contracting Unit MC 1886
Department of State Health Services
P.O. Box 149347
Austin, Texas 78714-9347

Physical Address for Overnight Mail or hand-delivery:

Cheryl Dukes
Ref: RFP# HIV/TESTLINK-0475.1
Client Services Contracting Unit MC 1886

Department of State Health Services
1100 W. 49th Street, Room T-502
Austin, Texas 78756

Phone and Fax Numbers:

512/776-7470 phone

512/776-7351 fax

CSCU Contact Email: cheryl.dukes@dshs.state.tx.us

Other employees and representatives of DSHS are not permitted to answer questions or otherwise discuss the contents of the RFP with any respondents or potential respondents or their representatives. Failure to observe this restriction may result in disqualification of this or other subsequent proposals. This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this RFP.

Written inquiries or questions about this RFP must be received no later than the date specified in Section I.D. Schedule of Events by 5:00 p.m. CDT. Questions submitted after this date and time will not be answered. Questions will not be answered verbally. Questions must be submitted by email (preferred), mail, hand-delivery, or fax to the addresses or numbers above.

All questions and answers will be posted on the *Electronic State Business Daily* (ESBD) website at: <http://esbd.cpa.state.tx.us>. Postings may be made as questions are answered; however, all questions will be answered and posted no later than 5:00 P.M. CDT on the date specified in Section I D. Schedule of Events.

Below are steps to navigate the ESBD web site to view all documents posted related to this RFP including questions and answers. If you know the Agency Requisition number, skip to 1. c.

1. On the ESBD page, under the Browse heading:
 - a) For the Agency Field, click Name then select Department of State Health Services from the pull down menu.
 - b) For the Search Type Field, select Search Bid/Procurement Opportunities from the pull down menu.
 - c) In the Agency Requisition Number field, type **RFP # HIV/TESTLINK-0475.1**
 - d) Leave the NIGP Class – Item Number field blank.
 - e) For the Order Results By field, select your preference from the pull down menu.
 - f) Click the GO button.
2. All documents that are posted for this RFP will be displayed with a description of each document.
3. Click on the appropriate document or bid package to see the file.

CSCU is the point of contact with regard to all procurement and contractual matters relating to the services described herein prior to the award of any contract(s) as a result of this RFP. CSCU is the only office authorized to clarify, modify, amend, alter, or withdraw the Project requirements, terms, and conditions of this RFP.

B. Proposal Due Date

The proposal must be received on or before the following date and time:
2:00 P.M. CDT on the date specified in Section I. D. Schedule of Events.

C. Submission

The original proposal and 5 additional copies must be submitted **on or before the due date to the RFP point of contact at the address specified in Section III. A. RFP Point of Contact. DSHS will not accept proposals by fax or email.**

One (1) CD containing an electronic copy must also be submitted with the original proposal.

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

If a proposal is mailed, it is considered as meeting the deadline if it is delivered to the correct address as reflected in Section III. A. RFP Point of Contact and received by DSHS on or before the due date and time.

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

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

IV. PROPOSAL SCREENING AND EVALUATION

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

A. Screening Process

Proposals are initially screened for eligibility and completeness. The preliminary screening or eligibility criteria requirements include the following:

1. Proposal received on or before the proposal due date and time.
2. The original proposal bears an original signature of the authorized official of the respondent organization on Form A. Face Page.
3. Form E: Administrative Information will be used in the initial screening process. This information may be used to exclude a proposal from review at the sole discretion of DSHS.

4. While a Respondent may submit more than one proposal, Respondent cannot apply to more than one county per proposal as defined in Section I. C. Use of Funds.
5. Other preliminary screening criteria as needed and appropriate.

In conducting the screening process, DSHS at its sole discretion may give respondents an opportunity to submit missing information or correct identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be screened as is or may be disqualified from the evaluation process. Information submitted after the deadline will not be part of the evaluation.

DSHS reserves the right to waive irregularities that DSHS in its sole discretion determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived.

PROPOSALS MAY BE EXCLUDED FROM REVIEW AND EVALUATION BASED ON THE SCREENING PROCESS OR ADMINISTRATIVE INFORMATION PROVIDED ON FORM E.

B. Evaluation Process

Proposals that successfully pass the initial screening will be evaluated by an evaluation team consisting of 3 subject matter experts using the standard evaluation criteria and scoring values as outlined below.

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

C. Evaluation Criteria

The proposal sections will be weighted as follows:

<u>Proposal Components</u>	<u>Percent Values</u>
FORM I: Budget (All forms)	10
FORM K: Respondent Background	25
FORM L: Assessment Narrative	15
FORM N: Work Plan	50
Total	100

D. Selection, Negotiation, and Award

Selection of proposals and subsequent funding awards will be based on evaluation scores, availability of funds, area/community need or other factors, funding formulas, and the best interest of the State in providing services under this RFP.

Successful respondents are expected to achieve a score of at least 70 percent. Proposals with a score less than indicated above may not be considered. The specific dollar amount awarded to each successful respondent will depend upon the merit and scope of the proposal and other best value considerations. Not all respondents who are deemed eligible to receive funds are assured of receiving an award.

The final funding amount and the provisions of the contract will be determined at the sole discretion of DSHS staff.

Any exceptions to the requirements, terms, conditions, or certifications in the RFP attachments, addendums, or revisions to the RFP or General Provisions, sought by the respondent must be specifically detailed in writing by the respondent on Form F: Exception Form in this proposal submitted to DSHS for consideration. DSHS will accept or reject each proposed exception. DSHS will not consider exceptions submitted separately from the respondent's proposal or at a later date.

Successful respondents will be contacted as part of the contract negotiation process in order to discuss and ask questions regarding their RFP response. This process may require the contractor to revise sections of their response and/or budget to meet the needs of the DSHS program. A request for revisions does not guarantee the successful respondent of a contract with DSHS. The final award will be based on the best interests of the DSHS program and available funding.

CSCU will post to the ESDB a list of respondents whose proposals are selected for final award. This posting does not constitute DSHS's agreement with all the terms of any respondent's proposal and does not bind DSHS to enter into a contract with any respondent whose award is posted.

V. DSHS ADMINISTRATIVE INFORMATION

A. Rejection of Proposals

1. DSHS reserves the right to reject any or all proposals and is not liable for any costs incurred by the respondent in the development or submission of the proposal.
2. Any attempt by an employee, officer, or agent of the respondent to influence the outcome of DSHS's review through contact with any Commissioner or staff member of DSHS or other Texas Health and Human Services agency will result in rejection of the proposal.
3. Any material misrepresentation in a proposal submitted to DSHS will result in rejection of the proposal.
4. Form E: Administrative Information. Information supplied on this form will be used in the screening, evaluation, and/or rejection of any proposal.
5. Proposals may be rejected for failure to meet screening criteria or respondent eligibility criteria.

B. Right to Amend or Withdraw RFP

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

C. Authority to Bind DSHS

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

D. Financial and Administrative Requirements

General Provisions

1. All contractors under this RFP must comply with the *DSHS General Provisions* posted on the ESD with this RFP. The General Provisions are also located at: <http://www.dshs.state.tx.us/grants/gen-prov.shtm>.

Respondent is not required to return the General Provisions or DSHS Assurances and Certifications with their proposal. By signing the Form A: Face Page, respondent is agreeing to abide by the referenced General Provisions and DSHS Assurances and Certifications.

2. All contractors under this solicitation must comply with applicable cost principles, audit requirements, and administrative requirements. Form K. Financial Management and Administrative Questionnaire is required.

Additional requirements on basic accounting and financial management systems are found in the DSHS Contractor Financial Procedures Manual. Copies of the procedure manual are available online at CFPM (September 1, 2010, 1MB Word).

OMB Circulars (Title 2 Code of Federal Regulations) may be found at: <http://www.whitehouse.gov/omb/circulars/>. Uniform Grant Management Standards may be found at: <http://governor.state.tx.us/files/state-grants/UGMS062004.doc>.

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

3. The Department of Health and Human Services Grants Policy Statement (HHS

GPS) is intended to make available in a single document the general terms and conditions of HHS discretionary grant and cooperative awards. The HHS GPS indicates in Part II whether requirements must be applied to or “flowed down” to subawards or contracts under grants. Recipients and Subrecipients are responsible for specifying those requirements in subawards (which includes consortium agreements) or contracts, as applicable.

The *HHS GPS* is available online at:

http://www.hhs.gov/grantsnet/docs/HHSGPS_107.doc.

4. **Electronic and Information Resources Accessibility:** The respondent must represent and warrants that the technology provided to DSHS is in compliance with the State of Texas accessibility requirements for electronic and information resources as specified in 1 Texas Administrative Code Chapter 213 when such products are available in the commercial marketplace or when such products are developed in response to a procurement solicitation. The respondent must provide Department of Information Resources (DIR) with the URL to its Voluntary Product Accessibility Template (VPAT) for reviewing compliance with the State of Texas Accessibility requirements (based on the federal standards established under Section 508 of the Rehabilitation Act), or indicate the product/service accessibility information is available from the *General Services Administration ‘Buy Accessible Wizard’ (BAW)*. Respondents not listed with the BAW or supplying a URL to their VPAT must provide DIR a report that addresses the same accessibility criteria in substantively the same format. Additional information regarding the BAW or VPAT is located at: <http://www.section508.gov>.

E. Contracting with Subcontractors

The selected respondent **may not** enter into contracts with subcontractors.

F. Contract Information

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

G. Contract Award Protest Policy

Respondents who feel aggrieved in connection with a contract award based on this RFP, must submit a written protest according to Title 25, Part 1, Chap. 4, Subchapter A, §4.1 – Contract Protest which, is located at: [Protest Procedures for Client Services Competitive Procurements. Protests should include the respondent’s Vendor Identification Number \(VINS\) and the RFP number.](#)

The protest should be mailed or faxed to:

Contract Oversight and Support Section
Attention: Protest Coordinator
MAILCODE 1326

P.O. Box 149347
Austin, TX 78714-9347
Fax: 512/776-7202

CONTENT AND PREPARATION

VI. PROPOSAL CONTENT

A. Instructions for Preparation

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

- All pages clearly and consecutively numbered;
- Original and 5 additional copies unbound, but secured with binder clips or rubber bands;
- Typed (computer or typewriter);
- No less than single-spaced;
- No less than 12-point font on 8 1/2" x 11" paper with 1" margins;
- Black print on white paper;
- Blank forms provided in **SECTION VII. BLANK FORMS AND INSTRUCTIONS** must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided.
- Signed in ink by an authorized official (copies must be signed but need not bear an original signature);
- Envelope/package containing the proposal must clearly identify the respondent's legal name and mailing address as reflected on Form A: Face Page.
- Envelope/package containing the proposal must clearly identify the name and number of the RFP as reflected on the cover page of this RFP.
- An electronic disc copy must be included.

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

B. Confidential Information

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

C. Table of Contents

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

- Form A. Face Page - Proposal for Financial Assistance
- Form B. Proposal Table of Contents and Checklist
- Form C. Contact Person Information
- Form D. Location of Contract Services or Clinic Sites
- Form E. Administrative Information – attach required information
- Form F. Exceptions Form
- Form G. Child Support Certification
- Form H. Assurance of Compliance with CDC and DSHS Requirements for Contents of HIV/STD-related Written Educational Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions
- Form I. Budget Section
- Form J. Financial Management and Administration Questionnaire
- Form K. Respondent Background
- Form L. Assessment Narrative
- Form M. Performance Measures
- Form N. Work Plan
- Appendix A. DSHS Assurances and Certifications
- Appendix B. DSHS HIV Contractor Assurances



Department of State Health Services

FORM A: FACE PAGE

Proposal for Financial Assistance HIV/TESTLINK-0475.1

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

RESPONDENT INFORMATION	
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) DUNS Number (9-digit) required if receiving federal funds:	CCR Number, if available:
5) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID Number (14 digit) or Social Security Number (9 digit):	
<i>*The respondent acknowledges, understands and agrees that the respondent'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>	
6) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization
	<input type="checkbox"/> Faith Based (Nonprofit Org)
	<input type="checkbox"/> Individual
	<input type="checkbox"/> Federally Qualified Health Centers
	<input type="checkbox"/> State Controlled Institution of Higher Learning
	<input type="checkbox"/> Hospital
	<input type="checkbox"/> Private
	<input type="checkbox"/> Other (specify): _____
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>	
7) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____
8) COUNTIES SERVED BY PROJECT:	
9) AMOUNT OF FUNDING REQUESTED:	11) PROJECT CONTACT PERSON
10) PROJECTED EXPENDITURES Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <i>**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..</i>	Name: _____ Phone: _____ Fax: _____ Email: _____
	12) FINANCIAL OFFICER
	Name: _____ Phone: _____ Fax: _____ Email: _____
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in APPENDIX B: DSHS Assurances and Certifications . 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 respondent and I (the person signing below) am authorized to represent the respondent.	
13) AUTHORIZED REPRESENTATIVE	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: _____ Title: _____ Phone: _____ Fax: _____ Email: _____	
Check <input type="checkbox"/> if change	
	15) DATE

FORM A: FACE PAGE INSTRUCTIONS

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

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the respondent.
- 2) **MAILING ADDRESS INFORMATION** - Enter the respondent'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 respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **DUNS Number** – 9 digit Dun and Bradstreet Data Universal Numbering System (DUNS) number or Central Contractor Registration (CCR) number plus 4 digit extended DUNS number. The CCR number is the +4 extension to the DUNS number created by registrants in the CCR when there is a need for more than one bank/Electronic Funds Transfer account for a location. This can be obtained at: <http://fedgov.dnb.com/webform>. CRR is not required to be obtained by DSHS at this time, however, if your organization has a CCR number, please document in the space provided. The DUNS number is required if receiving **ANY** federal funds.
- 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 respondent acknowledges, understands and agrees the respondent's choice to use a social security number as their 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> or http://www.sos.state.tx.us/corp/nonprofit_org.shtml and/or the Texas State Comptroller at https://fm.xcpa.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 respondent's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 for respondent's current fiscal year, respondent 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 respondent. 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 respondent must sign in this blank.
- 15) **DATE** - Enter the date the authorized representative signed this form.

FORM B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST

Legal Business

Name of _____

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

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures, dated, and <u>included</u>	<input type="checkbox"/>		
B	Proposal 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	Location of Contract Services or Clinic Sites – one form completed for each location and <u>included</u>	<input type="checkbox"/>		
E	Administrative Information - completed and <u>included</u> (with supplemental documentation attached if required)	<input type="checkbox"/>		
F	Exceptions Form - completed and <u>included</u> (with supplemental documentation attached if required)	<input type="checkbox"/>		
G	Child Support Certification – completed and included	<input type="checkbox"/>		<input type="checkbox"/>
H	Assurance of Compliance with CDC and DSHS Requirements for Contents of HIV/STD-related Written Educational Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions – completed and <u>included</u>	<input type="checkbox"/>		
I	Budget Section – completed and <u>included</u> <u>download from ESD (with most recently approved indirect cost agreement and letters of good standing, if applicable)</u>	<input type="checkbox"/>		
J	Financial Management and Administration Questionnaire - completed and <u>included</u>	<input type="checkbox"/>		
K	Respondent Background - completed and <u>included</u>	<input type="checkbox"/>		
L	Assessment Narrative – completed and <u>included</u>	<input type="checkbox"/>		
M	Performance Measures - completed and <u>included</u>	<input type="checkbox"/>		
N	Work Plan – completed and <u>included</u>	<input type="checkbox"/>		

Respondent does not need to return copies of any Appendix documents.

FORM C: CONTACT PERSON INFORMATION

Legal Business Name of _____

All communication from the HIV/STD Prevention and Care Branch or the Contract Management Unit will be sent to the Project Manager / Coordinator listed below. The program's information distribution list will be used for various updates and information of interest for contractors that relate to programmatic issues and related subjects. The Contract Management's information distribution list will be for various business and contractual related issues. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit.

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

**FORM D: LOCATION OF CONTRACT SERVICES OR CLINIC SITES
COMPLETE A SEPARATE FORM FOR EACH OUTREACH LOCATION OR CLINIC SITE**

This form provides information about the service location(s) in the respondent's organization. Organizations must submit a separate copy for multiple locations.

*If any of the following information changes during the term of the contract, please send written notification to the **Contract Management Unit**.*

Site Number _____ of _____									
Site Name: _____									
Contact Person: _____						Phone: _____			
Contact's E-mail: _____						Fax: _____			
Site Location: _____									
Street Address: _____									
City: _____		County: _____			Zip Code: _____		HSR: _____		
Website Address: _____									
Type(s) of Service Provided at this Site: 									
Site Hours: (please indicate a.m. and/or p.m.)	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday		
Morning (from – to)									
Afternoon (from – to)									
Evening (from – to)									
Additional Information (optional): 									

**ALL ADDITIONAL PAGES REQUIRED BY RESPONSES TO FORM D, SHOULD BE
INSERTED HERE.**

FORM E: ADMINISTRATIVE INFORMATION

This form provides information regarding identification and contract history of the respondent, executive management, project management, governing board members, and/or principal officers. Respond to each request for information or provide the required supplemental document behind this form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

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

Legal Business

Name of _____

Identifying Information

1. The respondent must attach the following information:

If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

If a Nonprofit or For Profit Entity

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if respondent is a for-profit entity.

2. Is respondent a nonprofit organization?

YES NO

If YES, respondent must include evidence of its nonprofit status with the proposal. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence.

- (a) A copy of a currently valid IRS exemption certificate.
- (b) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the respondent organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (c) A copy of the organization's certificate of formation or similar document if it clearly establishes the nonprofit status of the organization.
- (d) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the respondent organization is a local nonprofit affiliate.

Conflict of Interest and Contract History

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

Pursuant to Texas Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specifications or the RFP on which the bid is based.

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

YES **NO**

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

4. Will any person who received compensation from DSHS or Health and Human Services Commission (HHSC) for participating in the preparation of the specifications or documentation for this RFP participate financially with respondent as a result of an award under this RFP?

YES **NO**

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

5. Will any provision of services or other performance under any contract that may result from this RFP constitute an actual or potential conflict of interest or create the appearance of impropriety?

YES **NO**

If YES, detail any such actual or potential conflict of interest that might be perceived or represented as a conflict. (Attach no more than one additional page.)

6. Are any current or former employees of the respondent current or former employees of DSHS or HHSC (within the last 24 months)?

YES NO

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

7. Are any proposed personnel related to any current or former employees of DSHS or HHSC?

YES NO

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

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

YES NO

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

9. If the respondent is a private nonprofit organization, does the executive director or other staff serve as voting members on the organizations governing board?

YES NO

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

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

YES NO

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

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

YES NO

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

12. Does this proposal include financial participation by a person or entity that has been convicted of violating federal law, or been assessed a penalty in a federal civil administrative enforcement action, 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 any other disaster occurring after September 24, 2005, under Government Code 2261.053?

YES NO

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

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

YES NO

If YES, list the DSHS contract and attachment number(s):
DSHS Contract Number(s)

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

**ALL ADDITIONAL PAGES REQUIRED BY RESPONSES TO FORM E, SHOULD BE
INSERTED HERE.**

FORM E: EXCEPTIONS FORM

FORM F: EXCEPTIONS FORM

RFP # HIV/TESTLINK- 0475.1

This is the approved format for the respondent to: (1) state that no exceptions are being made to the requirements, terms, conditions, or certifications in the RFP attachments, addendums, or revisions to the RFP or General Provisions, or (2) list all exceptions to any requirements, terms conditions, certifications or deliverables in the RFP or General Provisions.

Respondent must submit this form with their response.

Instructions:

- If no exceptions are being made to any issue of the RFP, respondent must check the 'no exception' box below and leave the table blank.
- If exceptions are being made, use the table below and fill in all columns for each exception.
- Ensure the RFP section number and page number or the number of the term or condition of the issue is stated.
- Ensure each exception is described fully or by reference to the exact location within the proposal and/or general provisions.
- Ensure it is stated whether the exception is part of a proposal deliverable with a clear citation to the deliverable.
- Provide an explanation of why the exception is being proposed, and any alternatives being proposed to the issue in the RFP.
- Add more table lines as necessary.
- If more space for explanations or alternatives is reasonably needed, list the exception on this form and reference the attached page(s) – Ensure each attached page clearly identifies the line item it refers to.
- Any alternatives may also be embedded in the proposal narrative as appropriate to make the narrative clear, but in the proposal narrative the exception should be noted with the line item number on this form.

If no exceptions are being made, check this box and leave the table below blank

FORM F: EXCEPTIONS FORM

RFP # HIV/TESTLINK 0475.1

TABLE OF EXCEPTIONS

Exception No.	RFP Section No. and Page No. or no. of term or condition in the general provisions to which exception is requested	Full description of exception requested or reference to exact location of full description if found elsewhere in proposal and/or general provisions.	State if the exception is part of a proposal deliverable with a clear citation to the deliverable	Explanation of why the exception is being proposed and any proposed alternatives to the issue
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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11.				
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16.				
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18.				
19.				
20.				



FORM G: CHILD SUPPORT CERTIFICATION
(REQUIRED)
Department of State Health Services
Child Support Certification

The Texas Family Code, §231.006, places certain restrictions on child support obligors. Contracts with governmental entities or nonprofit corporations are not subject to §231.006.

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

1. The contractor is: (check one)

- An individual or sole proprietor, or
- A business entity (corporation, partnership, joint venture, limited liability company, association, etc.)

2. The contractor certifies the following is a complete list of the names and social security numbers of either (A) the individual or sole proprietor who is the contractor or (B) each partner, shareholder, or owner with an ownership interest of at least 25% of the contractor/business entity: (attach additional sheet if necessary).

- (A) Printed Name: _____
Social Security Number: _____
- (B) Printed Name: _____
Social Security Number: _____

3. Under the Texas Family Code, §231.006, the contractor certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment withheld if this certification is inaccurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25%.

4. Printed Name of Contractor: _____
Printed Name of Authorized Representative: _____
Signing this Certification: _____
Signature of Authorized Representative: _____
Date: _____

FORM H: ASSURANCE OF COMPLIANCE WITH CDC AND DSHS
REQUIREMENTS FOR CONTENTS OF HIV/STD-RELATED WRITTEN
EDUCATIONAL MATERIALS, PICTORIALS, AUDIOVISUALS,
QUESTIONNAIRES, SURVEY INSTRUMENTS,
AND EDUCATIONAL SESSIONS

The respondent agency certifies that its Project Director and Authorized Business Official have received a copy of the *Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control Assistance Programs*, dated June, 1992, and its *Preface*, and DSHS HIV/STD Policy 500.005, *Contractor Review of HIV/AIDS and STD Written and/or Pictorial Materials Intended for Public Use*; and

- have read them;
- accept them;
- agree to comply with all particulars and specifications set forth;
- agree to comply with all specifications, INCLUDING THOSE SET FORTH during the program year;
- agree that all specified materials shall be submitted to the local program materials review panel and subject to the CDC and DSHS guidelines set forth; and
- agree to ensure that the local program materials review panel shall reasonably reflect the views of the entire community it serves, not just those of any one population, and that all panelists shall read and abide by all CDC and DSHS guidelines for materials review panels.

If you **do not** use HIV/STD-related educational materials outlined in the CDC and DSHS guidelines, or if you only use materials developed by CDC and/or DSHS, you do not need to convene a local panel. Please check one of the following statements and sign/date this page.

<input type="checkbox"/>	I certify that this program does not use HIV/STD educational materials outlined in the CDC and DSHS guidelines.
<input type="checkbox"/>	I certify that this program only uses HIV/STD educational materials developed by CDC and/or DSHS.

If you **do** use HIV/STD-related educational materials outlined in the CDC and DSHS guidelines, please attach a page listing the **name, occupation, affiliation, gender, race/ethnicity, mailing address, phone number and e-mail (if applicable)** of all proposed local panel members and sign/date below. You must have at least five members on your panel and one member must be an employee of the local health department.

Respondent Agency: _____

Signature of Authorized Official: _____ Date: _____

FORM I: BUDGET SECTION

Detailed budget category forms, general information, and instructions are located on the ESBD.

Review the following budget guidance as well as the budget template instruction pages prior to completing the budget section of the proposal. The budget forms are compatible with Microsoft Excel versions 97/2003/2007.

The budget category detail forms will automatically complete any calculations to ensure that all figures are tallied correctly and automatically copy the overall totals on each detail page to the budget summary page.

The budget summary and detail pages should only reflect the amount requested by DSHS for the proposed activities and/or services. Contractors do not need to provide any information on the summary or detail pages that reflect any other funding sources for the proposed services.

Please note in the guidance below that there may not be additional guidance for all forms in the Budget section.

Relationship of Budget to Work Plan

The budget amounts and justification statements submitted must reflect the funding required to provide services as detailed in the contractor's work plan.

Form I: Budget Summary (Required)

This page will automatically calculate from the detail pages. Contractors should enter the amount of funding requested for each of the eight (8) categories in the DSHS Funds Requested (Column 2).

Program Income (Row K): Proposal 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-1. Personnel Budget Category Detail Form

Fringe Benefits: Enter the exact Fringe Benefit Rate OR the average Fringe Benefit Rate (for respondents with varying fringe benefit rates). The Fringe Benefits Total must be based on the Fringe Benefits Rate.

Form I-3: Equipment Detail Form

For any equipment requested, the Respondent should submit, along with the budget documents, a purchase quote of the item that includes the specifications of the item.

Form I-7: Indirect Costs

Indirect costs should be limited to no more than 10% of the requested budget. The respondent shall attach a copy of their current indirect cost rate agreement. If the respondent does not have a current indirect cost rate agreement on file with DSHS, the respondent shall acknowledge that an agreement is not on file at this time with the knowledge that if their proposal is accepted, the indirect cost rate agreement must be submitted to the division Contract Management Unit within sixty (60) days of the contract start date.

FORM J: FINANCIAL MANAGEMENT AND ADMINISTRATION
QUESTIONNAIRE

Legal Name of Respondent: _____

Introduction

By accepting an award from the Department of State Health Services (DSHS) your organization and the Board of Directors or other oversight authority accept responsibility for complying with the management and administration of programmatic, financial and reporting requirements of the award. Communication and coordination between the organization's program implementation and financial staff is essential for the success of the project being funded by the award. It is critical that staff responsible for the programmatic and accounting functions is aware of the financial and administrative requirements applicable to grants and subgrants. Key personnel within the organization should be identified and assigned responsibilities for the programmatic, financial and administrative requirements applicable to the DSHS award.

All DSHS contractors are required to have a financial management system in place that meets federal and state standards for expending and accounting for the funds received under the award. Documents and records must be maintained that identify the receipt and expenditure of funds separately for each DSHS Program Attachment. The system must be able to capture and report expenditures by the budget cost categories for each DSHS Program Attachment. This requires establishing within the chart of accounts and general ledger, a separate set of accounts for each Program Attachment. All financial reports should be prepared with information that comes directly from the organization's accounting system. There should be a reconciliation of the information that is reported to amounts recorded in the accounting system. In order to ensure the fiscal integrity of accounting records, the contractor must use an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger.

Additional information on requirements pertaining to accounting and financial management systems are found in the regulations listed under "Administrative Requirements" in the table below and the DSHS Contractor's Financial Procedures Manual. Copies of the manual are available online at: <http://www.dshs.state.tx.us/contracts/>

Financial and Administrative Requirements

All contractors must comply with applicable cost principles, audit requirements, and administrative requirements listed below: [Note - The Federal Office of Management and Budget (OMB) is in the process of relocating Circulars to Title 2 of the Code of Federal Regulations (CFR).]

Applicable Entity	Applicable Cost Principles	Audit Requirements	Administrative Requirements
State, Local and Tribal Governments	OMB Circular A-87	OMB Circular A-133 and Uniform Grants	UGMS, OMB Circular A-102, and applicable Federal

		Management Standards (UGMS)	awarding agency common rule
Educational Institutions	OMB Circular A-21; and UGMS, as applicable	OMB Circular A-133	OMB Circular A-110 and applicable Federal awarding agency common rule; and UGMS, as applicable
Non-Profit Organizations	OMB Circular A-122	OMB Circular A-133 and UGMS	UGMS; OMB Circular A-110 and applicable Federal awarding agency common rule
For-profit Organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular.	48 CFR Part 31, Contract Cost Principles Procedures, or uniform cost accounting standards that comply with cost principles acceptable to the federal or state awarding agency	OMB Circular A-133 and UGMS	UGMS and applicable Federal awarding agency common rule

Internet links to laws and regulations applicable to the financial and administrative requirements of grants and sub grants are provided below.

Circulars (CFRs): http://www.whitehouse.gov/omb/grants/grants_circulars.html

Federal agency common rules: <http://www.whitehouse.gov/omb/grants/chart.html>

Code of Federal Regulations: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Uniform Grant Management Standards:
<http://governor.state.tx.us/files/state-grants/UGMS062004.doc>

Federal Department of Health and Human Services, Grants Policy Statement:
<http://www.hhs.gov/grantsnet/adminis/gpd/>

ACCOUNTING SYSTEM

The type of accounting system often depends on the size of the organization. Briefly describe your organization's accounting system including:

- a) Is the accounting system computerized, manual or a combination of both;
- b) How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger;
- c) When do you close your general ledger (e.g., monthly by the 10th of the following month);
- d) How are transactions organized, maintained, and summarized in financial reports. If your

5. Are time records (e.g., time sheets) maintained for all employees where their actual time/effort is recorded and specifically identified to a particular cost objective?

YES NO

6. Is the employees' time/effort that is recorded on the time record the source/basis of the calculation of salary/wage costs recorded in the general ledger for each cost objective?

YES NO

GENERAL ADMINISTRATION & INTERNAL CONTROLS

1. Is the staff who will be responsible for the financial management of the award generally familiar with the existing regulations and guidelines containing the cost principles and financial administrative requirements applicable to state and federal contracts/grants?

YES NO

2. Does your organization have written accounting policies and procedures?

YES NO

3. Are generally accepted accounting principles followed for separation of duties regarding receipts and deposit of funds and payment of goods and services?

YES NO

4. Are procedures in place with adequate controls to ensure that receipts and disbursements are authorized and appropriately documented?

YES NO

5. Are all disbursements approved prior to payment?

YES NO

6. Is there any additional review or special approval required for checks exceeding a specific dollar amount?

YES NO

7. Are there written procedures and internal controls established for the procurement of goods and services?
- YES NO
8. Do purchase orders/requisitions require specific approvals from authorized individuals in the requesting department?
- YES NO
9. Are supporting documents (invoices, receipts, approvals, receiving reports, canceled checks, etc.) maintained for each disbursement and on file for easy location and retrieval?
- YES NO
10. Do supporting documents accompany checks for the check signer's signature?
- YES NO
11. Are supporting documents marked when paid to prevent reuse or duplication of payment?
- YES NO
12. Are invoices coded to identify allocation of payment by cost objective and sub-account?
- YES NO
13. Does your organization stay current with payments of its accounts payable, payroll taxes and other liabilities, loans, taxes, etc.?
- YES NO
14. As program income is to be used for program purposes, are there procedures and controls to ensure proper use, accountability, and allocation?
- YES NO

15. Do you have written personnel policies?

YES NO

16. Does your policy require individual daily time and attendance records for personnel (part-time, full-time, and/or in-kind volunteers)?

YES NO

17. Do procedures ensure that time and attendance reports can be specifically traced to costs recorded in the general ledger for each payroll period for each cost objective?

YES NO

18. Do you have written job descriptions with set salary levels for each employee?

YES NO

19. Do you have on file authorizations covering rates of pay, withholding and deductions for each employee?

YES NO

The Financial Management and Administration Questionnaire must be signed by an authorized person who has either completed or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

Print Name: _____

Signature: _____

Title: _____

Copies of the DSHS Financial Procedure Manual are available online at CFPM (September 1, 2010, 1MB Word).

FORM K: RESPONDENT BACKGROUND

Instructions: Number each response to the items below with the information requested.

1. Provide a narrative description of the respondent's overall purpose or mission statement, a brief history of accomplishments, and the organizational structure such as board of directors, officers, advisory councils, or committees. Attach an organization chart as part of response.
2. Provide a narrative description of any experience (including number of years) that demonstrates qualifications for the proposed services and working with each of the priority populations to be served. Include a description of relationships, collaborations, or partnerships with other entities related to HIV testing and enhanced linkage to HIV medical care systems. Experience and success of such efforts should be supported with quantitative and qualitative data.
3. Describe the respondent's history and experience conducting recruitment and HIV testing. Experience and success of such efforts should be supported with quantitative and qualitative data including: HIV positivity rates (new positives), total number of HIV tests conducted, MSM tested, proportions of positive test results delivered, and proportion of HIV positive clients successfully linked to HIV medical care in 2010. Describe experience with all proposed test technologies.
4. Describe the respondent's history and experience integrating targeted condom distribution activities into HIV testing programs. Experience and success of such efforts should be supported with quantitative and qualitative data as applicable.

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

FORM L: ASSESSMENT NARRATIVE

Instructions: Number each response to the items below with the information requested. Identify any additional resources used in completing this form.

1. Provide a brief synopsis of:
 - a. Geographic boundaries;
 - b. Characteristics of target population, including demographic (age range, conditions/disabilities, language, culture, etc.);
 - c. Current population served (characteristics, population data, numbers of clients served, types and numbers of services provided) - identify any differences between the current population served and the proposed target population and rationale for changes in target.
2. Describe the existing resources available in the community for HIV testing efforts, health and human service systems, networks, and pertinent health-related resources and services that provide linkage to care for people who are infected with HIV.
3. Describe any gaps in resources and the potential barriers to accessing needed services and improving health status.
4. Summarize the needs identified by the community and target population assessments and describe the proposed project's priorities that are designed to address these needs.
5. Describe your agency's ability to provide services to culturally diverse populations.

An additional 5 pages may be attached, if needed.

FORM M: PERFORMANCE MEASURES

Respondent must include the following performance measures in the proposal along with the proposed target levels of performance for each measure. The proposed target levels of performance and reporting frequency may be negotiated and agreed upon by respondent and DSHS if respondent is selected to negotiate a contract.

Performance Measures for All Contractors	
OBJECTIVE A	At least 75% of clients testing for HIV will receive results.
OBJECTIVE B	At least 95% of clients testing positive for HIV will receive results counseling.
OBJECTIVE C	At least 95% of clients who are HIV positive (all positives) and received results will be successfully linked to HIV medical care.
OBJECTIVE D	Contractor will maintain a minimum of 1.5% positivity rate.

Projected Numbers to be Served	
OBJECTIVE E	
Projected Number of tests to be performed by the end of the contract term:	
OBJECTIVE F	
Projected Number (minimum) of newly diagnosed HIV positive persons by the end of the contract term:	
OBJECTIVE G	
Of the total number of tests outlined in Objective E, the contractor will provide a projected minimum number of tests to men who have sex with men by the end of the contract term:	
MSM	

FORM N: WORK PLAN

Instructions: Number each response to the items below with the information requested.

1. Describe recruitment strategies that will be used to reach priority population(s) and specific venues and/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, etc.)
2. Describe how respondent will establish enhanced linkage to HIV medical care systems for people who are infected with HIV, and identify staff person (s) responsible for tracking linkage activities.
3. Describe respondent's plan to use multiple strategies to recruit high-risk individuals for testing. Detail efforts on recruiting men who have sex with men.
4. Describe brief risk screen process to determine the services most appropriate for individual clients. Include the format for how the risk screening assessment will be conducted. List elements of the risk screen assessment tool.
5. Describe testing process to be utilized.
6. Describe how HIV test results will be provided to both HIV positive and HIV negative clients.
7. Describe Respondent's plan to overcome any barriers that may prevent linkage to appropriate medical care.
8. Describe Respondent's plan to make available a variety of condoms. Detail process to be used to promote condoms and various methods of distribution at the individual, organizational, and environmental levels.
9. Describe quality assurance activities that will be used to ensure that the proposed activities are implemented as intended. List any positions involved in the quality assurance process and frequency of activities.

A maximum of **8** additional pages may be attached if needed.

APPENDICES

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.

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 2 CFR Parts 376 and 180 (subparts 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 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, 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.

APPENDIX B: DSHS HIV CONTRACTOR ASSURANCES

Note: It is not required that the respondent return the DSHS HIV Contractor Assurances 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 will remain in effect throughout the project period of this solicitation and the term of any contract between respondent and DSHS.

As the duly authorized representative of the respondent, my signature on FORM A: FACE PAGE certifies that the respondent assures the following:

1. ADVOCATE AND PROMOTE

The respondent agency assures that it does not advocate or promote conduct that violates state law, in compliance with the HIV Services Act, Texas Health and Safety Code, Section 85.011, as follows:

"Grants may not be awarded to an entity or community organization that advocates or promotes conduct that violates state law. This subsection does not prohibit the award of a grant to an entity or community organization that provides accurate information about ways to reduce the risk of exposure to or transmission of HIV."

2. CONFIDENTIALITY

The respondent agency and its employees or subcontractors, if applicable, provide assurance to the Department of State Health Services that confidentiality of all records shall be maintained. No information obtained in connection with the examination, care, or provision of programs or services to any person with HIV shall be disclosed without the individual's consent, except as may be required by law, such as for the reporting of communicable diseases. Information may be disclosed in statistical or other summary form, but only if the identity of the individuals diagnosed or provided care is not disclosed.

We are aware that the Health and Safety Code, §81.103, provides for both civil and criminal penalties against anyone who violates the confidentiality of persons protected under the law. Furthermore, all employees and volunteers who provide direct client care services or handle direct care records wherein they may be informed of a client's HIV status or any other information related to the client's care, are required to sign a statement of confidentiality assuring compliance with the law. An entity that does not adopt a confidentiality policy as required by law is not eligible to receive state funds until the policy is developed and implemented.

3. CONFLICT OF INTEREST

The respondent agency and its employees or subcontractors, if applicable, provide assurance to the Department of State Health Services that no person who is an employee, agent, consultant, officer, board member, or elected or appointed official of this agency, and, therefore, in a position to obtain a financial interest or benefit from an activity, or an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder,

either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter shall participate in the decision making process or use inside information with regard to such activity. Furthermore, this agency will adopt procedural rules which require the affected person to withdraw from his or her functions and responsibilities or the decision-making process with respect to the specific assisted activity from which they would derive benefit.

4. TUBERCULOSIS COLLABORATION

The respondent agency assures the DSHS that it maintains collaborative efforts with local Tuberculosis (TB) Control programs in order to insure that HIV and TB treatment and prevention services are provided to persons at risk of HIV and TB.

5. DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the respondent organization) certifies that it will provide a drug-free workplace in accordance with 45 CFR Part 76 by:

- (a) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
- (b) Establishing a drug-free awareness program to inform employees about:
 - (1) The dangers of drug abuse in the workplace;
 - (2) The grantee's policy of maintaining a drug-free workplace;
 - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (c) Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above.
- (d) Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will:
 - (1) Abide by the terms of the statement; and
 - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction.
- (e) Notifying the agency within ten days after receiving notice under subparagraph (d)(2), above, from an employee or otherwise receiving actual notice of such conviction.
- (f) Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), above, with respect to any employee who is so convicted:
 - (1) Taking appropriate personnel action against such an employee, up to and including termination; or
 - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency.
- (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f), above.

6. POLICIES OF THE HIV/STD PROGRAM

The respondent agency assures the DSHS that it will abide by all policies of the HIV/STD Comprehensive Services Branch that apply to the programs being provided. A list of policies applicable to all HIV and STD contractors is provided at the program website at <http://www.tdh.state.tx.us/hivstd/policy/policy4.htm>.