



TEXAS

Health and Human Services

Cecile E. Young, Executive Commissioner

Request for Applications (RFA)

Grant for

Substance Use Prevention Services

RFA No. HHS0013447

DEADLINE FOR SUBMISSION OF APPLICATIONS

December 7, 2023, by 10:30 a.m. Central Time

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

1.1 EXECUTIVE SUMMARY

The Texas Health and Human Services Commission (“HHSC” or “System Agency”) is accepting Applications for the Substance Use Prevention Services for The Community Coalition Partnerships (CCP), Prevention Resource Centers (PRCs), and Youth Prevention Services (YP), includes Universal, Selective and Indicated. This five-year grant starts at the beginning of the State Fiscal Year (“FY”) 2025 on September 1, 2024.

Applicants may apply for one (1) or more of these program types listed above.

Funds are being awarded in all Health and Human Services (HHS) Health Regions of the state.

The purpose of this program is to provide substance use prevention and behavioral health promotion services to individuals and communities across the state.

Applicants should reference **Article II, Scope of Grant Project**, for further detailed information regarding the purpose, background, Eligible Population, eligible activities and requirements.

Grant Name:	Substance Use Prevention Services
RFA No.:	HHS0013447
Deadline for Submission of Applications:	December 7, 2023 by 10:30 a.m.
Deadline for Submitting Questions or Requests for Clarifications:	October 20, 2023 by 2:00 p.m.
Estimated Total Available Funding:	\$47,453,201 per Fiscal Year
Estimated Total Number of Community Coalition Partnership Awards:	11-40
Estimated Total Number of Prevention Resource Center Awards:	11

Estimated Total Number of Youth Prevention Program Awards	60-80
Estimated Annual Award Range Amount for Community Coalition Partnerships:	\$150,000 to \$600,000 per Fiscal Year
Estimated Annual Award Range Amount for Prevention Resource Centers:	\$300,000 to \$375,000 per Fiscal Year
Estimated Annual Award Range Amount for Youth Prevention Programs	\$200,000 to \$750,000 per Fiscal Year
Match Required, if any:	5 percent
Anticipated Project Start Date:	9/1/2024
Length of Project Period:	Five (5) years
Eligible Applicants:	See Section 3.2

To be considered for screening, evaluation and award, Applicants must provide and submit all required information and documentation as set forth in **Article VIII, Application Organization and Submission Requirements** and **Article XIII, Submission Checklist** by the Deadline for Submission of Applications established in **Section 7.1, Schedule of Events**, or subsequent Addenda. See **Section 9.2, Initial Compliance Screening of Applications**, for further details.

1.2 DEFINITIONS AND ACRONYMS

Unless a different definition is specified, or the context clearly indicates otherwise, the definitions and acronyms given to a term below apply whenever the term appears in this RFA. All other terms have their ordinary and common meaning.

Refer to all exhibits to this RFA for additional definitions.

“Addendum” means a written clarification or revision to this RFA, including exhibits, forms, and attachments, as issued and posted by HHSC to the HHS Grants RFA website.

“Adult” means an individual 18 years or older.

“Advanced Certified Prevention Specialist (ACPS)” means an advanced professional certification conferred by the Texas Certification Board of Addiction Professionals (TCBAP) to individuals who have completed prerequisite trainings, education, work experience requirements, and have successfully completed an examination. Individuals earning this certification also qualify for the internationally recognized Prevention Specialist (PS) credential through the International Certification and Reciprocity Consortium (IC&RC).

“Adverse Childhood Experiences (ACEs)” means potentially traumatic events that occur in childhood (0-17 years): <https://www.cdc.gov/violenceprevention/aces/fastfact.html>.

“Alternatives (CSAP Strategy)” means a primary prevention strategy that provides for the participation of populations of focus to engage in activities that exclude alcohol, tobacco and other drug use.

“Annual Prevention Directors’ Meeting” means an annual meeting providing an opportunity for special training and interaction between Prevention Program Directors and HHSC personnel. Prevention Program Directors are required to attend every year.

“Annual Prevention Provider Meeting” means an annual meeting providing an opportunity for education and face-to-face interaction with HHSC personnel. Prevention Program Directors and other staff indicated in the Statement of Work are required to attend every year.

“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.”

“Appendix” is information and/or forms that are available in the back of the solicitation

“Applicant” or “Applicants” mean any person or legal entity that submits an Application in response to this RFA. The term includes the individual submitting the Application who is authorized to sign the Application on behalf of the Applicant and to bind the Applicant under any Grant Agreement that may result from the submission of the Application. May also be referred to in this RFA or its exhibits as “Respondent” or “Respondents”

“Application” means all documents the Applicant submits in Response to this RFA, including all required forms and exhibits. May also be referred to in this RFA as “Solicitation Response” or “Response.”

“Asset-based Mapping” means a systematic process of cataloging key services, benefits, and resources within the Community. Examples of online resources include, but not limited to the Rural Health Information Hub at: [Rural Community Health Toolkit \(ruralhealthinfo.org\)](http://ruralhealthinfo.org).

“Associate Prevention Specialist (APS)” means a professional designation conferred by the Texas Certification Board of Addiction Professionals (TCBAP) to individuals who have completed prerequisite trainings and work experience requirements.

“ATOD” means alcohol, tobacco, and other drugs.

“ATOD Presentation” is a strategy that provides awareness and knowledge of alcohol, tobacco, and other drug use and its harmful effects and consequences on individuals, families, and communities. This strategy also increases awareness about alcohol and other drug programs and services available to the general population. These shall include presentations on the state’s four prevention priorities: underage alcohol use, tobacco and nicotine products, marijuana and other cannabinoids, and prescription drug misuse.

“Behavioral Health Services” means services that consist of mental health promotion, and substance use prevention, intervention, and treatment services.

“Budget” means the financial plan for carrying out the Grant Project, as formalized in the Grant Agreement, including awarded funds and any required Match, submitted as part of the Application in response to this RFA. An Applicant’s requested Budget may differ from the System Agency-approved Budget executed in the final Grant Agreement.

“Budget Period” Means the time interval from the start date of a funded portion of an award to the end date of the funded portion during which Grantee is authorized to expend the funds awarded.

“Business Day” means any day (24-hour period) in which HHSC normal business operations are conducted (excludes State holidays and weekends).

“Calendar Day” means each day shown on the calendar beginning at 12:00 Midnight, including Saturdays, Sundays, and holidays.

“Capacity Building (SPF-Step 2)” is the second step of the SPF that helps prevention professionals identify resources and build readiness to address substance use. Work involves mobilizing resources, both human and structural resources, to build a prevention system that can effectively address local problems, and to address the willingness and motivation of a Community to address the identified problems. Key components of this step involve: raising Community awareness, engaging diverse stakeholders, strengthening Community collaboration, and enhancing the prevention workforce through training and professional development.

“Categorical Budget” means the financial plan for the award that HHSC approves, which documents expenditures for the following categories: Personnel, Fringe Benefits, Travel, Supplies, Contractor, Other and Indirect costs.

“Center for Substance Abuse Prevention (CSAP)” means a center working under the Substance Abuse Mental Health Services Administration, see definition below, umbrella with a mission to improve behavioral health through Evidence-Based prevention

approaches. CSAP works with federal, state, public, and private organizations to develop comprehensive prevention systems in the following ways: Providing national leadership in the development of policies, programs, and services to prevent the onset of illegal drug use, prescription drug misuse, and underage alcohol and tobacco use. Promoting effective substance abuse prevention practices that enable states, communities, and other organizations to apply prevention knowledge effectively.

“Certified Prevention Specialist (CPS)” means a professional certification conferred by the Texas Certification Board of Addiction Professionals (TCBAP) to individuals who have completed prerequisite trainings, work experience requirements, and have successfully completed the examination. Individuals earning this certification also qualify for the internationally recognized Prevention Specialist (PS) credential through the International Certification and Reciprocity Consortium (IC&RC).

“CFR” means the Code of Federal Regulations which is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the federal government.

“Client” means a member of the priority population to be served under a Grant Agreement as a result of this RFA.

“Clinical Management for Behavioral Health Services (CMBHS) System” means a system that is used across the state by contracted Providers who submit data to fulfill contract requirements for submission of invoices.

“CMBHS Security Attestation Form” is a form through which a Grantee confirms adherence to privacy and security requirements for using CMBHS and notifies the System Agency of changes to key staff positions responsible for such adherence.

“Coalition Coordinator” is a required Community Coalition Partnerships (CCPs) position that is responsible for providing oversight for CCP activities.

“Coalition Presentation” means a standalone, age-appropriate activity that increases knowledge or creates awareness. It is focused on changing policies and influencing social norms to support or advance the coalition’s activities and strategies related to the State’s four prevention priorities and/or behavioral health.

“Colonia” means an unincorporated Community within 62 miles of the international border with Mexico.

“Commercial Tobacco” means products that are made and sold by tobacco companies and does not include tobacco used by Indigenous groups for religious or ceremonial purposes.

“Community” means a specific school, school district, college campus, zip code area, neighborhood, city, or a county within a Health and Human Service Commission (HHSC) region identified for services.

“Community Agreements (CA)” means written agreements established between two entities that have the same interest in meeting the needs of the Eligible Population being served. The agreements must promote collaboration and specify the agreed terms for providing comprehensive services for the individuals served. Such agreements include Memoranda of Understanding (MOUs), Letters of Agreement (LOAs), and Memoranda of Agreement (MOAs). These documents should bear either original signatures or electronic signatures from representatives of both entities entering into the agreement.

“Community-Based Process (CSAP Strategy)” means a primary prevention strategy that aims to enhance the ability of the Community to more effectively provide prevention and treatment services for substance use disorders.

“Community Coalition Partnerships (CCP)” are organized groups that engage various Community sectors, leaders, and individuals to collaboratively implement emerging, promising, or evidence-based strategies that prevent negative outcomes associated with substance use and promote behavioral health tobacco nicotine products, marijuana and other cannabinoids, and prescription drug misuse by promoting and conducting Community-based and evidence-based environmental prevention strategies that have an effect on the social, cultural, political, and economic processes of the Community.

“Community Health Improvement Plan (CHIP)” means a long-term, systematic effort to address public health problems based on the results of Community health assessment activities and the Community health improvement process. Examples of online resources include, but not limited to The Community Toolbox at: <https://ctb.ku.edu/en/table-of-contents/overview/models-for-Community-health-and-development/chip/main>.

“Community Mobilization” means a process that engages individuals, groups, organizations, and sectors of the population to increase awareness and prevent the use of ATOD. Community mobilization facilitates change through collective actions that address the issues of the use of ATOD.

“Community Needs Assessment” means a systematic process that helps prevention professionals identify pressing substance use and related problems and their contributing factors and assess Community resources and readiness to address these factors.

“Cost Reimbursement” means a payment mechanism in which funds are provided to carry out approved activities 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. Reimbursement is based on actual allowable costs incurred that comply with the cost principles applicable to the grant that funds the contract.

“CSAP Prevention Strategies” means the six evidence-based primary prevention strategies developed by CSAP, including: information dissemination, education, alternatives,

problem identification and referral, Community-based process, and environmental strategies. Online resource from the Code of Federal Regulations at: <https://www.ecfr.gov/current/title-45/subtitle-A/subchapter-A/part-96/subpart-L/section-96.125>.

“Cultural Competence (Guiding Principal of the SPF)” means the ability to interact effectively and respectfully with people of different cultures, practices and beliefs; to provide relevant and appropriate services to people of diverse backgrounds and promote positive outcomes for all participants.

“Culturally and Linguistically Appropriate Services (CLAS) Standards” means these standards that aim to enhance health equity, facilitate service access and utilization, improve quality and behavioral health outcomes, and help eliminate health disparities among populations served. Grantees Contractors may find additional online resources regarding the CLAS Standards and related educational guidance. Examples of online resources include, but not limited to the U.S. Department of Health & Human Services webpages at: [Culturally and Linguistically Appropriate Services - Think Cultural Health \(hhs.gov\)](https://www.hhs.gov/health-equity/cultural-linguistically-appropriate-services).

“Curriculum Cycle” means one completed series of all required evidence-based sessions.

“Debarment” means an exclusion from contracting or subcontracting with state agencies on the basis of any cause set forth in Government Code Chapter 2151 and Title 34, Texas Administrative Code, Part 1, Chapter 20, Subchapter G commensurate with the seriousness of the offense, performance failure, or inadequacy to perform. See also 34 Tex. Admin. Code, Part 1, Chapter 20, Subchapter A, Division 2, § 20.25(b)(17), for definition of “Debarment.”

“Direct Cost” means those costs that can be identified specifically with a particular final cost objective under the Grant Project responsive to this RFA 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. Direct Costs include, but are not limited to, salaries, travel, Equipment, and supplies directly benefiting the grant-supported Project or activity.

“Due Date” means an established deadline for submission of a document or deliverable.

“Education (CSAP Strategy)” means a primary prevention strategy that involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its activities.

“Eligible Population” means the group of people, described demographically, who are qualified to receive program services.

“Environmental (CSAP Strategy)” means a primary prevention strategy that establishes, or changes written and unwritten Community standards, codes and attitudes, thereby influencing incidence and prevalence of substance use in the general population.

“Equipment” pursuant to 2 CFR § 200.1, means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. See § 200.1 for capital assets, computing devices, general purpose equipment, information technology systems, special purpose equipment, and supplies.

“Evaluation (SPF Step 5)” is the final step of the SPF that systematically collects and analyzes information about program activities, characteristics, and outcomes to describe the challenges and successes of prevention strategies implemented.

“Evaluation Report” means an outline of activities that assess the impact of strategies implemented as outlined in a Strategic Plan.

“Evidence-based” means a designation for models, curricula, and other interventions that have been proven effective through rigorous research methodologies.

“Family” means the parents, brothers, sisters, other relatives, foster parents, guardians, or significant others who perform the roles and functions of family members in the lives of the participants.

“Family-Focused” refers to an HHSC-approved curriculum that serves adults and sometimes children, and may serve a Universal, Selective, or Indicated population.

“Fidelity” means the degree to which an intervention is delivered as intended and is critical to successful translation of Evidence-Based interventions into practice.

“Financial Status Reports (FSR)” are reports submitted to the System Agency according to a schedule detailed in the grant agreements. The FSR reflects the grant agreements approved Categorical Budget, cumulative allowable costs incurred through the end of the reporting quarter by Budget category (e.g., personnel, equipment, supplies, etc.), Budget variances, the System Agency’s share of program income, and non-System Agency funding.

“Fiscal Year” means the System Agency’s state Fiscal Year, September 1 – August 31, unless otherwise specified.

“Fully Executed” means the point at which a Contract is signed by each of the parties to form a legal binding contractual relationship. No costs chargeable to a proposed Contract will be reimbursed before the Contract is Fully Executed.

“Grant Agreement” means the agreement entered into by the System Agency and the Grantee as a result of this RFA, including the Signature Document and all attachments and amendments. May also be referred to in this RFA or its exhibits as “Contract.”

“Grantee” means the party receiving funds under any Grant Agreement awarded under this RFA. May also be referred to in this RFA or its exhibits as “Awarded Applicant” or “Contractor” or “Grant Recipient” or “Provider” or “Respondent” or “Successful Respondent” or “Subrecipient.”

“Grant Scope of Work” means the part of the Contract that describes the services and/or goods to be delivered by HHSC Grantee specifying the type, level and quality of service that directly relate to program objectives for a project period.

“HHS” includes both the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS). May also be referred to in the is RFA as “System Agency.”

“HHSC” means the Health and Human Services Commission.

“HUB” means Historically Underutilized Business, as defined by Chapter 2161 of the Texas Government Code.

“Implementation (SPF Step 4)” is step four of the SPF that helps prevention professionals deliver evidence-based interventions. This step involves putting the strategic plan into action through a clear implementation plan that outlines goals to accomplish, specific steps you will take to get there, and persons/organizations responsible. It lays out expected timelines and external partners and identifies the organizational supports that are necessary for successful implementation.

“Implementation Plan” is a plan that describes how services will be delivered to the Eligible Population and includes specifics such as what types of participants will be served, who will be responsible for the work, timelines for completion of activities, and how services will be evaluated when complete. Implementation plans should also include ways to monitor progress and Fidelity to the strategies being implemented, address preceding capacity-building steps, and factor in adaptations necessary to consider cultural diversity.

“Indicated Population” means individuals who are showing early warning signs of substance use, such as experimenting and/or exhibiting other problem behaviors that may be associated with substance use.

“Indirect Cost” 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 Costs represent the expenses of doing business that are not readily identified with the Grant Project responsive to this RFA but are necessary for the general operation of the organization and the conduct of activities it performs.

“Indirect Cost Rate” is a device for determining in a reasonable manner the proportion of Indirect Costs each program should bear. It is the ratio (expressed as a percentage) of the Grantee’s Indirect Costs to a Direct Cost base.

“Information Dissemination (CSAP Strategy)” means a primary prevention strategy that provides awareness and knowledge of the nature and extent of substance use and substance use disorders and their effects on individuals, families, and communities.

“Intern” means an individual offering their services to an organization in exchange for experience. Interns may or may not be paid and may offer their services to meet the requirements of an educational entity. All interns should have a clear job description.

“International Certification and Reciprocity Consortium (IC&RC)” means a global entity concerned with credentialing and reciprocity for prevention, addiction treatment, and recovery professionals. It provides standards and examinations to certification and licensing boards in 25 countries, 47 states and territories, 5 Native American regions, and all branches of the US military.

“Key Personnel” means an Applicant’s designated Project Contact, Fiscal Contact, and Executive Director and/or any other key stakeholders in the Proposed Project.

“Logic Model” means a flow chart or graphic display representing the logical connections between program activities and program goals. The logic model will include the identified problem in the Community, the intervening variables and contributing factors, and the strategies to achieve the short and long-term outcomes to address the problem.

“Marijuana and Other Cannabinoids” means a category including all cannabis products (marijuana, hashish, etc.), cannabis derivatives (Tetrahydrocannabinol or THC, hash oil, marijuana wax, etc.) as well as any synthetic compound intended to produce effects similar to those associated with THC (spice, K2, etc.).

“Match” is the non-federal and/or non-State share of costs the Grantee is required to contribute to accomplish the purpose of the Grant Project.

“Media Awareness Activities” are Community awareness prevention campaigns that use media in the form of TV, radio, print media, social media, or other advertising platforms to communicate a specific message to a priority population.

“Minor” means individuals under the age of 21 for the purchase of alcohol and commercial tobacco products.

“National Academies of Science, Engineering, and Medicines” are private, nonprofit institutions that provide expert advice on some of the most pressing challenges facing the nation and world: <https://www.nationalacademies.org>.

“Outcome Evaluation” is a type of evaluation that measures a program’s results and helps determine whether a program or strategy produced the changes it intended to achieve.

“Outcomes” are performance measures used to determine what has been accomplished, including changes in behaviors, approaches, policies, and practices to reduce risk factors and promote protective factors because of the strategies implemented.

“Participant” means an individual who receives or has received prevention services. Significant others and/or family members of participants in prevention programs that are receiving prevention services, are also considered participants. All youth and adults receiving prevention services must be referred to as participants and not clients.

“Participant Rights” the rights of a participant as it pertains to safety, respect, transparency, and confidentiality while participating in a curriculum cycle.

“Participant Travel” means a participant relocating from one site to another during a prevention activity. A participant is said to travel any time they leave one location or campus to go to another during a prevention activity or to go to a prevention activity while under the care and/or supervision of prevention staff. Transportation by parents/guardians or school/Community site staff does not count as participant travel.

“Performance Measures” mean measures that reflect the services that are critical to the program design and intended outcomes of a contractor’s services. Performance measures are specified for all System Agency-funded programs.

“Planning (SPF Step 3)” is step three of the SPF process that involves developing a strategic plan to address the priority problems and prevention goals of a Community. Key components of this step involve identifying and prioritizing the relevant risk and protective factors to be addressed, selecting effective, evidence-based environmental strategies to be implemented, and building a logic model that provides a clear rationale for selecting programs or processes.

“Positive Childhood Experiences (PCEs)” means activities and experiences that enhance a child’s life, resulting in successful mental and physical health outcomes.

“Prescription Drug Misuse” means the use of any prescription medication by an individual other than the one to whom it was prescribed, or any use other than what was intended by the prescribing physician. This includes intentional recreational use as well as altered dosage or administration schedule.

“Prevention” is a proactive process that empowers individuals and systems to meet the challenges of life events and transitions by creating and reinforcing conditions that promote healthy behaviors and lifestyles.

“Prevention Activity Tracking Tool (PATT)” is an HHSC-created tool that helps providers keep consistent documentation of their prevention activities in a digital format. The PATT captures all activities including both those that count towards performance measures and those that do not (See Exhibit E Prevention Activity Tracking Tool (PATT)).

“Prevention Domains” mean the six (6) (as of 2014) domains set forth by the Texas Certification Board of Addiction Professionals (TCBAP). They are as follows:

- A. Planning and Evaluation;
- B. Prevention Education and Service Delivery;
- C. Communication;
- D. Community Organization;
- E. Public Policy and Environmental Change; and
- F. Professional Growth and Responsibility.

“Prevention Program Director” is a required position in any organization providing any of the prevention program types of this RFA that is responsible for providing oversight to all prevention program activities. Specific duties are detailed in the Statement of Work for which the Applicant is applying listed in the RFA.

“Prevention Resource Center (PRC)” means a regional entity that enhances regional collaboration, increase Community awareness and readiness (regional alignment core), provide information and resources on substance use and related behavioral health data (media core), support the development of prevention skills for regional stakeholders (training core), and strengthen compliance with commercial tobacco and nicotine laws (tobacco compliance core).

“Prevention Resource Center Public Relations Coordinator” is a required PRC position responsible for conducting prevention program services related to the requirements of the Media and Training Prevention Core.

“Prevention Resource Center Regional Alignment Coordinator” is a required PRC position responsible for conducting prevention program services related to the requirements of the Regional Alignment Core.

“Prevention Resource Center Tobacco Compliance Coordinator” is a required PRC position responsible for conducting prevention program services related to the requirements of the Tobacco Compliance Core.

“Prevention Specialist” means a direct service staff member working to prevent substance use through the delivery of prevention services funded through the System- Agency. This is a required position for Youth Prevention programs, and maybe be hired under the CCP and PRC programs.

“Priority Population” means a subset of the Eligible Population proposed by the Applicant and approved by the System Agency to receive prevention services specified for each program type.

“Proactive Process” means a process designed to anticipate and control a situation before it has occurred rather than responding after a situation is already happening.

“Problem Identification and Referral (CSAP Strategy)” means a primary prevention strategy that aims at identification of those who have used substances to assess if their behavior can be reversed through education.

“Process Evaluation” is a type of evaluation that examines how prevention services are delivered. It helps practitioners to determine how closely the services were implemented as planned and how well it reached the priority population.

“Program” means specific activities of the provided and/or activities conducted by the Applicant.

“Program Service Area” means the geographic area specified in an Applicant’s Response to the RFA, as approved by the System Agency.

“Program Type” is a category of services with a specific priority population and purpose. Youth Prevention Programs may be family-focused depending on the curricula. The program types for substance use prevention programs in the RFA are:

- A. Community Coalition Partnerships (CCP)
- B. Prevention Resource Centers (PRC)
- C. Youth Prevention (YP) (includes Universal, Selective, and Indicated).

“Project” or “Grant Project” means the specific work and activities that are supported by the funds provided under the Grant Agreement as a result of this RFA.

“Project Period” means the initial period of time set forth in the Grant Agreement during which Grantees may perform approved grant-funded activities to be eligible for reimbursement or payment. Unless otherwise specified, the Project Period begins on the Grant Agreement effective date and ends on the Grant Agreement termination or expiration date, and represents the base Project Period, not including extensions or renewals. When referring to the base Project Period plus anticipated renewal or extension periods, the phrase “Grant Term” is used.

“Protective Factors” are conditions or attributes (skills, strengths, resources, supports or coping strategies) in individuals, families, communities or the larger society that help people deal more effectively with stressful events and mitigate or eliminate risk in families and communities.

“Quarterly Report” means a report that is a quarterly reflection of an organization’s activities.

“Region” is an HHS administrative service area made up of one of eleven geographic subdivisions of the state. Also referred to as Health and Human Services “Health Regions.”

“Regional Epidemiological Workgroup (REW)” means a regionally based workgroup based on the principles of epidemiology, the public health science that describes the

incidence, distribution, and control of a disease in a population. This regional workgroup will help prevention professionals identify and analyze Community patterns of substance use and the various factors that influence behavior.

“Regional Resource Directory” means a directory of resources that address basic needs, behavioral health resources, and regional and statewide data sources and/or data sets.

“Regional Work Plan” means a proposed plan of action for the year which demonstrates collaborative efforts to optimize prevention and behavioral health initiatives in their respective region.

“Resilience” means the ability of individuals to remain healthy even in the presence of risk factors. The resilience model of prevention focuses on decreasing risks and increasing protective factors (that is, creating resilience) in the lives, families, and environments of those at risk. Source: National Center for Mental Health Promotion and Youth Violence Prevention (2004). (Risk and Resilience 101: <http://www.promoteprevent.org/risk-and-resilience-101>.)

“Retailer Education” is a process that involves the distribution of materials regarding the most up-to-date information on State laws as they relate to youth access and the general sales procedures of tobacco, e-cigarette, and other nicotine products. The purpose of retailer education is to provide retailers with the tools and information needed to establish a set of practices that promote voluntary compliance and successfully refuse purchase attempts by minors. Education should involve resource materials from the State Comptroller’s Office and other reputable resources on tobacco, e-cigarette, and other nicotine products. This includes the most recent signage materials, materials that promote the State’s Quitline, and other resources on the health dangers of tobacco and nicotine use and cessation.

“RFA” means this Request for Applications, including all parts, exhibits, forms and Addenda posted on the HHS Grants RFA website. May also be referred to herein as “Solicitation.”

“Risk Factors” are conditions in people’s lives that make them more likely to use alcohol, tobacco, or illicit drugs—play an important role in successful prevention strategies.

“Scope of Grant Project” means a statement outlining specific services a Contractor is expected to perform, indicating the type, level, and quality of service, as well as the time schedule required.

“Selective Population” means individuals who are at high risk for substance use, because they are exhibiting risk factors that increase their chances of developing a drug abuse problem, such as school failure, interpersonal social problems, delinquency, or other antisocial behaviors, or they may have parents that use drugs.

“Social Ecological Model (SEM)” is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies.

“Social Determinants of Health (SDoH)” means conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes. SDoH can be grouped into five domains, economic stability, education access and quality, healthcare access and quality, neighborhood and built environment, social and Community context.

“Social Media” means a type of online media that expedites conversation as opposed to traditional media, which delivers content but does not allow readers/viewers/listeners to participate in the creation or development of the content. Twitter and Facebook are examples of social media.

“Social Norm” is the pattern of behavior in a particular group, Community, or culture, accepted as normal and to which an individual is expected to conform.

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

“Strategic Plan” means a plan that includes the goals, objectives, and strategies that will be implemented to target the environmental strategy(ies) that will address the problems identified in the needs assessment.

“Strategic Prevention Framework (SPF)” is a framework that is applicable to any prevention planning process that addresses substance use and mental health issues. It defines the essential traits of high-quality prevention strategies, lays out guiding principles and action steps, and offers tools communities can use to plan and build prevention programs that work. The framework includes needs assessment, capacity building, planning, implementation, and evaluation, and all activities must take into account sustainability and cultural competence. (See [20190620-samhsa-strategic-prevention-framework-guide.pdf](#).)

“Subcontract” means a written agreement between the System Agency’s contractor and a third party to provide all or a specified part of the services, goods, work, and materials required in the original Contract. The contractor remains entirely responsible to the System Agency for performance of all requirements of the Contract with the System Agency. The contractor must closely monitor the subcontractor’s performance.

“Substance Abuse and Mental Health Services Administration (SAMHSA)” is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. (See <https://www.samhsa.gov/>.)

[“Substance Use Prevention, Treatment, and Recovery Services Block Grant”](#) is a grant, administered by SAMHSA, is intended to help plan, implement, and evaluate activities that prevent and treat substance abuse. (More information can be found at <https://www.samhsa.gov/grants/block-grants/sabg>.)

[“Substance Use”](#) means the use of any substance. The goal of prevention efforts is to eliminate or mitigate any use of illicit drugs, use of legal substances (prescription drugs, chemicals, etc.) in a way other than how they are intended to be used, and any use of a legal substance (alcohol and tobacco) by a person under the legal age of use.

[“Success Story”](#) means to communicate the change that is happening across a given Community to make healthy living easier where people live, learn, work, and play.

[“Supplant”](#) means to replace or substitute one source of funding for another source of funding. A recipient of Contract funds under the RFA must not use the funds to pay any costs that the recipient is already obligated to pay. If an Applicant, prior to responding to an RFA, had committed to provide funding for activities defined in the contract’s Statement of Work, then the Applicant must provide the amount of funding previously committed in addition to the amount requested under the RFA.

[“Support Services”](#) means any resource that might be beneficial to participants or families. This includes but is not limited to basic needs, healthcare, mental health, and financial assistance services.

[“Sustainability \(Guiding Principal of the SPF\)”](#) means ensured for prevention outcomes by building stakeholder support for your program, showing and sharing results, and obtaining steady funding.

[“Sustainability Checklist”](#) means a tool to assess organizational capacity and organizational processes that ensure the ongoing sustainability of an organization and its programs, practices, and outcomes in a given Community.

[“Synar Amendment”](#) is an amendment to the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act enacted in July of 1992. This amendment named for its sponsor, Mike Synar of Oklahoma, aims to reduce youth access to tobacco. It requires all states (as well as the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and six Pacific jurisdictions) to enact and enforce laws prohibiting the sale or distribution of tobacco products to individuals under the age of 21. States must comply with the amendment in order to receive the full Substance Use Prevention, Treatment, and Recovery Services Block Grant awards. (See: <https://www.samhsa.gov/synar/about>.)

[“Texas Administrative Code \(TAC\)”](#) means a compilation of all state agency rules in Texas. There are 16 titles in the TAC. Each title represents a subject category and related agencies are assigned to the appropriate title.

[“Texas Certification Board \(TCB\)”](#) is an autonomous arm of the Texas Association of Addiction Professionals, and a member of the International Certification and Reciprocity

Consortium (IC&RC). This entity provides standards and examinations for prevention credentials in Texas.

[“The Texas College Survey of Substance Use”](#) means a biennial collection of self-reported data related to alcohol and drug use, mental health status, risk behaviors, and perceived attitudes and beliefs among college students in Texas. Conducted by the Public Policy Research Institute (PPRI) with the Texas Health and Human Services Commission (HHSC), a representative sample of students from select colleges and universities are invited to participate.

[“The Texas School Survey of Drug and Alcohol Use \(TSS\)”](#) means an annual collection of self-reported tobacco, alcohol, inhalant, and substance (both illicit) use data from students in grades 7 through 12 in Texas public schools. The survey is sponsored by the Texas Department of State Health Services (DSHS) and administered by the Public Policy Research Institute (PPRI). The Texas School Survey is offered to all school throughout the state on an annual basis. PPRI actively recruits about 20% of Texas public schools with grades 7 through 12 to participate in the statewide assessment during the spring of even-numbered years. These schools are randomly selected and are not selected based on student demographics or other characteristics.

[“Texas Youth Tobacco Awareness Program \(TYTAP\)”](#) means classes that provide information and skills necessary to quit tobacco and avoid tobacco products in the future. This class is for persons under age 21 who are cited for possession of tobacco products.

[“Commercial Tobacco and Nicotine Products”](#) is a category that includes any combustible tobacco product (cigarettes, cigars, pipe tobacco, etc.), non-combustible tobacco products (chewing tobacco, snuff, snus, etc.), as well as any product containing nicotine (e-cigarettes/vaporizers, candies, etc.).

[“Tobacco Compliance Activities”](#) means activities that support tobacco compliance and enforcement.

[“Twelve Community Sectors”](#) are the basic representation guidelines for Community coalitions. They include youth, parents, business, media, school, youth-serving organizations, law enforcement, religious/fraternal organizations, civic/volunteer groups, healthcare professionals, state/local/tribal governments, and other substance abuse organizations.

[“TxGMS”](#) means the Texas Grant Management Standards published by the Texas Comptroller of Public Accounts.

[“Underage Alcohol Use”](#) means the consumption of any alcohol product by persons under the legal drinking age in the state of Texas.

[“Universal Population”](#) means members of the general population such as all students in a school that have not been identified on the basis of individual risk.

“Volunteer” means an individual providing a specific service at no cost, in accordance with a job description.

“Young Adult” means an individual 18-25 years of age who meets the program requirements to participate in a System Agency-funded prevention program.

“Youth” means an individual under 18 years of age. Individuals between the ages of 18 to 21 must be enrolled in high school to be considered “youth” and eligible for youth prevention services under 18 years.

“Youth Prevention Indicated (YPI)” means a comprehensive program that provides prevention activities (Prevention Education, Information Dissemination, Positive Alternatives, Community-Based Processes, and Identification of Problems and Referral to Services) prioritizing an indicated population. Specific duties are detailed in the Grantee Scope of Work for which the Applicant is applying listed in the RFA **Exhibit K-3, Youth Prevention Services Statement of Work.**

“Youth Prevention Selective (YPS)” means a comprehensive program that provides prevention activities (Prevention Education, Information Dissemination, Positive Alternatives, Community-Based Processes, and Identification of Problems and Referral to Services) prioritizing a selective population. Specific duties are detailed in the Grant Scope of Work for which the Applicant is applying listed in the RFA **Exhibit K-3, Youth Prevention Services Statement of Work.**

“Youth Prevention Universal (YPU)” means a comprehensive program that provides prevention activities (Prevention Education, Information Dissemination, Positive Alternatives, Community-Based Processes, and Identification of Problems and Referral to Services) prioritizing a universal population. Specific duties are detailed in the Grant Scope of Work for which the Applicant is applying listed in the RFA **Exhibit K-3, Youth Prevention Services Statement of Work.**

1.3 STATUTORY AUTHORITY

Federal funding for this Grant Project is authorized under Section 1921 of Title XIX, Part B, Subparts II and III of the Public Health Services (PHS) Act, which established the Substance Use Prevention, Treatment, and Recovery Services Block Grant, and the [Texas Government Code, Chapter 531](#), to the extent applicable. All awards are subject to the availability of appropriated federal funds and any modifications or additional requirements that may be imposed by law. Federal funding awarded to the System Agency is through the program(s) listed below:

Federal Grant Program:	Substance Use Prevention, Treatment, and Recovery Services Block Grant
Federal Awarding Agency:	Substance Abuse and Mental Health Services Administration
Funding Opportunity No.:	6B09SM085994-01M001
Assistance Listing Number and Program Title:	93.959 Block Grant for Prevention and Treatment of Substance Abuse

1.4 STANDARDS

Awards made as a result of this RFA are subject to all policies, terms, and conditions set forth in or included with this RFA as well as applicable statutes, requirements, and guidelines including, but not limited to applicable provisions of the Texas Grant Management Standards (TxGMS) and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).

ARTICLE II. SCOPE OF GRANT PROJECT

2.1 PURPOSE

The purpose of Prevention and Behavioral Health Promotion (PBHP) funded programs are to provide prevention and behavioral health promotion strategies in alignment with the Spectrum of Mental, Emotional and Behavioral Health Interventions ([Fostering Healthy Mental, Emotional, and Behavioral Development in Children and Youth: A National Agenda](#)). PBHP-funded programs address consequences and problem behaviors related to Texas’s prevention priorities for underage alcohol use, underage tobacco and nicotine products use, marijuana and other cannabinoid use, prescription drug misuse, and the use of other drugs and substances.

Grantees of this RFA will work together with other System Agency-funded Grantees to prevent substance use problems and promote behavioral health and wellness. This grant offers three individual program types that are listed as follows:

- A. CCP implements emerging, promising, or evidence-based strategies that prevent negative outcomes associated with substance use and promote behavioral health.

Strategies shall address underlying factors that lead to substance use and behavioral health challenges, including adverse childhood experiences, social determinants of health, or other youth, family and Community risk and protective factors.

- B. PRCs) increases the capacity of the statewide prevention and behavioral health promotion system within the designated HHS public health regions. PRC services seek to prevent negative outcomes associated with substance use and promote behavioral health. PRCs shall enhance regional collaboration, increase Community awareness and readiness, provide information and resources on substance use and related behavioral health data, support the development of prevention skills for regional stakeholders, and strengthen compliance with Commercial Tobacco¹ and nicotine laws.

- C. YPU, YPI, and YPS programs provide direct service to youth, families, and communities using HHSC approved Education/Skills Training programs. Strategies shall address underlying factors that lead to substance use and behavioral health challenges, including adverse childhood experiences, social determinants of health, or other youth, family and Community risk and protective factors. YP programs follow a comprehensive program design that includes the National Academies of Sciences, Engineering, and Medicine’s universal, selective, and indicated prevention classifications. These programs provide direct service to youth, families, and communities using HHSC approved Education/Skills Training programs. Strategies shall address underlying factors that lead to substance use and behavioral health challenges, including adverse childhood experiences, social determinants of health, or other youth, family and Community risk and protective factors. Strategies shall address underlying factors that lead to substance use and behavioral health challenges, including adverse childhood experiences, social determinants of health, or other youth, family and Community risk and protective factors.

2.2 PROGRAM BACKGROUND

Negative outcomes associated with substance use affect millions of Americans and imposes an enormous economic and social burden on states and communities across the country. According to a 2020 (SAMHSA) survey, an estimated 11.3 million people in Texas were living with a substance use disorder.² Also in 2020, deaths due to overdose increased to 14.3 deaths per 100,000 people from 9.5 deaths per 100,000 people in 2015.³ Estimates of the annual economic impact of substance use in the U.S. range from \$740 billion on the low end to upwards of \$3.73 trillion at the peak in tangible costs (e.g., substance use treatment, productivity loss, criminal justice activity, etc.) as well as

¹ When HHSC references tobacco in this document, we are referring to the use of commercial tobacco and not the sacred and traditional use of tobacco by some Native American communities.

²<https://www.samhsa.gov/data/sites/default/files/reports/rpt35339/2020NSDUHsaePercents012422/NSDUHsaePercents2020.pdf>

³ <https://www.kff.org/statedata/mental-health-and-substance-use-state-fact-sheets/texas/>

intangible costs (e.g., decreased quality of life).^{4,5} For Texas, a report from the Centers for Disease Control and Prevention estimated that opioid use disorders and fatal overdoses alone cost the state \$49.1 billion each year.⁶ Given that death by overdose has been escalating, this cost is likely even higher now.

To address substance use across the country, SAMSHA funds states through The Substance Use Prevention, Treatment, and Recovery Services Block Grant (“Block Grant”) implement substance prevention, intervention, treatment, and recovery. The goal of the Block Grant is to help plan, implement, and evaluate activities that prevent and treat substance use. As part of this Block Grant, each state is required to spend at least 20 percent of the allocated Block Grant Budget on substance use primary prevention strategies that are directed at individuals not identified to need substance use treatment. (For more information, see: <https://www.hhs.texas.gov/business/grants/behavioral-health-services-grants>.)

This grant for primary substance use prevention and behavioral health promotion services is based on federal law ([45 CFR § 96.125](#)) that requires states to use at least 20 percent of the Block Grant allotment towards primary prevention. Federal law requires states to develop a comprehensive primary substance use and prevention program that includes activities and services provided in a variety of settings directed at individuals who have not been determined to require treatment for a substance use disorder within the National Academy of Medicine’s (previously named the Institute of Medicine) Continuum of Care. The substance use and behavioral health promotion programs outlined in this RFA, align with the Texas Statewide Behavioral Health Strategic Plan ([Texas Statewide Behavioral Health Strategic Plan Fiscal Years 2022–2026](#)) and the Substance Abuse and Mental Health Services Administration’s (SAMHSA) guidance on substance use and information found in the Focus on Prevention literature at

<https://store.samhsa.gov/product/Focus-on-Prevention/sma10-4120>.

If awarded funds, grantees will seek to promote behavioral health and reduce substance use problems through evidence-based strategies that align with SAMHSA strategies and program goals include:

- A. Increase protective factors and reduce risk factors for Texans of all ages to promote behavioral health and reduce negative outcomes associated with substance use.
- B. Build a long-lasting prevention system and workforce to address substance use issues across the state.

⁴ <https://archives.drugabuse.gov/trends-statistics/costs-substance-abuse#supplemental-references-for-economic-costs>

⁵ <https://recoverycentersofamerica.com/resource/economic-cost-of-substance-abuse-disorder-in-united-states-2019/>

⁶ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8344997/>

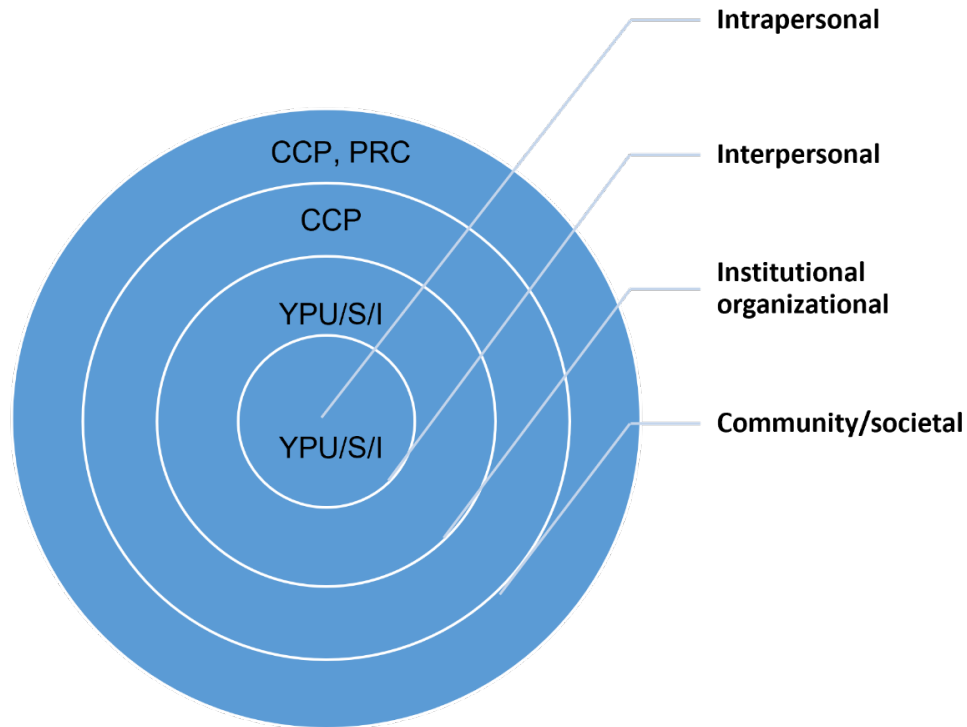
- C. Establish a state-level data collection system for use by partners across the state and use data to guide and measure work.
- D. Continue to provide the most up-to-date training and technical assistance to address substance use problems and promote behavioral health.
- E. Develop and promote strategies that advance Community resilience.
- F. Increase Community awareness of the risk and protective factors associated with substance use that impact health and wellness.

Grantees providing substance use prevention and behavioral health promotion services follow the Strategic Prevention Framework (SPF) planning process of SAMHSA (<https://www.samhsa.gov/capt/applying-strategic-prevention-framework>) as a guide to assist communities in planning and implementing prevention strategies, programs, and activities. The SPF is a five-step process used to help communities reduce risk-taking behaviors, promote resilience, and prevent problem behaviors in individuals and families across the life span. This framework is based on several critical principles from prevention as a continuum; the methods of prevention are the same for many diseases, behaviors, and disorders; successful prevention decreases risk factors while enhancing protective factors; prevention strategies should use proven practices within systems that work; systems of prevention services work better than isolated efforts; information and tools should be shared across service systems; and substance use should be addressed comprehensively.

Grantees must strengthen prevention efforts and strategies for coordination across multiple levels of impact following the Social Ecological Model (SEM). The SEM is a conceptual framework developed to better understand the multidimensional factors that influence health behavior and to categorize health intervention strategies. Intrapersonal factors are the internal characteristics of the individual of focus and include knowledge, skills, attitudes, and beliefs. Interpersonal factors include social norms and interactions with significant others, such as family, friends, and teachers. Organizational/institutional factors are social and physical factors that indirectly impact the individual of focus (e.g., zero tolerance school policies, classroom size, and mandatory workplace drug testing). Finally, Community/societal factors include neighborhood connectedness, collaboration between organizations, and policy.

The SEM proposes that behavior is impacted by all levels of influence, from the intrapersonal to the societal, and that the effectiveness of health promotion programs is significantly enhanced through the coordination of interventions targeting multiple levels. For example, changes at the Community level will create change in individuals and support of individuals in the population is essential for implementing environmental change.

Primary Focus of Program Types within the SEM



All programs funded through this grant shall adhere to the six (6) core prevention strategies developed by SAMHSA's Center for Substance Abuse Prevention (CSAP) that can be applied to most substance use issues and can help shape prevention plans. These six (6) prevention strategies are the core of the program services identified in this grant:

- A. Information Dissemination;
- B. Education;
- C. Alternatives;
- D. Environmental Strategies;
- E. Community-Based Processes; and
- F. Problem Identification and Referral.

This grant offers five individual program types that are listed as follows:

- A. CCPs are organized groups that engage various Community sectors, leaders, and individuals to collaboratively implement emerging, promising, or evidence-based strategies that prevent negative outcomes associated with substance use and promote behavioral health. Coalitions utilize the Strategic Prevention Framework (SPF), a 5-

step process to guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. Strategies shall address underlying factors that lead to substance use and behavioral health challenges, including adverse childhood experiences, social determinants of health, or other youth, family and Community risk and protective factors. Coalitions may focus on the state prevention priorities: underage alcohol, underage tobacco and nicotine use, marijuana and other cannabinoids use, and prescription drug use. Coalitions are encouraged to work with other State Agency-funded grantees to address substance use prevention strategies. CCPs do not provide or subcontract for prevention education or skills training. Full details on CCP services are available in **Exhibit K-1, Community Coalition Partnership (CCP) Statement of Work.**

- B. PRC programs work to increase the capacity of the statewide within the designated HHS public health regions. PRC services seek to prevent negative outcomes associated with substance use and promote behavioral health. PRC programs enhance regional collaboration, increase Community awareness and readiness, provide information and resources on substance use and related behavioral health data, support the development of prevention skills for regional stakeholders, and strengthen compliance with Commercial Tobacco and nicotine laws. The primary population of focus is all HHSC-funded Prevention Providers in the region. The secondary population of focus includes but is not limited to entities not funded by HHSC, such as school administrators and teachers, higher education institutions, Community groups and coalitions, education services centers (ESCs), local mental health authorities (LMHAs), substance use disorder (SUD) intervention and treatment organizations, law enforcement, media, faith-based organizations, healthcare entities, healthcare providers, tobacco retailers, and Community stakeholders including youth, young adults, parents, and residents in Texas. PRCs also support the federal Synar requirement by conducting voluntary tobacco retail compliance checks throughout the state to help reduce youth access to tobacco and other nicotine products. PRCs also serve as a point of contact and provide local coordination with our statewide prevention training entity to host prevention trainings in each region. Full details on PRC services are available in **Exhibit K-2, Prevention Resource Centers Statement of Work.**
- C. YPI strategies target individuals who are showing early warning signs of substance use, such as absenteeism, academic struggles and other negative outcomes associated with use. The primary population is youth aged Pre-Kindergarten through 12th grade and their families that meet the program and curriculum criteria. The secondary population may include Community members and other priority populations. Full details on YPI services are available in **Exhibit K-3, Youth Prevention Services Statement of Work.**
- D. YPS strategies target individuals who are known to be at higher risk for substance use than the general population. The primary population is youth aged Pre-K through 12th

grade and their families. The primary population is youth aged Pre-K through 12th grade and their families that meet the program and curriculum criteria. The secondary population may include Community members and other priority populations. Full details on YPS services are available in **Exhibit K-3, Youth Prevention Services Statement of Work.**

- E. YPU strategies take the broadest approach and are designed to reach entire groups or populations. The primary population is youth aged Pre-K through 12th grade and their families that meet the program and curriculum criteria. The secondary population may include Community members and other priority populations. Full details on YPU services are available in **Exhibit K-3, Youth Prevention Services Statement of Work.**

2.3 ELIGIBLE POPULATIONS

The Eligible Populations to be served under this RFA for the program types are listed as follows:

- A. CCP, the primary population of focus is the general population across the lifespan within the approved service area. Refer to **Exhibit K-1, Community Coalition Partnership (CCP) Statement of Work**, Section III, Service Area.
- B. PRC, the primary population of focus is all HHSC-funded Prevention Providers in the region. The secondary population of focus includes but is not limited to entities not funded by HHSC, such as school administrators and teachers, higher education institutions, Community groups and coalitions, education services centers (ESCs), local mental health authorities (LMHAs), substance use disorder (SUD) intervention and treatment organizations, law enforcement, media, faith-based organizations, healthcare entities, healthcare providers, tobacco retailers, and Community stakeholders including youth, young adults, parents, and residents in Texas.
- C. YP, the primary population, youth in Pre-K to 12th grade, and their families. The secondary population(s) include:
 - 1. Community members in the funded service area; and
 - 2. Other priority populations as determined by the grantee and HHSC.

2.4 ELIGIBLE SERVICE AREAS

The service areas eligible for Project funding under this RFA are the eleven HHS service regions in Texas.

The service areas eligible for Project funding are supported by the HHS health regions which are documented in the map found in **Exhibit L, Health and Human Services (HHS) Offices By County.**

2.5 ELIGIBLE ACTIVITIES

Grantees delivering prevention and behavioral health promotion services must follow the Substance Abuse and Mental Health Services' (SAMHSA) [Strategic Prevention Framework](#) and socio-ecological model (<https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html>). Grantee services must also be centered on the Center for Substance Abuse Prevention (CSAP) Strategies:

- A. Education, a two-way approach to teaching participants important social skills which shall include providing evidence-based curriculum education with fidelity to the program model unless otherwise approved by the curriculum developer and HHSC (see **Exhibit O, Approved Curriculum List**) for more information;
 1. Universal population includes a very large audience such as a Community, school, or neighborhood, that has not been identified on the basis of individual risk;
 2. Selective population includes subgroups of the general population determined to be at risk for substance use or other behavioral health related issues; and
 3. Indicated population includes youth who are showing early warning signs of substance use.
- B. Information Dissemination, a one-way approach to increasing knowledge and changing attitudes through communications. Information dissemination may be conducted in the form of educational presentations related to the state's prevention priorities, general substance use prevention, and behavioral health promotion or through media awareness activities.
- C. Alternatives, the provision of fun, challenging, and structured activities with supervision, so people have constructive and healthy ways to enjoy free time and learn skills.
- D. Problem Identification and Referral, a determination when the needs of the participant require additional education or intensive services outside the scope of prevention and refer individuals to Community resources for appropriate services:
 1. Prevention programs will not conduct screenings or assessments with the intent of diagnosing substance use disorders, assess the severity of substance use, or determine the appropriate level of substance use treatment under any prevention services contract. Examples of services to which participants and families might be referred include:

- a. Regional, HHSC-funded outreach, screening, assessment, and referral centers;
 - b. Food banks;
 - c. Resource assistance programs (rent, clothing, electricity, etc.);
 - d. Academic enrichment programs (tutoring etc.);
 - e. Counseling services; and/or
 - f. Clinics and other healthcare and mental health providers.
- E. Community-Based Processes, steps to strengthen resources, such as Community coalitions, in order to prevent substance use. Organizing, planning, and networking are included in this strategy to increase the Community's ability to deliver effective prevention and treatment services; educate and mobilize the Community toward prevention efforts; and provide the Grantee with opportunities to obtain meaningful Community engagement with agencies, Community sites, and other stakeholders that enhance prevention efforts.
- F. Environmental Strategies, strategies aimed at the settings and conditions in which people live, work, and socialize. These strategies work to change policies, social norms, environmental conditions, institutional practices, and behaviors to reduce risk factors and increase protective factors. As these changes are carried out at the Community level, they can have a sweeping impact. Environmental strategies may be substance-specific and/or address underlying factors that lead to substance use including but not limited to, Adverse Childhood Experiences, Social Determinants of Health, and other youth, family or Community risk and protective factors. Environmental strategies may also focus on promoting behavioral health and wellness.

2.6 PROGRAM REQUIREMENTS

All Grant Projects funded under this RFA must meet the following program minimum requirements:

2.6.1 Grantee Responsibilities

A. Grantee shall:

1. Provide equitable prevention services and activities in accordance with the rules in [Title 26 of the Texas Administrative Code \(TAC\), Chapter 321, Subchapter A](#).
2. Submit Implementation Plans for review and approval by HHSC detailing how all required services and strategies will be implemented locally. The Implementation Plan documents the specific approach that the Grantee will take to complete the grant requirements. The Implementation Plan must be reviewed and approved by HHSC prior to implementation. The Implementation Plan due dates are as follows:

- a. YPU, YPI, YPS Fall Semester (due September 15 of each grant year)
 - b. YPU, YPI, YPS Spring Semester (due January 15 of each grant year)
 - c. YPU, YPI, YPS Summer Term (due May 15 of each grant year)
 - d. CCP and PRC Annual (due September 15 of each grant year).
3. Using an approved HHSC program template, the Grantee will submit Quarterly Reports per program type. The Grantee will document accomplishments, barriers, and good-faith efforts to work with under-served populations, and progress towards goals during the implementation of programmatic activities in Quarterly Reports due December 15, March 15, June 15, and September 15. This template is provided to the Grantee upon contract execution.
 4. Submit one Success Story for each program type using an HHSC-approved template (due September 15 of grant years 2-5). A Success Story is a narrative—usually between one and two pages—highlighting the achievements and progress of a program/activity. A success story can document program improvement over time and demonstrate the value of program activities.
 5. Develop policies and procedures as required by 1 TAC § 392.511 and make them available for inspection by HHSC. Follow the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care (<https://thinkculturalhealth.hhs.gov/clas/standards>) and demonstrate good-faith efforts to reach out to under-served populations. Grantee will document any demonstration good faith effort on working with under-served populations in the Quarterly Reports. Underserved Populations include people:
 - a. Of color;
 - b. With low educational or socioeconomic status;
 - c. With limited English Proficiency;
 - d. With disabilities;
 - e. Of Native American Tribes;
 - f. Holding military and veteran status and their families;
 - g. Who live in Colonias; and/or
 - h. Who identify as lesbian, gay, bisexual, transgender, and queer.

6. Secure Community Agreements (CA) for the term of this grant with public schools; Community sites; and relevant agency, business, or Community partners to ensure a streamlined continuum of care for people and their families. CAs may be updated as needed. Partners should include entities that will host prevention education activities/services, support data collection efforts, meet individual and family needs beyond the scope of the prevention program, and potentially provide additional funding. CAs may be documented via a memorandum of understanding, letter of agreement, or memorandum of agreement. CAs may include a Memorandum of Understanding, a Letter of Agreement, Memorandum of Agreement or other agreement as approved by HHSC. CAs must:
 - a. Be established prior to service delivery;
 - b. Be individualized as much as possible to address the needs of each participating school, Community site, or partnering agency;
 - c. Establish a detailed outline of the service delivery and implementation structure if applicable; and
 - d. Establish responsibilities of entering parties based on guidelines from HHSC.
7. Ensure all prevention directors, PRC core staff, coalition coordinators, and at least 25 percent of prevention specialists (minimum of one) participate in HHSC meetings and state-scheduled calls. All prevention staff shall participate in trainings as indicated in Section IV.C and in program specific SOW's. Grantee shall maintain documentation of all participation in meetings, scheduled calls, and completed trainings for HHSC review upon request.
8. Attend required meetings held by HHSC including:
 - a. Annual Prevention Providers Meeting;
 - b. Annual Director's Meeting; and
 - c. Other technical assistance calls or program specific meetings as requested by HHSC.
9. Post in a prominent location, legible prohibitions against firearms, weapons, alcohol, and illegal drugs, illegal activities, and violence at program sites that do not have the existing prohibitions posted.
10. Provide Prevention Program staff access to each of the role-specific forums that apply. The forums include:
 - a. YP Forum;

- b. CCP Forum;
- c. PRC SharePoint Hub and PRC Forum;
- d. Statewide Media Campaign Forum; and
- e. Texas Prevention Training Forum.

11. Collaborate with other HHSC-funded programs in accordance with PBHP guidance.

12. Submit additional documentation as requested by HHSC.

B. Staffing and Staff Competency Requirements:

- 1. Grantee shall designate two media representatives to assist with the statewide media campaign. Grantee's participation in the Statewide Media Campaign is required.
- 2. The Prevention Program Director and any staff person providing key oversight must obtain a minimum of a Certified Prevention Specialist designation within 20 months of employment, unless otherwise approved by HHSC. All training and certification documentation must be maintained within the employees' file for HHSC review upon request. All other prevention program staff must obtain a minimum of an Associated Prevention Specialist designation within 20 months of employment. Requirements for the Certified Prevention Specialist certification and the Associate Prevention Specialist designation may be obtained by visiting the [Texas Certification Board of Addiction Professionals \(tcbap.org\)](http://tcbap.org) website.
- 3. In addition to staff training requirements in program-specific Grant Statement of Works. All staff must take the following trainings:
 - a. Cardiopulmonary Resuscitation (CPR) and First Aid Certifications (obtained within 60 Calendar Days of employment);
 - b. Youth and Adult Mental Health First Aid (obtained within 90 Calendar Days of employment); and
 - c. Suicide Prevention (obtained within 90 Calendar Days of employment).

2.6.2 Criminal Background Verification

Grantee shall establish and adhere to policies on conducting required criminal background verification checks of potential employees, volunteers and/or subcontractors, which at a minimum must include:

- A. A pre-employment criminal background check for any individual that will have direct contact with youth, families, or other participants;

- B. Standards detailing hiring decisions for employees with a background check finding; and
- C. Requirements for employees to report post-employment instances that would negatively impact subsequent background checks.

2.6.3 Policies and Procedures

Grantee shall establish and follow policies and procedures outlined below and make them available to HHSC upon request:

- A. Develop policies and procedures to perform the activities documented in this RFA and make them available for inspection by HHSC.
- B. Develop and implement policies and age-appropriate procedures to protect the rights of children, families, and adults participating in a prevention program.
- C. Develop and maintain current written policies and procedures for employees, contracted labor, and volunteers who work directly or indirectly with participants. The written policies and procedures must address participant safety and ensure that all activities with participants are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.
- D. Develop and implement written confidentiality policies and procedures in compliance with **Exhibit B, Health and Human Services (HHS) Uniform Terms and Conditions—Grant Version 3.2, Exhibit C, Health and Human Services (HHS) Additional Provisions – Grant Funding V.1.0, Exhibit D, HHS Data Use Agreement v.8.5, Exhibit D-1, HHS Data Use Agreement—Governmental Entity Version 8.5, and Exhibit D-2, Texas HHS System-Data Use Agreement-Attachment 2, Security and Privacy Inquiry (SPI)** if providing direct services to individual youth and families. This must include procedures to securely store and maintain privacy and confidentiality of information and records concerning participants and their family members and ensuring all employees and volunteers follow the agency’s confidentiality policies, procedures, and requirements.
- E. Establish policies and processes to conduct continuous quality assurance of prevention strategies including but not limited to fidelity checks and ensuring accurate data collection and entry.
- F. Establish written policies and procedures outlining how the Grantee will adhere to the National CLAS Standards.
- G. Develop and maintain current written policies and procedures addressing the requirements for criminal background checks as a condition for employment for

Applicants, contractors, interns, and volunteers who work directly with youth and their families. The written policies and procedures must require those same individuals (staff, contractors, interns, and volunteers) to notify the Grantee of an arrest, conviction, investigation, or any other legal involvement.

- H. In accordance with applicable laws, develop policies and procedures regarding participant consent, including consent for travel. Grantee will document consent in accordance with Grantee policies and procedures, using a form or process created by Grantee. Grantee will maintain all relevant consent documentation on file for review by HHSC upon request.

2.6.4 Documentation of Strategies and Services

Grantee shall utilize the **Exhibit N, Prevention Activity Tracking Tool (PATT)**, or other electronic systems as required by HHSC, to document strategies and services prevention activities and submit it to HHSC monthly.

2.6.5 Clinical Management for Behavioral Health Services (CMBHS) Components

Grantee is required to utilize CMBHS components/functionality specified in **Exhibit R, Clinical Management for Behavioral Health Services (CMBHS)**.

2.6.6 Program Minimum Requirements

- A. Program requirements for all prevention programs are listed in **Exhibit K, Prevention and Behavioral Health Promotion (PBHP) General Statement of Work and Exhibit Q, Fiscal Requirements**.
- B. Program requirements affecting all prevention programs are listed in **Exhibit K, Prevention and Behavioral Health Promotion (PBHP) General Statement of Work**. Refer to the following sections of the Exhibit:
 - 1. Section I. Purpose;
 - 2. Section II. Goal;
 - 3. Section III. General Responsibilities;
 - 4. Section IV. Staffing and Staff Competency Requirements;
 - 5. Section V. Criminal Background Verification Requirements;
 - 6. Section VI. Policies and Procedures;
 - 7. Section VII. Documentation of Strategies and Services;
 - 8. Section VIII. Deliverable and Reporting Requirements;

9. Section IX. Performance Measure Definitions and Guidance;
 10. Section X. Allowable Purchases; and
 11. Section XI. Deliverable Table.
- C. CCPs program minimum requirements are listed in **Exhibit K-1, Community Coalition Partnership Statement of Work**. Refer to the following sections of the Exhibit:
1. Section I. Purpose;
 2. Section II. Goals;
 3. Section III. Service Area;
 4. Section IV. Population of Focus;
 5. Section V. Grantee Responsibilities ;
 6. Section VI. Community Coalition Partnership Staffing and Training Requirements;
 7. Section VII. Performance Measures; and
 8. Section VIII. Deliverable and Reporting Requirements.
- D. PRCs program minimum requirements are listed in **Exhibit K-2, Prevention Resource Centers Statement of Work**. Refer to the following sections of the Exhibit:
1. Section I. Purpose;
 2. Section II. Goals;
 3. Section III. Service Area;
 4. Section IV. Populations of Focus;
 5. Section V. Grantee Responsibilities;
 6. Section VI. Prevention Resource Center Staffing and Training Requirements;
 7. Section VII. Performance Measures; and
 8. Section VIII. Deliverable and Reporting Requirements.
- E. YPs program minimum requirements are listed in **Exhibit K-3 Youth Prevention Services Statement of Work**. Refer to the following sections of the Exhibit:
1. Section I. Purpose;
 2. Section II. Goals;
 3. Section III. Service Area;
 4. Section IV. Population of Focus;
 5. Section V. Grantee Responsibilities;
 6. Section VI. Youth Prevention Program Staffing and Training Requirements;

7. Section VII. Performance Measures; and
8. Section VIII. Deliverable and Reporting Requirements.

2.7 REQUIRED REPORTS

The System Agency will monitor Grantee’s performance, including, but not limited to, through review of financial and programmatic reports and performance measures, under any Grant Agreement awarded as a result of this RFA. System Agency deliverable and reporting requirements:

- A. Grantee shall use HHSC systems to submit all deliverables. Grantee is required to maintain access to HHSC systems or platforms for the term of this grant agreement.
- B. Grantees are required to submit data, reports, performance measures, and any other requested information into data systems designated by HHSC.
- C. Grantee will notify HHSC of any staffing changes within ten (10) Business Days of a revision using HHSC staffing form.
- D. Grantee shall submit annual grant agreement closeout documentation, for each awarded program, by October 15.
- E. Grantee will report the performance measures for the previous month’s activities in CMBHS by the 15th day of the current month, for each awarded program type.
- F. Grantee’s duty to submit documents will survive the termination or expiration of this Contract.

Each Grantee awarded a Grant Agreement as a result of this RFA must submit the following reports by the noted due dates:

Deliverable	Due Date
YP Fall Implementation Plan	Due September 1 for years 2-5 of the grant cycle
YP Spring Implementation Plan	Due January 15 of each grant year
YP Summer Implementation Plan	Due May 15 of each grant year
PRC Implementation Plan	Due September 1 for years 2-5 of the grant cycle

CCP Implementation Plan	Due September 1 for years 2-5 of the grant cycle
Quarterly Activity Reports	December 15 (Q1) March 15 (Q2) June 15 (Q3) September 15 (Q4)
Quarterly Quality Management Report	December 15 (Q1) March 15 (Q2) June 15 (Q3) September 15 (Q4)
Success Stories	Due September 15 of grant years 2-5
Prevention Activity Tracking Tool (PATT)	Due the 15 th of the month, following the month being reported
Performance Measures	Due the 15 th of the month, following the month being reported
Financial Status Report (FSR)	December. 31 (Q1) March 31 (Q2) June 30 (Q3) October 15 (Q4)
Financial Status Report to General Ledger (FSR to GL)	December. 31 (Q1) March 31 (Q2) June 30 (Q3) October 15 (Q4)
General Ledger	December. 31 (Q1) March 31 (Q2) June 30 (Q3) October 15 (Q4)

Grantee shall provide all applicable reports in the format and system specified by System Agency in an accurate, complete, and timely manner and shall maintain appropriate supporting backup documentation. Failure to comply with submission deadlines for required reports, Financial Status Reports (FSRs) or other requested information may result in System Agency, in its sole discretion, placing the Grantee on financial hold without first requiring a corrective action plan in addition to pursuing any other corrective or remedial actions under the Grant Agreement.

Program-Specific Deliverables are listed in **Exhibit K, Prevention and Behavioral Health Promotion (PBHP) General Statement of Work, Exhibit K-1, Community Coalition Partnership (CCP) Statement of Work, Exhibit K-2, Prevention Resource Centers Statement of Work, and Exhibit K-3, Youth Prevention Services Statement of Work.**

2.8 PERFORMANCE MEASURES AND MONITORING

The System Agency will look solely to Grantee for the performance of all Grantee obligations and requirements in a Grant Agreement resulting from this RFA. Grantee shall not be relieved of its obligations for any nonperformance by its subgrantees or subcontractors, if any.

To calculate Performance Measures, Grantee will use a System Agency generated template **Exhibit P, YP Performance Measures Estimation Tool** and methodology.

Grant Agreement(s) awarded as a result of this RFA are subject to the System Agency’s performance monitoring activities throughout the duration of the Grant Project Period. This evaluation may include a reassessment of Project activities and services to determine whether they continue to be effective throughout the grant term. Applicants for YP programs, should use **Exhibit P, YP Performance Measures Estimation Tool** to calculate minimum Performance Measures.

Grantees must regularly collect and maintain data that measures the performance and effectiveness of activities under a Grant Agreement resulting from this RFA in the manner, and within the timeframes specified in this RFA and resulting Grant Agreement, or as otherwise specified by System Agency. Grantees must submit the necessary information and documentation regarding all requirements, including reports and other deliverables and will be expected to report monthly on the following measures:

COMMUNITY COALITION PARTNERSHIPS (CCP)	Sept-Nov	Dec-Feb	Mar-May	Jun-Aug	TOTAL
Number of new and recruited coalition members.	0	1	0	1	2
Number of coalition member participation hours.	70	50	90	90	300
Number of in-kind hours of volunteer work from Community members.	15	20	20	20	75
Number of youths participating in coalition projects.	400	200	300	300	1200
Number of adults participating in coalition projects.	600	600	900	900	3000
Number of social media messages focused on prevention and behavioral health promotion messaging (include statewide media campaign).	36	36	36	36	144

Number of media awareness activities (not including social media). focused on prevention and behavioral health promotion.	0	1	1	1	3
PREVENTION RESOURCE CENTERS (PRC)	Sept-Nov	Dec-Feb	Mar-May	Jun-Aug	TOTAL
Number of meetings conducted with regional stakeholders (Regional Alliance) focused on Community collaboration related to data and resources.	1	1	1	1	4
Number of Regional Epidemiological Workgroup meetings held.	1	1	1	1	4
Number of times that local, county, or regional data is shared.	30	30	30	30	120
Number of trainings hosted and coordinated within the region with the assistance of TPT.	0	1	0	1	2
Number of trainings hosted and coordinated within the region without the assistance of TPT.	2	2	2	2	8
Number of adults attending trainings hosted or coordinated within the region overall.	40	60	40	60	200
Number of messages delivered through social media related to prevention and behavioral health promotion including those from the statewide media campaign.	36	36	36	36	144
Number of prevention and behavioral health promotion media placements (including those from the statewide media campaign) delivered through traditional media.	1	2	1	2	6
Number of voluntary compliance checks successfully conducted on-site with tobacco retailers.	*	*	*	*	*

*See Exhibit K-2, Prevention Resource Centers Statement of Work for performance measures methodology.

YOUTH PREVENTION (YP)	Sept- Nov	Dec- Feb	Mar- May	Jun- Aug	TOTAL
Number of unduplicated youth receiving prevention education (approved evidence-based curriculum).	**	**	**	**	**
Number of unduplicated adults receiving prevention education (for programs implementing approved evidence-based family-focused curriculum only).	**	**	**	**	**
Number of alternatives conducted.	**	**	**	**	**
Number of youths participating in alternatives.	**	**	**	**	**
Number of adults participating in alternatives.	**	**	**	**	**
Number of prevention/behavioral health promotion presentations conducted.	**	**	**	**	**
Number of youths attending prevention/behavioral health promotion presentations.	**	**	**	**	**
Number of adults attending prevention/behavioral health promotion presentations.	**	**	**	**	**
Number of social media messages focused on prevention and behavioral health promotion and the statewide media campaign.	**	**	**	**	**
Number of voluntary compliance checks successfully conducted on-site with tobacco retailers.	**	**	**	**	**

** To calculate Performance Measures, Grantee will use a System Agency generated template (see **Exhibit P, YP Performance Measures Estimation Tool.**)

If requested by System Agency, the Grantee shall report on the progress towards completion of the Grant Project and other relevant information as determined by System

Agency during the Grant Project Period. Except as otherwise provided, for Grant Agreements with Categorical Budgets, Grantee shall submit quarterly FSRs to System Agency by the last Business Day of the month following the end of each State fiscal quarter for System Agency review and financial assessment. Through submission of a FSR, Grantee certifies that:

- A. Any applicable invoices have been reviewed to ensure all grant-funded purchases of goods or services have been completed, performed or delivered in accordance with Grant Agreement requirements;
- B. All Grantee-performed services have been completed in compliance with the terms of the Grant Agreement;
- C. The amount of the FSR added to all previous approved FSRs does not exceed the maximum liability of the Grant Award; and
- D. All expenses shown on the FSR are allocable, allowable, actual, reasonable, and necessary to fulfill the purposes of the Grant Agreement.

2.9 FINAL BILLING SUBMISSION

Unless otherwise directed by the System Agency, Grantee shall submit a reimbursement or payment request as a final fiscal year-end closeout invoice not later than 45 Calendar Days following the end of each Fiscal Year for the term of the Grant Agreement. Reimbursement or payment requests received after the deadline may not be paid.

2.10 DATA USE AGREEMENT

By submitting an Application in response to this RFA, Applicant agrees to be bound by the terms of **Exhibit D, HHS Data Use Agreement, Version 8.5** or **Exhibit D-1, HHS Data Use Agreement—Governmental Entity Version 8.5**, including but not limited to the terms and conditions contained in **Exhibit D-2, Texas HHS System-Data Use Agreement- Attachment 2, Security and Privacy Inquiry (SPI)**.

2.11 LIMITATIONS ON GRANTS TO UNITS OF LOCAL GOVERNMENT

Pursuant to the General Appropriations Act, Article IX, Section 4.04:

In each Grant Agreement with a unit of local government, grant funds appropriated under the General Appropriations Act will be expended subject to limitations and reporting requirements similar to those provided by:

- A. Parts 2, 3, and 5 of Article IX of the General Appropriations Act (except there is no requirement for increased salaries for local government employees);
- B. [Sections 556.004, 556.005, and 556.006, Texas Government Code](#); and
- C. [Sections 2113.012 and 2113.101, Texas Government Code](#).

In this section, "unit of local government" means:

- A. A council of governments, a regional planning commission, or a similar regional planning agency created under [Chapter 391, Local Government Code](#);
- B. A local workforce development board; or
- C. A Community center as defined by [Health and Safety Code, Section 534.001\(b\)](#).

ARTICLE III. APPLICANT ELIGIBILITY REQUIREMENTS

3.1 LEGAL AUTHORITY TO APPLY

By submitting an Application in response to this RFA, Applicant certifies that it has legal authority to apply for the Grant Agreement that is the subject of this RFA and is eligible to receive awards. Further, Applicant certifies it will continue to maintain any required legal authority and eligibility throughout the entire duration of the grant term, if awarded. All requirements apply with equal force to Applicant and, if the recipient of an award, Grantee and its subgrantees or subcontractors, if any.

Each Applicant may only submit one Grant Application per HHS Region (see [Exhibit L, Health and Human Services \(HHS\) Offices By County](#)), even if the Applicant is applying for more than one program type.

3.2 APPLICATION SCREENING REQUIREMENTS

Eligible Applicants include state, tribal and local governments, school districts and public or private non-profit 501(c)(3) entities. All Applicants must comply with the criteria listed below under this RFA at the time the Application is submitted.

In order to be considered an Applicant eligible for evaluations, Applicant must meet the following minimum requirements:

- A. Documentation from the U.S. Internal Revenue Service to support the organizations legal entity type (i.e., government, non-profit);
- B. Documentation from the U.S. Internal Revenue Service and the Texas Secretary of State to support the organization is in good standing;
- C. Documentation of having a Texas address and must have a current physical location where services are to be provided in the proposed service area. A post office box may be used when the Application is submitted for correspondence; and
- D. A completed and signed **Form A, Respondent Information**.

3.3 GRANT AWARD ELIGIBILITY

By submitting an Application in response to this RFA, Applicant certifies that:

- A. Applicant and all of its identified subsidiaries intending to participate in the Grant Agreement are eligible to perform grant-funded activities, if awarded, and are not subject to suspension, debarment, or a similar ineligibility determined by any State or federal entity;
- B. Applicant is in good standing under the laws of Texas and has provided HHS with any requested or required supporting documentation in connection with this certification;
- C. Applicant shall remain in good standing and eligible to conduct its business in Texas and shall comply with all applicable requirements of the Texas Secretary of State and the Texas Comptroller of Public Accounts;
- D. Applicant is currently in good standing with all licensing, permitting, or regulatory bodies that regulate any or all aspects of Applicant's operations; and
- E. Applicant is not delinquent in taxes owed to any taxing authority of the State of Texas as of the effective date of this Grant Agreement.

3.4 GRANTS FOR POLITICAL POLLING PROHIBITED

Pursuant to the General Appropriations Act, Article IX, Section 4.03, none of the funds appropriated by the General Appropriations Act may be granted to or expended by any entity which performs political polling. This prohibition does not apply to a poll conducted by an academic institution as part of the institution's academic mission that is not conducted for the benefit of a particular candidate or party. By submitting a Response to this RFA, Applicant certifies that it is not ineligible for a Grant Agreement pursuant to this prohibition.

ARTICLE IV. PROJECT PERIOD AND GRANT TERM

4.1 PROJECT PERIOD

The Project Period is anticipated to be **September 1, 2024**, through **August 31, 2029**.

4.2 GRANT TERM

The System Agency may, at its sole discretion, extend the Grant Term for any period(s) of time through Grant Agreement extensions or renewals with funded Project Periods, provided the grant term, including all extensions or renewals, does not exceed five (5) years.

The grant term shall not exceed five (5) years.

Year	Fiscal Year	Fiscal Term Begins	Fiscal Terms Ends
1	2025	September 1, 2024	August 31, 2025
2	2026	September 1, 2025	August 31, 2026
3	2027	September 1, 2026	August 31, 2027
4	2028	September 1, 2027	August 31, 2028
5	2029	September 1, 2028	August 31, 2029

4.3 PROJECT CLOSEOUT

System Agency will programmatically and financially close the grant award and end the Grant Agreement when System Agency determines Grantee has completed all applicable actions and work in accordance with Grant Agreement requirements. The Grantee must submit all required financial, performance, and other reports as required in the Grant Agreement. The Project closeout date is 45 Calendar Days after the Grant Agreement end date, unless otherwise noted in the original or amended Grant Agreement. Funds not obligated by Grantee by the end of the Grant Agreement term and not expended by the Project close-out date will revert to System Agency.

ARTICLE V. GRANT FUNDING AND REIMBURSEMENT INFORMATION

5.1 GRANT FUNDING SOURCE AND AVAILABLE FUNDING

The total amount of State/federal funding available for the substance use prevention and behavioral health promotion services grant program is \$237,266,005 for the entire Project Period. It is the System Agency's intention to make multiple awards to Applicants that successfully demonstrate the need, capacity and plan to provide Substance Use Prevention and Behavioral Health Promotion services.

Applicants are strongly cautioned to only apply for the amount of grant funding they can responsibly expend during the Project Period to avoid lapsed funding at the end of the grant term. Successful Applications may not be funded to the full extent of Applicant's requested Budgets in order to ensure grant funds are available for the broadest possible array of communities and programs.

Reimbursement will only be made for actual, allowable, and allocable expenses that occur within the Project Period. Spending or costs incurred prior to the effective date of the Grant Agreement will be allowed to the extent that the costs would have been allowable if incurred after the date of award and only with the written approval of the System Agency through a Pre-Agreement Cost Letter.

This grant program may fund activities and costs as allowed by the laws, regulations, rules, and guidance governing fund use identified in the relevant sections of this RFA. Only grant-funded activities authorized under this RFA and awarded Grant Agreements are eligible for reimbursement

5.2 NO GUARANTEE OF REIMBURSEMENT AMOUNTS

There is no guarantee of total reimbursements to be paid to any Grantee under any Grant Agreement, if any, resulting from this RFA. Grantees should not expect to receive additional or continued funding under future RFA opportunities and should maintain sustainability plans in case of discontinued grant funding. Any additional funding or future funding may require submission of a new Application through a subsequent RFA.

Receipt of an Application in response to this RFA does not constitute an obligation or expectation of any award of a Grant Agreement or funding of a grant award at any level under this RFA.

5.3 GRANT FUNDING PROHIBITIONS

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

- A. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
- B. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- C. Lobbying or advocacy activities with respect to legislation or to administrative changes to regulations or administrative policy ([cf. 18 U.S.C. § 1913](#)), whether conducted directly or indirectly;
- D. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- E. Vehicles for general agency use; to be allowable, vehicles must have a specific use related to Project objectives or activities;
- F. Entertainment, amusement, or social activities and any associated costs including but not limited to admission fees or tickets to any amusement park, recreational activity or sporting event unless such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
- G. Costs of promotional items, and memorabilia, including models, gifts, and souvenirs (this does not include incentives that promote engagement in or completion of prevention services);
- H. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel, where pre-approved for working events, or where such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
- I. Membership dues for individuals;
- J. Any expense or service that is readily available at no cost to the Grant Project;
- K. Any activities related to fundraising;
- L. Equipment and other capital expenditures such as capital improvements, property losses and expenses, real estate purchases, mortgage payments, remodeling, the acquisition or construction of facilities, or other items that are unallowable pursuant to [2 CFR § 200.439](#);
- M. Any other prohibition imposed by federal, State, or local law; and
- N. Other unallowable costs as listed under [TxGMS](#), Appendix 7, Selected Items of Cost Supplement Chart and/or [2 CFR 200, Subpart E – Cost Principles, General Provisions for Selected Items of Cost](#), where applicable.

5.4 COST SHARING OR MATCHING REQUIREMENTS

Applicants will Budget and provide a five percent (5%) match based on the amount requested to be awarded for each Program Type and curriculum. Match may be provided either in cash or in-kind. Cash match must be made from funds eligible to be used as matching funds

Match must be treated consistently with grant funds and used only for allowable and allocable purposes.

All cost sharing or matching funds and contributions must meet all the following criteria:

- A. Are verifiable from the Grantee's records;
- B. Are not included as contributions for any other State or federal award;
- C. Are necessary and reasonable for accomplishment of Grant Project objectives;
- D. Are allowable under the Grant Agreement;
- E. Are not paid by the State or federal government; and
- F. Are provided for in the approved Grant Project Budget.

Donations: The value of donated services may be used to meet cost sharing or matching requirements. If a third party donates supplies, the contribution will be valued at the market value of the supplies at the time of donation. If a third party donates the use of Equipment or space in a building, but retains title, the contribution will be valued at the fair rental rate of the Equipment or space. If a third party donates Equipment, building, or land, and title passes to Grantee, the treatment of the donated property will be determined based on [TxGMS](#), Cost Sharing or Matching Section.

Unrecovered Indirect Costs, including Indirect Costs on cost sharing or matching, may be included as part of cost sharing or matching. Unrecovered Indirect Cost means the difference between the amount charged to the award and the amount which could have been charged to the award under the Applicant's Indirect Cost Rate.

Refer to Title 2 [CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards](#) and [TxGMS](#) issued by the Texas Comptroller of Public Accounts for additional Match information and requirements.

5.5 PAYMENT METHOD

Grant Agreement(s) awarded under this RFA may be funded on a cost reimbursement and/or a quarterly allocation. The requirements for each funding method are as follows:

5.5.1 Cost Reimbursement

The cost reimbursement funding method is based on reasonable, allowable and allocable Grant Project costs. Under the cost reimbursement payment method, Grantee is required to finance operations and will only be reimbursed for actual, allowable, and allocable costs incurred on a monthly basis and supported by adequate documentation. No additional payments will be rendered unless an advanced payment is approved.

5.5.2 Quarterly Allocation Advance Payment

The quarterly allocation funding method is based on activities for work to be completed in the Grant Project. The funding method amounts for each quarterly payment is based on a HHSC approved Categorical Budget. HHSC will provide the quarterly payment amounts schedule in the grant agreements.

HHSC will monitor the total allowable expenditures for the term of the contract; if the expenditures are less than the total amount disbursed by HHSC in Grantee's four quarterly allocations, Grantee shall be subject to recoupment of the difference between the total amount of state Fiscal Year allocation disbursed by HHSC and Grantee's state Fiscal Year total expenditures.

HHSC will monitor the quarterly expenditures by reviewing the Financial Status Reports and the Grantee's General Ledgers. If by the end of the second quarter (February 28 or February 29 on leap years) Grantee has not expended at least 70% of Quarter 1 and Quarter 2 combined allocation, HHSC may recoup the difference between the 70% benchmark and the Grantee's expenditures for Quarter 1 and Quarter 2.

ARTICLE VI. APPLICATION FORMS AND EXHIBITS FOR SUBMISSION

Note: Applicants must refer to **Article XIII, Submission Checklist**, for the complete checklist of documents that must be submitted with an Application under this RFA.

6.1 NARRATIVE PROPOSAL

Using **Forms E – H** (attached to this RFA), Applicants shall provide an executive summary and describe their proposed activities, processes, and methodologies to satisfy all objectives described in **Article II, Scope of Grant Project**, including responding to the question prompts in **Form E, Program Response Form**. Applicants should identify all

proposed tasks to be performed, including all Project activities, during the Grant Project Period. Applicants must complete and submit all of the following required attachments:

- A. **Form E, Program Response Form;**
- B. **Form F, Requested Budget Template;**
- C. **Form G, Texas Health and Human Services System Indirect Costs Rate (ICR) Questionnaire;** and
- D. **Form H, Financial Management and Administrative Questionnaire.**

6.2 REQUESTED BUDGET

Attached **Form F, Requested Budget Template**, of this RFA is the template for submitting the requested Budget. Applicants must develop the requested Budget to support their Proposed Project and in alignment with the requirements described in this RFA.

Applicants must ensure that Project costs outlined in the requested Budget are reasonable, allowable, allocable, and developed in accordance with applicable State and federal grant requirements. Reasonable costs are those if, in nature and amount, do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. A cost is allocable to a particular cost objective if the cost is chargeable or assignable to such cost objective in accordance with relative benefits received. See [2 CFR § 200.403](#) or [TxGMS Cost Principles, Basic Considerations](#) (pgs. 32-33), for additional information related to factors affecting allowability of costs.

If selected for a grant award under this RFA, only System Agency-approved Budget items in the requested Budget may be considered eligible for reimbursement.

Applicants must utilize the Budget template provided, (see **Form F, Requested Budget Template**), and identify all Budget line items and matching costs. Budget categories must be broken out into specific Budget line items that allow System Agency to determine if proposed costs are reasonable, allowable, and necessary for the successful performance of the Project. Must be submitted in the original excel format.

Submission of Form F, Requested Budget Template is mandatory. Applicants that fail to submit a requested Budget as set forth in this RFA with their Application will be disqualified.

6.3 INDIRECT COSTS

Applicants must have an approved Indirect Cost Rate (ICR) or request the de minimis rate to recover Indirect Costs. All Applicants are required to complete and submit **Form G Texas Health and Human Services System Indirect Costs Rate (ICR) Questionnaire**,

with required supporting documentation. The questionnaire initiates the acknowledgment or approval of an ICR for use with the System Agency cost-reimbursable Grant Agreements. Entities declining the use of Indirect Cost cannot recover Indirect Costs on any System Agency award or use unrecovered Indirect Costs as Match.

HHS typically accepts the two following approved ICRs:

- A. Federally Approved Indirect Cost Rate Agreement; and
- B. State of Texas Approved Indirect Cost Rate.

The System Agency, at its discretion, may request additional information to support any approved ICR agreement.

If the Applicant does not have an approved ICR agreement, the Applicant may be eligible for the ten percent (10%) de minimis rate or may request to negotiate an ICR with HHS.

For Applicants requesting to negotiate an ICR with HHS, the ICR Proposal Package will be provided by the HHS Federal Funds Indirect Cost Rate Group to successful Grantees. The ICR Proposal Package must be completed and returned to the HHS Federal Funds Indirect Cost Rate Group no later than three (3) months post-award.

The HHS Federal Funds Indirect Cost Rate Group will contact applicable Grantees after Grant Agreement execution to initiate and complete the ICR process. Grantees should respond within thirty (30) Business Days, or the request will be cancelled, and Indirect Costs may be disallowed.

Once HHS acknowledges an existing rate or approves an ICR, the Grantee will receive one of the three Indirect Cost approval letters: ICR Acknowledgement Letter, ICR Acknowledgement Letter – Ten Percent De Minimis, or the ICR Agreement Letter.

If an Indirect Cost Rate Letter is required but it is not issued at the time of Grant Agreement execution, the Grant Agreement will be amended to include the Indirect Cost Rate Letter after the ICR Letter is issued.

Approval or acceptance of an ICR will not result in an increase in the amount awarded or affect the agreed-upon service or performance levels throughout the life of the award.

6.4 ADMINISTRATIVE APPLICANT INFORMATION

Using **Forms A – D** (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.

A. Litigation and Contract History

Applicant must include in its Application a complete disclosure of any alleged or significant contractual or grant 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. (See **Exhibit A, HHS Solicitation Affirmations**.) Applicant certifies it does not have any existing claims against or unresolved audit exceptions with the State of Texas or any agency of the State of Texas.

Application 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 or grant obligations.

B. Financial Management and Administrative Questionnaire

Applicant must complete **Form H, Financial Management and Administrative Questionnaire** and submit it with the Application.

ARTICLE VII. RFA ADMINISTRATIVE INFORMATION AND INQUIRIES

7.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Funding Announcement Posting Date Posted to HHS Grants RFA and Texas eGrants websites	October 9, 2023
Applicant Webinar Conference Attendance is Optional	October 18, 2023, at 10:00 a.m. Central Time

Deadline for Submitting Questions or Requests for Clarification	October 20, 2023, by 2:00 p.m. Central Time
Tentative Date Answers to Questions or Requests for Clarification Posted	November 6, 2023
Deadline for Submission of Applications NOTE: Applications must be <u>RECEIVED</u> by HHSC by this deadline if not changed by subsequent Addenda to be considered eligible.	December 7, 2023, by 10:30 a.m. Central Time
Anticipated Notice of Award	August 1, 2024
Anticipated Project Start Date	September 1, 2024

Applicants must ensure their Applications are received by HHSC in accordance with the Deadline for Submission of Applications (date and time) indicated in this Schedule of Events or as changed by subsequent Addenda posted to the [HHS Grants RFA](#) website.

All dates are tentative and HHSC reserves the right to change these dates at any time. At the sole discretion of HHSC, events listed in the Schedule of Events are subject to scheduling changes and cancellation. Scheduling changes or cancellation determinations made prior to the Deadline for Submission of Applications will be published by posting an Addendum to the [HHS Grants RFA](#) website. After the Deadline for Submission of Applications, if there are delays that significantly impact the anticipated award date, HHSC, at its sole discretion, may post updates regarding the anticipated award date to the [Procurement Forecast](#) on the HHS Procurement Opportunities [website](#). Each Applicant is responsible for checking the HHS Grants RFA website and Procurement Forecast for updates.

7.2 SOLE POINT OF CONTACT

All requests, questions or other communication about this RFA shall be made by email only to the Grant Specialist designated as HHSC's Sole Point of Contact listed below:

Name: Amy Pearson

Title: Grant Specialist, HHSC Procurement and Contracting Services

Email: amy.pearson@hhs.texas.gov

Applicants shall not use this e-mail address for submission of an Application. Follow the instructions for submission as outlined in Article VIII, Application Organization and Submission Requirements.

However, if expressly directed in writing by the Sole Point of Contact, Applicant may communicate with another designated HHS representative (e.g., during grant negotiations as part of the normal grant review process, if any).

Prohibited Communications: Applicants and their representatives shall not contact other HHS personnel regarding this RFA.

This restriction (on only communicating in writing by email with the sole point of contact identified above) does not preclude discussions between Applicant and agency personnel for the purposes of conducting business unrelated to this RFA.

Failure of an Applicant or its representatives to comply with these requirements may result in disqualification of the Application.

7.3 RFA QUESTIONS AND REQUESTS FOR CLARIFICATION

Written questions and requests for clarification of this RFA are permitted if submitted by email to the Sole Point of Contact by the Deadline for Submitting Questions or Requests for Clarification established in **Section 7.1, Schedule of Events**, or as may be amended in Addenda, if any, posted to the HHS Grants RFA website.

Applicants' names will be removed from questions in any responses released. All questions and requests for clarification must include the following information. Submissions that do not include this information may not be accepted:

- A. RFA number;
- B. Section or paragraph number from this solicitation;
- C. Page number of this solicitation;
- D. Exhibit or other attachment and section or paragraph number from the exhibit or other attachment;
- E. Page number of the exhibit;
- F. Language, topic, section heading being questioned; and

G. Question.

The following contact information must be included in the e-mail submitted with questions or requests for clarification:

- A. Name of individual submitting question or request for clarification;
- B. Organization name;
- C. Phone number; and
- D. E-mail address.

Questions or other written requests for clarification must be received by the Sole Point of Contact by the Deadline for Submitting Questions or Requests for Clarification set forth in this Section 7.1, Schedule of Events, or as may be amended in Addenda, if any, posted to the [HHS Grants RFA website](#).

HHSC may review and, at its sole discretion, may respond to questions or other written requests received after the Deadline for Submitting Questions or Requests for Clarification.

7.4 AMBIGUITY, CONFLICT, DISCREPANCY, CLARIFICATIONS

Applicants must notify the Sole Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error in the RFA in the manner and by the Deadline for Submitting Questions or Requests for Clarification. Each Applicant submits its Application at its own risk.

If Applicant fails to properly and timely notify the Sole Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error in the RFA, Applicant, whether awarded a Grant Agreement or not:

- A. Shall have waived any claim of error or ambiguity in the RFA and any resulting Grant Agreement;
- B. Shall not contest the interpretation by the HHSC of such provision(s); and
- C. Shall not be entitled to additional reimbursement, relief, or time by reason of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error or its later correction.

7.5 RESPONSES TO QUESTIONS OR REQUEST FOR CLARIFICATIONS

Responses to questions or other written requests for clarification will be consolidated and HHSC will post responses in one or more Addenda on the [HHS Grants RFA](#) website. Responses will not be provided individually to requestors.

HHSC reserves the right to amend answers previously posted at any time prior to the Deadline for Submission of Applications. Amended answers will be posted on the [HHS Grants RFA](#) website in a separate, new Addendum or Addenda. It is Applicant's responsibility to check the [HHS Grants RFA](#) website or contact the Sole Point of Contact for a copy of the Addendum with the amended answers.

7.6 CHANGES, AMENDMENTS, OR MODIFICATIONS TO RFA

HHSC reserves the right to change, amend, modify, or cancel this RFA. All changes, amendments and modifications or cancellation will be posted by Addendum on the HHS Grants RFA website.

It is the responsibility of each Applicant to periodically check the HHS Grants RFA website for any additional information regarding this RFA. Failure to check the posting website will in no way release any Applicant or awarded Grantee from the requirements of posted Addenda or additional information. No HHS agency will be responsible or liable in any regard for the failure of any individual or entity to receive notification of any posting to the websites or for the failure of any Applicant or awarded Grantee to stay informed of all postings to these websites. If the Applicant fails to monitor these websites for any changes or modifications to this RFA, such failure will not relieve the Applicant of its obligation to fulfill the requirements as posted.

7.7 EXCEPTIONS

Applicants are highly encouraged, in lieu of including exceptions in their Applications, to address all issues that might be advanced by way of exception by submitting **Exhibit H, Exceptions** or via questions or requests for clarification pursuant to **Section 7.3, RFA Questions and Requests for Clarification**.

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 Agreement resulting from this RFA unless expressly made a part of the Grant Agreement in writing by the System Agency.

7.8 APPLICANT WEBINAR CONFERENCE

HHSC will conduct an Applicant conference on the date and time set out in **Section 7.1, Schedule of Events** to review the key elements of this RFA. Attendance is optional and not required, however, is strongly encouraged.

People with disabilities who wish to attend the meeting and require auxiliary aids or services should contact the Sole Point of Contact identified in **Section 7.2, Sole Point of Contact**, at least 72 hours before the meeting in order to have reasonable accommodations made by HHSC.

The conference may be held by webinar, conference call or both. Attendees are required to sign a conference attendance log and those joining via conference call are required to send an email to the Sole Point of Contact (see **Section 7.2, Sole Point of Contact**) advising of participation in the conference. Whether signing the conference attendance log in person or sending email notification, each attendee must provide his/her name, attendee's company name, and attendee email address.

WEBINAR INFORMATION:

The conference will be held through GoToWebinar, which may be accessed at: <https://attendee.gotowebinar.com/register/9003394276673879392>.

Webinar Instructions:

- A. Enter Webinar ID: 463-089-063.
- B. Enter Attendee's business email.
- C. To register, the participants must have the following information ready:
 - 1. First and last name of each attendee/registrant;
 - 2. E-mail address for the attendee/registrant;
 - 3. Applicant's legal name; and
 - 4. Job title of attendee/registrant.

**ARTICLE VIII. APPLICATION ORGANIZATION AND
SUBMISSION REQUIREMENTS**

8.1 APPLICATION RECEIPT

Applications must be received by HHSC by the Deadline for Submission of Applications specified in **Section 7.1, Schedule of Events**, or subsequent Addenda. HHSC will date and time stamp all Applications upon receipt. Applications received after the Deadline for Submission of Applications may be ruled ineligible. Applicants should allow for adequate time for submission before the posted Deadline for Submission of Applications.

No HHS agency will be held responsible for any Application that is mishandled prior to receipt by HHSC. It is the Applicant's responsibility to ensure its Application is received by HHSC before the Deadline for Submission of Applications. No HHS agency will be responsible for any technical issues that result in late delivery, non-receipt of an Application, inappropriately identified documents, or other submission issue that may lead to disqualification.

Note: All Applications become the property of HHSC after submission and receipt and will not be returned to Applicant.

Applicants understand and acknowledge that issuance of this RFA or retention of Applications received in response to this RFA in no way constitutes a commitment to award Grant Agreement(s) as a result of this RFA.

8.2 APPLICATION SUBMISSION

By submitting an Application in response to this Solicitation, Applicant represents and warrants that the individual submitting the Application and any related documents on behalf of the Applicant is authorized to do so and to binds the Applicant under any Grant Agreement that may result from the submission of an Application.

8.3 REQUIRED SUBMISSION METHOD

- A. Applicants must submit their completed Applications by the Deadline for Submission of Applications provided in the **Section 7.1, Schedule of Events**, or subsequent Addenda, using the approved method identified below. Applications submitted by any other method (e.g. facsimile, email) will not be considered and will be disqualified.

- B. **Submission Option #1 HHS Online Bid Room:** Applicants shall upload the following documents to the Online Bid Room utilizing the procedures in **Exhibit J, HHS Online Bid Room**. **File Size Limitation:** Restriction to 250MB per file attachment.
 - 1. One (1) copy marked as "Original Application" that contains the Applicant's entire Application in a Portable Document Format (".pdf") file.
 - 2. One (1) copy of the completed **Form F, Requested Budget Template**, in its original Excel format.
 - 3. One (1) copy of the complete Application marked as "Public Information Act Copy," if applicable, in accordance with **Section 12.1, Texas Public Information Act**, in a Portable Document Format (".pdf") file.

8.4 COSTS INCURRED FOR APPLICATION

All costs and expenses incurred in preparing and submitting an Application in response to this RFA and participating in the RFA selection process are entirely the responsibility of the Applicant.

8.5 APPLICATION COMPOSITION

All Applications must:

- A. Be responsive to all RFA requirements;
- B. Be clearly legible;
- C. Be presented using font type Verdana, Arial, or Times New Roman, font size 12 pt., with one (1) inch margins and 1.5 line spacing; the sole 12-point font size exception is no less than size 10 pt. for tables, graphs, and appendices;
- D. Include page numbering for each section of the Application; and
- E. Include signature of Applicant's authorized representative on all exhibits and forms requiring a signature. Copies of the Application documents should be made after signature.

8.6 APPLICATION ORGANIZATION

The complete Application file .pdf must:

- A. Be organized in the order outlined in the **Article XIII, Submission Checklist**, and include all required sections (e.g., "Administrative Information," "Narrative Proposal," and "Exhibits to be Submitted with Application,").
- 1. **Form F, Requested Budget Template** is to be submitted in its original Excel format.
- 2. Each Application section must have a cover page with the Applicant's legal name, RFA number, and Name of Grant identified.

- B. Include all required documentation, exhibits, and forms completed and signed, as applicable. Copies of forms are acceptable, but all copies must be identical to the original. All exhibits must be submitted and obtained directly from the posted RFA package; previous versions and copies are not allowed or acceptable.

8.7 APPLICATION WITHDRAWALS OR MODIFICATIONS

Prior to the Deadline for Submission of Applications set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda, an Applicant may:

1. Withdraw its Application by submitting a written request to the Sole Point of Contact; or
2. Modify its Application by submitting an entirely new submission, complete in all respects, using the method of submission set forth in this RFA. The modification must be received by HHSC by the Deadline for Submission of Applications set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda.

No withdrawal or modification request received after the Deadline for Submission of Applications, set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda, will be considered. Additionally, in the event of multiple Applications received, the most timely received and/or modified Application will replace the Applicant's original and all prior submission(s) in its entirety and the original submission(s) will not be considered.

ARTICLE IX. APPLICATION SCREENING AND EVALUATION

9.1 OVERVIEW

A three-step selection process will be used:

- A. Application screening to determine whether the Applicant meets the minimum requirements of this RFA;
- B. Evaluation based upon specific criteria; and
- C. Final selection based upon State priorities and other relevant factors, as outlined in **Section 10.1, Final Selection**.

9.2 INITIAL COMPLIANCE SCREENING OF APPLICATIONS

All Applications received by the Deadline for Submission of Applications as outlined in **Section 7.1, Schedule of Events**, or subsequent Addenda, will be screened by HHSC to determine which Applications meet all the minimum requirements of this RFA and are deemed responsive and qualified for further consideration. See **Section 3.2, Application Screening Requirements**.

At the sole discretion of HHSC, Applications with errors, omissions, or compliance issues may be considered non-responsive and may not be considered. The remaining Applications will continue to the evaluation stage and will be considered in the manner and form as which they are received. HHSC reserves the right to waive minor informalities in an Application. A “minor informality” is an omission or error that, in the determination of HHSC if waived or modified, would not give an Applicant an unfair advantage over other Applicants or result in a material change in the Application or RFA requirements. **Note:** Any disqualifying factor set forth in this RFA does not constitute an informality (e.g., **Exhibit A, HHS Solicitation Affirmations** or **Form F, Requested Budget Template**).

HHSC, at its sole discretion, may give an Applicant the opportunity to submit missing information or make corrections at any point after receipt of Application. The missing information or corrections must be submitted to the Sole Point of Contact e-mail address in **Section 7.2, Sole Point of Contact**, by the deadline set by HHSC. Failure to respond by the deadline may result in the rejection of the Application and the Applicant’s not being considered for award.

9.3 QUESTIONS OR REQUESTS FOR CLARIFICATION FOR APPLICATIONS

System Agency reserves the right to ask questions or request clarification or revised documents for a submitted Application from any Applicant at any time prior to award. System Agency reserves the right to select qualified Applications received in response to this RFA without discussion of the Applications with Applicants.

9.4 EVALUATION CRITERIA

Applications will be evaluated and scored in accordance with the following scoring criteria using **Exhibit I, Substance Use Prevention Services Evaluation Tool**.

Scoring Criteria: Qualified Applications shall be evaluated based upon:

A. Prevention Capacity (25%);

- B. Individual/Relationship Level (25%);
- C. Community Level (25%); and
- D. Societal Level (25%).

9.5 PAST PERFORMANCE

System Agency reserves the right to request additional information and conduct investigations as necessary on any Application. By submitting an Application, the Applicant generally releases from liability and waives all claims against any party providing information about the Applicant at the request of System Agency.

System Agency may examine Applicant's past performance which may include, but is not limited to, information about Applicant provided by any governmental entity, whether an agency or political subdivision of the State of Texas, another state, or the federal government.

System Agency, at its sole discretion, may also initiate investigations or examinations of Applicant performance based upon media reports. Any negative findings, as determined by System Agency in its sole discretion, may result in System Agency removing the Applicant from further consideration for award.

Past performance information regarding Applicants may include, but is not limited to:

- A. Notices of termination;
- B. Cure notices;
- C. Assessments of liquidated damages;
- D. Litigation;
- E. Audit reports; and
- F. Non-renewals of grants or Contracts based on Applicant's unsatisfactory performance.

Applicants also may be rejected as a result of unsatisfactory past performance under any grant(s) or contract(s) as reflected in vendor performance reports, reference checks, or other sources. An Applicant's past performance may be considered in the initial screening process and prior to making an award determination.

Reasons for which an Applicant may be denied a Grant Agreement at any point after Application submission include, but are not limited to:

- A. If applicable, Applicant has an unfavorable report or grade on the CPA Vendor Performance Tracking System (VPTS). VPTS may be accessed at: <https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/>; or
- B. Applicant is currently under a corrective action plan through HHSC or DSHS; or
- C. Applicant has had repeated, negative vendor performance reports for the same reason; or
- D. Applicant has a record of repeated non-responsiveness to vendor performance issues; or
- E. Applicant has contracts or purchase orders that have been cancelled in the previous 12 months for non-performance or substandard performance; or
- F. Any other performance issue that demonstrates that awarding a Grant Agreement to Applicant would not be in the best interest of the State.

9.6 COMPLIANCE FOR PARTICIPATION IN STATE CONTRACTS

Prior to award of a Grant Agreement as a result of this RFA and in addition to the initial screening of Applications, all required verification checks will be conducted.

The information (e.g., legal name and, if applicable, assumed name (d/b/a), tax identification number, Unique Entity Identifier (“UEI,” a unique identifier created via SAM.gov, which replaces the previously used DUNS) provided by Applicant will be used to conduct these checks. At System Agency’s sole discretion, Applicants found to be barred, prohibited, or otherwise excluded from award of a Grant Agreement may be disqualified from further consideration under this solicitation, pending satisfactory resolution of all compliance issues.

Checks include:

A. State of Texas Debarment and Warrant Hold

Applicant must not be debarred from doing business with the State of Texas (<https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/debarred-vendors.php>) or have an active warrant or payee hold placed by the Comptroller of Public Accounts (CPA).

B. U.S. System of Award Management (SAM) Exclusions List

Applicant must not be excluded from contract participation at the federal level. This verification is conducted through SAM, the official website of the U.S. Government which may be accessed at: <https://sam.gov/content/home>.

C. Divestment Statute Lists

Applicant must not be listed on the Divestment Statute Lists provided by CPA, which may be accessed at:

<https://comptroller.texas.gov/purchasing/publications/divestment.php>

1. Companies that boycott Israel;
2. Companies with Ties to Sudan;
3. Companies with Ties to Iran;
4. Foreign Terrorist Organizations; and
5. Companies with Ties to Foreign Terrorist Organizations.

D. HHS Office of Inspector General

Applicant must not be listed on the HHS Office of Inspector General Texas Exclusions List for people or businesses excluded from participating as a provider: [Texas HHSC OIG > Exclusions - Search \(state.tx.us\)](#).

E. U.S. Department of Health and Human Services

Applicant must not be listed on the U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals/Entities (LEIE), excluded from participation as a provider, unless a valid waiver is currently in effect: <https://exclusions.oig.hhs.gov/>.

Additionally, if a subrecipient under a federal award, the Grantee shall comply with requirements regarding registration with the U.S. Government's System for Award Management (SAM). This requirement includes maintaining an active SAM registration and the accuracy of the information in SAM. The Grantee shall review and update information at least annually after initial SAM registration and more frequently as required by 2 CFR Part 25.

For Grantees that may make procurements using grant funds awarded under the Grant Agreement, Grantee must check SAM Exclusions that contain the names of ineligible, debarred, and/or suspended parties. Grantee certifies through acceptance of a Grant Agreement it will not conduct business with any entity that is an excluded entity under SAM.

HHSC reserves the right to conduct additional checks to determine eligibility to receive a Grant Agreement.

ARTICLE X. AWARD-OF-GRANT-AGREEMENT PROCESS

10.1 FINAL SELECTION

After initial screening for eligibility and Application completeness, and initial evaluation against the criteria listed in **Section 9.4, Evaluation Criteria**, the System Agency may apply other considerations such as program policy or other selection factors that are essential to the process of selecting Applications that individually or collectively achieve program objectives. In applying these factors, the System Agency may consult with internal and external subject matter experts. The funding methodology for issuing final Grant Agreements will include funding allocated by Program Type at the Region level as determined by a formula that uses poverty-weighted population, population density, and need.

The System Agency will make final funding decisions based on Applicant eligibility, evaluation rankings, Region served, and the funding methodology above. To ensure programmatic statewide coverage, HHSC will allow each organization one award per Region according to the following parameters:

- A. One (1) Prevention Resource Center (PRC);
- B. One (1) Community Coalition Partnership (CCP) with up to four (4) Coalitions. HHSC will only fund one (1) coalition to serve one (1) county, except in counties with a population of over 2 million, where up to three (3) coalitions may be funded (more information on county size: https://www.texas-demographics.com/counties_by_population); and
- C. One (1) Youth Prevention Program Type (YP) with up to four (4) different curricula across the three (3) Programs (YPU, YPS, YPI). A fifth curriculum may also be allowed if it is Family-Focused. No organization is eligible to receive funding for more than two (2) curricula per Program (YPU, YPS, YPI) unless at least one (1) of them is Family-Focused. The same curriculum cannot be selected more than once per Program. Refer to **Exhibit O, Approved Curriculum List**.

After applications are scored:

- A. The application will be ranked against other applications within the same Region and Program Type;

- B. As outlined above, a single application may be considered for funding for numerous Program Types within a single Region;
- C. Ranking within each Program Type and Region group will be weighted according to the domains applicable to each Program Type; and
- D. Applications will be considered for funding based on score and availability of funds within each Region and Program Type group.

All funding recommendations will be considered for approval by the HHSC Program Deputy Executive Commissioner, or their designee.

Actual award amounts by Region may vary from the targeted allocation amount depending on the application received through the RFA process. Funds not awarded within a Region as allocated may be re-allocated to other Regions and Program types or may be reallocated to another Region(s) with demonstrated need and capacity.

10.2 NEGOTIATIONS

After selecting Applicants for award, the System Agency may engage in negotiations with selected Applicants. As determined by System Agency, the negotiation phase may involve direct contact between the selected Applicant and HHS representatives by virtual meeting, by phone and/or by email. Negotiations should not be interpreted as a preliminary intent to award funding unless explicitly stated in writing by the System Agency and is considered a step to finalize the Application to a state of approval and discuss proposed grant activities. During negotiations, selected Applicants may expect:

- A. An in-depth discussion of the submitted Application and requested Budget; and
- B. Requests from the System Agency for revised documents, clarification or additional detail regarding the Applicant's submitted Application. These clarifications and additional details, as required, must be submitted in writing by Applicant as finalized during the negotiation.

10.3 DISCLOSURE OF INTERESTED PARTIES

Subject to certain specified exceptions, Section 2252.908 of the Texas Government Code, Disclosure of Interested Parties, applies to a Grant Agreement of a State agency that has a value of \$1 million or more; requires an action or vote by the governing body of the entity or agency before the Grant Agreement may be signed; or is for services that would require a person to register as a lobbyist under Chapter 305 of the Texas Government Code.

One of the requirements of Section 2252.908 is that a business entity (defined as “any entity recognized by law through which business is conducted, including a sole proprietorship, partnership, or corporation”) must submit a Form 1295, Certificate of Interested Parties, to the System Agency at the time the business entity submits the signed Grant Agreement.

Applicant represents and warrants that, if selected for award of a Grant Agreement as a result of this RFA, Applicant will submit to the System Agency a completed, certified and signed Form 1295, Certificate of Interested Parties, at the time the potential Grantee submits the signed Grant Agreement.

The Form 1295 involves an electronic process through the Texas Ethics Commission (TEC). The online process for completing the Form 1295 may be found on the TEC public website at: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm.

Additional instructions and information to be used to process the Form 1295 will be provided by the System Agency to the potential Grantee(s). Grantee may contact Sole Point of Contact or designated contract manager for information needed to complete Form 1295.

If the potential Grantee does not submit a completed, certified and signed TEC Form 1295 to the System Agency with the signed Grant Agreement, the System Agency is prohibited by law from executing a Grant Agreement, even if the potential Grantee is otherwise eligible for award. The System Agency, as determined in its sole discretion, may award the Grant Agreement to the next qualified Applicant, who will then be subject to this procedure.

10.4 EXECUTION AND ANNOUNCEMENT OF GRANT AGREEMENT(S)

The System Agency intends to award multiple Grant Agreements as a result of this RFA. However, not all Applicants who are deemed eligible to receive funds are assured of receiving a Grant Agreement.

At any time and at its sole discretion, System Agency reserves the right to cancel this RFA, make partial award, or decline to award any Grant Agreement(s) as a result of this RFA.

The final funding amount and the provisions of the grant will be determined at the sole discretion of System Agency.

HHSC may announce tentative funding awards through an “Intent to Award Letter” once the HHSC Program Deputy Executive Commissioner and relevant HHSC approval authorities have given approval to initiate and/or execute grants. Receipt of an “Intent to Award Letter” does not authorize the recipient to incur expenditures or begin Project activities, nor does it guarantee current or future funding.

Upon execution of a Grant Agreement(s) as a result of this RFA, HHSC will post a notification of all grants awarded to the [HHS Grants RFA](#) website.

ARTICLE XI. GENERAL TERMS AND CONDITIONS

11.1 GRANT APPLICATION DISCLOSURE

In an effort to maximize State resources and reduce duplication of effort, the System Agency, at its discretion, may require the Applicant to disclose information regarding the Application for or award of State, federal, and/or local grant funding to the Applicant or subgrantee or subcontractor (i.e. organization who will participate, in part, in the operation of the Project) within the past two years to provide substance use prevention and behavioral health promotion services.

11.2 TEXAS HISTORICALLY UNDERUTILIZED BUSINESSES (HUBS)

In procuring goods and services using funding awarded under this RFA, Grantee must use HUBs or other designated businesses as required by law or the terms of the State or federal grant under which this RFA has been issued. (See, e.g., 2 CFR § 200.321.) If there are no such requirements, System Agency encourages Applicant to use HUBs to provide goods and services.

For information regarding the Texas HUB program, refer to CPA's website: <https://comptroller.texas.gov/purchasing/vendor/hub/>.

ARTICLE XII. APPLICATION CONFIDENTIAL OR PROPRIETARY INFORMATION

12.1 TEXAS PUBLIC INFORMATION ACT – APPLICATION DISCLOSURE REQUIREMENTS

Applications and resulting Grant Agreements 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 grants and Applications

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 Application is exempt from disclosure under the PIA, Applicant must:

A. Mark Original Application:

1. Mark the Original Application, at the top of the front page, with the words “CONTAINS CONFIDENTIAL INFORMATION” in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font); and
2. Identify, adjacent to each portion of the Application that Applicant claims is exempt from public disclosure, the claimed exemption from disclosure (NOTE: no redactions are to be made in the Original Application);

B. Certify in Original Application – HHS Solicitation Affirmations: Certify, in the designated section of the Exhibit A, HHS Solicitation Affirmations, Applicant’s confidential information assertion and the filing of its Public Information Act Copy; and

C. Submit Public Information Act Copy of Application: Submit a separate “Public Information Act Copy” of the Original Application (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);
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 (3) of this section must be identical to those set forth in the Original Application as required in Subsection 1(b), above. The only difference in required markings and information between the Original Application and the “Public Information Act Copy” of the Application will be redactions – which can only be included in the “Public Information Act Copy.” There must be no redactions in the Original Application.

By submitting an Application under this RFA, Applicant agrees that, if Applicant does not mark the Original Application, provide the required certification in Exhibit A, HHS Solicitation Affirmations, and submit the Public Information Act Copy, the

Application 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 the 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, the System Agency, in its sole discretion, reserves the right to (i) disqualify all Applicants that fail to fully comply with the requirements set forth in this section, or (ii) to offer all Applicants that fail to fully comply with the requirements set forth in this section additional time to comply.

No Applicant should submit a Public Information Act Copy indicating that the entire Application is exempt from disclosure. Merely making a blanket claim that the entire Application 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 Application subject to release under the PIA.

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

The 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, Applicant acknowledges that all information, documentation, and other materials submitted in its Application may be subject to public disclosure under the PIA. The 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. The 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 <http://www.texasattorneygeneral.gov>.

12.2 INTELLECTUAL PROPERTY WAIVER

SUBMISSION OF ANY DOCUMENT TO ANY HHS AGENCY IN RESPONSE TO THIS SOLICITATION CONSTITUTES AN IRREVOCABLE WAIVER, AND AGREEMENT BY THE SUBMITTING PARTY TO FULLY INDEMNIFY THE STATE OF TEXAS AND HHS FROM ANY CLAIM OF INFRINGEMENT REGARDING THE INTELLECTUAL PROPERTY RIGHTS OF THE SUBMITTING PARTY OR ANY THIRD PARTY FOR ANY MATERIALS SUBMITTED TO HHS BY THE SUBMITTING PARTY.

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ARTICLE 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, 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** (completed and signed) and **Form F, Requested Budget Template** (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 and exhibits identified within a section:

A. Administrative Information:

1. Form A, Respondent Information _____
2. Form B-1, Governmental Entity (if applicable) _____
3. Form B-2, Non-Governmental Entity (if applicable) _____
4. Form C, Administrative Information _____
5. Form D, Contact Person Information _____

B. Narrative Proposal [The Narrative Proposal must be titled “Narrative Proposal” and include the Applicant’s Legal Name, the RFA No., and the name of the Grant Program. Use the titles below for each required section.]

1. Form E, Program Response Form _____
2. Form F, Requested Budget Template (Excel) _____

This Requested Budget 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 Requested Budget Template will be disqualified.

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

4. Form H, Financial Management & Administrative Questionnaire _____

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

1. Exhibit A, HHS Solicitation Affirmations _____

Exhibit A is mandatory and must be completed, signed and submitted for the Application to be considered responsive. Applications received without Exhibit A or with an unsigned Exhibit A may be disqualified.

2. Exhibit D, HHS Data Use Agreement (DUA) _____

3. Exhibit D-1, HHS Data Use Agreement (DUA) Governmental Entity _____

4. Exhibit D-2, Texas HHS System-Data Use Agreement-Attachment 2, Security and Privacy Inquiry (SPI) _____

5. Exhibit E, Federal Funding Accountability and Transparency Act (FFATA) Certification _____

6. Exhibit F, Assurances – Non-Construction Programs _____

7. Exhibit G, Certification Regarding Lobbying _____

8. Exhibit H, Exceptions, if applicable _____

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

ARTICLE XIV. LIST OF EXHIBITS AND FORMS ATTACHED TO
RFA

EXHIBITS:

Exhibit A, HHS Solicitation Affirmations v. 2.4, August 2023

Exhibit B, Health and Human Services (HHS) Uniform Terms and Conditions – Grant Version 3.2

Exhibit C, HHS Additional Provisions – Grant Funding, Version 1.0

Exhibit D, HHS Data Use Agreement (DUA) – Version 8.5

Exhibit D-1, HHS Data Use Agreement (DUA) – Governmental Entity Version 8.5

Exhibit D-2, Texas HHS System-Data Use Agreement-Attachment 2, Security and Privacy Inquiry (SPI)

Exhibit E, Federal Funding Accountability and Transparency Act (FFATA) Certification

Exhibit F, Assurances – Non-Construction Programs

Exhibit G, Certification Regarding Lobbying

Exhibit H, Exceptions Form

Exhibit I, Substance Use Prevention Services Evaluation Tool

Exhibit J, HHS Online Bid Room

Exhibit K, Prevention and Behavioral Health Promotion (PBHP) General Statement of Work

Exhibit K-1, Community Coalition Partnership (CCP) Statement of Work

Exhibit K-2, Prevention Resource Centers Statement of Work

Exhibit K-3, Youth Prevention Services Statement of Work

Exhibit L, Health and Human Services (HHS) Offices by County

Exhibit M, Strategic Focus Areas and Menu of Strategies

Exhibit N, Prevention Activity Tracking Tool (PATT)

Exhibit O, Approved Curriculum List

Exhibit P, YP Performance Measures Estimation Tool

Exhibit Q, Fiscal Requirements

Exhibit R, Clinical Management for Behavioral Health Services (CMBHS)

FORMS:

Form A, Respondent Information

Form B-1, Governmental Entity – Authorized Officials

Form B-2, Non-Governmental Entity – Authorized Officials

Form C, Administrative Information

Form D, Contact Person Information

Form E, Program Response Form

Form F, Requested Budget Template

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

Form H, Financial Management & Administrative Questionnaire