

FORM B
Pharmacy Services DSHS Open Enrollment No. HHS0014137
Required Application Documents Submission Checklist

All documents must be formatted with the following minimum guidelines:

1. Times new roman, 10 pt. font
2. Application limited to a maximum of 40 pages.

Documentation Required for Submission -All documentation listed must be completed, signed, and returned for a complete Application. Provide the documentation in the same sequence as outlined below by using the Item number(s) and title(s) as necessary.	Check (✓), if included
1. Exhibit A – HHS Solicitation Affirmations v. 2.4 (August 2023) Important Note: Applications received without a signed Exhibit A will be disqualified.	
2. Exhibit C – HHS Data Use Agreement v. 8.5 (October 23, 2019)	
3. Exhibit C-1 – Texas HHS System– Data Use Agreement - Attachment 2 - Security and Privacy Inquiry (SPI)	
4. Exhibit D – Federal Assurances and Certification	
5. Exhibit E - Certification Regarding Lobbying	
6. Exhibit F – Fiscal Federal Funding Accountability and Transparency Act (FFATA)	
7. Form A: Face Page	
8. Form B: Required Application Documents Submission Checklist	
9. Form C: Contact Person Information Form	
10. Form D: Vendor Information Form	
11. Form E: Notice of Criminal Offense Self-Reporting	
12. Minimum Qualifications - Reference Section 7 Required Experience: Provide documentation of demonstrated experience to confirm the Applicant meets the minimum requirements. This applies to the Applicant’s business, Subcontractor(s) and both Applicant’s and Subcontractor’s personnel. Licensure or Accreditation Provide a policy and procedure for tracking and maintaining records of required permits, licenses and/or certifications. Additional Minimum Qualifications: Provide documentation of qualifications to confirm the Applicant meets the minimum requirements. This applies to the Applicant’s business, Subcontractor(s) and both Applicant’s and Subcontractor’s personnel.	

<p>13. Organizational Chart and Key Personnel</p> <p>Applicant must provide an organizational chart for the key staff members who will be responsible for the performance of the services requested under this OE. Include profiles and resumes for all staff. The profiles and/or resumes shall include the first, middle name or initial and last names for all key staff.</p>	
<p>14. Executive Summary</p> <p>Statement of Work – Reference Section 8</p> <p>Provide the Applicant’s approach to meeting the requirements of the Statement of Work and all other requirements set forth in this OE.</p> <p>Applicant Business Structure or Company Type:</p> <p>Provide the entity type (e.g., Private, Non-Profit, State Agency, Local Government, etc.). If Corporation, provide State of Incorporation and filing number.</p> <p>Court or Governmental Agency Proceedings, Investigations, or Other Actions:</p> <p>Applicant shall provide information required pursuant to the HHS Solicitation Affirmations v. 2.4 (August 2023) (Exhibit A), paragraph 36.</p>	
<p>15. Notice of Criminal Activity – Reference Section 8.7</p> <p>Provide confirmation that the Applicant, any person with ownership or controlling interest, their agent, employee, subcontractor or volunteer who will be providing the required services are not:</p> <ol style="list-style-type: none"> a. Engaged in any activity that could constitute a criminal offense equal to or greater than a Class A misdemeanor or grounds for disciplinary action by a state or federal regulatory authority; or b. Been placed on community supervision, received deferred adjudication, or been indicted for or convicted of a criminal offense relating to involvement in any financial matter, federal or state program, or sex crime. 	
<p>16. Notice of Insolvency or Indebtedness – Reference Section 8.8</p> <p>Provide with the Application detailed written descriptions of any insolvency, incapacity, and outstanding unpaid obligations of Applicant owed to the Internal Revenue Service (IRS) or the State of Texas, or any agency or political subdivision of the State of Texas.</p>	
<p>17. Applicant Contact Information</p> <p>Titles of personnel for contact information:</p> <ul style="list-style-type: none"> • Person Authorized to Sign Contract • Primary Contact for Questions Regarding Application • Financial Officer • Accounts Payable • Primary Contact for Contract Management 	

<ul style="list-style-type: none"> • Alternate Contact for Contract Management <p>Provide this information for each contact listed above:</p> <ul style="list-style-type: none"> • Name and Title • Mailing Address • Phone Number • E-mail Address 	
<p>18. Contractor Service Locations – Reference Section 8</p> <p>Provide a list of each service location and include the following at a minimum:</p> <ul style="list-style-type: none"> • Location Name • Physical Address • Phone Number • E-mail Address • Services Offered 	
<p>19. Subcontractor Information, if applicable.</p> <p>Provide a list of all subcontractors which must include at a minimum:</p> <ul style="list-style-type: none"> • Business Structure (Type of entity) • DBA name, if applicable with associated Texas County(s) • Addresses – Physical and Mailing, if different • Contact Information – Phone and e-mail 	
<p>20. Insurance – Reference Exhibit G, Insurance Requirements</p> <p>Applicant must provide proof of insurance or a statement of its intent to obtain and maintain for the term of the Contract (and any renewal periods or additional extensions) the minimum insurance coverage specified or, as applicable, any bonds required. Applicant should also describe other insurance coverage maintained in the ordinary course of business and provide proof of same in its Application.</p> <p>DSHS may designate a deadline for submission of proof of required insurance. Failure to timely submit acceptable proof may result in DSHS’s revocation of the award.</p> <p>Alternative Insurability: Provide proposed alternative methods of insuring the Contract, if awarded, and a detailed explanation regarding Applicant's inability to obtain the required insurance and/or bonds.</p>	
<p>21. Public Information Act Copy of Application, if applicable</p>	