

Department of State Health Services

FORM A: FACE PAGE – Proposal for Financial Assistance

*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 shall be completed in its entirety.*

<b>RESPONDENT 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):	
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) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____
7) COUNTIES SERVED BY PROJECT:	
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON  Name: Phone: Fax: E-mail:
9) PROJECTED EXPENDITURES Does respondent's projected state or federal expenditures exceed \$500,000 for respondent'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>	
11) FINANCIAL OFFICER  Name: Phone: Fax: E-mail:	
The facts affirmed by me in this proposal are truthful and I warrant that the respondent is in compliance with the assurances and certifications contained in APPENDIX A: DSHS Assurances and Certifications. I understand that 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.	
12) AUTHORIZED REPRESENTATIVE  Name: Title: Phone: Fax: E-mail:	Check if change <input type="checkbox"/>
13) SIGNATURE OF AUTHORIZED REPRESENTATIVE	
14) 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 that the facts contained in the respondent's response are truthful and that the respondent 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 respondent's proposal.

- 1) **LEGAL NAME** - Enter the legal name of the respondent.
- 2) **MAILING ADDRESS INFORMATION** - Enter the respondent's complete street and mailing address, city, county, state, and zip code.
- 3) **PAYEE 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) **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 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 proposal. Budget period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 8) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities. This amount must match column (1) row K from FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year, respondent 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 respondent. 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 respondent must sign in this blank.
- 14) **DATE** - Enter the date the authorized representative signed this form.

## FORM B: CONTACT PERSON INFORMATION

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

*This form provides information about the appropriate contacts in the respondent'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 send written notification to the Client Services Contracting Unit.*

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

## FORM C: 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.*

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**Legal Name** \_\_\_\_\_

**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 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 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 corporation.

**2. Is respondent a private, 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 or complete the "Previously Filed" section, whichever is applicable.*

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS's) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid IRS exemption certificate.
- (c) 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.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) 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.

**FORM C: ADMINISTRATIVE INFORMATION continued**

**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.

- 1. 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.)*

- 2. Will any person who received compensation from DSHS 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, social security number, job title, agency employed by, separation date, and reason for separation.*

- 3. Has any member of respondent's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the proposal due date?**

YES     NO

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

- 4. Has respondent had a contract with DSHS within the past 24 months?**

YES     NO

*If YES, indicate the contract number(s):*

DSHS Contract Number(s)	

<p><b><i>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 agency 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.</i></b></p>	

**5. 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.)*

**6. 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.*

## FORM D: PERFORMANCE MEASURES

*In the event a contract is awarded, applicant agrees that performance measures will be used to assess, in part, the applicant's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this application. A maximum of 5 additional pages may be attached if needed.*

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## *FORM D: PERFORMANCE MEASURE Guidelines*

1. Applicant shall include **both contractor-proposed and required performance measures** in the renewal application, along with the proposed target levels of performance for each measure. The proposed target levels of performance and reporting frequency for contractor-proposed performance measures will be negotiated and agreed upon by applicant and DSHS if applicant is selected to negotiate a contract.

### **Contractor-proposed Performance Measures**

Performance measures shall be specific, measurable, time-phased, and feasible. Performance measures quantify program outcomes and outputs, the number of such outputs to be performed, and the efficiency with which they will be performed. Performance measures also define the applicant's obligations in order to meet its contract requirements.

Performance measures are defined as outcome, output, efficiency, and explanatory measures. A well-written measure includes the following components: who will deliver the service(s) and their qualifications (as appropriate), a deliverable (a product or service and how much), a schedule/time frame, and a standard of performance.

## FORM E: WORK PLAN

*Applicants shall describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. Address the required elements (see WORK PLAN Guidelines) associated with the services proposed in this renewal application. **A maximum of 3 additional pages may be attached if needed.***

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## FORM E: WORK PLAN Guidelines

Listed below are the minimally required elements for inclusion in the workplan. The form may be recreated, but all of the information must be included listed in the order below.

### I. GENERAL INFORMATION

Describe the proposed services, including:

- a. Goals of the project
- b. Target population
- c. Location/services delivery area
- d. Protocol that will be used
- e. Any assessment activities that will be performed

### II. SERVICES DELIVERY

Describe service delivery systems including:

- a. Workforce (attach organizational chart)
- b. Who will deliver the services
- c. How services will be delivered
- d. How the program will perform hospital staff training
- e. How the protocol will be implemented
- f. Policies, to include confidentiality and security;
- g. Support systems (i.e., training, research, technical assistance, information, financial and administrative systems)
- h. Other infrastructure available to perform the program goals

### III. QUALITY ASSURANCE ACTIVITIES

Describe how agency will ensure quality assurance, including, but not limited to:

How agency staff and hospital staff will be monitored  
How technical assistance will be provided

### IV. EVALUATION ACTIVITIES

Describe evaluation activities, including, at minimum:

How data is collected and tabulated  
Who will be responsible for data collection and reporting  
How often data collection activities will occur  
How program will evaluate initiative progress and outcomes

### V. IMPLEMENTATION TIMELINE

Include a month-by-month timeline that identifies the major activities required to implement the project in a logical sequence including target dates for the contract year (2011). At minimum the timeline must include:

- a. Any assessment activities
- b. Training of target audience
- c. Meeting dates
- d. Services delivery dates
- e. Quality assurance activities

FORM F: BUDGET FORMS

See attached Excel Spreadsheet.

## JUSTIFICATION FOR REQUEST For Equipment Purchases

**Instructions:** Use one Justification form for each item of equipment listed. Attach copies of specifications and/or other pertinent documentation. For computer equipment, complete specifications must be attached. Refer to the following page regarding minimum computer specifications.

**Contractor Name:** \_\_\_\_\_

**Scope of Work:** \_\_\_\_\_

**Contract Number:** \_\_\_\_\_ **Contract Term:** \_\_\_\_\_

**Description of Equipment Requested (attach additional sheets if necessary and copies of specifications and/or other pertinent documentation):**

### **ALL APPLICANTS REQUESTING FUNDS FOR EQUIPMENT MUST COMPLETE THIS SECTION:**

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 the equipment?
5. Why is the equipment needed? What is the purpose of the equipment?
6. Estimate the expected results of the equipment purchase. Who will benefit and how?

7. How many clients will be served with the equipment?
8. What administrative or other activities will be accomplished as a result of the equipment purchase?
9. Where will it be located?
10. Who will use the equipment? Is the necessary staff in place to support the proper use of the equipment (e.g., if a van is requested, is there funding already in place to pay for 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 and owned by the administrative agency or by one of its current subcontractors?
13. Why is this equipment more appropriate than other alternatives considered or a less expensive piece of equipment? If the equipment has special or optional features, explain why they 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 lease-purchase costs are spread across several funding sources, other than DSHS, who are the other funding sources and what is their percent of funding?