



# TEXAS

## Health and Human Services

*Cecile E. Young, Executive Commissioner*

*Request for Applications (RFA)*

*Grant for*

*Houston Preventative and Primary Health Services*

*RFA No. HHS0014532*

**DEADLINE FOR SUBMISSION OF APPLICATIONS**

*July 18, 2024 by 10:30 a.m. Central Time*

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**Section I. Executive Summary, Definitions, and Statutory Authority**

**1.1 EXECUTIVE SUMMARY**

The Texas Health and Human Services Commission (HHSC), the System Agency, is accepting Applications for the targeted Houston Preventative and Primary Health (HPPH) Services provided in “At-Risk” or “Distressed” communities.

The purpose of this funding opportunity is to deliver services that expand access to no-or low-cost preventative and primary medical, dental, diagnostic, specialty, and children’s health services to improve the health of low-income adults and children in the targeted Houston area.

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

Grant Name:	Houston Preventative and Primary Health Services
RFA No.:	HHS0014532
Deadline for Submission of Applications:	July 18, 2024, by 10:30 a.m. Central Time
Deadline for Submitting Questions or Requests for Clarifications:	June 25, 2024, by 5:00 p.m. Central Time
Estimated Total Available Funding:	\$1,000,000.00
Estimated Total Number of Awards:	One (1)
Estimated Max Award Amount:	\$1,000,000.00
Anticipated Project Start Date:	October 2024
Anticipated Project End Date:	June 2025
Anticipated Length of Project Period:	Approximately 9 months

Eligible Applicants:	See <b>Section 3.2, Application Screening Requirements</b>
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To be considered for screening, evaluation and award, Applicants must provide and submit all required information and documentation as set forth in **Section VIII, Application Organization and Submission Requirements** and **Section 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. Each Addendum will be posted and must be signed by the Applicant and returned with its Application.

“Applicant” means 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 as “Respondent.”

“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.”

“At-Risk” means any person with access and functional needs (temporary or permanent) that may interfere with their ability to access or receive medical care.

“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 estimated Budget may differ from the System Agency-approved Budget executed in the final Grant Agreement.

“Business Day(s)” means a weekday Monday through Friday from 9am to 5pm that is not a public holiday

“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 target population defined in **Section 2.3, Eligible Population**, to be served under a Grant Agreement as a result of this RFA.

“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.

“Distressed” means these areas have a median family income no greater than 67% of the U.S. average and a poverty rate 150% of the U.S. average or greater.

“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.

“General Ledger” means a set of numbered accounts a business uses to keep track of the financial transactions that may include assets, liabilities, equity, revenue and expenses.

“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 as “Contract.”

“Grantee” means the Party receiving funds under any Grant Agreement awarded under this RFA. May also be referred to as “Subrecipient” or “Contractor.”

“HHS” includes both the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS).

“HHSC” means the Health and Human Services Commission.

“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.

“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” is 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, “Grant Term” is used.

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

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

“System Agency” means HHSC, DSHS, or both, that will be a party to any Grant Agreement resulting from the RFA.

“TxGMS” means the Texas Grant Management Standards published by the Texas Comptroller of Public Accounts.

### **1.3 STATUTORY AUTHORITY**

The System Agency is requesting applications pursuant to Section 3.13 of Senate Bill (S.B.) 30, 88th Legislature, Regular Session, 2023, which also authorizes the use of state funds for this Grant Project. All awards are subject to the availability of appropriated state funds and any modifications or additional requirements that may be imposed by law.

### **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 Part 200).



## Section II. Scope of Grant Project

### **2.1 PURPOSE**

This funding opportunity invites grant applications requesting funding for targeted Houston Preventative and Primary Health Services in specific zip codes within the Houston area (see **Section 2.4, Eligible Service Area**, herein). Pursuant to Section 3.13 of Senate Bill 30, 88th Legislature, Regular Session, 2023, the purpose of the grant is to provide services that expand access to no- or low-cost preventive and primary medical, dental, diagnostic, specialty, and children’s health services to improve the health of low-income adults and children.

### **2.2 PROGRAM BACKGROUND**

Houston is the fourth largest city in the US, with an estimated population of 2.3 million as of 2023. Most of Houston is contained within Harris County. Harris County, including Houston, is home to approximately 4.8 million residents. The Houston metropolitan area also known as the Houston-The Woodlands-Sugar Land Metropolitan Statistical Area (hereinafter referred to as “MSA”), contains approximately 7.4 million residents, according to US Census estimates. This area has been growing rapidly for years. (See 2022 estimates at Texas Demographic Center, currently available at:

<https://demographics.texas.gov/Estimates/2022/>). The city of Houston is incredibly diverse with a population demographic that includes: 44.8% Hispanic or Latino, 23.6% White alone (not Hispanic or Latino), 22.4% Black or African American alone, 6.9% Asian alone, 0.7% American Indian and Alaska Native alone, 0.1% Native Hawaiian and Other Pacific Islander alone, and 14.9% Two or More Races. In 2022, the Census Bureau estimated that 19.6% of individuals live in poverty and 26.9% lack health insurance. (See U.S. Census QuickFacts, currently available at:

<https://www.census.gov/quickfacts/fact/table/houstoncitytexas/IPE120221>). Access to healthcare is crucial for maintaining good health. In 2019, the Houston Public Health Department reported that 22% of adults in Houston reported that they were unable to see a doctor during the past year due to cost, and this was much higher than in Texas (18%) and US (12%) overall. (See Health Disparity and Health Inequity Summary Report, currently available at: <https://www.houstonhealth.org/services/data-reporting/planning-evaluation-research/community-health-profiles-reports>).

### **2.3 ELIGIBLE POPULATION**

The eligible population to be served under this RFA consists of any individual that is:

- A. A resident of a zip code in the Harris County eligible service area (residency is self-declared); and

B. Has household income at or below 200 percent of the Federal Poverty Level (FPL).

Grantee may provide services to persons with third-party insurance if the person's insurance deductible is 5% or more of the person's monthly income or if the confidentiality of the person is a concern for reasons such as disclosures to third parties may cause physical or psychological harm to the person (e.g., domestic violence situations).

## 2.4 ELIGIBLE SERVICE AREAS

The eligible service areas are low-income Houston areas within specified zip codes designated as "At-Risk" or "Distressed" in **Form D, Zip Codes In the City of Houston and Harris County Texas Served by Project** attached to the RFA with high incidences of poverty, joblessness, and housing vacancies.

Grantee's proposed service areas, specific zip codes selected in **Form D, Zip Codes In the City of Houston and Harris County Texas Served by Project** must include at least one community in Harris County designated as either "At-Risk" or "Distressed" in the Economic Innovation Group's Distressed Communities Index (currently available at: <https://eig.org/distressed-communities/2022-dci-interactive-map/>). Zip codes ranked as "prosperous" or "comfortable" may also be included but are not required.

This grant 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 are eligible for reimbursement and payment under any Grant Agreement awarded as a result of this RFA.

Grant funds must be used to facilitate the implementation and operation of the HPPH services. The following items are allowable expenditures of grant funds:

- A. Clinical facilities and equipment;
- B. Services and supplies, including preventative and primary health, specialty health, and dental services provided to Clients;
- C. Purchases that support the provision of services provided for HPPH services, including but not limited to medical supplies, with prior approval from System Agency;
- D. Personnel, fringe, staff training, and travel essential to service provision and operation of the HPPH; and
- E. Indirect costs, as applicable.

Additional items may be included at the discretion of the System Agency.

## 2.5 PROGRAM REQUIREMENTS

### 2.5.1 Eligibility and Fees

The Grantee awarded funding under this RFA must:

- A. Develop a policy outlining grantee procedures for how staff will screen for client eligibility for HPPH services, and review and ensure staff are trained on this policy.
- B. Perform an eligibility screening assessment on all Clients who present for services. Potential clients must be screened for Medicaid, Children’s Health Insurance Program (CHIP), Medicaid for Pregnant Women, CHIP Perinatal Program, and any other state-funded benefit programs.
- C. Verify and document residency in the individual record, without jeopardizing the delivery of services.
- D. Verify and document income in the individual record. If the methods used for income verification jeopardize the individual’s right to confidentiality or impose a barrier to receipt of services, Grantee can govern final determination of eligibility. Reasons for waiving verification of income must be noted in the individual record.
- E. Consider potential clients as automatically income eligible for services at an initial or renewal eligibility determination if the person is able to provide proof of active enrollment in one of the following programs:
  1. Temporary Assistance for Needy Families (TANF);
  2. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC);  
or
  3. Supplemental Nutrition Program (SNAP).
- F. Establish a process to determine the Client’s actual household FPL that includes determining Client’s household size and monthly income amount and adjust annually based on the U.S. Federal Poverty Guidelines as set forth in <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>.
- G. Not charge Clients co-pays or administrative fees for items such as processing and/or transfer of medical records, or copies of immunization records.
- H. Optionally bill Clients for services outside the scope of allowable services if the service is provided at the individual’s request and the Client is made aware of their responsibility for paying for the charges.

### 2.5.2 Administrative Requirements

- A. Ensure compliance with this Contract, including these Grantee requirements:
  1. Ensure compliance with HHSC Grants, currently available online at: <https://www.hhs.texas.gov/business/grants>. System Agency, at its sole discretion, may revise the online link provided in this subsection. Grantee is responsible for contacting System Agency at any time that Grantee is not able to access the online materials to request the updated link. Grantee is responsible for complying with the

Grant Technical Assistance Guide, including any revisions to the standards during the Contract term; and,

2. Maintain an appropriate contract administration system to ensure that all terms, conditions, and specifications of this Contract are met.
- B. Comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards: <https://www.hhs.texas.gov/regulations/legal-information/hipaa-privacy-laws> for protection of privacy and other Client rights.
- C. Obtain written consent from Clients prior to releasing personally identifiable information, except as may be necessary to provide services to the individual, or as required by law, with appropriate safeguards for confidentiality. Protected health information includes but is not limited to a Client's name, address, birth date, Social Security number, biometric identifiers or other personally identifiable information. If the individual is a minor, then the minor's parent, managing conservator, or guardian, as authorized by Chapter 32 of Texas Family Code or by federal law or regulations, must authorize the release. Emancipated or married minors may authorize the release of their own information. HIV information should be handled according to state and federal law. Grantee must provide each Client with a copy of their clinic confidentiality requirement or a copy of the Client's signed confidentiality agreement.
- D. Comply with informed consent for dental procedures according to Rule 108.7 of Title 22 of the Texas Administrative Code regarding minimum standards of care for dentists.
- E. Comply with state laws governing the reporting of suspected abuse and neglect of children, adults with disabilities, or individuals 65 years of age or older pursuant to Chapter 48 of the Texas Human Resource Code and Chapter 261 of the Texas Family Code.
- F. Comply with all federal anti-trafficking laws, including the Trafficking Victims Protection Act of 2000 (see 22 USC § 7101, et seq.).
- G. Comply with state and federal civil rights laws and regulations including Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975 and Section 504 of the Rehabilitation Act of 1973. Grantee must ensure that services are accessible to persons with Limited English Proficiency (LEP) and speech or sensory impairments at no cost to the Client.
- H. Maintain written or electronic records at each location at which services are performed or establish a process to upload electronic health records within three (3) Business Days. Grantee must maintain financial records in accordance with Title 1 of the Texas Administrative Code (TAC), Part 15, Chapter 354, Subchapter A, Division 1, §[354.1003](#), and all medical records in accordance with Title 22 of the TAC Part 9, Chapter [165](#). Grantee must maintain medical records for at least seven years after the close of the contract and follow the retention standards of the relevant licensing entity. All records relating to services must be accessible for examination at any reasonable time by representatives of the System Agency and as required by law.
- I. Ensure each Client receives verbal assurance of confidentiality and an explanation of what confidentiality means (in simple terms such as "kept private and not shared without permission with additional information to meet requirements established in the

U.S. Health Insurance Portability and Accountability Act of 1996 (HIPAA) and any applicable exceptions such as abuse reporting.

- J. Develop policies and procedures for internal quality assurance and quality improvement systems and processes to monitor services.
- K. Maintain a written disaster response plan that addresses how staff is to respond to emergency situations including, but not limited to, fires, flooding, power outages, bomb threats, and clinical emergencies. The disaster response plan must comply with all applicable local, state, and federal laws, rules, and regulations governing provision of services under this Contract.
- L. Ensure when services are provided by an advanced practice nurse (APRN) and/or physician assistant (PA) that a properly executed prescriptive authority agreement (PAA) is in place for each mid-level provider. The PAA must meet all the requirements delineated in Chapter 157 of the Texas Occupations Code
- M. Comply with Chapter 193 of Title 22 in the Texas Administrative Code when services are provided by unlicensed and licensed personnel other than an APRN or PA whose duties include actions or procedures for a population with specific diseases, disorders, health problems, or sets of symptoms, and the Grantee must have written standing delegation orders (SDOs) in place.
- N. Establish referral and follow-up process, with System Agency prior approval, to ensure timely follow-up and continuity of care for Clients who are served by one or more sub-contractors or vendors. Grantee must document the Client's preferred method of follow-up for clinic services (cell phone, email, work phone, etc.) and the Client's preferred language. Before a person is considered "lost to follow-up" and their individual record closed, Grantee shall make at least three documented attempts to contact the person, using a follow up process, to be determined by the Grantee, in which subsequent attempts involve a more intensive effort to contact the person.
- O. Enroll as a Medicaid provider with Texas Medicaid & Healthcare Partnership (TMHP). Grantee must complete the required Medicaid provider enrollment application forms and enter into a written Medicaid provider agreement with HHSC, the single State Medicaid agency. Grantee must maintain an active Texas Medicaid provider status. For additional information on how to apply, visit <https://www.tmhp.com/topics/provider-enrollment/how-apply-enrollment>.

### **2.5.3 Clinical Requirements**

- A. With System Agency prior approval, offer some or all the following preventive and primary health and dental services for adults and children:
  - 1. Diagnosis and treatment of common acute and chronic diseases affecting the general health of the Client, including:
    - a. Initial contact with a Client for an undiagnosed health concern (including sick child visits); and
    - b. Continuing care of varied medical conditions not limited by cause or organ system.

2. Family Planning Services to assist a person in controlling fertility and achieving optimal reproductive and general health, including:
    - a. Health check-up and physical exam;
    - b. Birth control methods including pills, IUD, condoms, shot, and ring; and
    - c. Natural family planning.
  3. Lab tests for:
    - a. Sexually transmitted infections (STIs); and
    - b. Pregnancy testing.
  4. Counseling regarding:
    - a. Abstinence;
    - b. Preconception;
    - c. Nutrition; and
    - d. Infertility.
  5. Preventive Health Services including:
    - a. Immunizations;
    - b. Cancer screenings;
    - c. Screenings for acute and chronic conditions; and
    - d. Health screenings to determine the need for intervention and possibly more comprehensive evaluation.
  6. Medically necessary Diagnostic Laboratory and Radiological Services which means technical laboratory and radiological services ordered and provided by, or under the direction of, a physician in an office or a facility other than a hospital inpatient setting.
  7. Dental services including:
    - a. Dental exams, consults, and x-rays; and
    - b. Preventative dental procedures, such as tooth extractions, surgical and non-surgical root canal therapy, direct and indirect restorations, fixed and removable prosthetics/devices, dental implant restorations, deep scaling root planning, crown lengthening, biopsies, and pathology evaluations.
  8. Well child and adolescent check-ups and comprehensive physical exams.
  9. Health Education including planned learning experiences based on sound theories that provide individuals, groups and communities the opportunity to increase knowledge, and skills needed to make healthy decisions.
  10. Referrals to social services.
- B. With System Agency prior approval, optionally offer, some or all the following optional specialty health services including:

1. Cardiology;
  2. Dermatology;
  3. Ear, Nose, and Throat;
  4. Gastroenterology;
  5. Neurology;
  6. Nutrition;
  7. Oncology;
  8. Ophthalmology;
  9. Orthopedics;
  10. Podiatry;
  11. Physical therapy;
  12. Sports medicine; and
  13. Urology.
- C. Not limit services to only one service type (e.g., family planning, breast and cervical cancer screening or podiatry).
- D. Provide services based on nationally recognized, evidence-based guidelines.
- E. Have the appropriate pharmacy license, including but not limited to specialty licenses, or enter into one or more Memorandums of Understanding (MOUs) with local pharmacies in the community to ensure HPPH Client access to needed pharmaceuticals.
- F. Employ dedicated staff to conduct Client reminders via text, phone call, automated electronic health record, or other method or must contract for this service with each specific site location.
- G. Establish a process for communicating results to Clients via mailed letters, phone calls, patient portals, or other method or must contract for this service with an affiliated clinic or hospital, or with each specific site location.
- H. Ensure staff are provided training on the requirements set forth under in this statement of work.
- I. Ensure all medical professionals maintain professional licenses in good standing with the respective state governing oversight board.
- J. Participate in any evaluation, technical assistance or training provided by the System Agency or its designee.

## **2.6 REQUIRED REPORTS**

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

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

REPORT	DUE DATE
Voucher Packet (comprised of HHSC State Voucher and B-13 Form)	Due monthly on the last Business Day of the month that follows the month in which expenses were incurred or services provided.
Final Voucher Packet	Due by or before 45 calendar days after the end of the Grant Agreement term.
Performance Measures Report	Due monthly by or before the 30 <sup>th</sup> calendar day following the end of the month being reported.
Financial Status Report (FSR)	Due quarterly by or before the last Business Day of the month following the end of the quarter period of the state fiscal year being reported. Periods are as follows:  Qtr. 1- December 31  Qtr. 2- March 31  Qtr. 3- June 30  Qtr. 4- September 30
Final Financial Status Report (FSR)	By or before 45 calendar days after the end of the Grant Agreement term.

Grantee shall provide all applicable reports in the format 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.

## 2.7 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.

The Grant Agreement awarded as a result of this RFA is 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.

Grantee must regularly collect and maintain data that measures the performance and effectiveness of activities under the 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. Grantee 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:

- A. Number of new unduplicated Clients served (a Client is counted only one time during the project's fiscal year, regardless of the number of visits, encounters, or services they receive from the HPPH).
- B. Number and type of each service provided, including health education provided and referrals to other healthcare providers or community services.

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.

## **2.8 FINANCIAL STATUS REPORTS (FSRs)**

Except as otherwise provided, 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. That 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 close-out invoice not later than 45 calendar days following the end of 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 v. 8.5** or **Exhibit D-1, Governmental Entity Version HHS Data Use Agreement v. 8.5**, if applicable, and including but not limited to the terms and conditions regarding **Exhibit D-2, TEXAS HHS SYSTEM Data Use Agreement- Attachment 2, Security and Privacy Inquiry (SPI)**, attached to this RFA.

## 2.11 LIMITATIONS ON GRANTS TO UNITS OF LOCAL GOVERNMENT

Pursuant to the 2024-2025 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. §§556.004, 556.005, and 556.006, Government Code; and
- C. §§2113.012 and 2113.101, Government Code.
- D. In this section, "unit of local government" means:
  1. A council of governments, a regional planning commission, or a similar regional planning agency created under Chapter 391, Local Government Code;
  2. A local workforce development board; or
  3. A community center as defined by Health and Safety Code, §534.001(b).

## **Section 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.

### 3.2 APPLICATION SCREENING REQUIREMENTS

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

- A. Applicant must be a governmental entity (health department, hospital district, university medical center, and other State or local agency); a federally qualified health center (“FQHC”) (which is a safety net provider that provides services typically given in an outpatient clinic); or a nonprofit entity, with 501(c)(3) status.
- B. Applicant must have a Texas address. A post office box may be used when the Application is submitted, but the Applicant must conduct business at a physical location in Texas prior to the date that the Grant Agreement is awarded.
- C. Applicant's proposed service area must include at least one community in Harris County that is designated as either “At-Risk” or “Distressed” in **Form D, Zip Codes In the City of Houston and Harris County Texas Served by Project**, based on information obtained in the Economic Innovation Group’s Distressed Communities Index. Zip codes ranked as “prosperous” or “comfortable” may also be included but are not required. These areas are ranked higher in job growth and development, have higher median incomes, and lower poverty rates and as a result, are less likely to have the target population living in these areas.
- D. Applicant must be able to provide a General Ledger from Applicant’s computerized system that has accounts assigned to track financial transactions for the Grant that may include assets, liabilities, equity, revenue, and expenses.
- E. Applicant must be a Texas Medicaid provider or provide evidence with its Application that a Medicaid application has been submitted to obtain a Texas Provider Identifier (“TPI”) number (see **Form A, Face Page**). The Medicaid number provided must be for the organization itself, and not for individual providers associated with the organization.

### 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.

## **Section IV. Project Period**

### **4.1 PROJECT PERIOD**

The Project Period is **September 1, 2024**, through **June 9, 2025**.

### **4.2 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 close-out date is 90 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.

## **Section V. Grant Funding and Reimbursement Information**

### **5.1 GRANT FUNDING SOURCE AND AVAILABLE FUNDING**

The total amount of state funding available for the targeted Houston Preventative and Primary Health services grant is **\$1,000,000.00** for the entire Project Period. It is the System Agency's intention to make one (1) award to one Applicant that successfully demonstrates their ability to deliver services that expand access to no- or low-cost preventative and primary medical, dental, diagnostic, specialty, and children's health services in the Houston area.

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 Application may not be funded to the full extent of Applicant's requested Budget.

Reimbursement will only be made for actual, allowable, and allocable expenses that occur within the Project Period. No spending or costs incurred prior to the effective date or after the end date of the award will be 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. Grantee 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. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
- G. 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;
- H. Costs of promotional items, and memorabilia, including models, gifts, and souvenirs;
- I. 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;
- J. Membership dues for individuals;
- K. Any expense or service that is readily available at no cost to the grant Project;
- L. Any activities related to fundraising;
- M. 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;
- N. Any other prohibition imposed by federal, state, or local law; and
- O. 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**

There is no match or cost sharing requirement for this RFA.

## 5.5 PAYMENT METHOD

The Grant Agreement awarded under this RFA will be funded on a cost reimbursement basis for reasonable, allowable and allocable Grant Project direct 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.

## Section VI. Application Exhibits and Forms for Submission

**Note:** Applicants must refer to **Section 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 C, Work Plan, Form D, Zip Codes in the City of Houston and Harris County Served by Project, Form E, Performance Measures and Funding Ceiling Request, and Form F, Subcontracting Information**, attached to this RFA, Applicants shall provide an executive summary and describe their proposed activities, processes, and methodologies to satisfy all objectives described in **Section II, Scope of Grant Project**, including the Applicant's application, zip codes served, performance measures, and subcontractor information, if appropriate. Applicants should identify all proposed tasks to be performed, including all Project activities, during the Grant Project Period. Applicants must complete and submit all required attachments.

## 6.2 REQUESTED BUDGET

Attached **Exhibit H, FY25 Estimated Budget Workbook**, of this RFA is the template for submitting the Estimated Budget. Applicants must develop the Estimated 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 Estimated 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 Part 200.403 or TxGMS Cost Principles, Basic Considerations (pgs. 32-33), for additional information related to factors affecting allowability of costs.

Applicants must utilize the Budget template provided, **Exhibit H, FY25 Estimated Budget Workbook**, 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 estimated costs are reasonable, allowable, and necessary for the successful performance of the Project. Applicants must enter all costs in the Budget tables and explain why the cost is necessary and how the cost was established. Matching funds must also be identified in the Estimated Budget.

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

**Submission of Exhibit H, FY25 Estimated Budget Workbook, is mandatory. Applicants that fail to submit an Estimated Budget Workbook 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 HHS System Indirect Costs Rate (ICR) Questionnaire for Request for Application (RFA)**, with required supporting documentation. The questionnaire initiates the acknowledgment or approval of an ICR for use with the System Agency cost-reimbursable contracts. 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 following approved ICRs:

- A. Federally Approved Indirect Cost Rate Agreement; or
- 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 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 **Form A** through **Form B-2** 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 v. 2.4.** 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.

Applicant must complete **Form I, Contract and Litigation History**, and submit with its Application.

### **B. Internal Controls Questionnaire**

Applicant must complete **Form H, Internal Controls Questionnaire Financial Management and Administration**, and submit with its Application.

## Section 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	June 12, 2024
Deadline for Submitting Questions or Requests for Clarification	June 25, 2024 by 5:00 p.m. Central Time
Tentative Date Answers to Questions or Requests for Clarification Posted	July 1, 2024 by 5:00 p.m. Central Time
<b>Deadline for Submission of Applications</b>  <b>NOTE: Applications must be <u>RECEIVED</u> by HHSC by this deadline if not changed by subsequent Addenda to be considered eligible.</b>	<b>July 18, 2024 by 10:30 a.m.</b> Central Time
Anticipated Notice of Award	September 2024
Anticipated Project Start Date	October 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 [web page](#). 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:

<b>Name</b>	Michelle Boyd
<b>Title</b>	Contract Administrative Manager I, HHSC Procurement and Contracting Services
<b>Address</b>	Procurement and Contracting Services Building 1100 W 49th St. MC: 2020 Austin, TX 78756
<b>Phone</b>	512-776-2831
<b>Email</b>	<a href="mailto:Michelle.Boyd@hhs.texas.gov">Michelle.Boyd@hhs.texas.gov</a>

**Applicants shall not use this e-mail address for submission of an Application. Follow the instructions for submission as outlined in Section 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 established in **Section 7.1, Schedule of Events**, or as may be amended in Addenda, if any, posted to the HHS Grants RFA websites.

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.**

#### **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. 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, AMENDMENT OR MODIFICATION 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 F, 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.

## **Section 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 a Grant Agreement 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 one of the approved methods identified below. Applications submitted by any other method (e.g., facsimile) 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 G, 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 **Exhibit H, FY25 Estimated Budget Workbook**, in its original Excel format.
  3. One (1) copy of the completed **Form E, Performance Measures and Funding Ceiling Request**, in its original Word format.
  4. 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-Application Disclosure Requirements**, in a Portable Document Format (“.pdf”) file.
- C. **Submission Option #2 Sealed Package with USB Drives:** Applicants shall submit each of the following on separate USB drives:
1. One (1) USB drive with the complete Application file marked as “Original Application” in a Portable Document Format (“.pdf”) file. Include the USB in a separate envelope within the sealed Application package and mark the USB and envelope with “Original Application.” USB drive must include the completed **Exhibit H, FY25 Estimated Budget Workbook**, in its original Excel format and one (1) copy of the completed **Form E, Performance Measures and Funding Ceiling Request**, in its original Word format.
  2. One (1) USB drive with a copy of the complete Application file marked as “Public Information Act Copy,” if applicable and in accordance with **Section 12.1, Texas Public Information Act-Application Disclosure Requirements**. The copy must be in a Portable Document Format (“.pdf”) file. Include the USB in a separate envelope within the sealed package and mark the USB and envelope with “Public Information Act Copy” or “PIA Copy.”
- D. Sealed packaged must be clearly labeled with the following:
1. RFA Number;
  2. RFA Title;
  3. Application Response Deadline;
  4. Sole Point of Contact’s name; and
  5. Applicant’s legal name
- E. Applicants are solely responsible for ensuring the USB drives are submitted in sealed packaging that is sufficient to prevent damage to contents and delivered by U.S. Postal Service, overnight or express mail, or hand delivery to the addresses below. No HHS agency will be responsible or liable for any damage.

Overnight/Express/Priority Mail	Hand Delivery
<p>Health and Human Services Commission  ATTN: Michelle Boyd  Procurement &amp; Contracting Services  Building 1100 W. 49th St., MC 2020  Austin, Texas 78756</p>	<p>Health and Human Services Commission  ATTN: Michelle Boyd  Procurement &amp; Contracting Services Building  1100 W. 49th St., MC 2020  Austin, Texas 78756</p>

#### 8.4 COSTS INCURRED FOR APPLICATION

All costs and expenses incurred in preparing and submitting an 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 proposal; 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 **Section XIII, Submission Checklist**, and include all required sections (e.g., “Administrative Information,” “Narrative Proposal,” “Exhibits to be Submitted with Application,” and “Addenda”)



1. **Exhibit H, FY25 Estimated Budget Workbook**, is to be submitted in its original Excel format.
  2. **Form E, Performance Measures and Funding Ceiling Request**, is to be submitted in its original Word format.
  3. 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:

- A. Withdraw its Application by submitting a written request to the Sole Point of Contact; or
- B. Modify its Application by submitting an entirely new submission, complete in all respects, using one of the approved methods 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.

## **Section 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, in coordination with System Agency, 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 v. 2.4**, or **Exhibit H, FY25 Estimated Budget Workbook**).

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 E, Evaluation Tool**.

**Scoring Criteria:** Qualified Applications shall be evaluated based upon local unmet needs which comprises:

- A. Local Unmet Needs (100%)

## **9.5 PAST PERFORMANCE**

System Agency reserves the right to request additional information and conduct investigations as necessary to evaluate 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, DUNS number) 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://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>

### **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> Companies that boycott Israel;

1. Companies with Ties to Sudan;
2. Companies with Ties to Iran;
3. Foreign Terrorist Organizations; and
4. 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:

<https://oig.hhsc.texas.gov/exclusions>

#### **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.

## **Section 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 System Agency will make final funding decisions based on Applicant eligibility, evaluation rankings, the funding methodology above, and geographic distribution across the state, program priorities, reasonableness, availability of funding, cost-effectiveness, and other relevant factors.

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

### **10.2 NEGOTIATIONS**

After selecting Applicant for award, the System Agency may engage in negotiations with selected Applicant. 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 Applicant may expect:

- A. An in-depth discussion of the submitted Application and Estimated 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 contract 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 contract 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 contract.

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 on-line 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](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 contract, 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**

The System Agency intends to award one Grant Agreement 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 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 the Grant Agreement as a result of this RFA, HHSC will post a notification of all grants awarded to the [HHS Grants RFA](#) website.

## **Section 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 access to no- or low-cost preventive and primary medical, dental, diagnostic, specialty, and children's health services to improve the health of low-income adults and children in the Houston area.

### **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/>.

## **Section 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 v 2.4**, 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 (C) of this section** must be identical to those set forth in the Original Application as required in **Subsection A (2)**, 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 v 2.4, 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 (1)**

**disqualify all Applicants that fail to fully comply with the requirements set forth in this section, or (2) to offer all Applicants that fail to fully comply with the requirements set forth in this section additional time to comply.**

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 APPLICANT WAIVER – INTELLECTUAL PROPERTY**

**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.**

**Section XIII. Submission Checklist**

**HHSC, in its sole discretion, will review all Applications received and will determine if any or all Applications which do not include complete, signed copies of these exhibits and/or addenda, will be disqualified or whether additional time will be permitted for submission of the incomplete or missing exhibits. If additional time is permitted, Applicants will be notified in writing of the opportunity to provide the missing documentation by a specified deadline. Failure by an Applicant to submit the requested documentation by the deadline WILL result in disqualification. Applications that do not include Exhibit A, HHS Solicitation Affirmations v. 2.4 (completed and signed), and Exhibit H, FY25 Estimated Budget Workbook (completed), will be disqualified. See Section 9.2, Initial Compliance Screening of Applications for further detail.**

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

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

**A. Administrative Information**

- 1. Form A: Face Page \_\_\_\_\_
- 2. Form B: Administrative Information \_\_\_\_\_
- 3. Form B-1: Governmental Entity, Authorized Officials and Other Key Personnel if applicable \_\_\_\_\_
- 4. Form B-2: Non-Profit or For-Profit Entity Board of Directors, Principal Officers, and Other Key Personnel, if applicable \_\_\_\_\_
- 5. Form H: Internal Controls Questionnaire Financial Management and Administration \_\_\_\_\_
- 6. Form I: Contract and Litigation History \_\_\_\_\_

**B. Narrative Proposal**

- 1. Form C: Work Plan \_\_\_\_\_
- 2. Form D: Zip Codes in the City of Houston and Harris County Texas Served by Project \_\_\_\_\_
- 3. Form E: Performance Measures and Funding Ceiling Request \_\_\_\_\_
- 4. Form F: Subcontracting Information \_\_\_\_\_

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

- 1. Exhibit A: HHS Solicitation Affirmations v. 2.4 \_\_\_\_\_
- 2. Exhibit D: HHS Data Use Agreement v. 8.5 \_\_\_\_\_
- 3. Exhibit D-1: Governmental Entity Version HHS Data Use Agreement v8.5, if applicable \_\_\_\_\_
- 4. Exhibit D-2: Texas HHS System Data Use Agreement- Attachment 2, Security and Privacy Inquiry (SPI) \_\_\_\_\_
- 5. Exhibit F: Exceptions Form \_\_\_\_\_
- 6. Exhibit H: FY25 Estimated Budget Workbook (Excel) \_\_\_\_\_  
**This FY 25 Estimated Budget Workbook is mandatory and must be submitted with the Application, in the original format (Excel), for the Application to be complete to be considered responsive. Applications received without the completed Estimated Budget Workbook will be disqualified.**
- 7. Form G: Texas HHS System Indirect Costs Rate (ICR) Questionnaire for Request for Application (RFA) \_\_\_\_\_

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

## **Section XIV. List of Exhibits and Forms Attached to RFA**

### **Exhibits**

Exhibit A: HHS Solicitation Affirmations v. 2.4

Exhibit B: HHS Uniform Terms and Conditions – Grant, v. 3.3

Exhibit C: HHS Additional Provisions Grant Funding v 1.0

Exhibit D: HHS Data Use Agreement v. 8.5

Exhibit D-1: Governmental Entity Version HHS Data Use Agreement v. 8.5, if applicable

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

Exhibit E: Evaluation Tool

Exhibit F: Exceptions

Exhibit G: HHS Online Bid Room

Exhibit H: FY25 Estimated Budget Workbook (Excel)

### **Forms**

Form A: Face Page

Form B: Administrative Entity Information

Form B-1: Governmental Entity Authorized Officials and Other Key Personnel, if applicable

Form B-2: Non-Profit or For-Profit Entity Board of Directors, Principal Officers, and Other Key Personnel, if applicable

Form C: Work Plan

Form D: Zip Codes in the City of Houston and Harris County Texas Served by Project

Form E: Performance Measure and Funding Ceiling Request

Form F: Subcontracting Information

Form G: Texas HHS System Indirect Costs Rate (ICR) Questionnaire for Request for Application (RFA)

Form H: Internal Controls Questionnaire Financial Management and Administration

Form I: Contract and Litigation History