#### XII. FORMS SECTION

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Form A-2 Subcontractor Checklist & Table of Contents

Form A-3: Agency Contact List

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Form B-2 Proposed Clients to Be Served

Form B-3 Collaborative Agreements with Other Service Providers

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Form C-1 Meaning Engagement Action Plan

1. **Budget/Financial Forms**

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Form D-2 DSHS Subcontractor Data Sheet

Form D-3 Line Item & Categorical Budget Justification

Form D-4 Fee-For-Service Form

Form D-5 Proposed Subcontracting of Services Form

1. **Required Document Forms**

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Form E-3 HIV Contractor Assurances

Form E-4 Non-profit Board Member and Executive Officers Assurances

Form E-5 General Provisions for Grant Agreement Assurances

**The Houston Regional HIV/AIDS Resource Group, Inc.**

Form A-1: Face Page (Applicant Information)

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1) LEGAL NAME:** | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **2) MAILING Address** **Information** (include mailing address, street, city, county, state and zip code): | | | | | | | | | | | | | | | | | | | | | | | **Check if address change** | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3) PAYEE Mailing Address** (if different from above): | | | | | | | | | | | | | | | | | | | | | | | **Check if address change** | | |  | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4) Federal Tax ID No.** (9 digit), **State of Texas Comptroller Vendor ID No.** (14 digit) or **Social Security Number** (9 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.*** | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
| **UEI Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5) TYPE OF ENTITY** (check all that apply): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | City | | | |  | | Nonprofit Organization**\*** | | | | | | | | | |  | | Individual | | | | | | | |
|  |  | County | | | |  | | For Profit Organization**\*** | | | | | | | | | |  | | FQHC | | | | | | | |
|  |  | Other Political Subdivision | | | |  | | HUB Certified | | | | | | | | | |  | | State Controlled Institution of Higher Learning | | | | | | | |
|  |  | State Agency | | | |  | | Community-Based Organization | | | | | | | | | |  | | Hospital | | | | | | | |
|  |  | Indian Tribe | | | |  | | Minority Organization | | | | | | | | | |  | | Private | | | | | | | |
|  |  |  | | | |  | |  | | | | | | | | | |  | | Other (specify): | | | | |  | |  |
| **\***If incorporated, provide 10-digit charter number assigned by Secretary of State: | | | | | | | | | | | | | | | |  | | | | | | |  | | | | |
| **6) PROPOSED BUDGET PERIOD:** | | | | | | | | | | Start Date: | |  | | | | | | | | | End Date: | | |  | | | |
| **7) HSDA TO BE SERVED BY THE PROJECT** | | | | | | | | | | HSDA | | | | | | | | | | | | | | | | | |
| **9) AMOUNT OF FUNDING REQUESTED:** | | | | | | |  | | | | | | | **11) PROJECT CONTACT PERSON** | | | | | | | | | | | | | |
| **10) PROJECTED EXPENDITURES** | | | | | | | | |  | |  | | |  | Name:  Phone:  Fax:  E-mail: | | | |  | | | | | | | | |
| Does applicant’s projected state or federal expenditures exceed $750,000 for applicant’s current fiscal year (excluding amount requested in line 8 above)? \*\*  Yes  No  *\*\*Projected expenditures should include funding for all activities including “pass through” federal funds from all state agencies and non-project related DSHS funds.* | | | | | | | | | | | | | |  |  | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | |  |  | | | |  | | | | | | | | |
|  | | | | | | | | | | | | | | **12) FINANCIAL OFFICER** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |  | Name:  Phone:  Fax:  E-mail: | | | |  | | | | | | | | |
| I, the undersigned, am the authorized representative of the applicant filing this contract renewal application. The facts contained herein are true, and the applicant is in compliance with the assurances and certifications contained in the competitive RFP identified above, 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **13) AUTHORIZED REPRESENTATIVE** | | | | | **Check if change** | | | | | | | | **14) SIGNATURE OF AUTHORIZED REPRESENTATIVE** | | | | | | | | | | | | | | |
|  | Name:  Title:  Phone:  Fax:  E-mail: | |  | | | | | | | | | |  | | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | **15) DATE** | | | | | | | | | | | | | | |
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**Subcontractor Checklist & Table Of Contents**

Form A-2

**Section I: Submit one (1) original and seven (7) copies of Section I for each application submitted. Applicant must include the corresponding page number for the item/section in the Page Number Column.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Agency Name:** | |  | |
| **Item/Section Name** | | | **Page Number** |
| **General:** | | | |
|  | Form A-1Application for Financial Assistance | | **1** |
|  | Form A-2 Subcontractor Checklist & Table of Contents | |  |
|  | Form A-3 Agency Contact List | |  |
|  |  | |  |
| **Project Narrative:** | | | |
|  | Description of Organization | |  |
|  | Organizational Chart (does not count against page count) | |  |
|  | Description of Proposed Service | |  |
|  | Collaboration & Referral | |  |
|  | Quality Management and Evaluation | |  |
|  | Consumer Involvement Information | |  |
|  | Budget Information | |  |
| **Required Appendices:** (List any additional items in the blank rows) | | | |
|  | Job Descriptions | |  |
|  | Staff Resumes | |  |
|  | Form B-1 Work Plan for the Proposed Service | |  |
|  | Form B-2 Proposed Clients to Be Served | |  |
|  | Form B-3 Collaborative Continuum of Care Agreements Form | |  |
|  | Quality Management Plan | |  |
|  | Client Grievance Policy | |  |
|  | Feedback Survey Tabulated Results | |  |
|  | Client Grievance Policy | |  |
|  | Form C-1 Meaningful Engagement Action Plan | |  |
|  | Form D-1 Current Funding and Grants | |  |
|  | Form D-2 Licensures, Permits, & Certifications | |  |
|  | Form D-3 Line Item & Categorical Budget Justification | |  |
|  | Form D-4: Proposed Subcontracting of Services Form | |  |
|  | Other Items | |  |
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**Section II: Submit only 1 copy of Section II. Applicant must restart page numbering for the items included in Section II.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency Name:** | |  | | | |
| **Item/Section Name** | | | | | **Page Number** |
| **Required Documents:** | | | | | |
|  | Form E-1 Section II Cover Sheet | | | | **1** |
|  | Form E-2 DSHS Assurances and Certifications | | | |  |
|  | Form E-3 HIV Contractor Assurances | | | |  |
|  | Form E-4 Non-profit Board Member & Executive Officer Assurances | | | |  |
|  | Form E-5 General Provisions for Grant Agreement Assurances | | | |  |
|  | Current List of Board of Directors | | | |  |
|  | Current Single Audit or Program Specific Audit | | | |  |
|  | Quality Management Plan & Performance Indicator Goals | | | |  |
|  | Articles of Incorporation | |  |  |  |
|  | Board of Directors By-Laws | |  |  |  |
|  | IRS Tax-Exempt Certification Letter | |  |  |  |
|  | Licensures, Permits, and Certifications for the Proposed Services | | | |  |
|  | Current or Proposed Subcontracts Agreements | | | |  |
|  | Other Items | | | |  |
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**Agency Contacts List**

**Form A-3**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Agency: | |  | | | |
| **Executive Director** | | | | | |
| Name: |  | | | | Mailing Address (street, city, state, & zip) |
| Title: |  | | | |  |
| Phone: |  | | Ext.: |  |  |
| Fax: |  | | | |  |
| Email: |  | | | |  |
| **Financial Contact** | | | | | |
| Name: |  | | | | Mailing Address (street, city, state, & zip) |
| Title: |  | | | |  |
| Phone: |  | | Ext.: |  |  |
| Fax: |  | | | |  |
| Email: |  | | | |  |
| **Data Contact** | | | | | |
| Name: |  | | | | Mailing Address (street, city, state, & zip) |
| Title: |  | | | |  |
| Phone: |  | | Ext.: |  |  |
| Fax: |  | | | |  |
| Email: |  | | | |  |
| **Planning Contact** | | | | | |
| Name: |  | | | | Mailing Address (street, city, state, & zip) |
| Title: |  | | | |  |
| Phone: |  | | Ext.: |  |  |
| Fax: |  | | | |  |
| Email: |  | | | |  |
| **Consumer Involvement Contact** | | | | | |
| Name: |  | | | | Mailing Address (street, city, state, & zip) |
| Title: |  | | | |  |
| Phone: |  | | Ext.: |  |  |
| Fax: |  | | | |  |
| Email: |  | | | |  |

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| **Client Compliant Contact** | | | | |
| Name: |  | | | Mailing Address (street, city, state, & zip) |
| Title: |  | | |  |
| Phone: |  | Ext.: |  |  |
| Fax: |  | | |  |
| Email: |  | | |  |
| **Quality Management Contact:** | | | | |
| Name: |  | | | Mailing Address (street, city, state, & zip) |
| Title: |  | | |  |
| Phone: |  | Ext.: |  |  |
| Fax: |  | | |  |
| Email: |  | | |  |
| **Clinical Services Contact (If agency provides core medical services)** | | | | |
| Name: |  | | | Mailing Address (street, city, state, & zip) |
| Title: |  | | |  |
| Phone: |  | Ext.: |  |  |
| Fax: |  | | |  |
| Email: |  | | |  |
| **Program Management Contact(s) – Please List the Program Manager for the Proposed Service** | | | | |
| Name: |  | | | Mailing Address (street, city, state, & zip) |
| Title: |  | | |  |
| Phone: |  | Ext.: |  |  |
| Fax: |  | | |  |
| Email: |  | | |  |

**Work Plan for the Proposed Service**

**Form B-1**

*Insert Additional Rows as Needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| S.M.A.R.T. Measurable Objective # : | | | |
| Key Action Steps | Person Responsible | Completion Date | Method of Evaluation |
|  |  |  |  |
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| S.M.A.R.T Measurable Objective # : | | | |
| Key Action Steps | Person Responsible | Completion Date | Method of Evaluation |
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|  |  |  |  |
| S.M.A.R.T Measurable Objective # : | | | |
| Key Action Steps | Person Responsible | Completion Date | Method of Evaluation |
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Proposed Clients To Be Served

**Form B-2**

Complete this form to show the specific number of clients you propose to serve under this service.

Indicate the **number** of clients (not percentage) you propose to serve in each demographic category.

|  |  |
| --- | --- |
| Number of **unduplicated clients** to be served with this service during contract year: |  |
| Number of **units of service** to be provided with this service during contract year: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Age (Years) | Males | | | | | | Females | | | | | | **Totals By Age** |
| Race | | | | | Ethnicity | Race | | | | | Ethnicity |
| White/  Anglo | African  American | Asian | Pacific  Islander | Native American/  Alaska  Native | Hispanic  Origin\* | White/  Anglo | African  American | Asian | Pacific  Islander | Native  American/  Alaska  Native | Hispanic Origin\* |
| 0-2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3-12 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 13-24 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 25-44 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 45+ |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Totals By Gender/Race** |  |  |  |  |  |  |  |  |  |  |  |  |  |

\*All clients counted as Hispanic ethnicity MUST also be listed in the 5 race categories.

\*\*DO NOT count Hispanic ethnicity numbers in the Race totals.

Collaborative Continuum of Care Agreements with Other Service Providers

**Form B-3**

Specifically list all collaborative agreements (i.e., shared resources, facilities, staff, etc.) with other agencies which are a component of the delivery of the proposed service category. Definition of collaboration: Two or more separate entities that have a formal written agreement to work together in a cooperative effort toward specific and agreed upon objectives. These usually involve shared staff, facilities, other resources, or subcontracts. (Make additional copies of form, as necessary.)

|  |  |  |
| --- | --- | --- |
| Collaborative Agreements | | |
| List Collaborating Agency  Name and Street Address | Specific services that collaborative agency will provide to clients in this collaboration | Specific services that applicant will  provide to clients in this collaboration |
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**Form C-1: Meaningful Engagement Action Plan**

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| --- | --- | --- | --- | --- |
| Action Steps  What will be done? | Responsible  Person  Who will do this?  (Staff person) | Timeline  By when?  Day/Month  (timeframe) | Evidence Of Success   1. How will you know you are making progress? 2. What are your benchmarks? | Evaluation Of Process   1. How will you determine that your goal has been reached? 2. What are your measurement tools? |
| Describe in detail the methods/activities how your agency obtains consumer feedback about the proposed service from consumers through methods ***other than*** using the client satisfaction surveys. | | | | |
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| Describe in detail the method how your agency obtains consumer feedback from consumers in developing your strategies for recruiting and retaining consumers into care and treatment. | | | | |
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| List the activities and/or specify the trainings your agency will use to prepare consumers as partners in their care and treatment planning. Include who will coordinate these activities and/or who will conduct the trainings and how often will these trainings/activities occur. | | | | |
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# **Current Funding and Grants**

**Form D-1**

*Ryan White funds are not intended to be the sole source of revenue for Applicants. Please provide information on what funding your agency received to augment the services proposed under this application. Data reported by Applicant is subject to verification prior to an award being issued.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Reimbursement Source** | **Current or most recent Grant Period** | **Amount of Revenue** | **Services/Products Provided by This Funding** |
| **Ryan White Part B** |  |  |  |
| **Ryan White Part B State Rebate** |  |  |  |
| **Ryan White Part C** |  |  |  |
| **Ryan White Part D** |  |  |  |
| **DSHS State Services** |  |  |  |
| **Medicaid including Medicaid Managed Care** |  |  |  |
| **HMO and BHO** |  |  |  |
| **Medicare** |  |  |  |
| **State CHIP Children’s Health Insurance Plan** |  |  |  |
| **Private Insurance** |  |  |  |
| **CDC Prevention** |  |  |  |
| **Local Area Funding (Provide Details)** |  |  |  |
| **Housing & Urban Development (HUD)** |  |  |  |
| **DSHS Minority AIDS Initiative** |  |  |  |
| **Substance Abuse & Mental Health Administration (SAMHA)** |  |  |  |
| **Patient Fees** (sliding scale fees, co-pays or other cash payments made to agency by clients or caregivers) |  |  |  |
| **Other** (Add additional rows as needed) |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Licensures, Permits and Certifications**  **Form D-2** | | | |
| Applicant Name |  | | |
| **Required Licensures** | | | |
| Proposed Service |  | | |
| Are there additional licenses required by city, county, or state to provide this service? | | | Yes  No |
| If so, list |  | | |
| **Required Permits** | | | |
| Proposed Service |  | | |
| Are there additional permits required by city, county, or state to provide this service? | | | Yes  No |
| If so, list |  | | |
| **Third Party Provider Certification or Contract Number** | | | |
| Payer Source | | Certification or Contract Number | |
| Medicaid | |  | |
| Medicaid (HMO, BHO) | |  | |
| Medicare | |  | |
| Other (specify) | |  | |
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| *Note: Provider number must be assigned to Applicant. If billing under an individual provider (e.g., MD) the individual must have a provider number for services to be paid directly to the Proposer (provider may have another number for services payable to the individual provider).* | | | |
| **Copies of all licensures, permits, and certifications should be included in Section II.** | | | |

**Line Item & Categorical Budget Justification**

**Form D-3**

**Instructions**

An Excel spreadsheet of the approved Line-Item Budget and Categorical Budget Justification form has been included in this Request for Proposal (RFP). Please complete the forms in their entirety including descriptions and calculations. Please complete Form D-3 Line Item & Budget Justification and insert into the appropriate order in your completed RFP. ***No other format will be accepted for the Line-Item Budget & Categorical Budget Justification.***

Should funding be awarded, an electronic copy of the approved format of the Budget will need to be submitted.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FEE-FOR-SERVICE FORM**  **Form D-4** | | | | | | |
| 1. Name of Provider |  | | | | | |
| 2. Service Category |  | | | | | |
| 3. Definition of the Unit of Service *(per Service Category Description)*: | | | | | | |
| 4. Unit Fee-for-Service reimbursement contracts **MUST** report: the precise unit cost, and the proportion of the unit cost represented by each of the object class categories listed below: | | | | | | |
| Personnel: | | | | |  | |
| Fringe Benefits: | | | | |  | |
| Travel: | | | | |  | |
| Equipment: | | | | |  | |
| Supplies: | | | | |  | |
| Contractual: | | | | |  | |
| Other: | | | | |  | |
| Indirect Costs: | | | | |  | |
| Total Budget Requested | | | | |  | |
| *4a. To be completed for All Service Categories:* | | | | *4b. To be completed for Service Categories with Hybrid Fees:* | | |
| Fee Charged Per Unit of Service | | |  | Hybrid Fee Per Unit of Service | |  |
| Number of Units to be Provided | | |  | Number of Units to be Provided | |  |
| Total Funding Requested | | |  | Total Funding Requested | |  |
| Total Budget Requested (4a + 4b): | | | |  | | |
| 3. Provide a Narrative Justification with sufficient detail to define how the fee-for-service or unit cost was established and the rationale for the number of clients proposed.  This narrative description should include the Who, What, Where, When and Why to justify the unit cost. | | | | | | |
|  | | | | | | |
| 8. Is this a Medicaid Eligible Service? | | Yes No | | 9. Does the Agency have a Medicaid number? | Yes No | |

**Proposed Subcontracting of Services**

**Form D-5**

DSHS requires that Applicants who intend to subcontract any aspect of the proposed service must certify through narrative and documentary evidence that one or more of the following conditions exist:

1. The service provider cannot provide directly the service needed;
2. The service provider contracts with an off-site private physician who provides the service and is unwilling to contract directly with the AA
3. The service provider has an insufficient number of eligible or potentially eligible clients to warrant becoming a contracted entity with the AA
4. There are other extenuating circumstances - please include a detailed description in narrative section below.

The applicant must include signed and dated copies of all existing subcontracts or draft copies of proposed subcontracts in the Section II.

|  |  |  |
| --- | --- | --- |
| **Subcontracted Positions or Services for the Proposed Services** | | |
| **Position/Service to be Subcontracted** | **Condition Number** | **Narrative Justification** |
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# **SECTION II**

**REQUIRED DOCUMENTS**

**COVER SHEET**

**Form E-1**

## Agency Name

**BD21307_**

**Ryan White Part B Grant**

**April 1, 2024-March 31, 2025**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Service Category)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Service Category**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Service Category)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Service Category)**

**BD21307_**

**DSHS State Services Grant**

**September 1, 2024-August 31, 2025**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Service Category)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Service Category)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Service Category)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Service Category)**

**Department of State Health Services**

### HIV/STD Prevention and Preparedness

**Houston Regional HIV/AIDS Resource Group, Inc.**

Form E-2

DSHS Assurances and Certifications

**Note: Some of these Assurances and Certifications may not be applicable to your project.**

**As the duly authorized representative of the applicant, my signature certifies that the applicant:**

1. Has the legal authority to apply for state/federal assistance, and 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 application;

2. Has a financial system that demonstrates accounting, budgetary and internal controls; cash management; reporting capability; cost allowability determination; and source documentation;

3. A parent, affiliate, or subsidiary organization, if such a relationship exists, will give DSHS, 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;

4. Will supplement the project/activity with funds made available through a contract award as a result of this RFP and will not supplant funds;

5. 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;

6. Will comply, as a subgrantee, with Texas Government Code, Chapter 573, Vernon’s 1994, by ensuring that no officer, employee, or member of the applicant’s governing body or of the applicant’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;

7. Affirms that it 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;

8. Will honor for 90 days after the application due date the technical and business terms contained in the application;

9. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;

1. Will not require a client to provide or pay for the services of a translator or interpreter;

11. 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;

12. 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;

13. 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 application;

14. 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.; and

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);

15. Will comply with the Uniform Grant Management Act (UGCMA), 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;

16. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;

17. 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;

18. Will comply with environmental standards which may be 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.;

D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;

19. 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;

20. 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;

21. 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;

22. 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;

23. Will not, if a for profit organization, charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable, allocable, and reasonable direct and indirect costs which are incurred in conducting an assistance project;

24. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program.

Defined as the primary participant in accordance with 45 CFR Part 76, and his/her 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 application/proposal had one or more public transactions (federal, state, or local) terminated for cause or default.

Should the applicant not be able to provide this certification, an explanation should be placed after this form in the application.

The applicant 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.

26. Understands that Title 31, USC §1352, entitled “Limitation on use of appropriated funds to influence certain federal contracting and financial transactions,” 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.

(c) The language of this certification shall be included in the award documents for all subawards 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 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.

27. 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 application. 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).

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

**Department of State Health Services**

### HIV/STD Prevention and Preparedness

**Houston Regional HIV/AIDS Resource Group, Inc.**

# **Form E-3**

# **HIV CONTRACTOR ASSURANCES**

1. ADVOCATE AND PROMOTE

The applicant agency 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 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 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 ensure 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 BUREAU OF HIV & STD PREVENTION

The applicant agency assures the DSHS that it will abide by all policies of the HIV/STD Comprehensive Services Branch which apply to the programs being provided. A list of policies applicable to all HIV and STD contractors is provided at the Bureau website at <http://www.dshs.texas.gov/hivstd/policy/>

7. Americans With Disabilities Act

By signing and submitting this proposal, the applicant agency certifies that its Project Director and Authorized Business Official accept and will comply with all particulars with the rules as set forth in the AMERICANS WITH DISABILITIES ACT OF 1990.

8. Standards for Clinical and Case Management Services

If applicable, this agency assures the Department of State Health Services/Houston Regional HIV/AIDS Resource Group that it will comply with HIV/STD Clinical Resources Division Standards for HIV Services as promulgated by the Bureau of HIV & STD Prevention.

9. Pharmacy Notification

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

10. Compliance With Requirements For Contents Of

“AIDS-Related Written Materials, Pictorials, Audiovisuals,

Questionnaires, Survey Instruments, And

Educational Sessions, And Its Preface**”**

The applicant agency certifies that its Project Director and Authorized Business Official:

1. Have received a copy of the *Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control Assistance Programs,* dated June 1992, and its *Preface;*
2. Have read them;
3. Accept them;
4. Agree to comply with all particulars and specifications set forth; and
5. Agree that all applicable specific materials shall be submitted to the local program materials review panel and subject to the CDC Basic Principles set forth.

If applicable, include the names, occupations, affiliations, and addresses of the proposed panel members (one member must be an employee of the local health department) in the Appendices

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

**Department of State Health Services**

### HIV/STD Prevention and Preparedness

**Houston Regional HIV/AIDS Resource Group, Inc.**

**NONPROFIT BOARD MEMBER AND EXECUTIVE OFFICERSASSURANCES**

**FORM E-4**

If the applicant is a nonprofit organization, this form must be completed.

(State or other governmental agencies are not required to complete this form).

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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:

1) That an annual budget has been approved for each contract with the Resource Group.

2) The Board of Directors convenes on a regularly scheduled basis (no less than quarterly) to discuss the operations of the organization.

3) Actual income and expenses are compared with the approved budget, variances are noted, and corrective action taken as needed (with board approval).

4) Timely and accurate financial statements are presented by the designated financial officer on a regular basis to the board.

5) Any required financial reports and forms, whether federal or state, are filed on a current and timely basis.

6) Adequate internal controls are in place to ensure fiscal integrity and accountability and to safeguard assets.

7) The Treasurer of the Board has been fully informed of his or her responsibilities as Treasurer.

8) The Board has Audit and/or Finance Committees that convene regularly and communicate effectively with the Board Treasurer and other board members in understanding and responding to financial developments.

9) The organization observes Generally Accepted Accounting Principles when preparing financial statements and fund accounting practices are observed to ensure integrity among specific contracts or grants.

1. This form will be discussed in detail at the next official Board meeting and that discussion, and a copy of this form will be included in the minutes of the meeting.

11) If a contract is executed for DSHS funding and the nonprofit organization has not received any funding from DSHS for the past 24 months, the Legal and Fiscal Responsibilities for Nonprofit Board of Directors Video and Guide will be viewed and a signed “tear out” sheet will be completed and filed by each board member with the nonprofit organization no later than 45 days after contract execution. Newly appointed/elected board members will comply with these requirements no more than 45 days after taking office.

Chairman of the Board Signature Date Executive Officer Signature Date

**Houston Regional HIV/AIDS Resource Group, Inc.**

Form E-5

General Provisions for Grant Agreement Assurances

By signing and submitting this form, the duly authorized representative of the applicant affixing his/her signature below certifies that duly authorized representatives of the applicant agree to the following provisions of the General Provisions for Grant Agreements of the Houston Regional HIV/AIDS Resource Group:

1. Confidentiality
2. Where applicable, the following clinical protocols and/or standards:
   1. Public Health Service Task Force Recommendations for the Use of Antiretroviral Drugs in Pregnant Women Infected with HIV for Maternal Health and for Reducing Perinatal HIV Transmission in the United States; Centers for Disease Control and Prevention (CDC), November 3, 2000, or latest version;
   2. Guidelines for the Use of Antiretroviral Agents in HIV Infected Adults and Adolescents; U.S. Department of Health and Human Services (DHHS), January 28, 2000, or latest version;
   3. Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection; HRSA and NIH, January 7, 2000, or latest version;
   4. Guidelines for the Prevention of Opportunistic Infections in Persons Infected with Human Immunodeficiency Virus; CDC, August 20, 1999, or latest version;
   5. Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Healthcare and Public Safety Workers; CDC, 1988, or latest version; and
   6. Universal Precautions Preventing the Spread of HIV, Tuberculosis, and Hepatitis B in employees of HIV/STD Funded Programs, DSHS Policy No. 800.001.
3. Program, Financial, and Data Reporting Requirements
4. Annual Equipment Inventory Report
5. Conflict of Interest
6. Audit Requirements
7. Non-discrimination of Clients and Employees
8. Limits on Political Activity of Employees
9. Child Abuse Reporting
10. Billing of 3rd Party Payers
11. Charging/Billing Clients for Services
12. Educating Clients and Employees About HIV
13. Notification to Administrative Agency of Dangerous Situations
14. Notification to Administrative Agency of Change in Project/Agency Personnel

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