



# **TEXAS**

## **Health and Human Services**

**Cecile E. Young, Executive Commissioner**

**Request for Applications (RFA)  
For  
Primary Health Care Services  
Targeted Regions 4/5N, 6/5S, 7, 9/10, and 11**

**RFA No. HHS0009635**

**Date of Release: February 5, 2021  
Responses Due: March 22, 2021 by 10:30 a.m. Central Time**

**948-43: Health Information Services  
948-47: Healthcare Center Services  
948-48: Healthcare Services (Not otherwise classified)  
948-55: Medical & Laboratory Services, Non-Physician  
948-87: Telemedical Professional Services  
948-92: Vaccination Program Services  
948-97: X-Ray Services (Including Dental)  
952-42: Family Planning**

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## **ARTICLE I. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY**

### **1.1 EXECUTIVE SUMMARY**

The State of Texas, by and through the Texas Health and Human Services Commission ("HHSC") Medical and Social Services Division announces the availability of funding for Primary Health Care ("PHC") services. HHSC PHC services are intended to ensure that low-income Texas residents, whose gross family income is at or below 200% of the adopted federal poverty income guidelines and who are not eligible for similar services through any other publicly funded programs/benefits, have access to primary health care. To be eligible, PHC program rules require that at a minimum, Applicants in Regions 4/5N, 6/5S, 7, 9/10, and 11 must provide six priority primary health care services including diagnosis and treatment; emergency medical services; family planning services; preventive health services; health education; and laboratory, x-ray, nuclear medicine, or other appropriate diagnostic services. To locate the applicable Regions 4/5N, 6/5S, 7, 9/10, and 11 for the HHSC PHC services, please refer to **Attachment A, HHSC Regional Coverage Map**.

Individuals seeking PHC-covered services may be dually-eligible for other HHSC funded programs within an agency that provides the same services, such as Family Planning, Breast and Cervical Cancer Screening Services, or Title V Prenatal or Dental Program(s). The PHC program is the payor of last resort for a Client who is enrolled in any other non-HHSC program that provides payment for the cost of the same primary care services at the time he or she presents for those services. Specific requirements related to the provision of PHC services can be found within the **HHSC Primary Health Care Services Program Policy Manual**.

To be considered for award, Applicants must execute **Exhibit A, Affirmations and RFA Acceptance**, of this RFA and provide all other required information and documentation as set forth in this RFA.

### **1.2 DEFINITIONS**

Refer to **Exhibit B, HHSC Grantee Uniform Terms and Conditions and Exhibit E, Draft Primary Health Care Grants Contract ("PHC Contract")** for additional definitions. Additionally, as used in this RFA, unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

**"10% De Minimis"** The 10% De Minimis rate may be elected by an organization that has never received a negotiated indirect cost rate. 2 CFR 200, Subpart E, §200.414 (f) specifies that any non-Federal entity that has never received a negotiated indirect cost rate may elect to charge a de minimis rate of 10% of modified total direct costs (MTDC) which may be used indefinitely.

“Addendum” means a written clarification or revision to this RFA issued by System Agency.

“Apparent Awardee” means an organization that has been selected to receive a grant award through response to this RFA but has not yet executed a grant agreement or contract. May also be referred to as "Apparent Grant Recipient" or "Apparent Grantee."

"Applicant” means the entity responding to this RFA. May also be referred to as "Respondent."

“Business Days” means Monday through Friday, excluding Texas State and Federal Holidays.

“Client” means a member of the target population to be served by the Applicant’s organization. For the purposes of this grant, a client is an eligible individual receiving PHC services.

"Cost Reimbursement" means a payment mechanism by which Grantees are reimbursed for allowable costs incurred up to the total award amount specified in the Contract. Costs must be incurred in carrying out approved activities and must be based on an approved eight -category line-item (categorical) budget. Amounts expended in support of providing services and goods, if any, in accordance with the contract terms and conditions must be billed on a monthly basis for reimbursement unless otherwise specified in the Contract. Reimbursement is based on actual allowable costs incurred that comply with the cost principles applicable to the Grant Award and subawards.

“Direct costs” means those costs that can be identified specifically with a particular final cost objective, such as a Federal Award, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. Costs incurred for the same purpose in like circumstances must be treated consistently as either direct or indirect costs.

"eGrants" is the electronic marketplace where State of Texas Grant opportunities may be located. [Texas.gov eGrants Website](https://www.texas.gov/eGrants)

“Grantee” is a Party receiving funds under this Contract. May also be referred to as “Contractor”, "Awarded Applicant", “Successful Applicant” or "Grant Recipient."

“Health and Human Services Commission” or “HHSC” means the administrative agency established under Chapter 531, Texas Government Code or its designee.

“HUB” means History Underutilized Business Program.

“Indirect Costs” means those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved.

“Indirect Cost Rate” is a percentage used to apportion indirect costs to all shared cost centers. Indirect costs are not readily chargeable to a specific cost object (they are common costs shared throughout the organization. An indirect cost rate is simply a device for determining, fairly and conveniently within the boundaries of sound administrative principles, what proportion of indirect cost each program should bear.

“Indirect Cost Rate Proposal” is the documentation prepared by an organization requesting an indirect cost rate. This package normally includes the proposal, related audited financial statements, and other detail supports such as general ledger, trial balance, etc. Grantees must use the HHS Indirect Cost Rate Proposal templates when requesting to negotiate an indirect cost rate with HHS.

“Project” means the work and activities for which grant funding is awarded and information is provided as part of the response to this RFA. During the open application period and before selection of grant recipients are made, the Project will be known as the Proposed Project.

“Respondent” means the entity responding to this RFA. May also be referred to as “Applicant.”

“Request for Applications” (RFA) means a type of RFA notice in which an organization announces that grant funding is available, including any exhibits and Addenda, if any.

“State” means the State of Texas and its instrumentalities, including HHSC, System Agency and any other state agency, its officers, employees, or authorized agents.

“Successful Applicant” means an organization that receives a grant award as a result of this RFA. May also be referred to as “Grantee,” “Awarded Applicant,” “Subrecipient,” or “Grant Recipient.”

“System Agency” means the Texas Health and Human Services Commission, its officers, employees or authorized agents.

“Telehealth Services” means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in this State and acting within the scope of the health professional’s license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology, as defined in Texas Government Code §531.001(7) (using the meaning assigned by Section 111.001, Occupations Code) as provided through Texas Medicaid.

“Telemedicine Medical Services” means a health care service delivered by a physician licensed in this State, or a health professional acting under the delegation and supervision of a physician licensed in this State and acting within the scope of the physician’s or health professional’s license to a patient at a different physical location than the physician or health professional using telecommunications or information technology.

### 1.3 AUTHORITY

System Agency is requesting applications under [Texas Health and Safety Code, Title 2, Subtitle B, Chapter 31, Sections 31.014](#), [Texas Administrative Code \(TAC\), Title 25, Chapter 39, Subchapter A](#) and in accordance with [Texas Government Code Chapter 531](#).

## **ARTICLE II. SCOPE OF GRANT AWARD**

### 2.1 PROGRAM BACKGROUND

In the early 1980s, an economic recession and costs containment measures on the part of employees and government agencies led to a decrease in the availability and accessibility of health care services for many Texans. A legislative task force identified the provision of primary health care to the medically indigent as a major priority. The task force recommended the following: a range of primary health care services shall be made available to the medically indigent residing in Texas; the Department of State Health Services (DSHS) (now provided by HHSC) shall provide or contract to provide primary health care services to the medically indigent. These services should complement existing services and/or should be provided where there is a scarcity of services. Health education should be an integral component of all primary care services delivered to the medically indigent population. Preventive services should be marketed and made accessible to reduce the use of more expensive emergency room services.

These recommendations became the basis for an indigent health care legislative package enacted by the 69th Texas Legislature in 1985. The Primary Health Care Services Act, House Bill (HB)1844, now codified as *Texas Health and Safety Code*, Chapter 31, was part of this legislation and is the statutory authority for the Primary Health Care Services (PHC) administered by DSHS at the time and now by HHSC. The Act delineates the specific target population, eligibility, reporting, and coordination requirements for PHC. The rules for PHC services in Texas can be found in the [Texas Administrative Code \(TAC\), Title 25, Part 1, Chapter 39, Subchapter A](#).

In 2013, the 83rd Texas Legislature approved legislation and funding to expand the services available and extend eligibility to Texas residents at or below 200% of the Federal Poverty Level (FPL). PHC provides primary health care services for individuals who are unable to access the same care through other funding sources or programs. PHC program rules require that, at a minimum, Applicants in Regions 4/5N, 6/5S, 7, 9/10 and 11 must provide the following six priority health care services including diagnosis and treatment; emergency medical services; family planning services; preventive health services, including immunizations; health education; and laboratory, x-ray, nuclear medicine, or other appropriate diagnostic services. Specific requirements related to the provision of PHC services can be found within the [HHSC Primary Health Care Services Program Policy Manual](#).

## 2.2 GRANT AWARD AND TERM

### 2.2.1 Available Funding

The total amount of state funding available for the Primary Health Care grant is **\$1,946,100.00 dollars for a four-year term** and it is HHSC's intention to make multiple awards. This program is funded by State general revenue and will be awarded competitively through a RFA. There is no matching requirement. The PHC program will use a categorical cost reimbursement method. Reimbursement will be given for allowable cost incurred and supported by reporting the services provided and client-level data. Grantees must bill HHSC on a monthly basis for services delivered using invoicing templates provided annually by HHSC. Reimbursement for administrative cost will be capped at a monthly percentage of expenditures. There will be no pre-award costs or advanced payment(s) allowed under this award.

### 2.2.2 Monthly Cost Reimbursement Process

Final budgets (including equipment purchases) must be approved by HHSC. For the initial period, Applicant must develop a categorical budget using **Form H, PHC Budget Detail**, allocating HHSC-approved costs to the following categories:

1. Personnel;
2. Travel;
3. Equipment;
4. Supplies;
5. Contractual;
6. Other; and
7. Indirect Costs

### 2.2.3 Grant Term

The initial award is for a one-year contract period and at HHSC's sole discretion, HHSC may exercise the right to extend the contract for up to three (3) years. It is anticipated that the Grant funding period for this program will begin **September 1, 2021**. Reimbursement will only be made for those allowable expenses that occur within the term of the Grant. No pre-award costs will be eligible for reimbursement.

## 2.3 ELIGIBLE APPLICANTS

In order to be Awarded a Contract as a result of this RFA:

- A. Applicant must be a governmental entity (health department, hospital district, university medical center, or other State or local agency), a federally qualified health center, or a nonprofit entity.



- B. Applicant must be a Medicaid provider or provide evidence with its Application that a Medicaid application has been submitted to obtain a Texas Provide Identifier (“TPI”) number. The Medicaid number provided must be for the organization itself, and not for individual providers associated with the organization.
- C. Applicant must be established as an appropriate legal entity under State statutes and must have the authority and be in good standing to do business in Texas and to conduct the activities described in this RFA.
- D. Applicant must have a Texas address. A post office box may be used when the RFA is submitted, but the Applicant must conduct business at a physical location in Texas prior to the date that the contract is awarded.
- E. Applicant must not be debarred, suspended, or otherwise excluded or ineligible for participation in federal or State assistance programs.
- F. Applicant’s staff members, including the executive director, must not serve as voting members on Applicant’s governing board.
- G. Applicant is not considered eligible to contract with HHSC, regardless of the funding sources, if a name match is found on any of the following lists;
  - 1. The General Services Administration’s (GSA) System for Award Management (SAM) [www.sam.gov/](http://www.sam.gov/) for parties excluded from receiving federal contracts, certain subcontracts and from certain types of federal financial and non-financial assistance and benefits;
  - 2. Office of Inspector General (OIG) [List of Excluded Individuals/Entities Search](#);
  - 3. [Iran, Sudan, & Foreign Terrorist Organizational Check and Boycott Israel](#), prior to award, the purchaser must check the divestment lists in accordance with the Texas Government Code; and
  - 4. Texas Comptroller Public Accounts (CPA) [Franchise Tax check](#).

Applicants must meet these requirements throughout the entirety of the Application process and, if chosen for Grant Award, must continue to meet them through the entirety of the Grant funding period. HHSC expressly reserves the right to review and analyze the documentation submitted and to request additional documentation and determine the Applicant’s eligibility to compete for the Grant Award.

## 2.4 PROGRAM REQUIREMENTS

To meet the mission and objectives of Primary Health Care Program, successful Applicants must be in compliance with all Program requirements as set forth within **Exhibit E, Draft PHC Contract** which is attached and incorporated by reference hereto.

## 2.5 SCOPE

HHSC seeks qualified Applicants to provide Program services in HHSC regions 4/5N, 6/5S, 7, 9/10, and 11 within the State of Texas.

The successful Applicants shall provide six (6) priority primary health care services including diagnosis and treatment; emergency medical services; family planning services; preventive health services; health education; and laboratory, x-ray, nuclear medicine, or other appropriate diagnostic services to the medically indigent in the Texas Regions 4/5N, 6/5S, 7, 9/10, and 11. Health education shall be an integral component of any such service.

For a detailed description of the contractually required Program services see **Exhibit E, Draft PHC Contract.**

### 2.5.1 Budget Detail

Using **Form H, PHC Budget Detail**, Applicant must develop an administrative costs budget, where costs may be allocated to any of the following categories the Applicant identifies during its budget development process;

1. Personnel;
2. Travel;
3. Equipment;
4. Supplies;
5. Contractual;
6. Other; and
7. Indirect Costs

### 2.5.2 Indirect Cost Rates (ICR)

All applicants requesting to recover indirect costs are required to complete and submit **Form L, Texas HHSC Indirect Cost Rate Questionnaire** along with the required supporting documentation as referenced in **Form L, Texas HHSC Indirect Cost Rate Questionnaire** associated with the Applicant's response. This questionnaire will initiate the acknowledgement or approval of an ICR for use with the HHS System Agency cost-reimbursable contracts.

HHS will recognize the following pre-approved ICR:

1. Federally Approved Indirect Cost Rate Agreement
2. State of Texas Approved Indirect Cost Rate Agreement

If the Applicant does not have one of the options listed above, they may be eligible for the 10% De Minimis or request to negotiate an ICR with HHS. For Applicants requesting to negotiate an ICR with HHS, the HHS ICR Proposal Package will be provided Post-Award by the HHS System Federal Funds ICR team and must be completed in conjunction with the "ICR Questionnaire" no later than ninety (90) calendar days after Contract execution.

The HHS System Federal Funds ICR team will reach out to applicable Grantees after Grant Award, to complete the ICR process. Grantee should respond within thirty (30) business days or the request will be cancelled.

Once HHS acknowledges an existing rate, or approves and ICR, the Grantee will receive one (1) of three (3) indirect cost approval letters;

- 1.) ICR Acknowledgment Letter;
- 2.) ICR Acknowledgement Letter – 10% De Minimis; or
- 3.) ICR Agreement Letter.

If an ICR Letter is required but it is not issued at the time of Contract execution, the Parties agree to amend the Contract to include the ICR Letter as Attachment J of the Contract and revise Attachment B of the Contract when the ICR Letter is issued.

If HHSC, at its sole discretion, approves or acknowledges and updated ICR, the new rate, together with the revised ICR Acknowledgement Letter, ICR Acknowledgement Letter-10% De Minimis, or the ICR Agreement Letter, will be included in the revised Attachment N and amended Attachment B of the PHC Contract.

Approval or acceptance of an ICR will not result in an increase in the amount Awarded or affect the agreed upon services or performance levels throughout the life of the Award.

## **2.6 PERFORMANCE MEASURES**

HHSC will monitor the performance of Grants awarded under this RFA. Monitoring will be conducted for fiscal, programmatic, and administrative components of the Grant. All services and deliverables under the Grant shall be provided based on performance measures and in a manner consistent with acceptable industry standard, custom, and practice.

Performance will be measured using data obtained from **Form M: Ceiling Request and Performance Measures**. Specifically, performance will be measured based on the following;

- A. The unduplicated number of Clients serviced by Applicant during the applicable budget period.
- B. The average cost per Client for each proposed service during the applicable budget period is \$250.00. Applicant must provide a justification for a higher cost per Client dollar amount.
- C. The outcomes of providing services and supports as part of the Proposed Project. Applicants will be required to demonstrate the effectiveness of clinical services provided by conducting pre-and post-assessments with Clients and ensuring satisfaction questionnaires are completed by Clients who received services as part of the program. Refer to **Form K, Service Delivery Plan**.

## 2.7 PROHIBITIONS

Grant funds may not be used to support the following services, activities, and costs:

- a. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- b. Lobbying;
- c. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- d. Vehicles or equipment for government agencies that are for general agency use and/or do not have a clear nexus to terrorism prevention, interdiction, and disruption (i.e., mobile data terminals, body cameras, in-car video systems, or radar units, etc. for officers assigned to routine patrol);
- e. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
- f. Admission fees or tickets to any amusement park, recreational activity or sporting event;
- g. Promotional gifts;
- h. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel or where pre-approved for working events;
- i. Membership dues for individuals;
- j. Any expense or service that is readily available at no cost to the grant project;
- k. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
- l. Fundraising;
- m. Statewide projects;
- n. Any other prohibition imposed by federal, state, or local law; and
- o. The acquisition or construction of facilities.

## 2.8 STANDARDS

Grantees must comply with the requirements applicable to this funding source cited in the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ([2 CFR 200](#)); the *Texas Grant Management Standards (TxGMS)*, and all statutes, requirements, and guidelines applicable to this funding.

Grantees are required to conduct Project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the Health and Human Services Commission (HHSC) [Civil Rights Office](#) website.

Upon request, a Grantee must provide the HHSC Civil Rights Office with copies of all the Grantee's civil rights policies and procedures. Grantees must notify [HHSC's Civil Rights Office](#) of any civil rights complaints received relating to performance under the contract no more than 10 calendar days after receipt of the complaint. Notice must be directed to:

HHSC Civil Rights Office  
701 W. 51st Street, Mail Code W206  
Austin, TX 78751  
Phone Toll Free (888) 388-6332  
Phone: (512) 438-4313  
TTY Toll Free (877) 432-7232  
Fax: (512) 438-5885

A Grantee must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the Grantee's programs, benefits or activities on the basis of national origin, and must take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English, in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

Any Grantee receiving funding through this RFA must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of sex; race; color; national origin; disability; age; religions; actual or perceived sex, including gender identity; or actual or perceived sexual orientation.

Grantees must comply with Executive Order 13279, and its implementing regulations at 45 CFR Part 87 or 7 CFR Part 16, which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Dept. of Agriculture or U.S. Dept. of Health and Human Services must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

## 2.9 DATA USE AGREEMENT

By entering into a Grant Agreement with System Agency as a result of this RFA, Applicant agrees to be bound by the terms of the Data Use Agreement attached as **Exhibit C, Texas HHS System Data Use Agreement.**

Applicants must submit **Exhibit C, Texas HHS System Data Use Agreement, Texas HHS System Data Use Agreement, Exhibit C-1, Security and Privacy Inquiry (SPI) Form, and Exhibit C-2, Texas HHS System Data Use Agreement, Governmental Entities,** if applicable with their Application.

## 2.10 NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION

System Agency makes no guarantee of volume, usage, or total compensation to be paid to any Applicant under any awarded Grant, if any, resulting from this RFA, any awarded Grant is subject to appropriations and the continuing availability of funds.

System Agency reserves the right to cancel, make partial award, or decline to award a Grant under this RFA at any time at its sole discretion.

There should be no expectation of additional or continued funding on the part of the Grant Recipient. Any additional funding or future funding may require submission of an application through a subsequent RFA.

## **ARTICLE III. ADMINISTRATIVE INFORMATION**

### 3.1 SCHEDULE OF EVENTS

<b>EVENT</b>	<b>DATE/TIME</b>
RFA Release Date	FEBRUARY 5, 2021
Deadline for Submitting Questions	FEBRUARY 19, 2021 at 3:00 P.M. Central Time
Tentative Date Answers to Questions Posted	FEBRUARY 26, 2021
<b>Deadline for Submission of RFA Responses [NOTE: Responses must be <u>RECEIVED</u> by HHSC by the deadline.]</b>	<b>MARCH 22, 2021 at 10:30 A.M. Central Time</b>
Anticipated Notice of Award	JULY 31, 2021
Anticipated Contract Start Date	SEPTEMBER 1, 2021

**Note:** These dates are a tentative schedule of events. System Agency reserves the right to modify these dates at any time upon notice posted to the [HHS Grants website](#). Any dates listed after the RFA Response deadline will occur at the discretion of System Agency and may occur earlier or later than scheduled without notification on the [HHS Grants website](#).

### **3.2 CHANGES, AMENDMENT, OR MODIFICATION TO RFA**

System Agency reserves the right to change, amend or modify any provision of this RFA, or to withdraw this RFA, at any time prior to award, if it is in the best interest of System Agency and will post on the [HHS Grants website](#). It is the responsibility of Applicant to periodically check the [HHS Grants website](#) to ensure full compliance with the requirements of this RFA.

### **3.3 IRREGULARITIES**

Any irregularities or lack of clarity in this RFA should be brought to the attention of the Sole Point of Contact listed in **Section 3.4.1, Sole Point of Contact** as soon as possible so corrective Addenda may be furnished to prospective Applicants.

### **3.4 INQUIRIES**

#### **3.4.1 Sole Point of Contact**

All requests, questions or other communication about this RFA shall be made in writing to System Agency's Point of Contact addressed to the person listed below (Sole Point of Contact). All communications between Applicants and other System Agency staff members concerning the RFA are strictly prohibited, unless noted elsewhere in this RFA. **Failure to comply with these requirements may result in disqualification of Applicant's RFA Response.**

Name: Jennifer Kim, CTCD, CTCM

Title: Grant Specialist

Address: 1100 West 49<sup>th</sup> Street, Mail Code 2020, Building S, Austin, TX 78756

Email: [Jennifer.kim@hhs.texas.gov](mailto:Jennifer.kim@hhs.texas.gov)

**However, if expressly directed in writing by the Sole Point of Contact, Applicant may communicate with another designated System Agency representative, e.g., during contract negotiations, if any.**

### 3.4.2 Prohibited Communications

All communications between Applicants and other System Agency staff members concerning the RFA may not be relied upon and responded should send all questions or other communications to the Sole Point of Contact. This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this RFA. **Failure to comply with these requirements may result in disqualification of Applicant's RFA Response.**

### 3.4.3 Questions

System Agency will allow written questions and requests for clarification of this RFA. Questions must be submitted in writing and sent by U.S. First class mail or email to the Sole Point of Contact listed in **Section 3.4.1, Sole Point of Contact** above. Applicants' names will be removed from questions in any responses released. Questions shall be submitted in the following format. Submissions that deviate from this format may not be accepted:

- a. Identifying RFA number;
- b. Section number;
- c. Paragraph number;
- d. Page number;
- e. Text of passage being questioned; and
- f. Question.

**Note: Questions or other written requests for clarification must be received by the Sole Point of Contact by the deadline set forth in Section 3.1, Schedule of Events above. However, System Agency, at its sole discretion, may respond to questions or other written requests received after the deadline. Please provide entity name, address, phone number, fax number, e-mail address, and name of contact person when submitting questions.**

### 3.4.4 Clarification Request Made by Applicant

Applicants must notify the Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specifications, omission or other error in the RFA in the manner and by the deadline for submitting questions.

### 3.4.5 Responses

Responses to questions or other written requests for clarification may be posted on the [HHS Grants website](#). System Agency reserves the right to amend answers prior to the deadline



of RFA Responses. Amended answers may be posted on the [HHS Grants website](#). It is Applicant's responsibility to check the [HHS Grants website](#) or contact the Sole Point of Contact for updated responses. System Agency also reserves the right to decline to answer any question or questions or to provide a single consolidated response of all questions they choose to answer in any manner at System Agencies sole discretion.

### 3.5 RFA RESPONSE COMPOSITION

#### 3.5.1 Generally

All Applications must be:

- a. Clearly legible;
- b. Sequentially page-numbered and include the Applicants name at the top of each page;
- c. Organized in the sequence outlined in **Article IX** - Submission Checklist;
- d. In Arial or Times New Roman font, size 12 or larger for normal text, no less than size 10 for tables, graphs, and appendices;
- e. Blank forms provided in the Attachments must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
- f. Correctly identified with the RFA number and submittal deadline;
- g. Responsive to all RFA requirements; and
- h. Signed by an authorized official in each place a signature is needed (copies must be signed but need not bear an original signature). Electronic signature is acceptable.

#### 3.5.2 Application Submission in Separate Parts

The complete RFA Project must include the “Original” RFA response in electronic form (flash drive or USB) consisting of the four (4) parts listed below, separated by folders and two (2) additional electronic copies (all clearly labeled as “copy”) submitted on separate USB drives. The entire application must be submitted in one (1) package to HHSC at the address listed in **Section 3.6.3. Delivery for Individual Submission Options**. The number of copies and directions for submitting are outlined in **Article IX, Submission Checklist**.

1. Administrative Information, including all forms;
2. Narrative Proposal, including all forms;
3. Expenditure Proposal; and
4. Applicable Exhibits and Required Forms.

### 3.5.3 Exceptions

HHSC will more favorably evaluate responses that offer no or few exceptions, reservations, or limitations to the terms and conditions of the RFA.

Applicants are highly encouraged, in lieu of including exceptions in their RFA responses, to address all issues that might be advanced by way of exceptions by submitting such issues pursuant to **Section 3.4.3, Questions**. Any exceptions including in an RFA response may result in an Applicant not being awarded a contract. If an Applicant includes exceptions in its Application, Applicant is required to use **Exhibit D, Exceptions Form** and provide all information requested on the form (RFA Section Number, RFA Section, Language to which exception is Taken, Proposed Language, and Statement as to whether or not, by indicating only “yes” or “no,” Applicant still wants to be considered for a Grant Award if the exception is denied). Any exception(s) that does not provide all required information without qualification in the format set forth in **Exhibit D, Exceptions Form** may be rejected without consideration.

No exception, nor any other term, condition, or provision in an Application that differs, varies from or contradicts this RFA will be considered to be part of any Grant Award resulting from this RFA, unless expressly made a part of the Grant Award in writing by HHSC.

An Application should be responsive to the RFA as worded, not with any assumption that any or all terms, conditions, or provisions of the RFA will be negotiated. Furthermore, all Applications constitute binding offers. **Any Application to this RFA that includes any type of disclaimer or other statement indicating that the Application does not constitute a binding offer may be disqualified.**

### 3.5.4 Assumptions

Applicant must identify on **Exhibit D, Exceptions Form** any business, economic, legal, programmatic, or practical assumptions that underlie the Application to the RFA. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into any Grant Award resulting from this RFA are deemed rejected by HHSC.

## 3.6 RFA RESPONSE SUBMISSION AND DELIVERY

### 3.6.1 Deadline

RFA Responses must be received at the address in **Section 3.6.3, Delivery for Individual Submission Options** and be time-stamped by System Agency no later than the date and time specified in **Section 3.1. Schedule of Events**.

### 3.6.2 Labeling

RFA Responses submitted via USB by mail or hand delivery shall be placed in a sealed box and clearly labeled as follows:

**RFA NUMBER:** HHS0009635

**RFA NAME:** Primary Health Care Services - Targeted

**RFA RESPONSE DEADLINE:** March 22, 2021

**GRANT SPECIALIST NAME:** Jennifer Kim

System Agency will not be held responsible for any RFA Response that is mishandled prior to receipt by System Agency. System Agency will not be responsible for any technical issues that result in late delivery, inappropriately identified documents, or other submission error that may lead to disqualification (including substantive or administrative) or nonreceipt of the Applicant’s application.

### 3.6.3 Delivery for Individual Submission Options

Applicant must correctly deliver RFA Responses by one of the methods below. RFA Responses submitted by any other method (e.g., facsimile, telephone, email) will **NOT** be considered.

#### Submission Option #1:

Applicant shall submit responsive applications via USB on two USB drives – One (1) labeled “Original” and One (1) labeled “Copy”- to the correct mailing address that is dependent upon mailing method identified in this section:

- a. Each USB must contain one file named “Original Proposal” that contains the Applicant’s entire proposal in searchable portable document format (PDF).
- b. In accordance with **Section 8.1.3**, if applicable, one additional file named “Public Information Copy” that contains the Applicants’ entire proposal in searchable PDF.

<b>U.S. Postal Service</b>	<b>Overnight/Express Mail or Hand Delivery</b>
HHSC Procurement and Contracting Services (PCS) Bid Room Attn: Jennifer Kim P.O. Box 149166 Austin, TX 78714-9166	HHSC Procurement and Contracting Services (PCS) Bid Room Attn: Jennifer Kim 1100 West 49 <sup>th</sup> Street; Mail Code 2020 Building S Austin, TX 78756

#### Submission Option #2:

Applicant shall submit the following through the Online Bid Room utilizing the procedures in **Exhibit G, HHS Online Bid Room**.

- a. One (1) file named “Original Proposal” and one (1) file named “Copy” that contains the Applicant’s entire proposal in formats listed in **Section 3.5.2, Application Submission in Separate Parts**.
- b. In accordance with **Section 8.1.3** one file names “Public Information Copy” that contains the Applicant’s entire proposal in searchable PDF, if applicable.

**NOTE:** All RFA Applications become the property of HHSC after submission and will not be returned to Applicant. It is the Applicant’s responsibility to appropriately mark and deliver the RFA Application to HHSC by the specified date. A U.S. Postal Service (USPS) postmark; a mail receipt with the date of mailing, stamped by the USPS; a dated shipping label, invoice of receipt from a commercial carrier; or, any other documentation in lieu of the on-site time stamp by submission deadline may not be considered an eligible application under this RFA.

### **3.6.4 Alterations, Modifications, and Withdrawals**

Prior to the RFA submission deadline, an Applicant may: (1) withdraw its RFA Response by submitting a written request to the Sole Point of Contact identified in **Section 3.4.1, Sole Point of Contact**; or (2) modify its RFA Response by submitting a written amendment to the Sole Point of Contact identified in **Section 3.4.1, Sole Point of Contact**. System Agency may request RFA Response Modifications at any time.

## **ARTICLE IV. RFA RESPONSE EVALUATION AND AWARD PROCESS**

### **4.1 GENERALLY**

Those Applicants making it through the initial review process will be invited to submit additional information and to participate in a negotiation process which will determine final selection. The specific dollar amount awarded to each successful Applicant will depend upon the merit and scope of the Application and negotiations. Funded amounts may differ from those requested. Not all Applicants who are deemed eligible to receive funds are assured of receiving an award.

The final funding and the provisions of the contract will be determined at the sole discretion of HHSC.

A three-step selection process will be used:

- a. Eligibility screening;
- b. Evaluation based upon specific selection criteria; and

- c. Final Selection based upon State priorities.

## 4.2 ELIGIBILITY SCREENING

Applications will be reviewed for eligibility requirements listed in **Section 2.3, Eligible Applicants**, minimum qualifications, completeness, and all required documents were received as stated in **Article IX, Submission Checklist**. Applications with significant errors, omissions, or eligibility issues may not be screened or evaluated at HHSC's discretion. All complete applications meeting the minimum qualifications will move to the Evaluation stage.

## 4.3 EVALUATION

Applications will be evaluated and scored in accordance with the factors required by program criteria in this RFA using **Exhibit F, Evaluation Tool** and other factors deemed relevant by HHSC.

### 4.3.1 Specific Selection Criteria

Grant applications shall be evaluated based upon:

- a. Applicant Background, (20%);
- b. Assessment Narrative, (10%);
- c. Budget Detail, (30%); and
- d. Service Delivery Plan, (40%)

## 4.4 FINAL SELECTION

HHSC intends on making multiple awards. After initial screening for eligibility, application completeness, and initial scoring of the elements listed above in **Section 4.3, Evaluation**, a selection committee will look at all eligible applicants to determine which proposals should be awarded in order to most effectively accomplish state priorities. The selection committee will recommend grant awards to be made to the HHSC Executive Commissioner, who will make the final award approval.

HHSC will make all final funding decisions based on eligibility, geographic distribution across the state, state priorities, reasonableness, availability of funding, and cost-effectiveness.

## 4.5 NEGOTIATION AND AWARD

The specific dollar amount awarded to each successful Applicant will depend upon the merit and scope of the Application, the recommendation of the Selection Committee, and the decision of the Executive Commissioner. Not all Applicants who are deemed eligible to receive funds are assured of receiving an award.

The negotiation phase will involve direct contact between the successful Applicant and HHSC representatives via phone and/or email. During negotiations, successful Applicants may expect:

- a. An in-depth discussion of the submitted proposal and budget; and
- b. Requests from HHSC for clarification or additional detail regarding submitted Application.

The final funding amount and the provisions of the contract will be determined at the sole discretion of HHSC staff.

HHSC may announce tentative or apparent grant recipients once the Executive Commissioner has given approval to initiate negotiation and execute contracts.

**Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addendums, or revisions to the RFA or General Provisions, sought by the Applicant must be specifically detailed in writing by the Applicant on Exhibit D, Exceptions Form in this proposal and submitted to HHSC for consideration. HHSC will accept or reject each proposed exception. HHSC will not consider exceptions submitted separately from the Applicant's proposal or at a later date.**

HHSC will post to the [HHS Grants website](#) and may publicly announce a list of Applicants whose Applications are selected for final award. This posting does not constitute HHSC's agreement with all the terms of any Applicant's proposal and does not bind HHSC to enter into a contract with any Applicant whose award is posted.

#### **4.6 QUESTIONS OR REQUESTS FOR CLARIFICATION BY SYSTEM AGENCY**

System Agency reserves the right to ask questions or request clarification from any Applicant at any time during the application process.

### **ARTICLE V. NARRATIVE PROPOSAL**

#### **5.1 NARRATIVE PROPOSAL**

##### **5.1.1 Executive Summary**

Using **Form D, Applicant Background**, Applicant will provide a high-level overview of the Applicant's approach to meeting the RFA's requirements. The summary must demonstrate an understanding of the goals and objectives of the grant.

### 5.1.2 Project Work Plan

Utilizing **Forms, A through M** attached to this RFA, Applicants will describe the proposed services, processes, and methodologies for meeting all components described in **Article II, Scope of Grant Award**, including the Applicant's approach to meeting the timeline and associated milestones. Applicant should identify all tasks to be performed, including all Project activities, to take place during the grant funding period. Applicant will also include all documents requested as part of completing Forms to demonstrate fulfilling **Article II, Scope of Grant Award** requirements.

## **ARTICLE VI. REQUIRED APPLICANT INFORMATION**

### 6.1 ADMINISTRATIVE ENTITY INFORMATION

Applicant must provide satisfactory evidence of its ability to manage and coordinate the types of activities described in this RFA. As a part of the RFA Response requested in **Article III, Administrative Information**, Applicant must provide the following information utilizing the applicable **Form A, Face Page and Form B, Administrative Information**.

### 6.2 LITIGATION AND CONTRACT HISTORY

Applicant must include in its RFA Response a complete disclosure of any alleged or significant contractual failures.

In addition, Applicant must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Applicant or in which Applicant has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Applicant.

RFA Response may be rejected based upon Applicant's prior history with the State of Texas or with any other party that demonstrates, without limitation, unsatisfactory performance, adversarial or contentious demeanor, or significant failure(s) to meet contractual obligations.

### 6.3 CONFLICTS

Applicant must certify in **Form B, Administrative Information** that it does not have any personal or business interests that present a conflict of interest with respect to the RFA and any resulting contract. Additionally, if applicable, the Applicant must disclose all potential conflicts of interest. The Applicant must describe the measures it will take to ensure that

there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained. System Agency will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the contract. Failure to identify actual and potential conflicts of interest may result in disqualification of a RFA Response or termination of a contract.

Please include any activities of affiliated or parent organizations and individuals who may be assigned to this Contract, if any.

Additionally, pursuant to [Section 2252.908 of the Texas Government Code](#), a successful Applicant awarded a Contract with a value of \$1 million dollars or more or awarded a Contract that would require the successful Applicant to register as a lobbyist under [Texas Government Code Chapter 305](#) must submit a disclosure of interested parties to the state agency at the time the business entity submits the signed contract. Rules and filing instructions may be found on the [Texas Ethics Commissions](#) public website and additional instructions will be given by HHSC to successful Applicants.

#### **6.4 GRANT APPLICATION DISCLOSURE**

In an effort to maximize state resources and reduce duplication of effort, HHSC, at its discretion, may require the Applicant to disclose information regarding the application for or award of state, federal, and/or local grant funding by the Applicant or Community Collaborative member organization within the past two years to provide PHC Services.

#### **6.5 AFFIRMATIONS, CERTIFICATIONS, AND EXHIBITS**

Applicant must complete and return all of the following affirmations, assurances, certifications, and exhibits. A complete list of exhibits is included as **Article X, List of Exhibits, Attachments, and Forms**.

- a. **Exhibit A, Affirmations and RFA Acceptance;**
- b. **Exhibit D, Exceptions Form,** if applicable.

#### **6.6 HUB**

If a successful Applicant chooses to contract for goods and services using the funding awarded in this grant, HHSC encourages the Applicant to use HUBs to provide those goods and services where possible.



## **ARTICLE VII. EXPENDITURE PROPOSAL**

### **7.1 EXPENDITURE PROPOSAL**

Attached **Form H, PHC Budget Detail** and **Form L, Texas HHSC Indirect Cost Rate Questionnaire** of this RFA includes the template for submitting the Expenditure Proposal. Applicants must complete this form and place it in a separate, sealed package, clearly marked with the Applicant's name, the RFA number, and the RFA submission date.

Applicants must base their Expenditure Proposal on the Scope of Work described in **Article II, Scope of Grant Award**. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the Expenditure Proposal. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract resulting from this RFA are deemed rejected by HHSC.

Applicants must demonstrate that project costs outlined in the Expenditure Proposal are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.

Applicant must utilize the HHSC template provided and identify costs to be requested from HHSC and costs to be matched. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the project.

Costs will be reviewed for compliance with TXGMS and federal grant guidance found in 2 CFR Part 200, as modified by TXGMS, with effective given to whichever provision imposes the more stringent requirement in the event of a conflict.

Costs included in the Expenditure Proposal will be entered into budget tables and supported by narrative descriptions describing the need for the requested cost and a calculation demonstrating how the cost was arrived at.

## **ARTICLE VIII. GENERAL TERMS AND CONDITIONS**

### **8.1 GENERAL CONDITIONS**

#### **8.1.1 Costs Incurred**

Applicants understand that issuance of this RFA in no way constitutes a commitment by any System Agency to award a contract or to pay any costs incurred by an Applicant in the preparation of a response to this RFA. System Agency is not liable for any costs incurred by an Applicant prior to issuance of or entering into a formal agreement, contract, or purchase order. Costs of developing RFA Responses, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by an Applicant are

entirely the responsibility of the Applicant, and will not be reimbursed in any manner by the State of Texas.

### 8.1.2 Contract Responsibility

System agency will look solely to Applicant for the performance of all contractual obligations that may result from an award based on this RFA. Applicant shall not be relieved of its obligations for any nonperformance by its contractors.

### 8.1.3 Public Information Act - Applicant Requirements Regarding Disclosure

Proposals and contracts are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Other legal authority also requires System Agency to post contracts and proposals on its public website and to provide such information to the Legislative Budget Board for posting on its public website.

Under the PIA, certain information is protected from public release. If Applicant asserts that information provided in its RFA Response is exempt from disclosure under the PIA, Applicant must:

- a. Mark Original Proposal:
  1. Mark the Original Proposal, on the top of the front page, the words “CONTAINS CONFIDENTIAL INFORMATION” in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font or larger); and
  2. Identify, adjacent to each portion of the RFA Response that Applicant claims is exempt from public disclosure, the claimed exemption from disclosure (NOTE: no redactions are to be made in the Original Proposal);
- b. Certify in Original Proposal - Affirmations and RFA Acceptance (attached as **Exhibit A, HHS Solicitation Affirmations** to this RFA):

Certify, in the designated section of the Affirmations and RFA Acceptance, Applicant’s confidential information assertion and the filing of its Public Information Act Copy; and
- c. Submit Public Information Act Copy of Proposal:

Submit a separate “Public Information Act Copy” of the Original Proposal (in addition to the original and all copies otherwise required under the provisions of this RFA). The Public Information Act Copy must meet the following requirements:

  1. The copy must be clearly marked as “Public Information Act Copy” on the front page in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font or larger);
  2. Each portion Applicant claims is exempt from public disclosure must be redacted (blacked out); and

3. Applicant must identify, adjacent to each redaction, the claimed exemption from disclosure. Each identification provided as required in Subsection (c) of this section must be identical to those set forth in the Original Proposal as required in Subsection (a)(2), above. The only difference in required markings and information between the Original Proposal and the “Public Information Act Copy” of the proposal will be redactions - which can only be included in the “Public Information Act Copy.” There must be no redactions in the Original Proposal.

**By submitting a response to this RFA, Applicant agrees that, if Applicant does not mark the Original Proposal, provide the required certification in the Affirmations and RFA Acceptance, and submit the Public Information Act Copy, Applicant’s proposal will be considered to be public information that may be released to the public in any manner including, but not limited to, in accordance with the Public Information Act, posted on System Agency’s public website, and posted on the Legislative Budget Board’s public website.**

**If any or all Applicants submit partial, but not complete, information suggesting inclusion of confidential information and failure to comply with the requirements set forth in this section, System Agency, in its sole discretion and in any RFA, reserves the right to (1) disqualify all Applicants that fail to fully comply with the requirements set forth in this section, or (2) to offer all Applicants that fail to fully comply with the requirements set forth in this section additional time to comply.**

Applicant should not submit a Public Information Act Copy indicating that the entire proposal is exempt from disclosure. Merely making a blanket claim that the entire proposal is protected from disclosure because it contains any amount of confidential, proprietary, trade secret, or privileged information is not acceptable, and may make the entire proposal subject to release under the PIA.

Proposals should not be marked or asserted as copyrighted material. If Applicant asserts a copyright to any portion of its proposal, by submitting a proposal, Applicant agrees to reproduction and posting on public websites by the State of Texas, including System Agency and all other state agencies, without cost or liability.

System Agency will strictly adhere to the requirements of the PIA regarding the disclosure of public information. As a result, by participating in this RFA process, Applicant acknowledges that all information, documentation, and other materials submitted in the proposal in response to this RFA may be subject to public disclosure under the PIA. System Agency does not have authority to agree that any information submitted will not be subject to disclosure. Disclosure is governed by the PIA and by rulings of the Office of the Texas Attorney General. Applicants are advised to consult with their legal counsel concerning disclosure issues resulting from this process and to take precautions to safeguard trade secrets and proprietary or otherwise confidential information. System Agency assumes no obligation or responsibility relating to the disclosure or nondisclosure of information submitted by Applicants.

For more information concerning the types of information that may be withheld under the PIA or questions about the PIA, please refer to the Public Information Act Handbook published by the Office of the Texas Attorney General or contact the attorney general's Open Government Hotline at (512) 478-OPEN (6736) or toll-free at (877) 673-6839 (877-OPEN TEX). To access the Public Information Act Handbook, please visit the attorney general's website at [Texas Attorney General](http://www.texasattorneygeneral.gov).

#### **8.1.4 News Releases**

Prior to final award an Applicant may not issue a press release or provide any information for public consumption regarding its participation in the procurement. Requests should be directed to the HHSC Point of Contact Identified in **Article III, Administrative Information**.

#### **8.1.5 Additional Information**

By submitting a proposal, the Applicant grants HHSC the right to obtain information from any lawful source regarding the Applicant's and its directors', officers', and employees': (1) past business history, practices, and conduct; (2) ability to supply the goods and services; and (3) ability to comply with contract requirements. By submitting a proposal, an Applicant generally releases from liability and waives all claims against any party providing HHSC information about the Applicant. HHSC may take such information into consideration in evaluating proposals.

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## **ARTICLE IX. SUBMISSION CHECKLIST**

This checklist is provided for Applicant's convenience only and identifies documents that are requested in this RFA in order to be considered responsive. Any Application received without these requisite documents may be deemed non-responsive and may not be considered for award.

### **Original RFA Response Package**

The RFA Package must include the RFA Response in one of the approved submission methods identified in **Section 3.6.3. Delivery for Individual Submission Options**

**A. Administrative Information (Forms A and B)**

- 1. Form A: Face Page \_\_\_\_\_
- 2. Form B: Administrative Information \_\_\_\_\_
- 3. Form C: Government Entity \_\_\_\_\_
- 4. Form C-1: Nonprofit or For-Profit Entity \_\_\_\_\_

**B. Narrative Proposal Forms (Forms D through L)**

- 1. Form D: Applicant Background \_\_\_\_\_
- 2. Form E: Assessment Narrative \_\_\_\_\_
- 3. Form F: Applicant Site Readiness \_\_\_\_\_
- 4. Form G: PHC Clinic Sites \_\_\_\_\_
- 5. Form I: PHC Subcontractor Information \_\_\_\_\_
- 6. Form J: Contact Person Information PHC Services \_\_\_\_\_
- 7. Form K: Service Delivery Plan for PHC Services \_\_\_\_\_
- 8. Form L: Texas HHSC Indirect Costs Rate Questionnaire \_\_\_\_\_

**C. Ceiling Request and Performance Measure (Form H, M)**

- 1. Form H: PHC Budget Detail \_\_\_\_\_
- 2. Form M: Ceiling Request and Performance Measures \_\_\_\_\_

**D. Applicable Exhibits (to be included in RFA Package)**

- 1. Exhibit A - Affirmations and Acceptance \_\_\_\_\_
- 2. Exhibit C- Texas HHS System Data Use Agreement \_\_\_\_\_
- 3. Exhibit C-1: Security and Privacy Inquiry Form \_\_\_\_\_
- 4. Exhibit C-2: Texas HHS System Data Use Agreement, Governmental Entities (if applicable) \_\_\_\_\_
- 5. Exhibit D - Exceptions Form, (if applicable) \_\_\_\_\_

### **Files to be provided**

Applicant will provide the following number of **electronic** copies (all clearly labeled as “copy”) in addition to the hard-copy “Original” RFA Response. Electronic copies must be submitted on a USB Drive and separated by folders.

1 Two USBs – One Labeled “Copy” and One Labeled “Original” with all of the files in the submission checklist.

1 One file named “Original Proposal” that contains the Applicant’s entire proposal in searchable portable document format (PDF).

1 One file named “Public Information Copy” that contains the Applicant’s entire proposal in searchable PDF, if applicable.

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## **ARTICLE X. LIST OF EXHIBITS, ATTACHMENTS, AND FORMS**

### **10.1 EXHIBITS**

- Exhibit A: Affirmation and Solicitation Acceptance
- Exhibit B: HHSC Uniform Terms and Conditions – Grant v2.16
- Exhibit C: Texas HHS System Data Use Agreement (DUA)
- Exhibit C-1: Security and Privacy Inquiry Form (SPI)
- Exhibit C-2: Texas HHS System Data Use Agreement, Governmental Entities (if applicable)
- Exhibit D: Exceptions and Assumptions Form (if applicable)
- Exhibit E: Primary Health Care (PHC) Contract Template
- Exhibit F: Evaluation Tool – Primary Health Care (PHC)
- Exhibit G: Online Bid Room Instructions
- Exhibit H: Insurance Requirements

### **10.2 FORMS**

- Form A: Face Page
- Form B: Administrative Information
- Form C: Governmental Entity-Authorized Officials
- Form C-1: Nonprofit or For-Profit Entity – Board of Directors and Principal Officers
- Form D: Applicant Background
- Form E: Assessment Narrative
- Form F: Applicant Site Readiness
- Form G: PHC Clinic Sites
- Form H: PHC Budget Detail
- Form I: PHC Subcontractor Information
- Form J: Contact Person Information-PHC Services
- Form K: Service Delivery Plan for PHC Services
- Form L: Texas HHSC Indirect Cost Rate Questionnaire
- Form M: Ceiling Request and Performance Measures

### **10.3 ATTACHMENTS**

- Attachment A: HHSC Regional Coverage Map