



## Memorandum

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**TO:** State Services Contractors

**FROM:** Patricia A. Melchior, Director  
Contract Management Unit

**DATE:** February 25, 2009

**SUBJECT:** Renewal Guidance for HIV Health and Social Services (HIV/SRVS)

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Enclosed are the documents required for the renewal of your agency's HIV Health and Social Services (HIV/SRVS) contract with the Texas Department of State Health Services (DSHS) for the period of September 1, 2009 – August 31, 2010. This renewal document will be posted on the HIV/STD Program's website at: <http://www.dshs.state.tx.us/hivstd/funding/default.shtm>. Instructions for completing the renewal are in the renewal guidance document. If you have questions, please contact Susana Garcia, Contract Manager, at 512/458-7111 ext. 2118.

**Please take note of the following for the FY2010 budget period:**

- Reference revised State Services Allocations (attached with renewal guidance)
- Table 1 is due with your application on March 30, 2009.
- Table 2: State Services Subcontractor Data Sheet, Review Certification and Services Allocation are due to DSHS no later than September 30, 2009.
- Take special note of changes in Performance Measures (see PM Guidelines in renewal guidance) for this contract.
- Prepare a twelve (12) month budget for this contract renewal (09/01/2009 – 08/31/2010).

**Please submit an electronic copy of Renewal Guidance in Microsoft Word format to [hiv-srvscontracts@dshs.state.tx.us](mailto:hiv-srvscontracts@dshs.state.tx.us) and one (1) electronic copy to your Public Health Regional HIV/STD Program Manager. Scan the face page only as a .pdf file. Submit electronically no later than March 30, 2009. Hard copies of Renewals are not required for submission.**



# **FY 2010 Renewal Application For HIV Health and Social Services (HIV/SRVS)**

<http://www.dshs.state.tx.us/hivstd/funding/default.shtm>

**Issue Date: February 25, 2009  
Due Date: March 30, 2009**

***Contract Management Unit  
Department of State Health Services  
1100 W. 49<sup>th</sup> Street  
Austin, Texas 78756-3199***

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David L. Lakey, M.D.  
Commissioner

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**Department of State Health Services (DSHS)**

**FORM A: FACE PAGE – State Services Renewal application.**

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

<b>APPLICANT INFORMATION</b>	
1) LEGAL NAME:	
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):	Check if address change <input type="checkbox"/>
3) PAYEE Mailing Address (if different from above):	
Check if address change <input type="checkbox"/>	
4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) : <i>*The vendor acknowledges, understands and agrees that the vendor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</i>	
5) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization
<input type="checkbox"/> 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) Currently operating under a HUB Subcontracting plan on file at DSHS? Yes <input type="checkbox"/> No <input type="checkbox"/>	
7) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____
8) COUNTIES SERVED BY PROJECT:	
9) AMOUNT OF FUNDING REQUESTED:	11) PROJECT CONTACT PERSON Name: Phone: Fax: E-mail:
10) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$500,000 for applicant'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>	
12) FINANCIAL OFFICER Name: Phone: Fax: E-mail:	
I, the undersigned, am the authorized representative of the applicant filing this contract renewal application. The facts contained herein are true, and the applicant is in compliance with the assurances and certifications contained in the competitive RFP, which is part of the original contract and any renewals and amendments. I understand that this contract renewal depends on the truthfulness of this document and on the applicant's continued compliance with the original contract and all its components and amendments.	
13) AUTHORIZED REPRESENTATIVE Name: Title: Phone: Fax: E-mail:  Check if change <input type="checkbox"/>	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE
	15) DATE

## FORM A: FACE PAGE Instructions

This form provides basic information about the applicant and the proposed project with the 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 that the facts contained in the applicant's response are truthful and that the applicant is in compliance with the assurances and certifications contained in the identified Competitive Request for Proposal and the original DSHS contract, any renewal(s) or amendment(s). Applicant acknowledges that continued compliance is a condition for the renewal of a contract. Please follow the instructions below to complete the face page form and return with the applicant's response.

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

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Texas Building and Procurement Commission (TBPC) 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) **CURRENTLY OPERATING UNDER A HUB SUBCONTRACTING PLAN ON FILE AT DSHS? YES OR NO** - Check the appropriate box to indicate whether or not the applicant is operating under a HUB Subcontracting Plan filed with DSHS under the original competitive RFP. If yes, the applicant must continue to comply with reporting requirements if a renewal contract is executed. Any changes to the budget which affect the HUB Subcontracting Plan must be communicated with the DSHS HUB Coordinator at 1-800-243-7487 or by e-mail at [HUB-Contact@dshs.state.tx.us](mailto:HUB-Contact@dshs.state.tx.us). If no is checked, no further action is required.
- 7) **PROPOSED BUDGET PERIOD** - Enter budget period as identified in this renewal application.
- 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. This amount must match column (1) row J from FORM I: BUDGET SUMMARY.
- 10) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year, applicant shall arrange for a financial and compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 12) **FINANCIAL OFFICER** - Enter the name, title, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the applicant. 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 applicant signs in this blank.
- 15) **DATE** - Enter the date the person authorized to represent the applicant signed this form.

## FORM B: CONTACT PERSON INFORMATION

Legal Name of Applicant: \_\_\_\_\_

*This form provides information about the appropriate program contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please notify Susana Garcia, Contract Manger, with the Contract Management Unit.*

Executive Director: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Project Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Financial Reporting Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Data Reporting Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Clinical Services Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Planning Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Quality Management Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____

# FORM C: ADMINISTRATIVE INFORMATION - Renewal Application

*This form provides information regarding identification and contract history on the applicant, 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.*

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**Legal Name of Applicant:** \_\_\_\_\_

## **Identifying Information**

If there are no changes to any of the items below, check here and skip the next question in this section.

### **1. The applicant shall 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 applicant.

#### **If a Nonprofit or For profit Corporation**

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate what offices are held by members (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 applicant is a for profit corporation.

## **Conflict of Interest and Contract History**

If there are no changes to any of the items below, check here and skip the questions in this section.

The applicant shall disclose any existing or potential conflict of interest relative to the performance of the requirements of this renewal application. Examples of potential conflicts may include an existing business or personal relationship between the applicant, its principal, or any affiliate or subcontractor, with DSHS, the participating agencies, or any other entity or person involved in any way in any project that is the subject of this renewal application. Similarly, any personal or business relationship between the applicant, the principals, or any affiliate or subcontractor, with any employee of DSHS, a participating agency, or their respective suppliers, must be disclosed. Any such relationship that might be perceived or represented as a conflict shall be disclosed. Failure to disclose any such relationship may be cause for contract termination. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the applicant may be disqualified from further consideration for the renewal of a contract.

### **1. Does anyone in the applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this renewal application?**

YES  NO

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

### **2. Has any member of applicant's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the renewal application due date?**

YES  NO

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

### **3. Is applicant or any member of applicant'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
- A default on an agreed repayment schedule with any funding organization?

YES  NO

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

## FORM D: HIV/SRVS PERFORMANCE MEASURE Guidelines

State Services (HIV/SRVS) contracts will include the negotiated Table 1 and the total number of unduplicated clients that will be served as the performance measures.

Performance measures related to access and quality of care must be incorporated in updates to your comprehensive services plan either in the goals and objectives section or attached as an addendum to the plan. Each AA is required to implement their comprehensive plans; it is required to implement the measures and report your progress in your quarterly report.

### REQUIRED PERFORMANCE MEASURES

1. Applicant shall use these funds to provide at least one service to ( insert # ) unduplicated clients during FY2010 (09/01/09 – 08/31/10). Objectives related to the # of persons and units to be provided must be reflected on Table 1: SS Service Priorities, Allocations, and Objectives.
2. Complete Table 1 for each HSDA.

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## FORM E: HIV/SRVS WORK PLAN Guidelines

The work plan should describe how the applicant will use State Services (HIV/SRVS) funds to meet services and improve service delivery systems. The work plan should reference and emphasize the goals and objectives of the current Comprehensive HIV Services plan for their administrative service area (ASA) whenever relevant.

1. Provide a brief narrative for each state services allocation that describes why you made the decision. The narrative should include at a minimum; the data used to make the decision; how the allocation for each service category is coordinated with Ryan White Service Delivery funds; as well as any other funds utilized by the program to support services to HIV+ clients; how the allocation supports the overall service delivery system; and how the priorities and allocations support the goals and objectives in the current comprehensive plan. Note that these descriptions must reflect submissions on Table 1.

## FORM E: HIV/SRVS WORK PLAN

*Address the required elements (see WORK PLAN Guidelines) associated with the services proposed in this renewal application. A maximum of four additional pages may be attached if needed.*

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FORM F: BUDGET SUMMARY Example/Forms  
See Excel Spreadsheet Attached

# FORM G: DETAILED BUDGET CATEGORY FORMS

## General Information

**Requirements for Categorical Budgets**

The renewal application shall include a detailed breakdown of budget cost categories and a narrative justification. Details of each cost category shall be expressed using the budget category detail forms (G-1 to G-5), which follow. Definitions of the cost categories and instructions and examples of how to itemize the contents of each cost category are included after the budget category detail forms. Computer generated facsimiles may be substituted for any of the forms; however, the exact wording and format must be maintained.

**General Information**

Additional information on basic accounting and financial management systems requirements is available in DSHS's Financial Administrative Procedures Manual. Copies of the manual are available on the Internet at <http://www.dshs.state.tx.us/contracts/cfpm.shtm>.

Only those costs allowable under UGMS and any revisions thereto plus any applicable federal cost principles are eligible for reimbursement under this contract. Applicable cost principles, audit requirements, and administrative requirements are as follows:

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87, State & Local Governments	OMB Circular A-133	UGMS
OMB Circular A-21, Educational Institutions	OMB Circular A-133	OMB Circular A-110
OMB Circular A-122, Non Profit Organizations	OMB Circular A-133 and UGMS	UGMS
48 CFR Part 31, For Profit Organization and other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular	Program audit conducted by an independent certified public accountant must be in accordance with Governmental Auditing Standards.	

**A. Allowable and Unallowable Costs**

Below is a brief listing of allowable and unallowable costs as prescribed by federal cost principles and/or DSHS policy. Applicable federal cost principles provide additional information and guidance on allowable and unallowable costs.

An **allowable cost**, in accordance with federal cost principles, meets the following criteria:

1. It is necessary and reasonable for proper and efficient administration of the funded program;
2. It can be allocated to the funded program and is not a general expense needed to carry out the contractor's general responsibilities;
3. It is authorized or is not prohibited under applicable laws or regulations;
4. It conforms to applicable limitations or exclusions;
5. It is consistent with applicable policies and procedures;
6. It is treated consistently through the renewal application of generally accepted accounting principles appropriate to the circumstances;
7. It is not allocated or included as a cost of any other program; and
8. It is the net sum of all applicable credits.

**DETAILED BUDGET CATEGORY FORMS,  
Allowable/Unallowable Costs continued**

**Unallowable costs**, i.e., costs that may not be paid with DSHS funds include, but are not limited to:

1. Advertising and public relations costs other than those specifically allowed by terms of the contract attachment or those incurred for the purpose of personnel recruitment, solicitation of bids and disposal of surplus materials;
2. Bad debts;
3. Construction is not allowed without the prior written approval of DSHS;
4. Contingency reserve funds;
5. Contributions and donations;
6. Entertainment costs including amusement/social activities and their related costs (meals, beverages, lodgings, rentals, transportation, and gratuities) are not allowed unless the costs are directly related to the program's purpose and DSHS has reviewed and issued prior written approval of the work plan components that relate to entertainment costs;
7. Fines, penalties, late payment fees, bank overdraft charges;
8. Fundraising;
9. Interest (unless specifically authorized by applicable cost principles or authorized by federal or state legislation);
10. Lobbying.

**B. Direct Costs**

Direct costs are those that can be specifically identified with a particular award, project, service, scope of work or other direct objective of an organization. These costs may be charged directly to the DSHS contract attachment (if contract is renewed). These costs may also be charged to cost objectives used to accumulate all costs pending distribution to specific contracts and other purposes. Direct cost categories include: personnel, fringe benefits, travel, equipment, supplies, contractual, and other.

**C. Indirect Costs**

Indirect costs are those costs related to the project that are not included in direct costs. Indirect costs are those costs incurred for a common or joint purpose benefiting more than one cost objective and not readily identified with a particular cost center and which may be paid if allowable under the funding source, e.g., depreciation and use allowances, interest, operation and maintenance expenses (janitorial and utility services, repairs and normal alterations of buildings, furniture, equipment, care of grounds, security), general administration and general expenses (central offices such as director, office of finance, business services, budget and planning, personnel, general counsel, safety and risk management, management information services).

The amount of indirect costs that may be charged to any resulting DSHS contract attachment is determined by negotiation and will be defined in the contract budget attachment. The applicant may negotiate an indirect cost rate with its federal cognizant agency or state-coordinating agency. If there is no assigned agency, Health and Human Services Commission (HHSC) Office of Inspector General (OIG) may provide guidance on how to have an agency assigned or they may review the applicant's cost allocation plan and negotiate an approved indirect cost rate. The HHSC OIG will maintain a listing of agencies and their approved rates. To obtain information about cognizant agencies or negotiating an indirect cost rate, contact the HHSC OIG at (512) 458-7111 ext. 2281.

**D. Audit Requirements**

If required by OMB Circular A-133 and/or UGMS, applicant or applicant's authorized contracting entity shall arrange for a financial and compliance audit (Single Audit). Applicant may include in the budget request an amount for DSHS's proportionate share of costs. The audit must be conducted by an independent CPA and must be in accordance with applicable OMB Circulars, Government Auditing Standards, and UGMS. Audit services shall be procured in compliance with state procurement procedures, as well as the provisions of UGMS. The single audit threshold is \$500,000.

## FORM G: INSTRUCTIONS AND EXAMPLE FOR A CATEGORICAL BUDGET JUSTIFICATION

Agency Name: \_\_\_\_\_ Contract Term: \_\_\_\_\_

Administrative Agency (AA) expenditures are not supported by this contract. As of April 1, 2007, all AA administrative expenditures must be allocated to the AA contract. Please prepare a twelve (12) month State Services budget for the period of 09/01/09 – 08/31/2010.

<b>A.</b>	<b>PERSONNEL</b>	<b>0</b>
<b>B.</b>	<b>FRINGE BENEFITS</b>	<b>0</b>
<b>C.</b>	<b>TRAVEL</b>	<b>0</b>
<b>D.</b>	<b>EQUIPMENT</b>	<b>0</b>
<b>E.</b>	<b>SUPPLIES</b>	<b>0</b>
<b>F.</b>	<b>CONTRACTUAL</b>	<b>TOTAL</b>

[Name and address of all parties; A detailed description of the services to be provided; Measurable method and rate of payment and total amount of contract; Clearly defined and executable termination clause; Beginning and ending dates that coincide with the dates of the applicable Program Attachment(s) or cover a term within the beginning and ending dates of the applicable Program Attachment(s); Access to inspect the work and the premises on which any work is performed, in accordance with the General Provisions; and a copy of these General Provisions and a copy of the Statement of Work and any Special Provisions in the Program Attachment(s) applicable to the subcontract.

Contractor is responsible to DSHS for the performance of any subcontractor. Contractor shall monitor both financial and programmatic performance and maintain pertinent records that shall be available for inspection by DSHS. Contractor shall ensure that subcontractors are fully aware of the requirements placed upon them by state/federal statutes and regulations and under this Contract. Contractor shall not contract with a subcontractor, at any tier, that is debarred or suspended or excluded from or ineligible for participation in federal assistance programs. When subcontracting, Contractor is required to meet all applicable HUB requirements.

The CONTRACTUAL Budget Detail requires names of the individuals or organizations performing the services, a description of the services being contracted, the justification for the contract. Justification should include why respondent intends to contract for the service, why the service is necessary to perform the scope of work and how the respondent will ensure that the cost of the service is reasonable.

<b>G.</b>	<b>OTHER</b>	<b>0</b>
<b>H.</b>	<b>TOTAL DIRECT COSTS</b>	<b>TOTAL</b>
<b>I.</b>	<b>INDIRECT COSTS</b>	<b>0</b>
<b>J.</b>	<b>TOTAL BUDGET</b>	<b>TOTAL</b>

**Total for Direct Client Service Costs**            \$ \_\_\_\_\_

**Total for Subcontractor Administrative Costs** \$ \_\_\_\_\_

# REQUIREMENTS FOR HIV SERVICES CONTRACTS

***The 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](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>

## **CONTRACTOR ASSURANCE REGARDING PHARMACY NOTIFICATION**

All contractors shall ensure that pharmacies providing prescriptions to HIV services clients do not fill medications on deceased clients, the contractor provides assurance to the Department of State Health Services that it will notify client's pharmacy when a client dies.

## **APPENDIX A: PROGRAM REQUIREMENTS FOR FY2010 SERVICE DELIVERY AND ADMINISTRATIVE CONTRACTS**

All contractors shall ensure that program requirements listed in Appendix A are fulfilled. Appendix A is located at:

[http://www.dshs.state.tx.us/hivstd/funding/docs/Appendix\\_A.pdf](http://www.dshs.state.tx.us/hivstd/funding/docs/Appendix_A.pdf).

## **APPENDIX B: GLOSSARY HIV-RELATED SERVICE CATEGORIES AND ADMINISTRATIVE SERVICES (RDR\*DEFINITIONS APPLIED)**

All contractors shall ensure that program requirements listed in Appendix B are fulfilled. Appendix B is located at:

[http://www.dshs.state.tx.us/hivstd/funding/docs/Appendix\\_B.pdf](http://www.dshs.state.tx.us/hivstd/funding/docs/Appendix_B.pdf).