

Attachment 1 to Addendum 7

6.4 ADMINISTRATIVE APPLICANT INFORMATION

Using **Forms A** through **B-3** attached to this RFA, Applicant must provide satisfactory evidence of its ability as an organization to manage and coordinate the types of activities described in this RFA.

Section XIII. Submission Checklist

HHSC in its sole discretion, will review all Applications received and will determine if any or all Applications which do not include complete, signed copies of these exhibits and/or addenda, will be disqualified or whether additional time will be permitted for submission of the incomplete or missing exhibits. If additional time is permitted, Applicants will be notified in writing of the opportunity to provide the missing documentation by a specified deadline. Failure by an Applicant to submit the requested documentation by the deadline WILL result in disqualification. Applications that do not include Exhibit A, HHS Solicitation Affirmations v. 2.6 (completed and signed), and Form D-2, Proposed Counties to be Served and Proposed Funding (completed), will be disqualified. See Section 9.2, Initial Compliance Screening of Applications for further detail.

This Submission Checklist identifies the documentation, forms and exhibits that are required to be submitted as part of the Application.

The Application must be organized in the order below and include each required section and the forms and exhibits identified within a section:

A. Administrative Information

- 1. Form A, Face Page _____
- 2. Form B, Program Contact Information _____
- 3. Form B-1, Governmental Entity, if applicable _____
- 4. Form B-2, Nonprofit Entity, if applicable _____
- 5. Form B-3, Conflict of Interest and Contract History _____
- 6. Form K, Internal Controls Questionnaire _____

B. Narrative Proposal

- 1. Form C, Experience and Capacity _____
- 2. Form D, Proposed Service Area _____
- 3. Form E, Proposed Average Number of Children Served Monthly _____
- 4. Form F, Proposed Funding and Financial Experience _____
- 5. Form G, Start Up and Operational Plan _____
- 6. Form H, E-Verify and Enrollment _____

C. Requested Budget

Form D-2: Proposed Counties to be Served and Proposed Funding _____
This requested Proposed Counties to be Served and Proposed Funding template is mandatory and must be submitted with the Application, in the original format (Excel), for the Application to be considered responsive. Applications received without the completed Proposed Counties to be Served and Proposed Funding template will be disqualified.

D. Indirect Costs

Form I, Texas Health and Human Services System Indirect Costs
Rate (ICR) Questionnaire _____

E. Exceptions

Form J, Exceptions Form _____

F. Exhibits to be Completed, Signed, and Submitted with Application

- 1. Exhibit A, HHS Solicitation Affirmations v.2.6 _____
Per Section 3.2, Application Screening Requirements, Exhibit A, HHS Solicitation Affirmations v. 2.6 is mandatory and must be completed, signed and submitted for the Application to be considered responsive. Applications received without completed Solicitation Affirmations will be disqualified.
- 2. Exhibit C, Assurances Non-Construction Programs _____
- 3. Exhibit C-1, Certification Regarding Lobbying _____
- 4. Exhibit G, HHS Data Use Agreement V.8.5 or
Exhibit G-1, Governmental Entity Version 8.5 HHS Data Use Agreement _____
- 5. Exhibit G-2, Texas HHS System-Data Use Agreement-Attachment 2,
Security and Privacy Inquiry (SPI) Version 2.1 _____

6. Exhibit N, Federal Funding Accountability and Transparency Act (FFATA) Certification Form _____

G. Addenda

Each Addendum, if any, must be signed and submitted with the Application. _____

Section XIV. List of Exhibits and Forms Attached to RFA

Exhibits

- Exhibit A – HHS Solicitation Affirmations v. 2.6
- Exhibit B – HHS Uniform Terms and Conditions – Grant, Version 3.5
- Exhibit C – Assurances Non-Construction Programs
- Exhibit C-1 – Certification Regarding Lobbying
- Exhibit D – Example Statement of Work
- Exhibit D-1 – Example Payment for Services
- Exhibit E – Evaluation Tool
- Exhibit F – Census and Served Data by County
- Exhibit G – HHS Data Use Agreement (DUA) v. 8.5
- Exhibit G-1 – Governmental Entity Version 8.5 HHS Data Use Agreement
- Exhibit G-2 - Texas HHS System-Data Use Agreement-Attachment 2 , Security and Privacy Inquiry (SPI) Version 2.1
- Exhibit H – Example Velo-Cardio Facial Syndrome
- Exhibit I – HHSC ECI Graphics Manual
- Exhibit J – Example Memorandum of Understanding
- Exhibit K – Example Agency Monthly Contact Report
- Exhibit L – Online Bid Room
- Exhibit M – HHS Additional Provisions Grant Funding v. 1.0
- Exhibit N – Federal Funding Accountability and Transparency Act (FFATA) Certification Form
- Exhibit O – Insurance Requirement

Forms

- Form A – Face Page
- Form B – Program Contact Information
- Form B-1 – Governmental Entity – Authorized Officials
- Form B-2 – Non-Profit Entity – Authorized Officials
- Form B-3 – Conflict of Interest and Contract History
- Form C – Experience and Capacity
- Form D – Proposed Service Area
- Form D-2 – Proposed Counties to be Served and Proposed Funding
- Form E – Proposed Average Number of Children Served Monthly
- Form F – Proposed Funding and Financial Experience
- Form G – Start Up and Operational Plan
- Form H – E-Verify Enrollment Certification
- Form I – Texas Health and Human services System Indirect Costs Rate (ICR) Questionnaire
- Form J – Exceptions Form
- Form K – Internal Controls Questionnaire