



## Memorandum

**TO:** Administrative Agency Executive Directors  
Administrative Agency Contact Persons

**FROM:** Patricia A. Melchior, Unit Director  
Contract Management Unit  
Division of Prevention and Preparedness

**DATE:** April 14, 2011

**SUBJECT:** State Services Renewal Budget Request for Fiscal Year 2012 (09/01/11 – 3/31/2012)

Department of State Health Services has received the State Services (HIV/SRVS) narrative portion which includes performance measures, and work plan in November with your Ryan White renewal information. The finalized versions of the performance measures will be utilized for the State Services FY 2012 renewal. At this time DSHS requires a renewal FY 2012 budget to reflect the enclosed allocations for 7 months (09/01/11-03/31/12), new face page, and updated contact person information. The shortened budget period is necessary because Ryan White Administrative Agency contracts begin a new project period beginning April 1, 2012 and decisions regarding which Administrative Agency's will be awarded are to be determined. Administrative Agencies should develop contracts with their subcontractors accordingly. The remaining 5 months of State Services funding will be made available to those contractors selected as Ryan White Administrative Agencies for the period beginning April 1, 2012. More information on Ryan White Administrative Agency Contracts will be forthcoming.

The renewal budget templates and forms will be posted on the HIV/STD Program's website at: <http://www.dshs.state.tx.us/hivstd/funding/default.shtm>.

If you have questions, please contact Amanda Reese, Contract Manager, at (512) 458-7111 ext. 6539.

**Please note the following updates for Fiscal Year 2012 Contract Renewal:**

- The State Services budget information is requested at this time to reflect enclosed allocations. Prepare a 7 month budget for this contract renewal (09/01/11 – 3/31/2012). Budget forms are attached. The state services allocation is in the *Table A 7 month funding allocations* in this document.
- Reference revised State Services Allocations (attached with renewal guidance)
- Table 1 is due with your application on May 16, 2011. Prepare the Table 1 to reflect a 7 month allocation.
- Table 2: Subcontractor Data Sheets submitted through ARIES by September 30, 2011.

**Please submit one (1) electronic copy of the renewal to the email address listed below and one (1) electronic copy to your Public Health Regional HIV/STD Program Manager. The face page must be scanned in as a .pdf file and sent to:**

[Hiv-srvscontracts@dshs.state.tx.us](mailto:Hiv-srvscontracts@dshs.state.tx.us)

Contract Management Unit  
Department of State Health Services

**Hard copies of the renewal application is not required for submission.**



# 2012 Renewal Guidance For State Services

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

Issue Date: April 14, 2011

Due Date: May 16, 2011

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

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David L. Lakey, M.D.  
Commissioner

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SEE EXCEL SPREADSHEETS ATTACHED FOR FOLLOWING FORMS:

- BUDGET SUMMARY TEMPLATE
- CATEGORICAL BUDGET JUSTIFICATION TEMPLATE
- TABLE 1: SERVICES PRIORITIES, ALLOCATIONS AND OBJECTIVES BY HIV SERVICE DELIVERY AREA

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

FORM A: FACE PAGE -This form requests basic information about the applicant and project, including the signature of the authorized representative. The face page is the cover page of the renewal and shall be completed in its entirety. Signature of face page certifies to all DSHS and program assurances listed in this renewal document.

<b>APPLICANT INFORMATION</b>	
<b>1) LEGAL NAME:</b>	
<b>2) MAILING Address Information</b> (include mailing address, street, city, county, state and zip code):	Check if address change <input type="checkbox"/>
<b>3) PAYEE Mailing Address</b> (if different from above):	
Check if address change <input type="checkbox"/>	
<b>4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) :</b> <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>	
<b>5) TYPE OF ENTITY</b> (check all that apply):	
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization
<input type="checkbox"/> 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>	
<b>6) Currently operating under a HUB Subcontracting plan on file at DSHS?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>7) BUDGET PERIOD:</b>	Start Date: 09/01/2011 End Date: 03/31/2012 or 03/31/2013
<b>8) COUNTIES SERVED BY PROJECT:</b> List all counties to be served	
<b>9) AMOUNT OF FUNDING REQUESTED:</b>	<b>11) PROJECT CONTACT PERSON</b>
<b>10) PROJECTED EXPENDITURES</b> Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? **  Yes <input type="checkbox"/> No <input type="checkbox"/>  <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	Name: Phone: Fax: E-mail:
	<b>12) FINANCIAL OFFICER</b>  Name: Phone: Fax: E-mail:
I, the undersigned, am the authorized representative of the applicant filing this contract renewal application. The facts contained herein are true, and the applicant is in compliance with the assurances and certifications contained in the competitive RFP, which is part of the original contract and any prior renewals and amendments. I understand that this contract renewal depends on the truthfulness of this document and on the applicant's continued compliance with the original contract and all its components and amendments.	
<b>13) AUTHORIZED REPRESENTATIVE</b> Check if change <input type="checkbox"/>	<b>14) SIGNATURE OF AUTHORIZED REPRESENTATIVE</b>
Name: Title: Phone: Fax: E-mail:	<b>15) DATE</b>

## FORM A: FACE PAGE Instructions

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

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

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

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

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

- 6) **CURRENTLY OPERATING UNDER A HUB SUBCONTRACTING PLAN ON FILE AT DSHS? YES OR NO** - Check the appropriate box to indicate whether or not the applicant is operating under a HUB Subcontracting Plan filed with DSHS under the original competitive RFP. If yes, the applicant must continue to comply with reporting requirements if a renewal contract is executed. Any changes to the budget which affect the HUB Subcontracting Plan must be communicated with the DSHS HUB Coordinator at 1-800-243-7487 or by e-mail at [HUB-Contact@dshs.state.tx.us](mailto:HUB-Contact@dshs.state.tx.us). If no is checked, no further action is required.
  - 7) **BUDGET PERIOD** - Enter budget period as identified in this renewal application.
  - 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
  - 9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities. This amount must match column (1) row J from FORM I: BUDGET SUMMARY.
  - 10) **PROJECTED EXPENDITURES** - If applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year, applicant shall arrange for a financial and compliance audit (Single Audit).
  - 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
  - 12) **FINANCIAL OFFICER** - Enter the name, title, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
  - 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the applicant. Check the "Check if change" box if the authorized representative is different from previous submission to DSHS.
  - 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant signs in this blank.
  - 15) **DATE** - Enter the date the person authorized to represent the applicant signed this form.
-

## FORM B: CONTACT PERSON INFORMATION

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

*This form provides information about the appropriate program contacts in the applicant's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please notify, Amanda Reese, Contract Manager, in writing.*

<b>Executive Director:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Project Contact:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Financial Reporting Contact:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>URS Data Manager:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Planning Contact:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____
<b>Clinical Services Contact:</b> _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	<b>Mailing Address (incl. street, city, county, state, &amp; zip):</b> _____ _____ _____

# REQUIREMENTS FOR HIV SERVICES CONTRACTS

*The face page also certifies that all below requirements and assurances shall be followed by each Administrative Agency and their subcontractors.*

## **HIV CONTRACTOR ASSURANCES**

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

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

## **DSHS ASSURANCE AND CERTIFICATIONS**

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

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

## **CONTRACTOR ASSURANCE REGARDING PHARMACY NOTIFICATION**

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

## **APPENDIX A: PROGRAM REQUIREMENTS FOR SERVICES CONTRACTS**

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

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

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

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

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