



# **Competitive RFP for HIV Prevention Projects**

*HIV/STD Comprehensive Services Branch  
and  
HIV/STD Epidemiology and Surveillance Branch*

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

*RFP HIV/PREV-0214.1  
Class/Item: 948-34  
Issued December 7, 2006  
Due March 5, 2007*

Client Services Contracting Unit  
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Austin, Texas 78756-3199

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Acting Commissioner

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## PROPOSAL INFORMATION

### I. INTRODUCTION

The Department of State Health Services (DSHS) announces the expected availability of calendar year (CY) 2007 state and federal funding to provide individual, group, and community level HIV prevention interventions to persons at greatest risk for acquiring or transmitting HIV; the populations and interventions that will be supported with these funds have been identified as priorities through a community-driven planning process and also reflect departmental program priorities. The goals of this Request for Proposal (RFP) are to promote science-based interventions with demonstrated effectiveness in reducing risky behaviors, to increase access to HIV testing, to provide HIV prevention services to HIV positive individuals, and to focus interventions in the areas of greatest need and where there is capacity to successfully implement them. This RFP is not limited to this source of funding if other sources become available for this project.

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

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

### **PLEASE READ ALL MATERIALS BEFORE PREPARING THE PROPOSAL.**

#### **Definitions**

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

Budget – A financial guideline documented in the contract that describes how funds will be utilized and/or describes the basis for reimbursement for the provision of contracted services. Types of budget may include: categorical or line item, fee for service, or lump sum payable upon receipt of a product or deliverable. Refer to Budget Summary Instructions of this document for greater detail.

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

Client Risk Counseling Services (CRCS) – Formerly known as Prevention Case Management, CRCS is an intensive and ongoing individual-level intervention that provides intensive individualized prevention counseling, support, and referral services for clients with multiple, complex problems and risk reduction needs. CRCS is intended for persons who have, or who are likely to have, difficulty initiating or sustaining practices that reduce risk of HIV acquisition or transmission.

Contract – A written document referring to promises or agreement for which the law establishes enforceable duties and remedies between a minimum of two parties.

Contract Term – The term of the contract from begin date to end, or renewal date. The contract term may or may not be the same as the budget period.

Cost Reimbursement – A payment mechanism in which funds are provided to carry out approved activities based on an approved eight (8) category budget. Amounts expended in support of these activities shall be billed on a monthly basis for reimbursement. Indirect costs are a separate cost group in the budget.

Debarment – An exclusion from contracting or subcontracting with state agencies on the basis of cause set forth in Title I, Texas Administrative Code, 113.101-113.108, commensurate with the seriousness of the offense, performance failure, or inadequacy to perform.

Deliverables – Goods or services contracted for delivery or performance.

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

Evidence Based Intervention – Theory or behaviorally-based interventions with confirmed evidence of changes to practices and attitudes/beliefs related to HIV risk behaviors or to changes in HIV risk behaviors (such as condom use, partner selection, or number of partners).

Fully Executed – Contract is signed by both parties and forms a legal binding contractual relationship. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

Goal – A goal is a general statement regarding the intended effect of the program.

HERR – Health education and risk reduction (HERR) interventions are individual, group, or community level interventions that focus on promoting the knowledge, skills, and abilities that clients need to change behaviors that place them and their partners at risk for HIV/STD. It is a category of funded activity, along with HIV testing and counseling. Note that CRCS is listed as an HERR intervention, and is not linked with protocol based prevention counseling.

Indirect Costs – A cost not readily assignable to a particular program and is incurred for a common purpose that benefits more than one program; i.e., general administrative costs. Refer to Budget Summary Instructions of this document for greater detail.

Informational Sessions – Informational sessions are one-time educational presentations covering topics such as: HIV/AIDS, STDs, substance use/abuse, safer sex and viral hepatitis. Informational sessions do not include a skills building component, that is, there is no participant demonstration of skills. Although the staff conducting the informational session may demonstrate a skill (e.g., how to put on a condom), this intervention is not intended to have all participants learn and demonstrate specific skills. Applicants may use informational sessions to provide HIV prevention messages or information and recruit clients into more intensive HIV prevention interventions, but may not be the sole activity proposed by an applicant.

Intervention – An intervention is a specific activity intended to promote or sustain risk reduction in a priority population.

Letter of Support (LOS) – A Letter of Support serves as an endorsement of a proposed service or activity. The LOS confirms the need and appropriateness of the proposed service and the capacity of the respondent submitting the proposal to carry out intended services.

MSM – Men who have sex with men (MSM) are a targeted risk population in all areas of the state. In some areas of the state, MSM of different racial/ethnic backgrounds or ages may have different priority rankings, and applications should consult local HIV prevention plans. MSM may or may not identify as “gay.”

Memorandum of Agreement (MOA) - A Memorandum of Agreement documents the nature and scope of collaboration between two entities. The MOA should specify activities related to the collaboration and the role of each entity.

Program Attachment – An attachment to a base contract that provides details for that particular contract.

Project Period – The total number of budget periods anticipated for this project.

Protocol-Based Prevention Counseling (PBC) - PBC is the individual -level intervention that is the model for prevention counseling and testing in the State of Texas. PBC involves multiple interventions delivered as a set: prevention counseling, testing, referral, and partner services (specifically partner elicitation). This intervention focuses on plan-based prevention counseling, which provides a framework for risk reduction specialists to use during the session to ensure that essential elements of the intervention are covered. Respondents awarded a contract under this RFP must adhere to the Protocol-Based Counseling Quality Assurance Standards found at <http://www.dshs.state.tx.us/hivstd/training/pctools.shtm>.

Recruitment – *Recruitment*, in the context of this RFP, is also known as *outreach*. It is a brief unstructured intervention conducted with individuals at increased risk for HIV in settings where they socialize or congregate. It is intended to build rapport and trust, to assess individuals' needs for, and interest in, HIV prevention activities and to provide information and appropriate referrals. DSHS encourages the distribution of appropriate risk reduction materials during recruitment. Recruitment will not be supported as a stand-alone intervention and should be used to recruit individuals into evidence-based interventions.

Referral – In the context of HIV prevention, referral is the process through which an individual's needs for medical and supportive services are assessed and prioritized and the individual is connected to needed services.

Respondent – Entity that submits a proposal in response to this RFP.

Scope of Work or Statement of Work – A statement outlining specific services a contractor is expected to perform, indicating the type, level and quality of service, as well as the time schedule required.

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

Special Provisions – Exceptions and additions to the General Provisions for a funded program activity; these are usually customized for the program’s requirements and contain items specific to the program.

Subcontractor – An entity awarded funds to perform a portion of the scope of work by the entity contracting with DSHS as a result of this solicitation. The contractor remains entirely responsible to DSHS for performance of all requirements of the contract with DSHS.

Subrecipient – A contractor with most of the following characteristics: a) determines who is eligible to receive what assistance, b) has performance measured against federal or state program objectives, c) has responsibility for programmatic decision-making, and d) carries out all or part of a program.

Vendor – A contractor with most of the following characteristics: a) provides goods and services within normal business operations, b) provides similar goods and services to many different purchasers, c) operates in a competitive environment, d) is not subject to compliance requirements of the federal program, e) provides goods and services that are ancillary to the operation of the program.

Vendor Identification Number (ID #) – Fourteen-digit number needed for any entity to contract with the State of Texas and which must be set up with the State Comptroller’s Office. It consists of a ten-digit vendor number (IRS number, state agency number, or social security number) +check digit + mail code.

## **A. Eligible Respondents**

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

1. Respondent shall be established as an appropriate legal entity (as described above) under state statutes and must have the authority and be in good standing to do business in Texas. Respondent must have a Texas address. A post office box may be used when the proposal is submitted, but the respondent must conduct business at a physical location in Texas before the contract is awarded.
2. Respondent must be in good standing with the IRS.
3. If respondent is currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs, respondent is ineligible to apply for funds under this RFP.
4. Respondent may be ineligible for contract award if audit reports (eg. audited balance sheets, and related documents requested in the Administrative Information Form, below on page 44 ) submitted with the proposal identify concerns regarding the future viability of the contractor, material non-compliance or material weaknesses that are not satisfactorily addressed, as determined by DSHS.
5. Staff members, including the executive director, shall not serve as voting members on their employer's governing board.
6. An organization is not considered eligible to apply unless the organization meets the eligibility conditions on the due date for proposals and continues to meet these conditions throughout the selection and funding process. DSHS expressly reserves the right to review and analyze the documentation submitted and to request additional documentation, and determine the respondent's eligibility to compete for the contract award.
7. In compliance with the Texas Building and Procurement Commission rules, a name search will be conducted using the federal Excluded Parties List System (EPLS) and/or Specially Designated Nationals (SDN) at <http://epls.arnet.gov>. No contract may be awarded to any person/entity found on the EPLS. An organization is not considered eligible to apply if a name match is found.

## **B. Contract Term**

Contracts will be awarded on either the state fiscal year or the federal calendar year. The HIV/STD Program will assign a contract period to each successful respondent. It is expected that the contract will begin on or about 09/01/07, and will be made for an initial 4-month-budget period for respondents assigned a federal contract period and for a 12-month budget period for respondents assigned a state contract period.

This contract may be renewed up to 4 years at the sole discretion of DSHS. Continued funding of the project in future years 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.

Successful awards based on this RFP and any anticipated contract renewals are contingent upon the continued availability of funding. DSHS reserves the right to alter, amend or withdraw this RFP at any time prior to the execution of a contract if funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or agencies, amendment of the appropriations act, health and human services agency consolidations, or any other disruption of current appropriations. DSHS also reserves the right to change the RFP based on changing HIV prevention priorities and needs. If a contract has been fully executed and these circumstances arise, the contractor may avail itself of the provisions of the Termination Article in the contract General Provisions.

### **C. Use of Funds**

Approximately \$10,000,000 is expected to be available. The specific dollar amount awarded to each successful respondent depends upon the merit and scope of the proposal.

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

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

### **D. Schedule of Events**

1. Post (Issue) RFP to the Electronic State Business Daily (ESBD)	12/07/06
2. Deadline for Submitting Questions	01/22/07
3. Post Answers to Questions to the ESBD	01/29/07
4. Letters of Intent Due	01/29/07
5. Deadline for Submission of Proposals	03/05/07
6. Post Awards to the ESBD	06/11/07
7. Mail Contract(s) to Awarded Respondent(s) for Signature	07/01/07
8. Anticipated Contract Begin Date	09/01/07

DSHS reserves the right to change the dates shown above.

## **II. PROGRAM INFORMATION**

### **A. General Purpose and Program Goals**

The purposes of contracts awarded under this RFP are to: 1) prevent the transmission of HIV; 2) increase the number of persons who know their HIV status; 3) reduce associated morbidity and mortality among HIV-infected persons and their partners by assuring referral to medical, social, and prevention services; and 4) initiate needed HIV prevention services according to HIV prevention plans and program priorities. These services are to be fully accessible, well-suited to each population's behavioral and other life situations, and fully integrated into a comprehensive system of related health services. Local communities will benefit from the provision of these services under these contracts.

### **B. Background**

Congress appropriated additional funds for HIV prevention in 1994 and mandated the Centers for Disease Control and Prevention (CDC) to initiate HIV prevention community planning. Texas worked with six regionally-based community planning groups (CPGs) to develop the plans that guide this RFP. The purpose of each CPG is to allow community members affected by HIV to determine HIV prevention priorities for their community and to provide input into the development of a comprehensive plan for the State. Each CPG takes the following steps to create an HIV prevention plan:

1. Reviews epidemiologic data;
2. Collects and analyzes information on the needs of populations at highest risk of HIV infection;
3. Collects and reviews available information on evidence-based prevention interventions to determine goodness of fit to needs;
4. Prioritizes populations and, within populations, evidence based interventions; and
5. Develops an HIV prevention plan.

This RFP is based on the recommended priority populations and interventions found in each CPG's 2006 area HIV prevention plan. These plans may be found at [http://www.dshs.state.tx.us/hivstd/planning\\_profiles/default.shtm](http://www.dshs.state.tx.us/hivstd/planning_profiles/default.shtm)

Project proposals will be reviewed and awarded on a competitive basis. The respective contractors will be required to reassess their activities and to implement changes as may be required by updates to each CPG's 2006 area HIV prevention plan.

### **C. Legal Authority**

The HIV Prevention Program in Texas was created under the Texas Health and Safety Code, Chapter 85. DSHS may enter into contracts to perform activities within the agency's mandate, as authorized under Health and Safety Code Chapter 1001.

### **D. Project Development**

Upon the effective date of contracts awarded under this RFP, contractors are encouraged to actively participate in local and regional planning activities related to the scope of the contract. For information on local planning activities, contact your local health department or DSHS regional offices.

## **E. Program Requirements**

Contractors are required to conduct project activities in accordance with various federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requisites can be found on the Civil Rights Office website at <http://www.hhs.state.tx.us/aboutHHS/CivilRights.shtml>.

All project activities under contracts awarded from this RFP are to be in accordance with DSHS HIV and STD Program Operating Procedures and Standards, available at <http://www.dshs.state.tx.us/hivstd/pops/default.shtm>.

Respondent proposals requesting funding to use youth (either paid or volunteer) in program outreach activities must use caution and judgment in the venues/situations where youth workers are placed. Respondents should give careful consideration to the age appropriateness of the activity or venue. Additionally, respondents should comply with all relevant laws and regulations regarding entrance into adult establishments/environments. Laws and curfews should be clearly outlined in required safety protocols developed and implemented by the respondent.

DSHS reserves the right to incorporate additional Special Provisions into contracts awarded from this RFP.

### **Required Program Activities**

Contractors will be required to conduct activities in one or more of the following services categories:

- I. Access to HIV testing and Protocol-Based Prevention Counseling for high risk populations
- II. Health education and risk reduction activities for high risk populations

### **Category I: Access to HIV Testing and Protocol-Based Prevention Counseling for high risk populations**

The goals of this category are:

- To recruit high risk individuals for HIV testing and counseling activities;
- To ensure that access to HIV testing is widely available to high risk individuals;
- To ensure that intensive prevention counseling is available to high risk individuals; and
- To ensure that referrals to other services are available as needed.

It is also expected that respondents will use recruitment as an integral part of the program for client recruitment into testing and protocol-based prevention counseling and for establishing rapport with the community. DSHS will not fund a program to conduct only recruitment or all one-time educational presentations. This category of funding is open to

respondents Statewide, but respondents must target one or more of the priority populations listed in the applicable CPG 2006 area HIV prevention plan.

Protocol-based prevention counseling is an evidence-based intervention with predefined goals and tasks. DSHS recognizes that there are settings and situations where prevention counseling is not feasible. Respondents may propose to offer access to HIV testing alone. However, such testing must not constitute the sole activity proposed under this category. Please note that tests conducted without counseling still require the delivery of test results and all follow-up activities required for HIV positives discovered through testing with protocol-based counseling: delivery of results through testing agency or local public health authority, linkage to care, and offering of partner services. DSHS is seeking respondents that have the capacity to collect specimen for syphilis and to offer testing for other STDs at the time of HIV testing. DSHS will not provide funds for HIV screening in medical settings under this RFP.

For the purposes of this RFP, DSHS will define the base activity under this category as protocol-based prevention counseling. In addition, when a client desires an HIV test, the contractor will be responsible for the collection of a blood specimen through venipuncture and submission of this specimen for HIV and syphilis testing through the DSHS public health laboratory. Respondents who propose alternative collection methods, testing technologies, or to perform testing without prevention counseling must justify use of these alternatives. Respondents must provide a valid rationale and outline the public health benefits for the following activities:

- 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

Respondents will be required to describe in the work plan the number of counseling sessions and number of tests to be performed for targeted populations; they will also be required to set goals regarding HIV positivity rates of tests they conduct and the number of HIV positives diagnosed with these funds, both previously identified and newly identified positives. DSHS is seeking contractors whose programs provide solid, documented evidence of testing newly identified positives, capacity to provide an appropriate volume of counseling and testing that justifies the requested allocation, and that have experience with providing protocol-based prevention counseling and HIV testing.

Respondents requesting funding in this category may request to use funds to implement rapid HIV testing. Implementation of rapid testing will be determined using criteria including, but not limited to: volume of testing, return rate, targeted populations and past performance, testing quality assurance plan, and access to appropriate laboratory facilities or CLIA waiver. Approval from DSHS will be necessary before implementation of rapid testing.

In accordance with Health and Safety Code, §85.085, Physician Supervision of Medical Care, HIV counseling and testing providers are required to operate under standing

delegation orders of a physician. All respondents proposing counseling and testing services must complete and attach the assurance located in the Appendices of this RFP.

## **Category II: Health Education and Risk Reduction Activities for High Risk Populations (Including CRCS)**

The goal of this category of funding is to provide the best available evidence-based HIV prevention services to persons at greatest risk for acquiring or transmitting HIV as determined in the applicable 2006 CPG area HIV Prevention Plan. It is also expected that respondents will use recruitment as an integral part of the program for client recruitment and for establishing rapport with the community.

Successful respondents will demonstrate the capacity to conduct one or more of the interventions included in the local community plan. DSHS is seeking respondents with particular expertise or experience with the type of intervention proposed and the populations to be served. Eligible interventions per priority population, as listed in the prevention plans, are located below on page 15; however, respondents are highly encouraged to review the entire area prevention plan for their respective areas, as the plans (located at [http://www.dshs.state.tx.us/hivstd/planning\\_profiles/default.shtm](http://www.dshs.state.tx.us/hivstd/planning_profiles/default.shtm)) contain information about adaptations that may be needed to address unique community circumstances.

In addition to proposals for HIV testing and counseling, and for CRCS (when recommended in the community plan), there is a limit of two group or community level evidence-based interventions per proposal. **Proposals that exceed the maximum number of group and/or community level interventions will not be reviewed.** Respondents may provide proposals that target more than one priority population with an intervention, as long as it is a recommended intervention for all proposed populations. In areas where there is direct CDC funding for an intervention, DSHS will consider funding only expansion of activities either through an expanded service area or increased number of clients served, and the respondent must detail how the funding will supplement, and not replace, such funds.

In addition, DSHS is interested in expanding access to “homegrown” or adapted group and community level interventions that may not be listed in the plans in two special emphasis areas: interventions for high risk individuals in the Texas/Mexico border area (Brewster, Brooks, Cameron, Crockett, Culberson, Dimmit, Duval, Edwards, El Paso, Frio, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Pecos, Presidio, Real, Reeves, Sutton, Starr, Terrell, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala counties) and for African American and Hispanic MSM in any area of the state. DSHS will consider funding not only those interventions listed in the plans for these populations, but interventions not in the plan that are locally developed or adapted. Eligible interventions must have a successful track record of demonstrated behavior change, have clearly identified health outcomes, and have evidence of strengthened skills and/or changes in knowledge/attitude. Respondents will be required to submit additional information regarding proposed interventions. This is outlined in **Appendix E**. DSHS does not guarantee funding for such proposals, but is willing to consider interventions not listed in the community plans in these limited circumstances.

### *Priority Populations and HERR Interventions*

The tables below list the interventions recommended for the priority populations. In some instances, the planning group listed two or more interventions joined by “OR”. This indicates that they consider the interventions to be of equivalent value and acceptability to the population--proposals need not include both interventions. In some instances, the CPG listed interventions with an “AND”; this indicates that they would prefer to see all of the listed interventions available to the listed population. However, respondents are not required to submit proposals for all interventions joined by an “AND”, and are still bound to the limit of two proposed community level or group level interventions per respondent. DSHS will be guided by the recommendations in the community plans to the extent that funding is available, that organizations with appropriate capacity apply for funds, and that honoring the recommendation will not focus prevention activity too narrowly around a limited number of populations. Please note that in several plans, similar interventions are recommended for a number of populations; in these instances, it is permissible for a proposal to describe how the intervention will be provided to multiple targeted populations, although tailoring and adaptation may be needed in the presentation of the intervention to multiple targeted populations.

## AREA 1: West Texas

West Texas Area 1: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio, and El Paso Counties.			
Population (in order of priority)	Ranked Interventions		
	Intervention 1	Intervention 2	Intervention 3
People living with HIV/AIDS	Healthy Relationships	Partnership for Health	CRCS
MSM: Hispanic Ages 20-49	Mpowerment	POL	
MSM: All other	Community PROMISE	VOICES/VOCES	Mpowerment
HRH: Hispanic Ages 15-45	VOICES/VOCES	Real AIDS Prevention Program	Doing Something Different
IDU	Holistic Health Recovery Program	Community PROMISE	Safety Counts
HRH: All other	VOICES/VOCES	Real AIDS Prevention Program	Doing Something Different

## AREA 2: Panhandle and Western Central Texas

Pan-West Area 2: Lubbock County			
Population (in order of priority)	Ranked Interventions		
	Intervention 1	Intervention 2	Intervention 3
People living with HIV/AIDS	<u>CRCS</u>	Healthy Relationships	Holistic Health Recovery Program HIV+IDU Only
MSM	<u>Mpowerment Project</u>	CRCS	Partners in Prevention
IDU	<u>CRCS</u>	Holistic Health Recovery Program	
HRH: African American ages 13-29	Doing Something Different <b>OR</b> Voices/Voces	<u>CRCS</u>	SISTA (Females Only)
HRH Hispanic	Voices/Voces	<u>CRCS</u>	

<b>Pan-West Area 2: Randall and Potter Counties</b>				
<b>Population (in order of priority)</b>	<b>Ranked Interventions</b>			
	<b>Intervention 1</b>	<b>Intervention 2</b>	<b>Intervention 3</b>	<b>Intervention 4</b>
<b>People living with HIV/AIDS</b>	CRCS			
<b>MSM</b>	<u><b>Mpowerment Project</b></u>	<u><b>Partners in Prevention</b></u>	CRCS	
<b>IDU</b>	<u><b>CRCS</b></u>	Holistic Health Recovery Program		
<b>HRH: African American Males/Females ages 13-29</b>	Voices/VOCES	<u><b>CRCS</b></u>	SISTA (Females Only)	
<b>HRH: Hispanic Males/Females ages 13-29</b>	Voices/VOCES	<u><b>CRCS</b></u>		

<b>Pan-West Area 2: Midland and Ector Counties</b>			
<b>Population (in order of priority)</b>	<b>Ranked Interventions</b>		
	<b>Intervention 1</b>	<b>Intervention 2</b>	<b>Intervention 3</b>
<u>People living with HIV/AIDS</u>	<u><b>CRCS</b></u>	<u><b>Partnership for Health</b></u>	Healthy Relationships
<b>MSM</b>	CRCS	Healthy Relationships	Voices/Voces (Modified for young MSM)
<b>IDU</b>	CRCS	Holistic Health Recovery Program	
<b>HRH: African American Males/Females ages 13-29</b>	Voices/Voces	CRCS	
<b>HRH: Hispanic Males/Females ages 13-29</b>	Voices/Voces	CRCS	

**AREA 3: North Central Texas, Including Dallas and Fort Worth Areas**

<b>North Central Texas Area 3: Collin, Dallas, Ellis, Hunt, Kaufman, Rockwall, Henderson and Navarro Counties.</b>					
<b>Population (in order of priority)</b>	<b>Ranked Interventions</b>				
	<b>Intervention 1</b>	<b>Intervention 2</b>	<b>Intervention 3</b>	<b>Intervention 4</b>	<b>Intervention 5</b>
<b>People living with HIV/AIDS</b>	CRCS	Health Relationships <b>AND</b> WILLOW (African American Females)	Holistic Health Recovery Program	Community PROMISE <b>OR</b> Partnerships for Health	
<b>MSM: Hispanic and White</b>	Community PROMISE	CRCS			
<b>MSM: African American</b>	Community PROMISE <b>AND</b> Brother to Brother	Many Men, Many Voices <b>AND</b> CRCS			
<b>HRH: African American Females</b>	CRCS <b>AND</b> SISTA	Community PROMISE <b>AND</b> Enhancing Motivation	VOICES/VOCES		
<b>MSM: Young Men ages 18-28</b>	Mpowerment <b>AND</b> CRCS	Community PROMISE			
<b>IDU, MSM/IDU</b>	Community PROMISE <b>AND</b> CRCS	Turning Point	Holistic Health Recovery Program	Safety Counts	Sniffer
<b>HRH: All other</b>	Community PROMISE <b>AND</b> CRCS	Enhancing Motivation <b>AND</b> SAFE (Females) <b>AND VOICES/VOCES</b> <b>AND</b> Riker's Health Advocacy Program (Males)	SISTA <b>AND</b> VOICES/VOCES (Females)		

North Central Texas Area 3: Erath, Hood, Johnson, Palo Pinto, Parker, Somerville, Tarrant and Wise Counties						
Population (in order of priority)	Ranked Interventions					
	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Intervention 5	Intervention 6
People living with HIV/AIDS	CRCS	Health Relationships <b>AND</b> WiLLOW (African American Females)	Holistic Health Recovery Program (IDU)	Community PROMISE <b>OR</b> Partnerships for Health		
MSM: Hispanic and African American	Brother to Brother (African American) <b>AND</b> Many Men Many Voices (Both)	CRCS	Community PROMISE <b>AND</b> Mpowerment (Youth 18-29)			
HRH: African American Females	CRCS <b>AND</b> Enhancing Motivation	SISTA <b>AND</b> Community PROMISE	VOICES/VOCES			
MSM: White	Popular Opinion Leader (POL)	Community PROMISE	Mpowerment (Youth 18-28)	CRCS		
IDU, MSM/IDU	CRCS	Holistic Health Recovery Program	Community PROMISE	Turning Point	Safety Counts	Sniffer
HRH: African American Males	CRCS <b>AND</b> VOICES/VOCES	Community PROMISE <b>AND</b> Rikers Health Advocacy Program				
HRH: all other	CRCS <b>AND</b> VOICES/VOCES- (Males) <b>AND</b> SAFE (Females)	VOICES/VOCES (Females Only) <b>AND</b> Enhancing Motivation (Females) <b>AND</b> Rikers Health Advocacy Program (Males) <b>AND</b> Community PROMISE (Males)	Community PROMISE (Females) <b>AND</b> SISTA (Females)			

North Central Texas Area 3: Denton, Cooke, Fannin and Grayson Counties.						
Population (in order of priority)	Ranked Interventions					
	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Intervention 5	Intervention 6
People Living with HIV/AIDS	CRCS	Health Relationships AND WILLOW (African American Females)	Holistic Health Recovery Program	Community PROMISE AND Partnerships for Health		
MSM	Community PROMISE AND CRCS					
IDU, MSM/IDU	CRCS	Turning Point	Holistic Health Recovery Program	Community PROMISE	Safety Counts	Sniffer
HRH: White	CRCS AND Enhancing Motivation (Females)	VOICES/ VOCES				
HRH: African American	CRCS AND Enhancing Motivation (Females)	VOICES/ VOCES AND SISTA				

North Central Texas Area 3: Brown, Callahan, Coleman, Comanche, Eastland, Fisher, Haskell, Jones, Kent, Knox, Mitchell, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, and Throckmorton, Archer, Baylor, Clay, Cottle, Foard, Hardeman, Jack, Montague, Wichita, Wilbarger, and Young Counties	
Population (in order of priority)	Ranked Interventions
	Intervention 1
People Living with HIV/AIDS	CRCS
MSM	CRCS
IDU, MSM/IDU	CRCS
HRH	CRCS

**AREA 4: East Texas**

East Texas Area 4: Harris County							
Population (in order of priority)	Ranked Interventions						
	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Intervention 5	Intervention 6	Intervention 7
People Living with HIV/AIDS	Healthy Relationships	CRCS	Partnerships for Health	Willow (minority women)	Holistic Health Recovery Program (IDU)		
MSM	Brother to Brother (African American, & Hispanic)	POL	Hot, Healthy and Keeping it Up	Partners in Prevention	Community PROMISE	CRCS	
HRH: African American	VOICES/ VOCES	Community PROMISE	Partners in Prevention	Hot, Healthy and Keeping it Up (Males Only)	SISTA AND SiHLE (Females Only)	Project SAFE (Males)	#7 POL #8 CRCS #9 Doing Something Different
IDU, MSM/IDU Males & Females	Partners in Prevention	Turning Point	CRCS				
HRH: Hispanic	VOICES/ VOCES	Partners in Prevention	Community PROMISE	Enhancing Motivation (Females)	Project SAFE	CRCS	
HRH: White and Other	Partners in Prevention	Community PROMISE	Real AIDS Prevention Program	Doing Something Different	Enhancing Motivation	CRCS	
<b>Special consideration Priority Population:</b>							
Transgender	POL	Community PROMISE	Partners in Prevention	CRCS			

East Texas Area 4: Ft. Bend, Liberty and Montgomery Counties								
Population (in order of priority)	Ranked Interventions							
	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Intervention 5	Intervention 6	Intervention 7	Intervention 8
<b>People Living with HIV/AIDS</b>	Healthy Relationships	CRCS	Partnerships for Health	WILLOW (minority women)	Holistic Health Recovery Program			
<b>MSM</b>	Brother to Brother (African American & Hispanic)	POL	Hot, Healthy and Keeping it Up	Partners in Prevention	Community PROMISE	CRCS		
<b>HRH: African American Males</b>	VOICES/VOCES	Community PROMISE	Hot, Healthy and Keeping it Up	Partners in Prevention	POL	Project SAFE	CRCS	Doing Something Different
<b>HRH: African American and Hispanic Females</b>	VOICES/VOCES	Community PROMISE	Partners in Prevention	SISTA AND SiHLE	Project SAFE (Hispanic)	POL (African American)	CRCS	
<b>IDU, MSM/IDU Male and Female</b>	Partners in Prevention	Turning Point	CRCS					
<b>HRH: White, Hispanic and Other Males</b>	VOICES/VOCES (Hispanic)	Project SAFE (Hispanic)	Community PROMISE	Partners in Prevention	Enhancing Motivation-	Doing Something Different (White/Other)	CRCS	
<b>HRH: – White and Other Females</b>	Community PROMISE	Doing Something Different	Enhancing Motivation	Real AIDS Prevention Program	CRCS			

East Texas Area 4: Golden Triangle - Hardin, Jefferson, and Orange Counties							
Population (in order of priority)	Ranked Interventions						
	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Intervention 5	Intervention 6	Intervention 7
People Living with HIV/AIDS	Healthy Relationships	CRCS	Partnerships for Health	Willow (Minority Women)	Holistic Health Recovery Program (IDU)		
HRH: African American	Project SAFE	SISTA AND SiHLE (Females)	Community PROMISE	Partners in Prevention	Real AIDS Prevention Program	Doing Something Different	#7 CRCS #8 Enhancing Motivation (Females)
MSM	Partners in Prevention	Community PROMISE	Mpowerment	POL	CRCS		
HRH: Hispanic	Partners in Prevention	Community PROMISE	Project SAFE	Doing Something Different (Females)	CRCS	Enhancing Motivation- (Females)	
IDU, MSM/IDU Males & Females	Partners in Prevention	Safety Counts	CRCS	Sniffer	Turning Point		
HRH: White and Other	Partners in Prevention	CRCS					

East Texas Area 4: Galveston and Brazoria Counties						
Population (in order of priority)	Ranked Interventions					
	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Intervention 5	Intervention 6
People Living with HIV/AIDS	Healthy Relationships	CRCS	Partnerships for Health	Willow (minority women)	Holistic Health Recovery Program (IDU)	
HRH: African American	Real AIDS Prevention Program	Partners in Prevention	SISTA AND SiHLE (Females)	Community PROMISE	CRCS	VOICES/ VOCES
MSM	Partners in Prevention	Community PROMISE	CRCS	Mpowerment		
IDU, MSM/IDU: Males & Females	Partners in Prevention	Holistic Health Recovery Program	CRCS	Turning Point		
HRH: White/ Hispanic and Other	Partners in Prevention	SISTA (Hispanic Females)	CRCS			

East Texas Area 4: Cherokee, Gregg, Harrison, and Smith Counties							
Population (in order of priority)	Ranked Interventions						
	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Intervention 5	Intervention 6	Intervention 7
People Living with HIV/AIDS	Healthy Relationships	CRCS	Partnerships for Health	Willow (Minority Women)			
MSM	Brother to Brother	Partners in Prevention	Community PROMISE	Mpowerment	Many Men, Many Voices (African American)	CRCS	
HRH: African American	VOICES/ VOCES	Partners in Prevention	SISTA AND SiHLE (Females)	Community PROMISE	Doing Something Different (Males)	CRCS	Enhancing Motivation (Females)
IDU, MSM/IDU Males & Females	Partners in Prevention	Holistic Health Recovery Program	CRCS	Turning Point			
HRH: White, Hispanic and Other	VOICES/ VOCES	Partners in Prevention	SISTA (Hispanic Females)	CRCS			

East Texas Area 4: Angelina, Jasper, Nacogdoches Counties							
Population (in order of priority)	Ranked Interventions						
	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Intervention 5	Intervention 6	Intervention 7
People Living with HIV/AIDS	Healthy Relationships	CRCS	Partnership for Health	Willow (Minority Women)			
MSM	Brother to Brother	Partners in Prevention	Community Promise	Mpowerment	Many Men, Many Voices (African American)	CRCS	
HRH: African American	VOICES/ VOCES	Partners in Prevention	SISTA AND SiHLE – (Females)	Community PROMISE	Doing Something Different (Males)	CRCS	Enhancing Motivation (Females)
IDU, MSM/IDU Males & Females	Partners in Prevention	Holistic Health Recovery Program	CRCS	Turning Point			
HRH: White/Other and Hispanic	VOICES/ VOCES	Partners in Prevention	SISTA – (Hispanic Females)	CRCS			

**AREA 5: Central Texas**

<b>Central Texas Area 5: Travis, Williamson, Bastrop, Caldwell, Lee, Fayette, Burnet, Llano, Blanco, and Hays Counties.</b>				
<b>Population (in order of priority)</b>	<b>Ranked Interventions</b>			
	<b>Intervention 1</b>	<b>Intervention 2</b>	<b>Intervention 3</b>	<b>Intervention 4</b>
<b>People living with HIV/AIDS</b>	CRCS <b>AND</b> Healthy Relationships	WILLOW (African American Females)		
<b>MSM</b>	Mpowerment (Men 18-29)	Many Men, Many Voices <b>AND</b> VOICES/VOCES	CRCS	Partners in Prevention
<b>HRH: African American</b>	VOICES/VOCES <b>AND</b> SISTA (Female)	CRCS	Real AIDS Prevention Program	
<b>IDU, MSM/IDU</b>	CRCS	Community PROMISE	Safety Counts	
<b>HRH: Hispanic and White</b>	Community PROMISE <b>OR</b> Real AIDS Prevention Program	VOICES/VOCES <b>OR</b> Doing Something Different	CRCS	

<b>Central Texas Area 5: Bell and McLennan Counties.</b>			
<b>Population (in order of priority)</b>	<b>Ranked Interventions</b>		
	<b>Intervention 1</b>	<b>Intervention 2</b>	<b>Intervention 3</b>
<b>People living with HIV/AIDS</b>	CRCS AND Healthy Relationships	WILLOW (African American Females)	
<b>MSM</b>	VOICES/VOCES <b>OR</b> CRCS		
<b>HRH: African American</b>	VOICES/VOCES	SISTA (Females)	CRCS
<b>IDU, MSM/IDU</b>	CRCS		
<b>HRH: Hispanic and White</b>	VOICES/VOCES <b>OR</b> Doing Something Different	CRCS	

Central Texas Area 5: Brazos, Tom Green Counties	
Population (in order of priority)	Ranked Interventions
	Intervention 1
People living with HIV/AIDS	CRCS OR Partnership for Health
All other populations	CRCS

**AREA 6: South Texas**

South Texas Area 6: Atascosa, Bandera, Bexar, Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, and Wilson Counties						
Population (in order of priority)	Ranked Interventions					
	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Intervention 5	Intervention 6
People living with HIV/AIDS - MSM	CRCS	Partners in Prevention	Doing Something Different			
People living with HIV/AIDS - HRH:Hispanic	CRCS	Partners in Prevention (Females)	WiLLOW (Females)	Voices/VOCES OR Doing Something Different	Project SAFE (Females)	Real AIDS Prevention Program
People living with HIV/AIDS - HRH African American	CRCS	Partners in Prevention (Females)	WiLLOW (Females)	Voices/VOCES OR Doing Something Different	Project SAFE (Females)	Real AIDS Prevention Program
People living with HIV/AIDS - IDU,MSM-IDU: Hispanic	CRCS	Safety Counts				
People living with HIV/AIDS - IDU,MSM-IDU: African American	CRCS	Safety Counts				
People living with HIV/AIDS - HRH: White	CRCS	Partners in Prevention (Females)	Voices/VOCES OR Doing Something Different	Real AIDS Prevention Program		

<b>People living with HIV/AIDS - HRH: Other Races Ethnicities</b>	CRCS	Partners in Prevention (Females)	Voices/VOCES <b>OR</b> Doing Something Different	Real AIDS Prevention Program		
<b>MSM:</b>	CRCS	Partners in Prevention	Doing Something Different			
<b>HRH Hispanic</b>	CRCS	Partners in Prevention (Females)	SISTA (Adapted for Hispanic Females)	Voices/VOCES <b>OR</b> Doing Something Different	Project SAFE	Real AIDS Prevention Program
<b>HRH: African American</b>	CRCS	Partners in Prevention (Females)	SISTA	Voices/VOCES <b>OR</b> Doing Something Different	Project SAFE	Real AIDS Prevention Program
<b>IDU, MSM/IDU: Hispanic</b>	CRCS	Safety Counts	Turning Point			
<b>IDU, MSM/IDU: African American</b>	CRCS	Safety Counts	Turning Point			
<b>HRH: White</b>	CRCS	Partners in Prevention (Females)	Voices/VOCES <b>OR</b> Doing Something Different	Real AIDS Prevention Program		
<b>HRH: Other Races and Ethnicities</b>	CRCS	Partners in Prevention (Females)	Voices/VOCES <b>OR</b> Doing Something Different	Real AIDS Prevention Program		

South Texas Area 6: Nueces, Victoria, and San Patricio Counties						
Population (in order of priority)	Ranked Interventions					
	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Intervention 5	Intervention 6
<b>People living with HIV/AIDS – MSM: White,</b>	CRCS	Healthy Relationships	Partners in Prevention			
<b>People living with HIV/AIDS – MSM: Hispanic</b>	CRCS	Healthy Relationships	Partners in Prevention			
<b>People living with HIV/AIDS – IDU, MSM/IDU Hispanic Male</b>	CRCS	Healthy Relationships	Safety Counts	Community PROMISE	Project SMART	

<b>People living with HIV/AIDS – IDU, MSM/IDU: White Male</b>	CRCS	Healthy Relationships	Safety Counts	Community PROMISE	Project SMART	
<b>People living with HIV/AIDS – HRH: Hispanic Female</b>	CRCS	Healthy Relationships	Partners in Prevention	Voices/VOCES <b>OR</b> Doing Something Different	Real AIDS Prevention Program	
<b>People living with HIV/AIDS – HRH African American Female</b>	CRCS	Healthy Relationships	Partners in Prevention	Voices/VOCES <b>OR</b> Doing Something Different	Real AIDS Prevention Program	WILLOW
<b>People living with HIV/AIDS – IDU: Other Races/Ethnicities</b>	CRCS	Healthy Relationships	Project SMART			
<b>MSM: White</b>	CRCS	Partners in Prevention				
<b>MSM: Hispanic</b>	CRCS	Partners in Prevention				
<b>IDU, MSM/IDU: Hispanic Male</b>	CRCS	Safety Counts	Community PROMISE	Project SMART		
<b>IDU, MSM/IDU: White Male</b>	CRCS	Safety Counts	Community PROMISE	Project SMART		
<b>HRH: Hispanic Female</b>	CRCS	Partners in Prevention	Voices/VOCES <b>OR</b> Doing Something Different	Real AIDS Prevention Program		
<b>HRH: African American Female</b>	CRCS	Partners in Prevention	Voices/VOCES <b>OR</b> Doing Something Different	Real AIDS Prevention Program	SISTA	
<b>IDU: Other Male/Female</b>	CRCS	Safety Counts	Community PROMISE	Project SMART		

South Texas Area 6: Hidalgo, Webb, and Cameron Counties.							
Population (in order of priority)	Ranked Interventions						
	Intervention 1	Intervention 2	Intervention 3	Intervention 4	Intervention 5	Intervention 6	Intervention 7
People living with HIV/AIDS: MSM Hispanic	CRCS	Healthy Relationships	Community PROMISE	Voices/VOCES OR Doing Something Different	Mpowerment Project	Many Men, Many Voices	
People living with HIV/AIDS: HRH Hispanic	CRCS	Healthy Relationships	Community PROMISE	Voices/VOCES OR Doing Something Different	Partnership for Health	Project SAFE – (Females)	Real AIDS Prevention Program
People living with HIV/AIDS: IDU Hispanic, Male/Female	CRCS	Community PROMISE	Safety Counts	Turning Point	Rikers Health Advocacy Program (Valley Only)	Project SMART	
People living with HIV/AIDS: HRH Other Races Ethnicities,	CRCS	Real AIDS Prevention Program					
MSM: Hispanic	CRCS	Community PROMISE	Voices/VOCES OR Doing Something Different	Mpowerment Project	Many Men, Many Voices		
HRH: Hispanic	CRCS	Community PROMISE	Voices/VOCES OR Doing Something Different	Project SAFE – (Females)	Real AIDS Prevention Program (Females)		
IDU: Hispanic	CRCS	Community PROMISE	Safety Counts	Turning Point	Rikers Health Advocacy Program (Valley Only)	Project SMART	
HRH: Other Races and Ethnicities	CRCS	Real AIDS Prevention Program					

## Program Reporting Requirements:

Successful respondents will be required to submit narrative program reports quarterly to DSHS via email, and to their respective Public Health Regional Manager, containing information determined by DSHS. All program reports are due no later than 20 days after the end of each reporting period, and must be in the format provided by DSHS, which may be viewed at: <http://www.dshs.state.tx.us/hivstd/fieldops/page9.shtm>. Successful respondents will also be required to submit program data through the reporting mechanisms specified by DSHS in the contract. At the time of RFP release, these systems are Real Time Education and Counseling Net (RECN) for HIV counseling and testing programs and through various reporting sheets for other HERR interventions.

### III. PROCUREMENT REQUIREMENTS

#### A. RFP Point of Contact

For purposes of addressing questions concerning this RFP, the contact is Kathie Walden. All communications concerning this RFP shall be addressed by email or fax to:

**Kathie Walden**  
**Ref: RFPHIV/PREV-0214.1**  
**Client Services Contracting Unit**  
**Room T-502 Mail Code 1886**  
**Department of State Health Services**  
**1100 West 49th Street**  
**Austin, Texas 78756-3199**  
**FAX (512) 458-7351**  
**Email: *kathie.walden@dshs.state.tx.us***

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

Written inquiries or questions about this RFP must be received no later than **01/22/2007 by 5:00 P.M. C.S.T.** Questions submitted after this date and time will not be answered. Questions will not be answered verbally. Questions must be submitted by email or fax to the email address or fax number above.

All questions and answers will be posted on the Electronic State Business Daily (ESBD) at the [ESBD Search Page \(http://esbd.tbpc.state.tx.us/1380/sagency.cfm\)](http://esbd.tbpc.state.tx.us/1380/sagency.cfm). Postings may be made as questions are answered; however, all questions will be answered and posted no later than **5:00 P.M. C.S.T. on 01/29/2007.**

Below are steps to navigate the ESBD web site to view all documents posted related to this RFP including questions and answers.

1. On the ESBD page, under the Browse heading:
  - For the Agency Field, click Name then select Department of State Health Services from the pull down menu.
  - For the Search Type Field, select Search Bid/Procurement Opportunities from the pull down menu.
  - In the Agency Requisition Number field, type “**RFP HIV/PREV-0214.1.**”
  - Leave the NIGP Class – Item Number field blank.
  - For the Order Results By field, select your preference from the pull down menu.
  - Click the FIND button.
2. All documents that are posted for this RFP will be displayed with a description of each document.
3. Click on the appropriate document or bid package to see the file.

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

#### **B. Letter of Intent**

Respondents planning to submit a response to this RFP may submit a Letter of Intent no later than **2:00 P.M. C.S.T. on January 29, 2007.** The Letter of Intent shall be on the respondent’s business letterhead using the template provided in the Appendix C of this RFP. The letter can be mailed or hand-delivered to: Kathie Walden, Department of State Health Services, 1100 W. 49<sup>th</sup> Street, Room T-502, Austin, TX 78756. Mark “**RFP HIV/PREV-0214.1**” on the envelope.

**NOTE: A submission of a Letter of Intent does not obligate the party to submit a proposal in the event that party decides not to participate in this RFP process.**

#### **C. Proposal Due Date**

The proposal must be received on or before the following date and time:  
**2:00 P.M. C.S.T. on March 5, 2007.**

#### **D. Submission**

The original proposal and **8** hard copies and an electronic copy on CD must be submitted **on or before the due date to the RFP point of contact at the address specified in Section III.A. RFP Point of Contact.**

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

If a proposal is mailed, it is considered as meeting the deadline if it is received on or before the due date and time. DSHS will not accept proposals by facsimile or e-mail.

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

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

#### **IV. PROPOSAL EVALUATION, SELECTION & NEGOTIATION**

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

##### **A. Screening Process**

Proposals are initially screened for eligibility and completeness. The preliminary screening requirements include:

1. Proposal received on or before the proposal due date and time.
2. The original proposal bears an original signature of the authorized official of the respondent organization on the Face Page (Form A).
3. Historically Underutilized Business (HUB) subcontracting plan that meets HUB requirements is included. **Note to All Respondents: Texas law provides that a proposal filed in response to this RFP that does not contain a historically underutilized business (HUB) subcontracting plan is non-responsive, in accordance with Texas Government Code § 2161.252.**
4. In conducting the pre-screen evaluation, DSHS reserves the right to waive irregularities which DSHS in its sole discretion determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived.
5. Form D: Administrative Information may be used in the initial screening process. This information may be used to exclude a proposal from review at the sole discretion of DSHS.

**PROPOSALS THAT DO NOT MEET THESE REQUIREMENTS WILL NOT BE CONSIDERED FOR REVIEW.**

##### **B. Evaluation Process**

Proposals that successfully satisfy the above preliminary screening will enter the DSHS evaluation process. During the evaluation, proposals will be reviewed and scored by a panel of reviewers using a standardized review tool based on the RFP.

Section scores will be weighted as indicated in the RFP. The separate scores of the reviewers will be added together to obtain an average score. Scores are based on the percentage of possible points.

Other criteria that DSHS may consider in making funding awards include resource availability, gaps in services, and past performance for current DSHS HIV prevention contractors.

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

**C. Evaluation Criteria**

The proposal sections as required in the Proposal Instructions will be weighted as follows:

<b>Criteria</b>	<b>Value</b>
Respondent background and experience	35
Assessment narrative	10
Performance measures	10
Work plan	35
Budget	10
<b>Total</b>	<b>100</b>

## **D. Selection and Negotiation**

Once award decisions are made, DSHS staff is responsible for negotiating contracts to obtain the needed client services within the framework of the goals of the HIV/STD Program and available funds. As funds are never unlimited, it is expected that the respondent(s) selected for contract awards may be asked to revise the budgets, as well as the goals and objectives, of their proposals in order to achieve the HIV/STD Program goals within available funding limits. This process is commonly referred to as contract negotiation. Respondent must submit written revisions reflecting negotiated changes. Once the contract negotiation process is complete, the DSHS staff will initiate the development of a contract.

CSCU will post to the ESBD a list of respondents whose proposals are selected for a contract. This posting does not constitute a fully executed contract.

## **V. DSHS ADMINISTRATIVE INFORMATION**

### **A. Rejection of Proposals**

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

### **B. Right to Amend or Withdraw RFP**

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

### **C. Authority to Bind DSHS**

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

### **D. Financial and Administrative Requirements**

All contractors must comply with the cost principles, audit requirements, and administrative requirements listed below:

**Financial and Administrative Requirements**

<b>Applicable Cost Principles</b>	<b>Audit Requirements</b>	<b>Administrative Requirements</b>
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 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 shall be in accordance with Governmental Auditing Standards.	UGMS

Additional requirements on basic accounting and financial management systems are found in DSHS Contractor Financial Procedures Manual. Copies of the manual are available online at <http://www.dshs.state.tx.us/contracts>.

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

#### **E. Contracting with Subcontractors, and/or Joint Proposals**

The selected respondent may enter into contracts with subcontractors. The contractor is responsible to DSHS for the performance of any subcontractor or subgrantee.

If the respondent enters into contracts with subcontractors, the documents must be in writing and must comply with the requirements specified in articles of the General Provisions found in the Appendices of this RFP.

If a respondent plans to enter into a subcontract, the respondent must submit justification to DSHS and receive prior written approval from DSHS before entering into the contract. The respondent may not submit a joint proposal. If subcontracting is approved, subcontractor data sheets must be submitted to DSHS no later than 30 days after the contract start date.

#### **F. Historically Underutilized Business (HUB) Guidelines**

In accordance with Texas Government Code Chapter 2161, Subchapter F, **DSHS has determined that HUB subcontracting opportunities are probable as a result of this solicitation.** Therefore, Respondent must submit a completed HUB Subcontracting Plan (HSP). The respondent must utilize the HUB Subcontracting forms provided in the Appendix of this RFP.

Please read the HSP form and instructions carefully. The HSP, if accepted by DSHS, will become a provision of any contract awarded as a result of this RFP.

**Proposals that do not include an HSP, or proposals that contain an HSP that DSHS determines was not developed in good faith, shall be rejected as a material failure to comply with the specifications set forth in this RFP** and Title 1, TAC, Part 5, Chapter 111, Subchapter B, §111.14(a)(2)(B).

Step-by-step audio/visual instructions for completing an HSP can be found at: <http://www.tbpc.state.tx.us/hub/forms/hubsubcontplan.html>.

In accordance with Texas Government Code Title 10, Subtitle D, Chapter 2161 and 1 Texas Administrative Code (TAC), Sections 111.11 – 111.24, state agencies are required to make a good faith effort to assist HUBs in receiving contract awards issued by the state. The goal is to promote full and equal business opportunity for all businesses in contracting with the state. HUBs are strongly urged to respond to this RFP. Respondents who meet the HUB qualifications are strongly encouraged to apply to the Texas Building and Procurement Commission (TPBC) for certification as a HUB.

To search for potential HUB vendors and subcontractors who may provide goods or perform services, respondents must refer to the TBPC *Centralized Master Bidders List (CMBL)* and/or *TBPC HUB Directory*. Class and item codes for potential subcontracting opportunities under this RFP, include, but are not limited to:

**EXAMPLE**

<b>Laboratory Testing Services</b>	<b>948-55</b>
<b>Outreach Education</b>	<b>924-16</b>
<b>Quality Assurance Services</b>	<b>918-88</b>
<b>Medical Supplies (Test Kits)</b>	<b>495-(no specific item code for these specialized kits)</b>
<b>Disease Prevention Services</b>	<b>948-34</b>
<b>Professional Medical Services</b>	<b>948-74</b>

Each respondent will have to determine if all services will be performed only by the respondent, or if part of the goods or services required under the RFP’s scope of work will be subcontracted. If some areas will be subcontracted, each area **(whether one of the potential business areas above, or others not on list)** will have to be listed on the HSP and a good faith effort to utilize HUB vendors for each area will be required to be documented.

**G. Contract Information**

The final funding amount and the provisions of the contract will be determined through negotiations between DSHS staff and the successful respondent(s). **Any exceptions to the requirements in the RFP sought by the respondent will be specifically detailed in writing by the respondent in the proposal submitted to DSHS for consideration.** DSHS will accept or reject each proposed exception.

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

**H. Contract Award Protest Policy**

Bidders who feel aggrieved in connection with the award of the contract must submit a written protest within ten (10) working days of posting of the award on the ESD. If the protest is not timely, it will not be considered. A protest is limited to matters relating to the protestant’s qualifications, the suitability of the goods or

services offered by the protestant, or alleged irregularities in the procurement process. A formal protest must contain: (1) a specific identification of any statutory or regulatory provision or procurement procedure that the protested action is alleged to have violated and a specific description of each act alleged to have violated the statutory, regulatory or procurement provision(s); (2) a precise statement of the relevant facts; (3) an identification of the issues to be resolved; and (4) the aggrieved party's arguments and supporting documentation.

The protest must be mailed, faxed, or delivered to the Contract Oversight and Support Section (COS).

**COS Point of Contact:** Pat Goodman  
**Mailing/Physical address:** Department of State Health Services  
1100 W. 49<sup>th</sup> Street, Room G-108  
Austin, TX 78756  
**Fax Number:** 512-458-7202

The protestant is responsible for ensuring that the protest is received by the COS within the above-referenced ten (10) working days. The COS will record the official date that the protest is received and forward it to the Protest Resolution Committee (PRC) which shall consist of the Chief Operating Officer (COO), the Chief Financial Officer (CFO) and the Deputy Commissioner for Prevention, Preparedness and Regulatory Services. The PRC shall have the authority to settle and resolve the dispute. The PRC may solicit written responses, schedule meetings, or request additional information. The PRC will issue a written determination within twenty (20) days of receipt of the protest by the PRC, and a copy will go to the protestant.

## CONTENT AND PREPARATION

### VI. PROPOSAL CONTENT

#### A. Instructions for Preparation

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

- All pages clearly and consecutively numbered;
- Original and 8 copies unbound, but secured with binder clips or rubber bands;
- Typed (computer or typewriter);
- No less than single-spaced;
- No less than 12-point font on 8 1/2" x 11" paper with 1" margins;
- Blank forms provided in **SECTION VII. BLANK FORMS AND INSTRUCTIONS** must be used (electronic reproduction of the forms is

acceptable; however, all forms must be identical to the original form(s) provided);

- Signed in ink by an authorized official (copies must be signed but need not bear an original signature); and
- An electronic CD must be included.

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

## **B. Confidential Information**

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

## **C. Table of Contents**

**THE PROPOSAL SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE ORDER BELOW.**

- A. Face Page - Proposal for Financial Assistance
- B. Proposal Table of Contents and Checklist
- C. Contact Person Information
- D. Administrative Information – attach required information with the completed form.

### APPLICATION ABSTRACT

### CATEGORY I

- E. Respondent Background
- F. Assessment Narrative

G. Performance Measures

H. Work Plan

#### CATEGORY II (IF APPLICABLE)

(Include Forms E-H for intervention I, followed by forms E-H for intervention II, then intervention III, etc., until all interventions are included. Follow forms E-H of the final intervention with Forms I – M.

E. Respondent Background

F. Assessment Narrative

G. Performance Measures

H. Work Plan

I. Budget Summary

I-2. Intervention Budget Summary

I-3. Categorical Budget Justification

I-4. Equipment Justification Form

I-5. Subcontractor Data Sheet

J. Historically Underutilized Businesses (HUBs)

K. Nonprofit Board of Directors and Executive Director Assurances Form

L. HIV Contractor Assurances

M. Standing Delegation Order Assurance

## VII. BLANK FORMS AND INSTRUCTIONS

**Tip:** To use the check box, place the pointer over the box and double click the left mouse button. In the Check Box Form Field Options, change the Default Value to Checked by clicking the circle in front of it.

### Unlocked Forms

To have the computer do the addition:

1. Completely fill out the column or row you are going to sum. If you are summing all of the totals, update the sum of all columns and all rows before updating the sum of the totals.

2. Word will **not** update the totals automatically. Select the form field for the sum in one of the following ways:

- Use the tab key to move from field to field or place the cursor immediately in front of the “0” or previous total with gray shading.
- Drag the cursor over the “0” or previous total with gray shading so that only the number is selected. Note: If the entire table cell is selected (black), the formula will not work and you risk deleting the form field.

**Tip:** The first time you use the forms the totals are all “0” with gray shading. Before updating a total, zoom in until you can easily see the “0” and the gray shading.

3. Press the F9 key (usually at the top of the keyboard).

4. Check the results. If it looks wrong, check the numbers you put in the row or column.

**Caution:** Never delete the form field for the total (the “0,” or previous total, with gray shading). The formulas will not work after the form field for the total is deleted. Selecting the field and typing over it will delete the field. The Backspace key will delete the field. The Delete key will delete the field.

**Tip:** You must update the totals for the columns and rows each time you change a number in that column or row.



Department of State Health Services  
**FORM A: FACE PAGE – Proposal for Financial Assistance**  
*RFP HIV/PREV-0214.1 for HIV Prevention Projects*

*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.*

RESPONDENT INFORMATION	
1) LEGAL NAME:	
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): <span style="float: right;">Check if address change <input type="checkbox"/></span>	
3) PAYEE Mailing Address (if different from above): <span style="float: right;">Check if address change <input type="checkbox"/></span>	
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"/> 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: <span style="margin-left: 100px;">Start Date:</span> <span style="margin-left: 100px;">End Date:</span>	
7) COUNTIES SERVED BY PROJECT:	
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON
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>	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 <b>APPENDIX A: DSHS Assurances and Certifications</b> . 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 <span style="float: right;">Check if change <input type="checkbox"/></span>	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 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: PROPOSAL TABLE OF CONTENTS AND CHECKLIST

**Legal Name of Respondent** \_\_\_\_\_

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

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	<input type="checkbox"/>		
B	Proposal Table of Contents and Checklist - completed and included	<input type="checkbox"/>		
C	Contact Person Information - completed and included	<input type="checkbox"/>		
D	Administrative Information - completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>		
E	Respondent Background (Category I) - included	<input type="checkbox"/>		<input type="checkbox"/>
F	Assessment Narrative (Category I) - included	<input type="checkbox"/>		<input type="checkbox"/>
G	Performance Measures (Category I) - included	<input type="checkbox"/>		<input type="checkbox"/>
H	Work Plan (Category I) - included	<input type="checkbox"/>		<input type="checkbox"/>
E	Respondent Background for Each Intervention (Category II) - included	<input type="checkbox"/>		<input type="checkbox"/>
F	Assessment Narrative for Each Intervention (Category II) - included	<input type="checkbox"/>		<input type="checkbox"/>
G	Performance Measures for Each Intervention (Category II) - included	<input type="checkbox"/>		<input type="checkbox"/>
H	Work Plan for Each Intervention (Category II) - included	<input type="checkbox"/>		<input type="checkbox"/>
I	Budget Summary	<input type="checkbox"/>		
I-3	Intervention Budget Summary	<input type="checkbox"/>		
I-3	Categorical Budget Justification	<input type="checkbox"/>		
I-4	Equipment Justification	<input type="checkbox"/>		<input type="checkbox"/>
I-5	Subcontractor Data Sheets – completed and included	<input type="checkbox"/>		<input type="checkbox"/>
J	HUB Subcontracting Plan - completed and included	<input type="checkbox"/>		
K	Nonprofit Board of Directors and Executive Director Assurances - form signed and included	<input type="checkbox"/>		<input type="checkbox"/>
L	HIV Contractor Assurances - signed and included	<input type="checkbox"/>		
M	Standing Delegation Order Assurance – signed and included	<input type="checkbox"/>		<input type="checkbox"/>

# FORM C: CONTACT PERSON INFORMATION

Legal Name of Respondent: \_\_\_\_\_

*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.*

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

# FORM D: ADMINISTRATIVE INFORMATION

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

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

---

**Legal 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 D: 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)	

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 an audited financial statement, submit a copy of the organizations 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.

**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?
- Have a criminal record?  
 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.

## ABSTRACT

Abstract: (Maximum of 1 page) – Respondents must submit an abstract that describes proposed services. Only one abstract should be submitted with the application. Respondent must specify the name of the intervention(s) or activity (ies) and specify the priority populations that will be served with each specific intervention. Please see form on the following page.

**PROPOSAL ABSTRACT**

*RFP HIV/PREV-0214.1 for HIV Prevention Projects*

<b>Category of Funding</b>	<b>Intervention Name</b>	<b>Priority Population(s)</b>	<b>Counties Served</b>	<b>Funding Requested</b>	<b>Summary of Proposed Activities</b>

# FORM E: RESPONDENT BACKGROUND – Category I

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

Respondent must provide a narrative description including: the legal name of the respondent; any affiliations; its overall purpose or mission statement; a description of programs and activities; the clientele served; and a brief history of its accomplishments. Describe the organizational structure, such as board of directors, officers, advisory councils, or committees. **A maximum of 1 additional page may be attached if needed.**

---

# FORM E: RESPONDENT BACKGROUND GUIDELINES – Category I

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

1. Describe the respondent's history and experience serving each of the priority populations proposed to be served. Experience and success of such efforts should be supported with quantitative and qualitative data.
2. Describe the respondent's history and experience conducting recruitment and HIV testing and counseling. Experience and success of such efforts should be supported with quantitative and qualitative data including number of prevention counseling sessions delivered, HIV positivity rates (new and previously known positives), proportions of all and of positive test results delivered, and proportion of HIV positive clients successfully referred into HIV care in 2006. Describe experience with all proposed test technologies.

**If subcontracting, please also describe:**

**(Two additional pages are allowed for the response if subcontracting)**

1. Describe respondent's experience in subcontracting with other agencies/providers.
2. Describe respondent's experience in developing requests for proposals and conducting competitive processes for subcontractor selection.
3. Describe respondent experience in performing fiscal and program monitoring of subcontractors.
4. Describe respondent experience in providing technical assistance to subcontractors, including budget development and management?
5. Describe staff position(s) that will be responsible for monitoring subcontractors the specific qualifications that will be required.
6. Describe respondent's policies and procedures for monitoring subcontractors.
7. Describe staff positions that are anticipated for providing training and technical assistance to subcontractors on data collection and submission, and data quality improvement.

# FORM F: ASSESSMENT NARRATIVE – Category I

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

Multiple data sources and assessments exist for many communities. Respondent is encouraged to utilize these resources when completing this form. Address each of the assessment activities (see ASSESSMENT NARRATIVE Guidelines) associated with the services proposed in this proposal. A maximum of 1 additional page may be attached if needed.

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## FORM F: ASSESSMENT NARRATIVE GUIDELINES – Category I

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

Multiple data sources and assessments exist for many communities. Respondent is encouraged to utilize these resources when completing this form. Specifically address each of the assessment activities listed below associated with the services proposed in this proposal. The required assessment items include:

1. Describe respondent's role and experience in community assessment activities with the **specific** priority population(s) you are proposing to serve. Provide specific characteristics of the priority population including demographic and socioeconomic data specific to each population, geographic boundaries, as well as information on the priority population's health status. Include specific information including the name(s) of individuals or groups from respondent agency that conducted the assessment activities and the dates of completion.
2. Describe how the proposed interventions and activities are linked to the needs of the priority population(s).

## FORM G: PERFORMANCE MEASURES – Category I Access to HIV Testing and Protocol-Based Prevention Counseling for High Risk Populations

In the event a contract is awarded, respondent agrees that performance measures will be used to assess, in part, the respondent's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this proposal. A maximum of 1 additional page may be attached if needed.

---

# FORM G: PERFORMANCE MEASURES GUIDELINES – Category I

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

1. Respondents shall include the performance measures in the application along with the proposed target levels of performance for each measure. The proposed target levels of performance and reporting frequency will be negotiated and agreed upon by the agency and DSHS. This form describes the minimum requirements for performance measures. Respondents may submit agency-specific performance measures.

All respondents applying for Category I to provide HIV counseling and testing must include the following objectives:

- a) 75% of clients testing for HIV will receive results.
- b) 95% of clients testing HIV-positive will receive results.
- c) 95% of clients who are HIV-positive and received results will be successfully linked to HIV early intervention.
- d) 90% of HIV-positive pregnant women will be successfully linked into prenatal care.
- e) The contractor will maintain a positivity rate of ( ) throughout the contracting year.
- f) The contractor will report testing x HIV positive persons, x of whom were previously diagnosed and x of whom were not previously diagnosed (new positives).
- g) The contractor will provide (number) PBC sessions by (date).
- h) The contractor will provide (number) PBC sessions to (name priority population) by (date).
- i) The contractor will provide (number) of tests by (date).
- j) The contractor will provide (number) of tests to (name priority population) by (date). (Repeat for all priority populations to be served).

Note: Objectives a – f apply to all testing performed, whether accompanied by protocol-based counseling or not.

**FORM H: WORK PLAN – Category I**  
**Access to HIV Testing and Protocol-Based**  
**Prevention Counseling for High Risk Populations**

Respondents must 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 proposal. A maximum of **10** additional pages may be attached if needed.

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# FORM H: WORK PLAN GUIDELINES – Category I

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

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include time lines for accomplishments. The plan must:

### 1. Intervention Information

List details about the priority populations and counties to be served.

### 2. Service delivery

- Describe recruitment strategies that will be used to reach priority population(s) and to link clients to other services.
- 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).
- Describe how respondent will provide access to counseling and testing for at risk clients. Include specific venues, locations, hours, etc.
- For the purposes of this RFP, DSHS will define 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. Applicants who propose alternative collection methods, testing technologies, or to perform testing without prevention counseling must justify use of these alternatives. Applicants must provide a rationale and outline the public health benefits for the following activities:
  - 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
- Describe other strategies that will be used to promote the intervention to the priority population.
- 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 respondent agency's organizational chart).
- Describe the respondent's plan for ensuring that services are culturally and linguistically appropriate.
- Describe how respondent will ensure client confidentiality.
- Describe how respondent will collaborate with other organizations to implement the intervention. Include applicable MOA. All respondents must include formal agreements in the form of MOA with the local health authority in the jurisdiction for STD and partner services. These are required to be maintained and submitted yearly.
- Describe policies and procedures related to the intervention (include policies and procedures for youth outreach workers, if applicable). Describe how respondent agency will ensure compliance with DSHS policies including data collection and reporting requirements.
- Describe the types of referrals that will be offered and how referrals are tracked and documented.
- Describe the planned distribution of supplemental risk reduction materials (e.g. condoms, bleach kits, pamphlets and flyers).

### 3. Management, Supervision, and Quality Assurance:

Describe the managerial, supervisory and quality assurance activities that will be used to ensure that the proposed intervention(s) are implemented as intended.

### 4. Evaluation

- Describe how respondent agency will assess progress toward your process and outcome objectives.

- Describe how respondent agency will ensure that program data are collected and reported on a timely basis.
- Describe how this information will be used to improve the intervention.

5. Timeline:

Summarize the work plan in a month-by-month format for the first budget year of the project. At minimum, the timeline must include:

- Pre-implementation activities
- Recruitment of clients
- Locations where activities will occur
- Evaluation activities
- Quality assurance activities

**FORM E: RESPONDENT BACKGROUND AND EXPERIENCE –  
Category II  
Health Education and Risk Reduction Activities  
for High Risk Populations (Including CRCS)**

*Intervention Name:*

Respondent must provide a narrative description including: the legal name of the respondent; any affiliations; its overall purpose or mission statement; a description of programs and activities; the clientele served; and a brief history of its accomplishments. Describe the organizational structure, such as board of directors, officers, advisory councils, or committees. **A maximum of 1 additional page may be attached if needed. This form is to be completed for each proposed intervention in Category II.**

**Note:** There is a limit of two group or community level evidence-based interventions per application. Respondents may submit proposals for CRCS in addition to a maximum of two group or community level evidence-based interventions.

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**FORM E: RESPONDENT BACKGROUND AND EXPERIENCE  
GUIDELINES - CATEGORY II  
Health Education and Risk Reduction Activities  
for High Risk Populations (Including CRCS)**

1. Describe the respondent's history and experience serving the priority population(s). Include description of how respondent agencies staff is uniquely qualified and experienced in serving the population(s). Experience and success of such efforts should be supported with quantitative and qualitative data.
2. Describe the respondent's history and experience conducting the proposed intervention(s). Experience and success of such efforts should be supported with quantitative and qualitative data.

**If subcontracting, please also describe:**

**(Two additional pages are allowed for the response if subcontracting)**

1. Describe respondent's experience in subcontracting with other agencies/providers.
2. Describe respondent's experience in developing requests for proposals and conducting competitive processes for subcontractor selection.
3. Describe respondent experience in performing fiscal and program monitoring of subcontractors.
4. Describe respondent experience in providing technical assistance to subcontractors, including budget development and management.
5. Describe staff position(s) that will be responsible for monitoring subcontractors the specific qualifications that will be required.
6. Describe respondent's policies and procedures for monitoring subcontractors.
7. Describe staff positions that are anticipated for providing training and technical assistance to subcontractors on data collection and submission, and data quality improvement.

**FORM F: ASSESSMENT NARRATIVE - CATEGORY II**  
**Health Education and Risk Reduction Activities**  
**for High Risk Populations (Including CRCS)**

*Intervention Name:* 

Multiple data sources and assessments exist for many communities. Respondent is encouraged to utilize these resources when completing this form. Address each of the assessment activities (see ASSESSMENT NARRATIVE Guidelines) associated with the services proposed in this proposal. A maximum of 1 additional page may be attached if needed. **This form is to be completed for each proposed intervention in Category II.**

**Note: There is a limit of two group or community level evidence-based interventions per application. Respondents may submit proposals for CRCS in addition to a maximum of two group or community level evidence-based interventions.**

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## FORM F: ASSESSMENT NARRATIVE GUIDELINES - CATEGORY II

### Health Education and Risk Reduction Activities for High Risk Populations (Including CRCS)

Multiple data sources and assessments exist for many communities. Respondent is encouraged to utilize these resources when completing this form. Specifically address each of the assessment activities listed below associated with the services proposed in this proposal. The required assessment items include:

1. Describe respondent's role and experience in community assessment activities with the **specific** priority population(s) you are proposing to serve. Provide specific characteristics of the priority population including demographic and socioeconomic data specific to each population, geographic boundaries, as well as information on the priority population's health status. Include specific information including the name(s) of individuals or groups from respondent agency that conducted the assessment activities and the dates of completion.
2. Describe how the proposed interventions and activities are linked to the needs of the priority population(s).

**FORM G: PERFORMANCE MEASURES – CATEGORY II  
Health Education and Risk Reduction Activities  
for High Risk Populations (Including CRCS)**

Intervention Name:

A grey rectangular box redacting the intervention name.

In the event a contract is awarded, respondent agrees that performance measures will be used to assess, in part, the respondent's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this proposal. A maximum of 1 additional page may be attached if needed. **This form is to be completed for each proposed intervention in Category II.**

**Note: There is a limit of two group or community level evidence-based interventions per application. Respondents may submit proposals for CRCS in addition to a maximum of two group or community level evidence-based interventions.**

## FORM G: PERFORMANCE MEASURES GUIDELINES - CATEGORY II

### Health Education and Risk Reduction Activities for High Risk Populations (Including CRCS)

Respondents shall provide process and outcome objectives specific to proposed project. The proposed target levels of performance and reporting frequency will be negotiated and agreed upon by the agency and DSHS.

All respondents applying for CRCS funding must include the following objectives:

- a) (Total Number) of clients that will engage in the intervention.
- b) (Total Number) of clients that will enroll in the intervention.
- c) (Number) of clients in each priority population that will engage in the intervention.
- d) (Number) of clients in each priority population that will enroll the intervention.

For all other evidence-based interventions, respondents must include:

- a) (Total Number) of clients that will participate in the intervention.
- b) (Total Number) of clients that will finish the intervention.
- c) (Number) of clients in each priority population that will participate in the intervention.
- d) (Number) of clients in each priority population that will finish the intervention.

Provide five draft outcome objectives for immediate or intermediate outcomes consistent with evidence base of the proposed intervention.

**FORM H: WORK PLAN - CATEGORY II**  
**Health Education and Risk Reduction Activities**  
**for High Risk Populations (Including CRCS)**

*Intervention Name:*

Respondents must 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 proposal. A maximum of **10** additional pages may be attached if needed. **This form is to be completed for each proposed intervention in Category II.**

**Note:** There is a limit of two group or community level evidence-based interventions per application. Respondents may submit proposals for CRCS in addition to a maximum of two group or community level evidence-based interventions.

# FORM H: WORK PLAN GUIDELINES - CATEGORY II

## Health Education and Risk Reduction Activities for High Risk Populations (Including CRCS)

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include time lines for accomplishments. The plan must:

### 1. Intervention Information

List details about the intervention including intervention name, core or essential elements, specific activities and content, priority population(s), and counties served.

### 2. Service Delivery

- 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.
- Describe recruitment and other strategies that will be used to promote the intervention to priority population(s) and to recruit clients.
- 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.
- Describe venues/settings for the intervention and how often the intervention will occur.
- Describe how the intervention will be staffed; number of volunteers; number of paid FTEs, including staff qualifications, skills.
- Describe the respondent's plan for ensuring that services are culturally and linguistically appropriate
- Describe strategies that will be used to ensure client retention through the intervention. If respondent has past experience, describe applicant success in retaining clients across multiple sessions, where applicable.
- Describe how respondent will ensure client confidentiality.
- Describe how respondent will collaborate with other organizations to implement the intervention. Include applicable MOA. All respondents must include formal agreements in the form of MOA with the local health authority in the jurisdiction for STD and partner services. These are required to be maintained and submitted yearly.
- Describe policies and procedures related to all intervention activities, including outreach and policies on youth if employing youth outreach workers. Describe how respondent agency will ensure compliance with DSHS policies including data collection and reporting requirements
- Describe the types of referrals that will be offered and how referrals are tracked and documented
- Describe how respondent agency will provide access to HIV and syphilis testing for at risk clients. Include specific venues, locations, hours, etc and include memoranda of agreement

### 3. Management, Supervision, and Quality Assurance:

Describe the managerial, supervisory and quality assurance activities that will be used to ensure that the proposed intervention(s) are implemented as intended.

### 4. Evaluation

- Describe respondent's methods and procedures for collection, entry, and management of program service data including:
  - Who collects the data, how, and how frequently
  - Confidentiality and security of client and other records;
  - How respondent will ensure timely submission of data
  - Procedures for ensuring accuracy of data
- Processing for assessing if services achieved desired outcomes
- Strategies that will be used to apply evaluation findings to program refinement and redirection

5. Timeline:

Summarize the work plan in a month-by-month format for the first budget year of the project. At minimum, the timeline must include:

- a. Pre-implementation activities
- b. Recruitment of clients
- c. Training of participants (peers, clients, and other non-staff members)
- d. Locations of where activities will occur
- e. Services delivery dates including start date of pilot, start dates of full implementation
- f. Quality assurance activities
- g. Evaluation activities

## FORM I: BUDGET SUMMARY

**Legal Name of Respondent:** \_\_\_\_\_

Cost Categories	DSHS Funds Requested (1)	Direct Federal Funds (2)	Other State Agency Funds* (3)	Local Funding Sources (4)	Other Funds (5)	Total (6)
A. Personnel	\$	\$	\$	\$	\$	\$ 0
B. Fringe Benefits	\$	\$	\$	\$	\$	\$ 0
C. Travel	\$	\$	\$	\$	\$	\$ 0
D. Equipment	\$	\$	\$	\$	\$	\$ 0
E. Supplies	\$	\$	\$	\$	\$	\$ 0
F. Contractual	\$	\$	\$	\$	\$	\$ 0
G. Construction	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0	N/A 0
H. Other	\$	\$	\$	\$	\$	\$ 0
I. Total Direct Costs	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
J. Indirect Costs	\$	\$	\$	\$	\$	\$ 0
K. Total (Sum of I and J)	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
L. Program Income - Projected Earnings	\$	\$	\$	\$	\$	\$ 0

**Indirect costs are based on (mark the statement that is accurate):**

- The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. \_\_\_\_\_ % A copy is attached behind the Budget Forms.
- The respondent's most recent indirect cost rate that is on file with DSHS, \_\_\_\_\_ %
- The respondent's cost allocation plan, which will be submitted within 60 days of the contract start date.

\*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include non-project related funding in column 3.

## FORM I: BUDGET SUMMARY INSTRUCTIONS

An accurate budget plan is essential to achieve the performance measures and work plan set out in the narrative portion of the proposal. All respondents must complete the budget summary form. Be sure to refer to the appropriate sections in the RFP for program-specific allowable and unallowable costs.

This form must reflect funding from all sources that support the project described in this RFP. See "Detailed Budget Category Forms, General Information" for definitions of the cost categories. For purposes of this form, the column headings have the following meanings:

Column 1: The amount of funds requested from the DSHS for this project.

Column 2: Federal funds awarded directly to respondent.

Column 3: Funds awarded to respondent from other State of Texas governmental agencies.

Column 4: Funds awarded to respondent by local governmental agencies (city, county, local health department, etc.).

Column 5: Funds from other sources not previously addressed in columns 1-4 (private foundations, donations, fund-raising, etc.).

Column 6: The sum of columns 1-5.

### **PROGRAM INCOME**

Program Income: Projected Earnings. Respondent must estimate the amount of program income that is expected to be generated during the budget period.

DEFINITION: Program income is the income by a contractor activities supported in whole or in part by a federal/state contract. Program income earned as a result of an effort that is jointly funded by DSHS and the contractor is to be shared by DSHS and the contractor. A program income allocation plan is the means by which DSHS's share is determined. The required formula for a plan is as follows:

$$\frac{\text{DSHS's Share of Funding}}{\text{DSHS's Share of Funding} + \text{Other Funding Sources}} \times \text{Total Program Income Collected} = \text{DSHS's Share of Program Income}$$

Contractor must disburse program income rebates, refunds, contract settlements, audit recoveries and interest earned on such funds before requesting cash payments including advance payments from DSHS.

For more information about program income, refer to the Program Income Article in the General Provisions for DSHS Grants Contracts and/or obtain a copy of DSHS's Financial Administrative Procedures Manual from the Internet at

<http://www.dshs.state.tx.us/grants/gen-prov.shtm>.

### **INSTRUCTIONS:**

**Projected Earnings.** Respondent must enter on the BUDGET SUMMARY form the estimated amount of program income that is expected to be generated during the budget period.

#### **Examples Of Program Income**

- *Fees received for personal services performed in connection with and during the period of contract support;*
- *Tuition and fees when the course of instruction is developed, sponsored, and supported by the applicable contract from state or federal sources;*
- *Sale of services such as laboratory tests or computer time;*
- *Payments received from patients or third parties for medical or hospital service, such as Title XIX or Title XX reimbursements, insurance payments, or patient fees. These payments may be made under either a cost reimbursement or a fixed price agreement;*
- *Lease or rental of films or video tapes; and*
- *Rights or royalty payments resulting from patents or copyrights developed or acquired by the contractor.*

FORM I-2: INTERVENTION BUDGET SUMMARY

Legal Name of Respondent: \_\_\_\_\_

Cost Categories	Category I (Counseling and Testing)	Category II – (CRCS)	Category II – Intervention 1 (Insert Name)	Category II – Intervention 2 (Insert Name)	Total
A. Personnel	\$	\$	\$	\$	\$
B. Fringe Benefits	\$	\$	\$	\$	\$
C. Travel	\$	\$	\$	\$	\$
D. Equipment	\$	\$	\$	\$	\$
E. Supplies	\$	\$	\$	\$	\$
F. Contractual	\$	\$	\$	\$	\$
G. Other	\$	\$	\$	\$	\$
H. Total Direct Costs	\$	\$	\$	\$	\$
I. Indirect Costs	\$	\$	\$	\$	\$
J. Total (Sum of H and I)	\$	\$	\$	\$	\$

## FORM I-3: BUDGET JUSTIFICATION Instructions

**INTERVENTION NAME:** 

Provide a detailed categorical budget justification of proposed project costs. Submit **one** categorical budget justification using the Categorical Budget Justification Example in the Appendices. Budgets should cover a 12-month period from September 1, 2007 – August 31, 2008. Submitted budgets must include the following categories: Personnel, Fringe, Travel, Equipment, Supplies, Contractual, Other, Total Direct Costs, Indirect Costs, and Total Budget. Additionally, items listed in the Categorical Budget Justification Table must bear a brief justification describing what is to be purchased. If purchasing equipment, the attached Equipment Justification Form must be completed and submitted. Additional pages may be attached as needed.

## FORM I-4: 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?

## Minimum Computer Specifications

The following table contains minimum computer equipment specifications required for computer equipment purchases approved DSHS. Please see notes on the next page for additional requirements.

Health Promotion Unit <u>Minimum</u> Computer Equipment Specifications (04/01/2005)	
Processor	Pentium® 4 Processor 2.8 Hz, 800 MHz FBS or higher
Memory	512 MB RAM or higher
Video Card	32 MB RAM PCI or AGP or higher
Hard Drives	40 GB EIDE 7200RPM or higher
Floppy Drive	1.44MB 3.5 Inch Floppy Drive
Network Adapter (NIC)	Fast Ethernet 100 Mbps or higher
CDROM	EIDE CD ROM drive (48X speed or higher)
Audio Solutions	Sound Blaster Compatible
Speakers	Business Audio Speakers
Keyboards	PS/2 Keyboard
Mouse:	PS/2 2-Button Mouse
Operating System	Windows® XP Professional with SP2 or newer
Monitor:	17 inch SVGA color monitor .28 mm, support 1024 x 768 resolution or higher (optional)
Hardware Support Services	3Yr Ltd Warranty On-Site Service

**Notes:**

- a.) A complete system price shall not exceed \$1,500.00 for a desktop/laptop system. Please submit justification when the purchase cost for a system exceeds these limits.
- b.) When contractor budgets are prepared to purchase computer equipment, complete computer equipment specifications, including printers, must be submitted to DSHS.
- c.) Vendors who assemble systems with generic (clone) computer parts or upgrade components must complete and submit the attached vendor certification to the quote and equipment specifications the vendor presents to the DSHS contractor. The vendor's certification must be submitted to DSHS along with the contractor's budget to purchase computer equipment.
- d.) Due to market volatility, the pricing of computer equipment or peripherals may fluctuate greatly within weeks. The DSHS considers vendor quotations issued greater than 30 days from the current date to be expired or non-current. A DSHS contractor should submit current vendor specifications and quotations to the DSHS with their requests to purchase equipment.

**If you need additional information, please contact *Austin Metro Branch Manager, Information Technology Section, 512-458-7271***

# Vendor Certification for Computer Equipment purchased by DSHS Contractor

**(Attach to Vendor's computer equipment quote and specifications.)**

1) All equipment components shall be new at time of purchase, of current production, and shall include the manufacturer's standard equipment, accessories (power cords, cables, etc.) and component documentation.

2) All equipment components shall be one hundred percent (100%) IBM-compatible microcomputers, capable of running the same software, and capable of operating with add-on/options cards designed to run in IBM-compatible microcomputers.

3) All equipment shall be certified 100% Microsoft Windows 2003 or higher and Novell Netware 6.5 compatible. All equipment purchased for use as network file servers shall be Microsoft/National Software Testing Laboratories-certified to operate Windows 2003 Advanced Server and Novell-certified to operate as a Netware 6.5 server.

4) DSHS is aware problems may develop in computer equipment due to heat generated by the components. The vendor must certify its computer system is designed in such a manner to allow for adequate heat dissipation and the vendor shall repair, replace, or add additional components to systems that have problems that are determined to be heat-related.

5) DSHS expects systems and equipment purchased by DSHS contractors will be quality merchandise. Further, we expect the equipment will operate properly at the time of initial installation. DSHS hereby establishes and defines Excessive Failure as a failure rate greater than one percent (1%) of the items specified and provided to a DSHS contractor by the vendor that becomes non-operational and/or unusable during the course of normal operation. All problems must be repaired or replaced at the vendor's expense, including parts, labor, and any necessary freight or handling charges. If the vendor does not repair and/or replace the defective system(s)/component(s) within twenty-four (24) business hours of notification, the DSHS and/or its contractor shall have the right to take whatever reasonable actions are necessary to repair and/or replace the defective system(s)/components(s), and shall have the right to recover from the vendor all expenses incurred from these actions. Intentional or accidental damage of any system(s) and/or component(s) caused by employees and/or clients and/or acts of nature to the equipment shall not be construed as failure for the purposes of this provision.

Authorized Vendor Signature / Date \_\_\_\_\_

Printed Name / Title / Phone \_\_\_\_\_

Company Name / Address \_\_\_\_\_

\_\_\_\_\_

## FORM I-5: SUBCONTRACTOR DATA SHEET

Contract Beginning Date _____	Contract Ending Date _____
Subcontractor Name: _____	
Mailing Address: _____	
Street Address: _____	
City, State, Zip: _____	
Phone Number: _____	Fax Number: _____
E-mail address: _____	
Executive Director: _____	
Contact Person & Title: _____	
Activities to be provided: _____	

### CATEGORICAL BUDGET INFORMATION

Personnel:	\$ _____
Fringe:	\$ _____
Travel:	\$ _____
Equipment:	\$ _____
Supplies:	\$ _____
Contractual:	\$ _____
Other:	\$ _____
Total Direct Costs:	\$ _____
Indirect Costs:	\$ _____
Total Subcontract Amount:	\$ _____

**IF THE CONTRACT IS FOR MORE THAN \$25,000, ATTACH A CATEGORICAL BUDGET JUSTIFICATION FOR THE ABOVE ITEMS.**

### FEE-FOR- SERVICE/UNIT COST CONTRACT

If the subcontract is a fee-for-service or unit cost contract, provide the maximum amount that can be charged under the contract.

**AMOUNT: \$** \_\_\_\_\_

<b>Selection Process: <input checked="" type="checkbox"/> Competitive Bid <input type="checkbox"/> Sole Source <input type="checkbox"/> Single Source</b>	
<b>Minority Organization?*</b>	_____ <b>Yes</b> _____ <b>No</b>
<b>Minority Provider?*</b>	_____ <b>Yes</b> _____ <b>No</b>
<b>Faith-based Organization?</b>	_____ <b>Yes</b> _____ <b>No</b>
<b>HUB Certified?</b>	_____ <b>Yes</b> _____ <b>No</b>
<b>Does your agency collect sliding-scale fees from clients?</b>	_____ <b>Yes</b> _____ <b>No</b>
<b>Does your agency collect co-payments from clients?</b>	_____ <b>Yes</b> _____ <b>No</b>

\*Organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

\*\*An organization/agency is considered a minority provider if it meets the following criteria:

- A. have a documented history of providing service to the targeted racial/ethnic minority community(ies) to be served; and
- B. are located in or near the targeted racial/ethnic minority community they are intended to serve; and
- C. have documented linkages to the targeted racial/ethnic minority populations, so that they can help close the gap in access to services for highly impacted communities of color; and
- D. provide services in a manner that is culturally and linguistically appropriate.

## **Subcontracting Plan Information**

In accordance with Texas Government Code (TGC) §2161.252 and Texas Administrative Code (TAC) Title 1, Part 5, Chapter 111, Subchapter B, Rule §111.14, each state agency (including institutions of higher education) as defined by TGC §2151.002 that considers entering into a contract with an expected value of \$100,000 or more shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract.

If subcontracting opportunities are probable, each state agency's invitation for bids or other purchase solicitation documents for construction, professional services, other services, and commodities with an expected value of \$100,000 or more shall state that probability and require a HUB Subcontracting Plan (HSP).

In accordance with Texas Government Code, §2161.181 and §2161.182, each state agency shall make a good faith effort to increase the contract awards for the purchase of goods or services to HUBs based on rules adopted by the Commission to implement the disparity study described by TGC §2161.002(c).

The purpose of the HUB Program is to promote equal business opportunities for economically disadvantaged persons (as defined by TGC §2161) to contract with the State of Texas in accordance with the goals specified in the State of Texas Disparity Study. The HUB goals per TAC §111.13 are: **11.9% for heavy construction other than building contracts; 26.1% for all building construction, including general contractors and operative builders contracts; 57.2% for all special trade construction contracts; 20% for professional services contracts; 33% for all other services contracts; and 12.6% for commodities contracts.**

***IF YOUR RESPONSE TO THIS SOLICITATION DOES NOT CONTAIN A HUB SUBCONTRACTING PLAN, YOUR RESPONSE SHALL BE REJECTED AS A MATERIAL FAILURE TO COMPLY WITH THE ADVERTISED SPECIFICATIONS.***

# FORM J-1: HUB Subcontracting Plan (HSP)

In accordance with Gov't Code §2161.252, the contracting agency has determined that subcontracting opportunities are probable under this contract. Therefore, respondents, including State of Texas certified Historically Underutilized Businesses (HUBs), must complete and submit a State of Texas HUB Subcontracting Plan (HSP) with their solicitation response.

**NOTE: Responses that do not include a completed HSP shall be rejected pursuant to Gov't Code §2161.252(b).**

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State of Texas in accordance with the goals specified in the State of Texas Disparity Study. The HUB goals defined in 1 TAC §111.13 are: *11.9 percent for heavy construction other than building contracts, 26.1 percent for all building construction, including general contractors and operative builders contracts, 57.2 percent for all special trade construction contracts, 20 percent for professional services contracts, 33 percent for all other services contracts, and 12.6 percent for commodities contracts.*

- - Agency Special Instructions/Additional Requirements - -

## SECTION 1 - RESPONDENT AND SOLICITATION INFORMATION

- a. Respondent (Company) Name: \_\_\_\_\_ State of Texas VID #: \_\_\_\_\_  
 Point of Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_
- b. Is your company a State of Texas certified HUB?  - Yes  - No
- c. Solicitation #: \_\_\_\_\_

## SECTION 2 - SUBCONTRACTING INTENTIONS

After having divided the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, the respondent must determine what portion(s) of work, including goods or services, will be subcontracted. Note: In accordance with 1 TAC §111.12., a "Subcontractor" means a person who contracts with a vendor to work, to supply commodities, or contribute toward completing work for a governmental entity. Check the appropriate box that identifies your subcontracting intentions:

- Yes, I will be subcontracting portion(s) of the contract.  
 (If Yes, in the spaces provided below, list the portions of work you will be subcontracting, and go to page 2.)
- No, I will not be subcontracting any portion of the contract, and will be fulfilling the entire contract with my own resources.  
 (If No, complete SECTION 9 and 10.)

Line Item # - Subcontracting Opportunity Description	Line Item # - Subcontracting Opportunity Description
( #1) -	(#11) -
( #2) -	(#12) -
( #3) -	(#13) -
( #4) -	(#14) -
( #5) -	(#15) -
( #6) -	(#16) -
( #7) -	(#17) -
( #8) -	(#18) -
( #9) -	(#19) -
(#10) -	(#20) -

\*If you have more than twenty subcontracting opportunities, a continuation page is available at

Enter your company's name here: \_\_\_\_\_ Solicitation #: \_\_\_\_\_

**IMPORTANT:** You must complete a copy of this page for each of the subcontracting opportunities you listed in SECTION 2. You may photocopy this page or download copies at [http://www.tbpc.state.tx.us/hub/forms/HSP\\_sep06\\_cont2.doc](http://www.tbpc.state.tx.us/hub/forms/HSP_sep06_cont2.doc).

**SECTION 3 - SUBCONTRACTING OPPORTUNITY**

Enter the line item number and description of the subcontracting opportunity you listed in SECTION 2.

Line Item # \_\_\_\_\_ Description: \_\_\_\_\_

**SECTION 4 - MENTOR-PROTÉGÉ PROGRAM**

If respondent is participating as a Mentor in a State of Texas Mentor Protégé Program, submitting their Protégé (Protégé must be a State of Texas certified HUB) as a subcontractor to perform the portion of work (subcontracting opportunity) listed in SECTION 3, constitutes a good faith effort towards that specific portion of work. Will you be subcontracting the portion of work listed in SECTION 3 to your Protégé?

- Yes (If Yes, complete SECTION 8 and 10.)  - No / Not Applicable (If No or Not Applicable, go to SECTION 5.)

**SECTION 5 - PROFESSIONAL SERVICES CONTRACTS ONLY**

This section applies to Professional Services Contracts only. All other contracts go to SECTION 6.

Does your HSP contain subcontracting of 20% or more with HUB(s)?

- Yes (If Yes, complete SECTION 8 and 10.)  - No / Not Applicable (If No or Not Applicable, go to SECTION 6.)

*In accordance with Gov't Code §2254.004, "Professional Services" means services: (A) within the scope of the practice, as defined by state law of accounting; architecture; landscape architecture; land surveying; medicine; optometry; professional engineering; real estate appraising; or professional nursing; or (B) provided in connection with the professional employment or practice of a person who is licensed or registered as a certified public accountant; an architect; a landscape architect; a land surveyor; a physician, including a surgeon; an optometrist; a professional engineer; a state certified or state licensed real estate appraiser; or a registered nurse.*

**SECTION 6 - NOTIFICATION OF SUBCONTRACTING OPPORTUNITY**

Complying with a, b and c of this section constitutes Good Faith Effort towards the portion of work listed in SECTION 3. After performing the requirements of this section, complete SECTION 7, 8 and 10.

- a. Provide written notification of the subcontracting opportunity listed in SECTION 3 to **three (3)** or more HUBs. Use the State of Texas' Centralized Master Bidders List (CMBL), found at <http://www.tbpc.state.tx.us/cmb/cmbhub.html>, and its HUB Directory, found at <http://www.tbpc.state.tx.us/cmb/hubonly.html>, to identify available HUBs. **Note: Attach supporting documentation (letters, phone logs, fax transmittals, electronic mail, etc.) demonstrating evidence of the good faith effort performed.**
- b. Provide written notification of the subcontracting opportunity listed in SECTION 3 to a minority or women trade organization or development center to assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. A list of trade organizations and development centers may be accessed at <http://www.tbpc.state.tx.us/hub/minoritywomenbuslinks.html>. **Note: Attach supporting documentation (letters, phone logs, fax transmittals, electronic mail, etc.) demonstrating evidence of the good faith effort performed.**
- c. Written notifications should include the scope of the work, information regarding the location to review plans and specifications, bonding and insurance requirements, required qualifications, and identify a contact person. Unless the contracting agency has specified a different time period, you must allow the HUBs no less than **five (5) working days** from their receipt of notice to respond, **and** provide notice of your subcontracting opportunity to a minority or women trade organization or development center no less than **five (5) working days** prior to the submission of your response to the contracting agency.

**SECTION 7 - HUB FIRMS CONTACTED FOR SUBCONTRACTING OPPORTUNITY**

List **three (3)** State of Texas certified HUBs you notified regarding the portion of work (subcontracting opportunity) listed in SECTION 3. Specify the vendor ID number, date you provided notice, and if you received a response. **Note: Attach supporting documentation (letters, phone logs, fax transmittals, electronic mail, etc.) demonstrating evidence of the good faith effort performed.**

Company Name	VID #	Notice Date (mm/dd/yyyy)	Was Response Received?
_____	_____	____/____/____	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
_____	_____	____/____/____	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
_____	_____	____/____/____	<input type="checkbox"/> - Yes <input type="checkbox"/> - No

**SECTION 8 - SUBCONTRACTOR SELECTION**

List the subcontractor(s) you selected to perform the portion of work (subcontracting opportunity) listed in SECTION 3. Also, specify the expected percentage of work to be subcontracted, the approximate dollar value of the work to be subcontracted, and indicate if the company is a Texas certified HUB.

Company Name	VID #	Expected % of Contract	Approximate Dollar Amount	Texas Certified HUB?
_____	_____	____%	____\$	<input type="checkbox"/> - Yes <input type="checkbox"/> - No*



# FORM K: NONPROFIT BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR ASSURANCES FORM

*If the respondent is a nonprofit organization, this form must be completed (state or other governmental agencies are not required to complete this form). The purpose of the form is to inform nonprofit board members and officers of the responsibilities and administrative oversight requirements of nonprofit respondents intending to or contracting with Department of State Health Services (DSHS).*

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(Name & Address Of Organization)

The persons signing on behalf of the above named organization certify that they are duly authorized to sign this Assurances form on behalf of the organization. The undersigned acknowledge and affirm:

- A. That an annual budget has been approved for each contract with DSHS.
- B. The Board of Directors convenes on a regularly scheduled basis to discuss the operations of the organization.
- C. Actual revenue and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with Board approval).
- D. Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.
- E. That the Board of Directors will ensure that any required financial reports and forms, whether federal or state, are filed on a current and timely basis.
- F. Adequate internal controls are in place to ensure fiscal integrity, accountability, and to safeguard assets.
- G. The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.
- H. The Board has Audit and Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other Board members in understanding and responding to financial developments.
- I. The organization follows Generally Accepted Accounting Principles when preparing financial statements, and fund accounting practices are observed to ensure integrity among specific contracts or grants.
- J. If a contract is executed with the DSHS, this form will be discussed in detail at the next official Board meeting and that notes of the discussion and a signed copy of this form will be included in the minutes of the meeting. A copy of the minutes will be kept at the organization and be available for inspection by DSHS staff.
- K. The organization will administer any contract executed with the DSHS in accordance with applicable federal statutes and regulations, including federal grant requirements applicable to funding sources, Uniform Grant Management Standards issued by the Governor's Office, applicable Office of Management and Budget Circulars, applicable Code of Federal Regulations, and provisions of the contract document.
- L. Staff members, including the executive director, shall not serve as voting members on their employer's governing board.

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\*Chairman of the Board Signature/Date

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\*President or Executive Director Signature/Date

\*If the signed original of this form has been provided to the DSHS during the calendar year and the officers signing the document have not changed, a copy of the signed form will be accepted.

## FORM L: HIV CONTRACTOR ASSURANCES

### Texas Department of State Health Services

#### 1. ADVOCATE AND PROMOTE

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

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

#### 2. CONFIDENTIALITY

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

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

#### 3. CONFLICT OF INTEREST

The applicant agency and its employees or subcontractors, if applicable, provide assurance to the Texas Department of State Health Services that no person who is an employee, agent, consultant, officer, board member, or elected or appointed official of this agency, and, therefore, in a position to obtain a financial interest or benefit from an activity, or an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for himself or herself or for those with whom he or she has family or business ties, during his or her tenure or for one year thereafter shall participate in the decision making process or use inside information with regard to such activity. Furthermore, this agency will adopt procedural rules which require the affected person to withdraw from his or her functions and responsibilities or the decision-making process with respect to the specific assisted activity from which they would derive benefit.

#### 4. TUBERCULOSIS COLLABORATION

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

#### 5. DRUG-FREE WORKPLACE REQUIREMENTS

The undersigned (authorized official signing for the applicant organization) certifies that it will provide a

drug-free workplace in accordance with 45 CFR Part 76 by:

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

#### 6. POLICIES OF THE HIV/STD PROGRAM

The applicant agency assures the DSHS that it will abide by all policies of the HIV/STD program that apply to the programs being provided. A list of policies applicable to all HIV and STD contractors is provided at the program website at <http://www.dshs.state.tx.us/hivstd/default.shtm>.

Signature of Authorized Certifying Official	Title
Date	
Legal Name of Applicant Organization	

FORM M: STANDING DELEGATION ORDER ASSURANCE

**Texas Department of State Health Services**

In accordance with Texas Health and Safety Code, §85.085, Physician Supervision of Medical Care, which ensures that a licensed physician supervises any medical care or procedure provided under a testing program, all HIV Counseling and Testing providers must operate under the standing delegation orders of a physician. The respondent agency assures that its agency will operate under the supervision of a physician.

<b>AUTHORIZED REPRESENTATIVE FROM RESPONDENT AGENCY</b> Name: Title: Phone: Fax: E-mail:	SIGNATURE OF AUTHORIZED REPRESENTATIVE
	DATE

<b>AUTHORIZED PHYSICIAN</b> Name: Title: Facility Name: Phone: Fax:	SIGNATURE OF AUTHORIZED PHYSICIAN
	DATE

## **DSHS REQUIRED APPENDICES**

- A. DSHS Assurances and Certifications
- B. General Provisions

## APPENDIX A: DSHS ASSURANCES AND CERTIFICATIONS

**Note: Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the contact person named in this RFP. These assurances and certifications shall remain in effect throughout the project period of this solicitation and the term of any contract between respondent and DSHS.**

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**As the duly authorized representative of the respondent, my signature on the FACE PAGE Form certifies that the respondent:**

1. Is a legal entity legally authorized and in good standing to do business with the State of Texas and has the legal authority to apply for state/federal assistance, and has the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this proposal; possesses legal authority to apply for funding; that a resolution, motion or similar action has been duly adopted or passed as an official act of the respondent's governing body, authorizing the filing of the proposal including all understandings and assurances contained therein, and directing and authorizing the person identified as the authorized representative of the respondent to act in connection with the proposal and to provide such additional information as may be required;
2. Certifies that under Government Code Section 2155.004, the individual or entity (respondent) is not ineligible to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is incorrect. NOTE: Under Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specification of RFP on which the bid is based.
3. Has a financial system that: identifies the source and application of DSHS funds in a unique set of general ledger account numbers, permits preparation of reports required by the tract, permits the tracing of funds expended and program income, allows for the comparison of actual expenditures to budgeted amounts; and maintains accounting records that are supported by verifiable source documents.
4. A parent, affiliate, or subsidiary organization, if such a relationship exists, will give DSHS, HHSC Office of Inspector General, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
5. Will supplement the project/activity with funds other than the funds made available through a contract award as a result of this RFP and will not supplant funds from that contract to replace or substitute existing funding from other sources;
6. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or

personal gain;

7. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the respondent's governing body or of the respondent's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition shall not prohibit the employment of a person who shall have been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
8. Has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement; Does not have nor shall it knowingly acquire any interest that would conflict in any manner with the performance of its obligations under any awarded contract that results from this RFP;
9. Will honor for 90 days after the proposal due date the technical and business terms contained in the proposal;
10. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
11. Will not require a client to provide or pay for the services of a translator or interpreter;
12. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
13. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;
14. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this proposal;
15. Agrees to comply with the following to the extent such provisions are applicable:
  - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d, et seq.;
  - B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
  - C. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.;
  - D. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
  - E. DSHS Policy AA-5018, Non-Discrimination Policies and Procedures for DSHS Programs, which prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or disability; and

- F. Any other nondiscrimination provision in specific statutes under which application for federal or state assistance is being made.
16. Will comply with the Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and its references are available upon request;
  17. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
  18. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate;
  19. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
  20. Will comply with environmental standards prescribed pursuant to the following:
    - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§4321-4347, and Executive Order (EO) 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality";
    - B. Notification of violating facilities pursuant to EO 11738 (40 CFR, Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans";
    - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§7401 et seq.; and
    - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;
  21. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
  22. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §§289a-1 et seq., as amended and 6601 (P.L. 93-348 – P.L. 103-43), as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance, as implemented by 45 CFR Part 46, Protection of Human Subjects;
  23. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263a, as amended, which establish federal requirements for the regulation and certification of clinical laboratories;
  24. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Blood-borne Pathogens, 29 CFR §1919.030, which set safety standards for those workers and facilities in the private sector who may handle blood-borne pathogens, or Title 25 Texas Administrative Code, Chapter 96, which affects facilities in the public sector;

25. Will not charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance project;
26. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;
27. As the primary participant in accordance with 45 CFR Part 76, respondent and its principals:
  - A. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - B. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - C. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (B) of this certification; and
  - D. have not within a 3-year period preceding this proposal/proposal had one or more public transactions (federal, state, or local) terminated for cause or default;

Should the respondent not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the proposal response;

The respondent agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions;

28. Will comply with Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," which generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93):
  - A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement;
  - B. If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any

agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions.

SF-LLL and continuation sheet are available upon request from the Department of State Health Services; and

- C. The language of this certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly;

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure;

29. Is in good standing with the Internal Revenue Service on any debt owed;
30. Certifies that no person who has an ownership or controlling interest in the organization or who is an agent or managing employee of the organization has been placed on community supervision, received deferred adjudication or been convicted of a criminal offense related to any financial matter, federal or state program or felony sex crime;
31. Is in good standing with all state and/or federal departments or agencies that have a contracting relationship with the respondent;
32. Statutes and Standards of General Applicability. It is Contractor's responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Contractor shall carry out the terms of this Contract in a manner that is in compliance with the provisions set forth below. To the extent such provisions are applicable to Contractor, Contractor agrees to comply with the following:
- a) The following statutes that collectively prohibit discrimination on the basis of race, color, national origin, limited English proficiency, sex, sexual orientation, disabilities, age, substance abuse or religion: 1) Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §§ 2000d et seq.; 2) Title IX of the Education Amendments of 1972, 20 U.S.C.A. §§ 1681-1683, and 1685-1686; 3) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794(a); 4) the Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101 et seq.; 5) Age Discrimination Act of 1975, 42 U.S.C.A. §§ 6101-6107; 6) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, 42 U.S.C.A. § 290dd (b)(1); 7) 45 CFR Parts 80, 84, 86 and 91; and 8) TEX. LAB. CODE. ch. 21; DSHS Policy AA-5018, Non-discrimination Policies and Procedures for DSHS Programs;
  - b) Drug Abuse Office and Treatment Act of 1972, 21 U.S.C.A. §§ 1101 et seq., relating to drug abuse;
  - c) Public Health Service Act of 1912, §§ 523 and 527, 42 U.S.C.A. § 290dd-2, and 42 C.F.R. pt. 2, relating to confidentiality of alcohol and drug abuse patient records;
  - d) Title VIII of the Civil Rights Act of 1968, 42 U.S.C.A. §§ 3601 et seq., relating to nondiscrimination in housing;
  - e) Immigration Reform and Control Act of 1986, 8 U.S.C.A. § 1324a, regarding employment verification;
  - f) Pro-Children Act of 1994, 20 U.S.C.A. §§ 6081-6084, regarding the non-use of all tobacco products;

- g) National Research Service Award Act of 1971, 42 U.S.C.A. §§ 289a-1 et seq., and 6601 (P.L. 93-348 and P.L. 103-43), as amended, regarding human subjects involved in research;
- h) Hatch Political Activity Act, 5 U.S.C.A. §§ 7321-26, which limits the political activity of employees whose employment is funded with federal funds;
- i) Fair Labor Standards Act, 29 U.S.C.A. §§ 201 et seq., and the Intergovernmental Personnel Act of 1970, 42 U.S.C.A. §§ 4701 et seq., as applicable, concerning minimum wage and maximum hours;
- J) TEX. GOV'T CODE ch. 469 (Supp. 2004), pertaining to eliminating architectural barriers for persons with disabilities;
- k) Texas Workers' Compensation Act, TEX. LABOR CODE, chs. 401-406 28 TEX. ADMIN. CODE pt. 2, regarding compensation for employees' injuries;
- l) The Clinical Laboratory Improvement Amendments of 1988, 42 USC § 263a, regarding the regulation and certification of clinical laboratories;
- m) The Occupational Safety and Health Administration Regulations on Blood Borne Pathogens, 29 CFR § 1910.1030, or Title 25 Tex. Admin Code ch. 96 regarding safety standards for handling blood borne pathogens;
- n) Laboratory Animal Welfare Act of 1966, 7 USC §§ 2131 et seq., pertaining to the treatment of laboratory animals;
- o) Environmental standards pursuant to the following: 1) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§ 4321-4347 and Executive Order 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;" 2) Notification of violating facilities pursuant to Executive Order 11738 (40 CFR Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with respect to Federal Contracts, Grants, or Loans;" 3) Protection of wetlands pursuant to Executive Order 11990, 42 Fed. Reg. 26961; 4) Evaluation of flood hazards in floodplains in accordance with Executive Order 11988, 42 Fed. Reg. 26951 and, if applicable, flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234); 5) Assurance of project consistency with the approved State Management program developed under the Coastal Zone Management Act of 1972, 16 USC §§ 1451 et seq; 6) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§ 7401 et seq.; 7) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§ 300f-300j; 8) Protection of endangered species under the Endangered Species Act of 1973, 16 USC §§ 1531 et seq.; 9) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, 42 USC §7401 et seq.; 10) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-330j; 11) Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting certain rivers system; and 12) Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) prohibiting the use of lead-based paint in residential construction or rehabilitation;
- p) Intergovernmental Personnel Act of 1970 (42 USC §§4278-4763 regarding personnel merit systems for programs specified in Appendix A of the federal Office of Program Management's Standards for a Merit System of Personnel Administration (5 C.F.R. Part 900, Subpart F);
- q) Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), relating to fair treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs;
- r) Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally-assisted construction subagreements;

- s) Assist DSHS in complying the National Historic Preservation Act of 1966, §106 (16 U.S.C. § 470), Executive Order 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.) regarding historic property;
- t) Financial and compliance audits in accordance with Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations;"and
- u) requirements of any other applicable statutes, executive orders, regulations and policies.

If this Contract is funded by a grant, additional requirements found in the Notice of Grant Award may be imposed on Contractor.

- 33. Affirms that the statements herein are true, accurate, and complete (to the best of his or her knowledge and belief), and agrees to comply with the DSHS terms and conditions if an award is issued as a result of this proposal. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).

## APPENDIX B: GENERAL PROVISIONS

**General Provisions are posted at  
<http://www.dshs.state.tx.us/grants/docs.shtm>**

## PROGRAM SPECIFIC APPENDICES

*Letter of Intent*  
*Categorical Budget Justification Example*  
*Non-IRP Interventions Submission Form*

## APPENDIX C: LETTER OF INTENT

Respondent may submit a letter of intent (LOI) in the format provided by **2 P.M. C.S.T. on January 29, 2007.**

**[DATE]**

**Kathie Walden**

Client Services Contracting Unit  
Room T- 502  
Department of State Health Services  
1100 West 49th Street  
Austin, Texas 78756-3199

Ref: Letter Of Intent for RFP# RFP HIV/PREV-0214.1

It is the intent of (responding agency name) to respond to the Department of State Health Service (DSHS) **RFP for HIV Prevention Projects, RFP# RFP HIV/PREV-0214.1.**

It is understood that this letter may be received by DSHS by 2:00 p.m. C.S.T. on January 29, 2007.

It is understood that this LOI is not a commitment to submit a proposal; however, the LOI is a condition precedent to submitting a proposal. Proposals received where a respondent has not submitted a timely LOI will not be considered.

It is understood that if only one agency submits a LOI and a viable proposal that meets the criteria established in this RFP, DSHS reserves the right to contract with that agency if the agency meets the required **program criteria that is identified in the RFP.**

The following information is also requested to assist in review logistics. This is preliminary information and is non-binding.

Intervention Name	Priority Population I	Priority Population II	Priority Population III	Priority Population IV	Priority Population V

AUTHORIZED REPRESENTATIVE Name: Title: Phone: Fax: E-mail:	SIGNATURE OF AUTHORIZED REPRESENTATIVE
	DATE

## APPENDIX D: Categorical Budget Justification Example

Cost Categories	Category I (Counseling and Testing)	Category II – (CRCS)	Category II – Intervention 1 (Community PROMISE)	Category II – Intervention 2 (Insert Name)	Total
<b>A. PERSONNEL</b>	\$ 46,612	\$ 62,728	\$ 82,528		\$ 191,868
<p>Example:</p> <p><b>Program Manager (Watson)</b> \$3,580/monthly X 40% X 12 = \$17,184</p> <p>Supervises all HIV prevention activities: Provides staff training, as needed; coordinates HIV prevention programming; designs and maintains data collection system; prepares all required program reports; evaluates staff performance and conducts quality assurance.</p>	\$ 5,728	\$ 5,728	\$ 5,728		\$ 17,184
<p><b>Health Education Coordinator II (Jones)</b> \$3,200/monthly X 100% X 12 = \$38,400</p> <p>Conducts outreach and implements Community PROMISE. Identifies and recruits potential role models, constructs role model stories, and trains peer volunteers.</p>			\$ 38,400		\$ 38,400

<p><b>Health Education Coordinator II (Donnelly)</b>  <b>\$3,200/monthly X 100% X 12 = \$38,400</b></p> <p>Conducts outreach and implements Community PROMISE. Identifies and recruits potential role models, constructs role model stories, and trains peer volunteers.</p>	\$	\$	\$ 38,400	\$	\$ 38,400
<p><b>HIV Prevention Specialist I (Brooks)</b>  <b>\$2,580/monthly X 40% X 12 = \$12,384</b></p> <p>Conducts HIV counseling and testing activities, as well as outreach.</p>	\$ 12,384			\$	\$ 12,384
<p><b>HIV Case Manager (McDade)</b>  <b>\$2,375/monthly X 100% X 12 = \$28,500</b></p> <p>Provides case management services to rural HIV-positive residents of Jones, Hays, Delgado counties through face-to-face client contact and phone contact. Conducts needs assessments with the clients and updates needs assessment on a regular basis. Establishes linkages with social services providers and medical providers to ensure clients have a medical home. Makes appropriate referrals for services, and collects and maintains accurate program data.</p>	\$	\$ 28,500	\$	\$	\$ 28,500
<p><b>HIV Case Manager (Vacant)</b>  <b>\$2,375/monthly X 100% X 12 = \$28,500</b></p> <p>Provides bilingual case management services to rural HIV-positive Spanish speaking residents of Miller, Bend, Gonzales and Montemayor counties through face-to-face client contact and phone contact. Conducts needs assessments with the clients and updates needs assessment on a regular basis. Establishes linkages with social services providers and medical providers to ensure clients have a medical home. Makes appropriate referrals for services, and collects and maintains accurate program data.</p>	\$	\$ 28,500	\$	\$	\$ 28,500

<p><b>HIV Prevention Specialist I (Gonzales)</b>  <b>\$2,375/monthly X 100% X 12 = \$28,500</b></p> <p>Conducts HIV counseling and testing activities, as well as outreach.</p>	\$ 28,500	\$	\$	\$	\$ 28,500
<p><b>B. FRINGE BENEFITS</b></p>	\$ 9,645	\$ 12,932	\$ 15,376	\$	\$ 37,953
<p>Example:</p> <p>FICA: 7.65% x salaries =</p> <p>Insurance: \$2,160 x # of FTEs =</p> <p>Worker's Comp: 2.0% x salaries = \$</p> <p>Unemployment: 2.7% x salaries = \$</p>	<p>3,566</p> <p>3,888</p> <p>932</p> <p>1,259</p>	<p>4,799</p> <p>5,184</p> <p>1,255</p> <p>1,694</p>	<p>6,313</p> <p>5,184</p> <p>1,651</p> <p>2,228</p>	\$	<p>14,678</p> <p>14,256</p> <p>3,838</p> <p>5,181</p>
<p><b>C. STAFF TRAVEL</b></p>	\$ 659	\$ 3,204	\$ 1,318	\$	\$ 5,181
<p><u>Example:</u></p> <p>Mileage for Case Managers in service area:  \$0.445/mile X 600 miles/mo. X 12 months - \$3,204</p> <p>Expenses for 3 staff members, two Health Education Coordinators and one HIV Prevention Specialist to attend the Texas HIV/STD Conference:</p> <p>Airfare @ \$175 X 3 staff = \$525</p> <p>Lodging @ \$85 X 4 days X 3 staff = \$1,020</p> <p>Meals @ \$36 X 4 days X 3 staff = \$432</p>	<p>175</p> <p>340</p> <p>144</p>	<p>\$3,204</p>	<p>350</p> <p>680</p> <p>288</p>	\$	<p>3,204</p> <p>1,977</p> <p>525</p> <p>1,020</p> <p>432</p>
<p><b>D. EQUIPMENT</b></p>	\$	\$	\$	\$	\$

E.	<b>SUPPLIES</b>	\$	\$	\$	\$	\$
	<u>Example:</u> General office supplies to be used by all staff members- \$100 mo x 12 mo	\$ 400	\$ 400	\$ 400		\$ 1,200
F.	<b>CONTRACTUAL</b>	\$	\$	\$	\$	\$ None Requested
G.	<b>OTHER</b>  Printing and reproduction of materials for Community PROMISE including client brochures and referral cards.  \$50 per month x 12 months = \$600  Registration Fees for 3 staff members, two Health Education Coordinators and one HIV Prevention Specialist to attend the Texas HIV/STD Conference \$190 x 3 = \$570			600	380	\$ 1170
H.	<b>TOTAL DIRECT COSTS</b>  [Enter the total of A - G above]	\$	\$	\$	\$	\$
I.	<b>INDIRECT COSTS</b>	\$	\$	\$	\$	\$

<p><b>Indirect costs are based on (mark the statement that is accurate):</b></p> <p>The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency.</p> <p>The respondent's most recent indirect cost rate certification form that is on file with DSHS. (applies to local governments only)</p> <p>The respondent's cost allocation plan, which will be submitted no later than the 60<sup>th</sup> calendar day after the effective date of the contract.</p>	<p style="text-align: center;">% A copy is attached after the budget.</p> <p style="text-align: center;">%</p>				
<p><b>J. TOTAL BUDGET</b></p>	<p style="text-align: center;">\$</p>	<p style="text-align: center;">\$</p>	<p style="text-align: center;">\$</p>	<p style="text-align: center;">\$</p>	<p style="text-align: center;">\$</p>

<b>Cost Category</b>	<b>Definition and Instructions</b>
<b>A. Personnel</b>	<p>The actual cost of salaries and wages paid to employees of the organization devoted to the DSHS funded project. These costs are allowable to the extent that they are reasonable and conform to the established, consistently applied policy of the organization and reflect no more than the time actually devoted to the project</p> <p>List each position with a brief job description of 50 words or less. For each position listed, multiply the monthly salary or wages by the percentage of personnel time by the number of months which the salary is to be paid from this budget.</p>
<b>B. Fringe</b>	<p>Fringe benefits are allowances and services provided by the organization to its employees as compensation in addition to regular salaries and wages. Fringe benefits include but are not limited to the cost of employee insurance, pensions, and unemployment benefit plans. The cost of fringe benefits is allowable (in proportion to the amount of time or effort employees devote to the grant funded project), to the extent that the benefits are reasonable and are incurred under formally established and consistently applied policies of the organization. Note: Respondent is responsible for understanding the potential impact of alternative Fringe Benefit options.</p>
<b>C. Travel</b>	<p>The cost of transportation, lodging, meals and related expenses incurred by employees of the organization while performing duties relevant to the proposed project. This includes auto mileage paid to employees on the basis of a fixed mileage rate for the use of their personal vehicle. Costs related to client transportation and registration fees should be classified under the "Other" expense category. Travel costs incurred by a third party under contract should be included within the terms of the contract and be budgeted under the "Contractual" expense category.</p> <p>Out of state travel is only allowed with pre-approval from the DSHS. NOTE: Contractors who do not have written travel reimbursement policies must use DSHS travel reimbursement rates as follows: \$.445/mile, \$36/day meals, and \$85/day lodging. Contractors that have approved rates greater than the DSHS's established rates must attach them to the submitted budget.</p>

<p><b>D. Equipment</b></p>	<p>Equipment is defined by DSHS as non-expendable personal property with a unit cost of more than \$5,000.00 and a useful life of more than one year, with the following exceptions: fax machines, stereo systems, cameras, video recorders/players, microcomputers, printers, software, medical and laboratory equipment. Medical and laboratory equipment in this category is defined as microscopes, oscilloscopes, centrifuges, balances, and incubators. Medical and laboratory equipment not included in these five categories are not considered a capital asset unless the unit value is over \$5,000.00. The exception items listed will still be inventoried if their unit cost plus any items used with or attached to the unit is \$500.00 or greater. For items with component parts (i.e., computers), the aggregate cost must be considered when applying the \$500/\$5,000 threshold. Prior written approval from the DSHS is required before grantee may acquire equipment. List each item, describe and explain use. Attach the Justification for Request for Equipment Purchase Form for <u>each</u> piece of equipment requested and include equipment specifications for all computer equipment.</p> <p>For each type of equipment item, please provide a description of each item, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), state the purpose for the item(s) and why the equipment is necessary and how the respondent determined or will determine that the cost is reasonable. Attach a complete specification or a copy of the purchase order</p>
<p><b>E. Supplies</b></p>	<p>Direct cost for materials and supplies necessary to carry out the contractual statement of work. This includes medical supplies, drugs, office supplies, patient educational supplies, software less than \$500, plus any equipment or furniture with a purchase price including freight not to exceed \$5,000 per item, except those listed in the "equipment" category.</p> <p>For each general category or type of supplies, please provide a description of the items, the cost per unit, the number of units to be purchased, the total amount for the line item (multiply the cost per unit by the number of units), and state the purpose for the item(s), why the supplies are necessary and how the respondent determined or will determine that the cost is reasonable.</p>
<p><b>F. Contractual</b></p>	<p>Whenever the respondent intends to delegate part of the activities identified in the scope of work to a third party, the cost of providing these activities is recorded in this category. Travel by these individuals should be included in this category if they are delivering client services. Contracts for administrative services are not included in this category; they are properly classified in the Other category or included in the Indirect Cost.</p> <p>If the respondent plans to enter into contracts with sub recipients, the documents will be in writing and will comply with the requirements specified in the General Provisions for Department of State Health Services Grant Contracts available online <a href="http://www.dshs.state.tx.us/grants/docs.shtm">http://www.dshs.state.tx.us/grants/docs.shtm</a> or by calling the Client Services and Contract Unit (CSCU) at 512-458-7470.</p> <p>If the respondent plans to enter into a subcontract, the respondent must submit complete justification identifying who the contract is and a brief statement regarding the services to be provided. If proposing to subcontract, attach subcontractor data sheets.</p> <p>This category requires the names of the individuals or organizations performing the services, a description of the services being contracted, the number of hours or units of service to be purchased, the method of reimbursement (cost reimbursement or unit cost), unit cost if applicable and total amount of each subcontract. 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</p>

<b>G. Other</b>	<p>All other allowable direct costs not listed in any of the above categories or in the direct cost category are to be included in this category. Some of the major costs that may be budgeted in this category are:</p> <ul style="list-style-type: none"> <li>* contracts for administrative services;</li> <li>* space and equipment rental;</li> <li>* accounting and audit services;</li> <li>* utilities and telephone expenses;</li> <li>* data processing services;</li> <li>* printing and reproduction expenses;</li> <li>* postage and shipping;</li> <li>* contract clerical or other personnel services;</li> <li>* janitorial services;</li> <li>* exterminating services;</li> <li>* security services;</li> <li>* insurance and bonds;</li> <li>* equipment repairs or service maintenance agreements;</li> <li>* periodicals, pamphlets, and professional organization memberships;</li> <li>* advertising;</li> <li>* registration fees;</li> <li>* patient transportation; and</li> <li>* training costs, speakers fees and stipends.</li> </ul> <p>General administrative costs and other costs not readily assignable to a particular program and that are incurred for a common purpose that benefits more than one program should be reflected in INDIRECT, not OTHER. Refer to the Contractor Financial Procedures Manual, which is located at: <a href="http://www.dshs.state.tx.us/contracts/links.shtm">http://www.dshs.state.tx.us/contracts/links.shtm</a>, for further details.</p>
<b>H. Total Direct Costs</b>	<p>Total of cost categories A-G.</p>

<p><b>I. Indirect Costs</b></p>	<p>Indirect costs are those costs incurred for a common or joint purpose benefiting more than one project or cost objective and not readily identified with a particular program. Respondents claiming central service costs (applies to governmental entities only) or indirect costs must comply with the following requirements:</p> <p><b>Governmental Entities</b></p> <p>Respondents with a current central service cost rate or an indirect cost rate agreement approved by a Federal cognizant agency or a state single audit coordinating agency must submit a copy of the rate agreement with their budget.</p> <p>Respondents that do not have an approved rate agreement may prepare a central service cost allocation plan or an indirect cost rate proposal in accordance with the requirements of Uniform Grants Management Standards (UGMS) and Office of Management and Budget (OMB) Circular A-87. The plan/proposal must be prepared utilizing the “fixed rate” option as defined in UGMS. The proposal and related supporting documentation must be maintained on file for audit or review. Governmental entities claiming central service costs or indirect costs based on a rate must submit a certification that complies with UGMS requirements along with a statement of the effective rate and base. Acceptance of the central service cost/indirect cost rate by DSHS does not signify approval of the rate.</p> <p>Respondents not using rates must develop a cost allocation plan that distributes indirect costs to benefiting programs/activities. In this case, a narrative cost allocation methodology should be developed, documented, and maintained on file for audit/review. If awarded a contract, the respondent must submit a copy of the cost allocation plan within 30 days after the contract start date.</p> <p>For contract renewals, the contractor must submit one of the following: 1) an approved rate agreement as described in the first paragraph of this section; 2) a central service cost allocation plan or indirect cost rate proposal as described in the second paragraph of this section; 3) a cost allocation plan certification or a revised cost allocation plan if there were significant changes in allocation methodology.</p> <p>Note: Guidance pertaining to cost allocation plans and cost allocation plan certifications is contained in the Financial Administrative Procedures Manual for DSHS Grantees.</p>
<p><b>J. Total Budget</b></p>	<p>Total of H. Direct Costs and I. Indirect Costs.</p>

## APPENDIX E

### **Texas Department of State Health Services HIV/STD Comprehensive Services Branch Information for Interventions Not Reviewed by the Intervention Review Panel (IRP)**

Interventions included in the plans have been reviewed by the IRP and have established background in effectiveness and implementation. CDC and DSHS have reviewed the core elements, the goals, the research base and the structure of the interventions. The community planning group has assessed their fit with the intended audience and their potential for successful implementation. However, due to the length of time necessary to bring research into practice, DSHS offers the opportunity for organizations to propose interventions not reviewed by the IRP in certain circumstances outlined in the RFP. These proposals must undergo the same scrutiny as those interventions reviewed by the IRP. Therefore, in order to propose an intervention not reviewed by the IRP, organizations must provide supplemental narrative addressing the questions below.

#### **Organization Name**

#### **Intervention Name**

#### **Summary of Intervention Development**

Was the intervention developed by your organization, or are you proposing adoption of an intervention developed by another organization/agency/research team? When was it developed? Where is this intervention currently in the field? If this is an adaptation of an intervention developed by others, what changes have been made and why? Have you or others tested the adaptations?

#### **Purpose of the Intervention**

##### *Core Elements of the Intervention*

What are the core elements of this intervention? What research supports these core elements?

##### *Goals of the Intervention*

What are the short-term and/or long-term goals for this intervention? Describe the risk factors or factors that influence risk behaviors that this intervention will address.

##### *Evidence of effectiveness*

What evidence can you provide that shows the intervention has a track record of demonstrated behavior change, good health outcomes, or strengthened skills or changes in attitudes?

#### **Structure of the Intervention**

##### *Type of Intervention*

Is this intervention an Individual Level Intervention (ILI), Group Level Intervention (GLI), Community Level Intervention (CLI)?

*Activities*

Describe the activities that are included in this intervention (e.g., discussion, role play, demonstrations). What kinds of skills building does the intervention include?

*Duration*

What is the duration of the intervention (number, length and timing of sessions)?

*Materials*

Does the intervention have established materials for staff and participants? Include a copy of curriculum and materials.

**Contact Information**

Who should be contacted if there are questions about this intervention?

Contact Person:

Phone Number:

Email: