



HIV PREVENTION PROGRAM

FY 2012 Renewal Application HIV/PREVS

Issued **March 25, 2011**
Due **April 22, 2011**

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

David L. Lakey, M.D. Commissioner

INTRODUCTION

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

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

PLEASE READ THIS GUIDANCE BEFORE PREPARING THE RENEWAL APPLICATION

Contract Term

It is expected that the initial contract period will begin on or about 09/01/11 and will be made for a 12-month budget period.

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

Continued funding of the project is contingent upon the availability of funds and the satisfactory performance of the contractor during the prior budget period. Funding may vary and is subject to change each budget period.

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

Submission

The renewal application must be submitted **by or before 2:00 p.m. CDT April 22, 2011.**

Renewal applications and budget forms should be e-mailed to hiv-prevcontracts@dshs.state.tx.us with a copy to the contractor's assigned DSHS central office program consultant. A list of consultants and their contact information can be found in Appendix B of this renewal application.

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

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

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

A scanned copy of Form A along with any required contractor assurances requiring signature are acceptable and may be submitted in PDF format. Any signed forms not provided in a PDF scanned format must be received by the Contract Management Unit by or before 2:00 p.m. CDT May 6, 2011.

Point of Contact

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



Department of State Health Services
FORM A: FACE PAGE

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

CONTRACTOR 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) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) :	
<i>*The contractor acknowledges, understands and agrees that the contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>	
5) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization <input type="checkbox"/> Faith Based (Nonprofit Org)
<input type="checkbox"/> Individual <input type="checkbox"/> FQHC <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>	
6) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____
7) COUNTIES SERVED BY PROJECT: (see Form A-1)	
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON
9) PROJECTED EXPENDITURES Does contractor's projected state or federal expenditures exceed \$500,000 for contractor's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	Name: Phone: Fax: E-mail:
11) FINANCIAL OFFICER	
Name: Phone: Fax: E-mail:	
The facts affirmed by me in this renewal application are truthful and I warrant the contractor is in compliance with the assurances and certifications contained in APPENDIX A: 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 contractor and I (the person signing below) am authorized to represent the contractor.	
12) AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Check if change	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: Title: Phone: Fax: E-mail:	14) DATE

FORM A: FACE PAGE INSTRUCTIONS

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

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the contractor.
- 2) **MAILING ADDRESS INFORMATION** - Enter the contractor's complete physical address and mailing address, city, county, state, and zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with contractor to receive payment for services rendered by contractor and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the contractor. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The contractor acknowledges, understands and agrees the contractor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Comptroller's Texas Procurement and Support Services or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **PROPOSED BUDGET PERIOD** - Enter the budget period for this renewal application. Budget period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project (see Form A-1).
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If contractor's projected state or federal expenditures exceed \$500,000 for contractor's current fiscal year, contractor must arrange for a financial compliance audit (Single Audit).
- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 12) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the contractor. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
- 13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the contractor must sign in this blank.
- 14) **DATE** - Enter the date the authorized representative signed this form.

FORM A-1: TEXAS COUNTIES AND REGIONS LIST

(in Alphabetical Order)

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

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

FORM B: RENEWAL APPLICATION TABLE OF CONTENTS AND CHECKLIST

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

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

FORM C: CONTACT PERSON INFORMATION

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

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

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 prevention 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 prevention 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 prevention 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 prevention 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: _____

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

Primary Billing Contact (required)

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

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

Other: (optional)

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

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

Other: (optional)

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

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

Other: (optional)

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

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

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

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

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

<p>1 Successfully linked means that the client's attendance at their first appointment with the case manager or medical provider has been <u>confirmed</u>. (Note: Objectives A-D, F apply to all testing performed whether accompanied by protocol based counseling or testing without counseling.)</p>
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FORM E: COMPREHENSIVE RISK COUNSELING SERVICES (CRCS) –
CATEGORY II -- PERFORMANCE MEASURES

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

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

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

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

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

FORM G-1: COMMUNITY LEVEL INTERVENTIONS –
CATEGORY II -- MPOWERMENT

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

FORM G-2: COMMUNITY LEVEL INTERVENTION –
CATEGORY II -- COMMUNITY PROMISE

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

FORM G-3: COMMUNITY LEVEL INTERVENTION –
CATEGORY II -- POPULAR OPINION LEADER

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

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

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

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

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

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

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

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

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

Health Education and Risk Reduction Activities

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

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

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

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

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

Health Education and Risk Reduction Activities

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

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

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

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

FORM I: BUDGET SECTION

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

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

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

Relationship of Budget to Work Plan

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

Form I-1: Budget Summary (Required)

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

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

Form I-2: Intervention Summary (Required)

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

Form I-3: Detailed Budget Summary (Required)

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

The eight (8) categories are as follows:

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

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

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

Equipment Purchases

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

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

Indirect Costs Guidance

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

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

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

FORM J: JUSTIFICATION FOR REQUEST OF EQUIPMENT PURCHASE

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

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

Name of Contractor:

Scope of Work:

Description of Equipment Requested:

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

- 1) Does the cost include shipping and handling?
- 2) Does the cost include a warranty?
- 3) Does the cost include a maintenance agreement? Describe any special maintenance needs, service contracts, insurance, repair costs, etc. related to the proposed equipment. How will these expenses be supported over time?
- 4) Does the cost include training in the use of equipment?
- 5) Why is the equipment needed? Describe the purpose of the equipment.
- 6) Estimate the expected results of the equipment purchase. Describe who will benefit from the equipment purchase and how.
- 7) How many clients will be served by the equipment?
- 8) What administrative or other activities will be accomplished as a result of the equipment purchase?
- 9) Where will the equipment be located in the facility?
- 10) Who will use the equipment? Is/Are the necessary staff(s) in place to support the proper use of the equipment (e.g. if a van is requested, is funding already in place to support a driver)?
- 11) Will the equipment replace any existing equipment? If so, please justify the replacement of existing equipment.
- 12) Will the equipment be purchased or owned by the administrative agency or by one of the agency's current subcontractors?
- 13) Why is the equipment more appropriate than other alternatives considered or a less expensive piece of equipment? Describe any special or optional features the requested equipment has and why those features are necessary.
- 14) If the equipment is a lease-to-purchase agreement, is a copy of the agreement attached?
- 15) If the equipment is being leased with no option to buy, explain the benefit(s)?
- 16) If the lease-to-purchase costs are spread across several funding sources other than DSHS, describe the other funding sources and their percentage of funding.

APPENDIX A: ASSURANCES AND REQUIREMENTS

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

HIV CONTRACTOR ASSURANCES

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

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

DSHS ASSURANCE AND CERTIFICATIONS

All contractors shall abide by the DSHS Assurance and Certifications located at:

<http://online.dshs.state.tx.us/finance/cscu/08assurances.doc>