



TEXAS

Health and Human Services

Cecile E. Young, Executive Commissioner

Request for Applications (RFA)

Grant for

Primary Health Care

RFA No. HHS0015299

APPLICATION SUBMISSION DEADLINE

March 14, 2025 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 Primary Health Care (PHC) program.

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:	Primary Health Care
RFA No.:	HHS0015299
Deadline for Applications:	March 14, 2025, by 10:30 a.m. Central Time
Estimated Total Available Funding:	\$11,912,408.00 per State Fiscal Year, and \$59,562,040.00 for the Grant Term
Estimated Total Number of Awards:	Multiple
Estimated Max Award Amount:	Maximum award amount based on available funding and State coverage
Anticipated Project Start Date:	September 1, 2025
Length of Project Period:	Five (5) State Fiscal Years
Eligible Applicants:	See Section 3.2 for Applicant eligibility

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 for 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.

“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.

“Business Days” means all days Monday through Friday excluding [State of Texas holidays](#).

“Calendar Days” means every day on the calendar, including weekends and public holidays.

“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 who is screened and determined to be eligible to be served under a Grant Agreement because of this RFA.

“Clinical Laboratory Improvement Amendments (CLIA)” means federal regulations that ensure the accuracy and reliability of patient test results from laboratories in the United States.

“Cost Reimbursement” refers to the basis for reasonable, allowable and allocable Grant Project Direct Costs.

“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.

“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 \$10,000. See §200.1 for Capital assets, Computing devices, General purpose equipment, Information technology systems, Special purpose equipment, and Supplies.

“Federal Poverty Level (FPL)” means a measure of income issued every year by the Department of Health and Human Services. Federal poverty levels are used to determine eligibility for certain programs and benefits.

“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 by the System Agency and the Grantee because of this RFA, including the Signature Document and all attachments and Amendments. May also be referred to in this RFA as “Contract.”

“Grant Term” unless otherwise specified, the Grant Term begins on the Grant Agreement Effective Date and ends on the Grant Agreement termination or expiration date, and represents the entire base Grant Term. The Grant Term is the 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.

“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.

[“New Grantee”](#) means a Grantee that has not participated in the Primary Health Care program in the last five years.

[“Professional Licensure/Certification”](#) means a current and active license to practice in the State of Texas for all medical, nursing, and dental clinic staff in accordance with the statutes and rules of their respective licensure or certification board.

[“Program Policy Manual”](#) means a document that includes all program requirements including administrative and clinical policies, eligibility and screening requirements, clinical guidelines, documentation, reimbursement, and other program-specific requirements. The program policy manual is maintained by the System Agency. Requirements outlined in the policy manuals are subject to change with advance notice from the System Agency.

[“Project”](#) or [“Grant Project”](#) means the specific work and activities that are supported by the funds provided under the Grant Agreement because of this RFA.

[“Readiness Review”](#) means the HHSC process of review, assessment, and determination of Applicant’s ability, preparedness, and availability to fulfill its obligations under the Contract.

[“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.

[“Subcontractor”](#) or [“Subgrantee”](#) means a third party who provides all, or a specified part of the services, goods, work, and materials required in the original Grant. The Grantee remains entirely responsible to the System Agency for performance of all requirements of the Grant with the System Agency. The Grantee must closely monitor the Subgrantee’s performance.

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

[“Texas Grant Management Standards”](#) or [“TxGMS”](#) means uniform grant and contract administration procedures, developed under the authority of [Chapter 783 of the Texas Government Code](#), to promote the efficient use of public funds in local government and in programs requiring cooperation among local, State, and federal agencies. Under this Grant Agreement, TxGMS applies to Grantee except as otherwise provided by applicable law or directed by System Agency. Additionally, except as otherwise provided by

applicable law, in the event of a conflict between TxGMS and applicable federal or State law, federal law prevails over State law and State law prevails over TxGMS.

“Telehealth Service(s)” or “Telehealth” means a health service, other than a telemedicine medical service, delivered by a health professional licensed, certified, or otherwise entitled to practice in the State of Texas and acting within the scope of the health professional’s license, certification, or entitlement to a patient at a different physical location than the health professional using telecommunications or information technology.

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

“Underserved Areas” or “Colonias” means regions where health access is limited, rural areas/counties, primary health care shortage areas, and other areas of the State where people have not or do not receive preventative and primary health care services.

1.3 STATUTORY AUTHORITY

The System Agency is requesting Applications under [Texas Health and Safety Code, Title 2, Chapter 31, Primary Health Care](#). State funds for this Grant Project are authorized under the 2024-25 General Appropriations Act, House Bill 1, 88th Legislature, Regular Session, 2023 (Article II, Health and Human Services, Strategy D.1.11, Community Primary Care Services). 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 because 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

The purpose of this program is to provide preventive and primary health care for individuals who reside in the State of Texas with a gross family income at or below 200 percent of the Federal Poverty Level (FPL). Individuals who qualify for Primary Health Care (PHC) services shall not be eligible for other programs or services providing the same services. Grantees shall provide services to any Client that meets the eligibility requirements set forth in this RFA. Services may include but are not limited to screening, direct clinical services, laboratory services, case management, and appropriate referrals, as necessary.

2.2 PROGRAM BACKGROUND

[The Primary Health Care Services Act](#), House Bill 1844, 69th Legislature, Regular Session, 1985, established the Primary Health Care (PHC) program administered by HHSC. The Act delineates the specific target population, eligibility, reporting and coordination requirements for PHC.

Since 1985, the Texas Legislature has provided funds for the administration of the Primary Health Care program to expand services in Underserved Areas across the State, serving medically indigent populations, with the goal of reducing the use of more expensive emergency room services.

2.3 ELIGIBLE POPULATION

To be eligible to receive services under this RFA, an individual must:

- A. Have gross family income at or below 200% of the Federal Poverty Level;
- B. Be a Texas resident; and
- C. Not be eligible for other State-administered programs or benefits that provide the same services.

2.4 ELIGIBLE SERVICE AREAS

The service areas eligible for Project funding under this RFA are statewide. Applicants must identify each Texas county it intends to serve using **Form D, Texas Counties Served by Region**.

The target service areas for this RFA are Underserved Areas where healthcare access is limited, such as rural areas/counties, “Colonias,” primary health care shortage areas, and other areas of the State where people have not or do not receive preventative and primary health care services.

2.5 ELIGIBLE ACTIVITIES

This grant program may fund primary care services, 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 because of this RFA.

Reimbursement will be made on a cost reimbursement basis for allowable, allocable, and reasonable costs incurred in the following categories:

- A. Personnel
- B. Fringe
- C. Travel
- D. Equipment
- E. Supplies
- F. Contractual
- G. Other
- H. Indirect Costs

At the discretion of HHSC, additional items may be included.

Cost Reimbursement Funding

Contract funds must be expended within the current Grant Term. Rollover of unexpended funds to succeeding Grant Terms will not be allowed.

- A. Grantee will be reimbursed for costs incurred according to **Exhibit H, FY 2026 PHC Estimated Budget Workbook** and the Monthly Voucher Packet (MVP) submitted monthly no later than the last Business Day of the month following service.
- B. Grantee may assess a Client Co-Pay in accordance with Program rules and the requirements established in the [Program Policy Manual](#). Co-pays collected by the Grantee are considered program income and must be returned to the Program to be applied to approved expenditures on the PHC Budget workbook.
- C. Grantee must not deny a service due to inability to pay. The Grantee shall waive the fee if a Client self-declares inability to pay.
- D. System Agency, in its sole discretion, may approve fund transfers between Budget categories upon Grantee's written request that must include a detailed explanation that supports the need for the fund transfer. Grantee must seek System Agency's written approval prior to making any fund transfers.

Cost Reimbursement Invoicing Process

- A. System Agency will reimburse Grantee for all charges determined and invoiced in accordance with the terms and conditions of this Grant Agreement. All payments by System Agency under this Grant Agreement will be made in accordance with the "Texas Prompt Payment Act," [Chapter 2251 of the Texas Government Code](#).

- B. The MVPs with supporting documentation must be submitted to System Agency by the last Business Day of the month following service.
- C. Grantee must submit a monthly voucher packet to System Agency for review in a secure, non-alterable electronic format emailed to the address provided on the MVP with the Grantee's full name, month, and year of invoice in the subject line. Vouchers will not be paid until all forms within the monthly voucher packet and supporting documentation are received and approved by System Agency.
- D. All services shall be performed to the satisfaction of System Agency. System Agency shall not be liable for any payment for services that System Agency deems unsatisfactory, that fail to adhere to the terms of this Grant Agreement, or that have not been approved by System Agency.

2.6 PROGRAM REQUIREMENTS

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

2.6.1 Grantee Requirements

Grantee must:

- A. Ensure compliance with all applicable federal and State laws, rules, regulations, standards, guidelines, and policies in effect on the beginning date of this Grant Agreement unless amended, including, but not limited to, [Texas Health and Safety Code, Chapter 31](#).
- B. Ensure compliance with all State and federal statutes and regulations, System Agency rules, policies, procedures, and guidelines governing the Program, included but not limited to, [Texas Administrative Code \(TAC\) Title 26, Part 1, Chapter 364, Subchapter A](#). The foregoing rules in TAC Title 26 as they relate to the Program may be further modified and revised within their existing title during the Grant Term. In the event of such modifications or revision, Grantee shall be required to comply with said rules.
- C. Ensure compliance at all times with the current Program Policy Manual available online, <https://www.hhs.texas.gov/handbooks/primary-health-care-services-program-policy-manual>. The provisions of the Program Policy Manual may be further modified and revised within their existing title during the Grant Term. In the event of such modifications or revision, Grantee shall be required to comply with said rules.
- D. Maintain an appropriate contract administration system to ensure that all terms, conditions, and specifications of the Grant Agreement are met.

2.6.2 Administrative Requirements

Grantee must:

- A. Have policies and procedures relevant to administrative activities, eligibility screening, clinical procedures, Client records, and other components noted within the Program Policy Manual. The policy manual can be found online at <https://www.hhs.texas.gov/handbooks/primary-health-care-services-program-policy->

- [manual](#). Requirements outlined in the policy manuals are subject to change with advance notice from the System Agency.
- B. Have policies and procedures for internal quality assurance and quality improvement systems and process to monitor services per guidance in the Program Policy Manual.
 - C. Conduct Client satisfaction surveys and provide survey data to System Agency in the frequency, manner and format defined by System Agency.
 - D. Have organizational and management structures, including facilities and staff, ready to serve Clients within sixty (60) Calendar Days of the Effective Date of Grant Agreement.
 - E. 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.
 - F. Have appropriate screening and non-discrimination policies that comply with:
 - 1. [Title VI of the Civil Rights Act of 1964](#).
 - 2. [Americans with Disabilities Act \(ADA\) of 1990](#).
 - 3. [Age Discrimination Act of 1975](#).
 - 4. [Section 504 of the Rehabilitation Act of 1973](#).
 - 5. [Title IX of the Education Amendments of 1972](#).
 - 6. Accessible services to persons with limited English proficiency and speech or sensory impairments as noted in [Texas Administrative Code \(TAC\), Title 1, Part 15, Chapter 395, Subchapter B](#).
 - G. Have appropriate internal and external signage:
 - 1. Applicable and current HHS [civil rights posters](#) displayed where Clients and the public can easily see them. These posters notify Clients of the civil rights, how to file a discrimination complaint, and how to request accommodation or language assistance.
 - 2. Display signage related to suicide prevention, including the [988 Suicide and Crisis Lifeline](#). This signage must be displayed in areas where Clients and the public can easily see them, such as lobbies, waiting rooms, front reception desks, and locations where people apply for and receive services.
 - 3. Display signage related to human trafficking as specified in the Program Policy Manual.
 - 4. Appropriate exterior signage to identify funded entity as a healthcare facility.
 - H. Have written policies and procedures in compliance with all State and federal guidelines to address:
 - 1. Screening and reporting related to:
 - a. Child abuse and neglect ([Texas Family Code, Chapter 261](#)).
 - b. Abuse, neglect, and exploitation of the elderly or adults with disabilities ([Texas Human Resources Code, Chapter 48](#)).
 - c. Domestic and intimate partner violence ([Centers for Disease Control and Prevention](#)).
 - d. Human trafficking (Trafficking Victims Protection Act of 2000 ([22 USC Chapter 78, Trafficking Victims Protections](#))).
 - L. Have written policies and procedures in compliance with all State and federal guidelines to ensure:
 - 1. Space for clinical and administrative staff.

2. Maintenance of medical records and related policies and procedures that are compliant with the [Health Insurance Portability and Accountability Act \(HIPAA\) of 1996](#).
 3. Locked storage for charts, records, medications, and medical supplies.
 4. Proper storage and disposal of hazardous materials.
 5. [Clinical Laboratory Improvement Amendments \(CLIA\)](#) certification for level of tests performed.
 6. Clinic sites that are geographically close to target population(s) and compliant with the appropriate [ADA Standards](#).
 7. Clean and well-maintained facilities where services can be delivered with exam rooms, space for Client intake, and a place for Clients to wait.
 8. Appropriate policies, procedures, and supplies, to address clinical emergencies, as applicable.
 9. Appropriate use of interpreter services and language translation based on Client needs (including resources for both).
 10. Financial management systems and secure data storage.
- M. Have a General Ledger from Grantee's computerized system that has accounts assigned to track financial transactions for the Grant Agreement that may include assets, liabilities, equity, revenue and expenses. Grantee's system must be able to produce a list of all program income including co-pays. Co-pays must match the amount listed on the monthly vouchers submitted for the requested period and be listed in the detailed General Ledger.
- N. Cooperate fully with System Agency investigations or monitoring reviews regarding Grantee's services under the Grant Agreement, and when applicable as determined by System Agency and any other entity on behalf of System Agency, develop a corrective action plan to address identified issues.
- O. Maintain an emergency response plan that complies with all applicable local, State, and federal laws, rules and regulations governing provision of services during the Grant Term.
- P. Participate in all System Agency scheduled meetings and mandatory trainings and webinars to discuss the Program.

2.6.3 Program Eligibility

Grantee must:

- A. Determine program eligibility of every individual at enrollment and annually thereafter in accordance with program rules and the requirements established in the Program Policy Manual.
- B. Develop policy and procedures for how staff will screen for Client eligibility for PHC services, and review and ensure staff are trained on this policy.
- C. Perform an eligibility screening assessment on all individuals who present for services. Individuals must be screened for Medicaid and any other System Agency-funded health programs for which the Grantee holds a Grant Agreement.
 1. If an individual is eligible for:
 - a. Medicaid, they are not eligible for PHC.

- b. Any other System Agency-funded health program for which the Grantee holds a Grant Agreement, enroll the individual into the program that best matches their primary need.
- D. Use System Agency developed eligibility forms unless an alternative form is submitted to and approved by System Agency.
- E. Verify and document residency in the individual record, without jeopardizing the delivery of services.
- F. 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 governs final determination of eligibility. Justifiable reasons for waiving verification of income must be noted in the individual record.
- G. Consider individuals as automatically income-eligible for services at an initial or renewal eligibility determination if the person provides proof of active enrollment for themselves or a member of their household in one of the following programs:
 - 1. Children's Health Insurance Program (CHIP);
 - 2. Medicaid for Pregnant Women;
 - 3. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); or
 - 4. Supplemental Nutrition Program (SNAP).
- H. Establish a process to determine the individual's actual household FPL that includes determining individual's household size and monthly income amount based on the current U.S. Federal Poverty Guidelines as set forth in <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. FPL amounts are updated annually.

2.6.4 Primary Healthcare Services

Grantee must:

- A. Provide or assure the provision of required and selected optional comprehensive preventive and primary health care services to eligible individuals. Grantee, at a minimum, must provide the following priority services:
 - 1. Diagnosis and treatment of common acute and chronic disease affecting the general health of the Client, including but not limited to:
 - a. Initial contact with a Client for an undiagnosed health concern (including sick child visits);
 - b. Continuing care of varied medical conditions not limited by cause or organ system;
 - c. Physician services;
 - d. Physician assistant services; and
 - e. Advanced practice registered nurse services.
 - 2. Emergency medical services:
 - a. Urgent care services for unexpected medical issues;
 - b. Treatment for clinical emergencies such as:
 - i. Severe allergic reactions
 - ii. Loss of consciousness
 - iii. Heart attack

- iv. Stroke
 - v. Blood loss
 - vi. Difficulty breathing
- 3. Family planning services:
 - a. Health check-ups and physical exams;
 - b. Contraception (including intrauterine devices, implants, pills or other methods);
 - c. Natural family planning education;
 - d. Sexually transmitted infection testing;
 - e. Pregnancy testing;
 - f. Appropriate counseling for issues such as abstinence, preconception, nutrition, infertility and family spacing.
- 4. Preventive health services including:
 - a. Immunizations;
 - b. Cancer screenings such as breast exams, mammograms, pelvic exams, cervical cancer screenings;
 - c. Other health screenings, including those for chronic conditions; and
 - d. Risk assessments.
- 5. Health education or counseling provided to individuals, groups, and communities to increase the knowledge and skills needed to make healthy decisions; and
- 6. Laboratory, x-ray, nuclear medicine, or other appropriate diagnostic services.
- B. In addition to priority services, Grantee may provide the following optional services, with System Agency prior approval:
 - 1. Nutrition services;
 - 2. Health screening;
 - 3. Home health care;
 - 4. Dental care;
 - 5. Vision care;
 - 6. Transportation;
 - 7. Prescription drugs;
 - 8. Environmental health;
 - 9. Podiatry; and
 - 10. Social services.
- C. The required and selected optional comprehensive preventive and primary health care services are further defined in the [Primary Health Care Policy Manual](#). Services are subject to change with advance notice from System Agency. Grantee will provide services meeting the parameters described in the program rules and the requirements established in the Program Policy Manual.
- D. Request permission of System Agency for any subcontracting. Subgrantees must be monitored for performance and quality of services by the Grantee and Grantee must ensure all applicable policies and procedures are followed in accordance with the Grantee's and System Agency's program policies.
- E. Use PHC funding as the payor of last resort. In situations where Grantee holds multiple Grant Agreements for System Agency-funded health programs offering the same or similar services, Grantee must consult the Program Policy Manual for limited instances where billing more than one Grant Agreement for the same Client is

allowed. Grantee must seek System Agency approval for any instance not clearly defined in the Program Policy Manual.

- F. Ensure Clients receive services in a timely and nondiscriminatory manner.
- G. Have an established referral relationship and sub-contract with a qualified provider for each priority and approved optional service the Grantee does not directly provide.

2.6.5 Personnel & Training Requirements

Grantee must:

- A. Maintain qualified staff in accordance with program rules and the requirements established in the Program Policy Manual.
- B. Establish, annually review, and train staff on program requirements and policies, including any updates to the Program Policy Manual and required forms that occur during the Grant Term.
- C. Have an organizational structure and related management systems that provide oversight and lines of authority appropriate for the size and scope of the Grantee organization.
- D. Have current job descriptions for positions that will be fully or partially funded by this Grant, as well as key positions providing oversight to the administration and operations related to this Grant.
- E. Provide information on all personnel and locations that will serve PHC populations prior to the Effective Date of Grant Agreement using an HHSC-approved template.
- F. Ensure all personnel and technicians assigned to provide services outlined in this RFA have and maintain all licenses and certifications required by applicable law. Assigned personnel and technicians, who may include department directors or equivalent positions, providing services that, by law, require a Professional Licensure/Certification, must hold a current, valid, and applicable Texas license and/or certification in good standing. Grantee is responsible for ensuring all staff and Subgrantees or vendors, if any, hold current, valid, and applicable licenses and/or certifications in good standing.
- G. Maintain all required licenses and certifications for the business during the Grant Term. The Grantee or Grantee's personnel and Subgrantees or vendors, if any, must also maintain their individual required licenses and certifications during Grant Term.
- H. Notify and provide in writing updated contact information to System Agency of changes in CEO, CFO, program director or program manager within thirty (30) Calendar Days of change, whether funded under this Contract or not. Grantee must notify and provide in writing updated contact information to System Agency of changes to any grant-funded positions.
- I. Ensure at least one (1) representative, with capabilities to disseminate information to program administrative and clinic staff, attend a minimum of two (2) priority technical assistance webinars offered by the System Agency during the State Fiscal Year. These specific webinars will be identified as "mandatory" or "priority" in System Agency's electronic mail. To receive credit for participating, attendees must follow System Agency's directions including completion of any sign-in sheet, registration, and/or survey within the specified timeframe.
- J. Ensure at least one (1) representative, with responsibilities to disseminate information to program administrative and clinic staff, has access to the System Agency's web-

based applications (SharePoint site). Grantee must sign and submit a Family Clinical Services Extranet and Data Upload Security Agreement form for each Grantee staff person accessing the System Agency's web-based applications (SharePoint site). Grantees must ensure users of System Administrator's web-based applications have an Outlook or Microsoft Office 365 account.

2.6.6 Client Co-Pays and Fees

Grantee:

- A. Must not charge Clients administrative fees for items such as processing and/or transfer of medical records, or copies of immunization records.
- B. May bill Clients for services outside the scope of allowable services if the service is provided at the Client's request and the Client is made aware of their responsibility for paying for the charges.
- C. May assess a Client co-pay in accordance with program rules and the requirements so that Clients with a household FPL at or below 100% must not be charged a co-pay, and Clients with a household FPL above 100% must not be charged a co-pay more than \$30 per visit.
- D. Must not deny a covered service due to inability to pay. Grantee must waive the fee if a Client self-declares inability to pay.

2.6.7 Telehealth and Telemedicine Medical Services

- A. Grantee may use Telehealth Services and Telemedicine Medical Services as defined in [Texas Government Code Section 531.001\(7\)](#) (using the meaning assigned by [Texas Occupations Code Section 111.001](#)) as provided through Texas Medicaid.
- B. Grantee must comply with all of the following:
 - 1. Clients must give written consent that they agree to receive services via Telehealth and Telemedicine;
 - 2. Telehealth and Telemedicine Services must comply with all Texas Medicaid requirements for Telehealth, as well as the licensure/practice act requirements for each provider; and
 - 3. Technology used to provide Telehealth Services must be compliant with the Family Educational Rights and Privacy Act of 1974 (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA).

2.7 READINESS REVIEW

Readiness Reviews conducted by the System Agency are required for any New Grantee who has not been awarded a Grant Agreement for PHC within the past five (5) years, or for any Grantee who has had a previous PHC Grant Agreement that was either suspended or terminated within the past five (5) years. Readiness Reviews will occur within the first ninety (90) Calendar Days of the Grant Period. The System Agency will contact the Grantee to schedule Readiness Reviews. The System Agency may elect to provide technical assistance to a New Grantee, or Grantees suspended or terminated within the past five (5) years, to correct deficiencies discovered during the Readiness Review. The System Agency retains the right to terminate the Grant Agreement if a Readiness Review determines the Grantee is not compliant with the requirements stated below.

System Agency may also require Grantee to submit detailed policies and procedures that document day-to-day business activities related to Grant Agreement requirements for System Agency review and approval.

During the review, the following will be assessed:

- A. Eligibility Policy – Grantee’s Eligibility Policy must outline the Grantee’s procedures for determining eligibility and who is responsible for eligibility screening. The policy must include documentation of household and family composition, date of birth, residency, income, presumptive eligibility, calculation of the Grantee’s Federal Poverty Level percentage, and correct eligibility forms.
- B. Co-Pay Policy and Co-Pay Table – This policy must outline the Grantee’s procedures for the collection of any co-pays or other fees for Clients or provide documentation that confirms the organization does not charge Clients copays. The table must adhere to the requirements outlined in the Program Policy Manual.
- C. Client Record Management Policy – This policy must outline the Grantee’s procedures to ensure medical records are kept confidential, secure, and include how records are retained, including record retention.
- D. Facility Certificates – All clinic sites providing x-rays must have an active certificate of registration from the Texas Department of State Health Services Radiation Control Program. All clinic sites providing laboratory testing must have an active Clinical Laboratory Improvement Amendments (CLIA) certificate.
- E. Prescriptive Authority Agreement (PAA) and Policy – This policy must outline the Grantee’s procedures for ensuring properly executed PAAs are in place for each advanced practice registered nurse (APRN) or physician assistant (PA). The PAA must meet all the requirements delineated in the [Texas Occupations Code, Chapter 157](#) and in accordance with the Program Policy Manual.
- F. Professional Licensure/Certification – Grantee must provide copies of all medical, nursing, and technician staff licensure and certification.
- G. Standing Delegation Order (SDO) and Policy – This policy must outline the Grantee’s procedures for developing, annually reviewing, properly storing and training staff on SDOs for unlicensed and licensed personnel (not APRN or PA) in accordance with the Program Policy manual.

2.8 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 because of this RFA. Each Grantee awarded a Grant Agreement because of this RFA must submit the following reports by the noted due dates:

REPORT	DUE DATE
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Monthly Voucher Packet (Form MR, Form 225, and Form 4116)	The last Business Day of the month following the month in which expenses incurred.
Final Voucher Packet – Annually	No later than forty-five (45) Calendar Days after the end of the Grant Term.
Financial Status Report (FSR)	The last Calendar Day of the month following the end of each State Fiscal Year quarter being reported.
Final Financial Status Report (FSR) – Annually	No later than forty-five (45) Calendar Days after the end of the Grant Term.
PHC Quarterly Performance Report	The last Calendar Day of the month following the end of each State Fiscal Year quarter being reported.
PHC 325 Annual Report	No later than sixty (60) Calendar Days after the end of the Grant Term.
Clinic Locator Survey	Ten (10) Business Days after requested by System Agency

Grantee shall provide all applicable reports in the format and manner 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 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.

2.9 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.

Grant Agreement(s) awarded because 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.

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 as designated in the Grant Agreement.

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. To remain eligible for renewal funding, if any, the Grantee must be able to show the scope of services provided and their impact, quality, and levels of performance against approved goals, and that Grantee's activities and services effectively address and achieve the Project's stated purpose.

2.10 FINANCIAL STATUS REPORTS (FSRs)

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 Year quarter for System Agency review and financial assessment. Through submission of an FSR, Grantee certifies that (1) 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; (2) all Grantee-performed services have been completed in compliance with the terms of the Grant Agreement; (3) that the amount of the FSR added to all previous approved FSRs does not exceed the maximum liability of the Grant Award; and (4) all expenses shown on the FSR are allocable, allowable, actual, reasonable, and necessary to fulfill the purposes of the Grant Agreement.

2.11 FINAL BILLING SUBMISSION

Unless otherwise directed by the System Agency, Grantee shall submit a final MVP for reimbursement request not later than forty-five (45) Calendar Days following the end of the Grant Term. Reimbursement requests received after the deadline may not be paid.

2.12 DATA USE AGREEMENT

By submitting an Application in response to this RFA, Applicant agrees to be bound by the terms of **Exhibit D, Data Use Agreement v.8.5** or **Exhibit D-1, Governmental Entity Version, HHS Data Use Agreement v.8.5** 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.

2.13 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 like 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, Government Code; and
- C. Sections 2113.012 and 2113.101, 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).

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 (1) Grant Application.

3.2 APPLICATION SCREENING REQUIREMENTS

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 start of the Grant Period.
- C. Applicant must 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.
- D. Applicant must be a Texas Medicaid provider or provide evidence with its Application that a Medicaid provider enrollment application has been submitted (see **Form A, Face Page**). The National Provider Identification 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.

3.3 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. Grant Term

4.1 GRANT TERM

The Grant Term is anticipated to be **September 1, 2025** through **August 31, 2030**.

Extension of Grant Term: The System Agency may, at its sole discretion, extend the Grant Term for up to one (1) year to allow for the full expenditure of awarded funding and completion of Grant activities. Approved Projects may not exceed a six (6) year Grant Term.

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 ninety (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 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 Primary Health Care grant program is \$59,562,040.00 for the entire Grant Term. It is the System Agency's intention to make multiple awards to Applicants that successfully demonstrate the ability to provide preventive and primary health care for individuals who reside in the State of Texas.

Applicants are strongly cautioned to only apply for grant funding they can responsibly expend during the State Fiscal Year 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 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 Grant Term. No spending or costs incurred prior to the Effective Date of Grant Agreement will be eligible for reimbursement.

HHSC will monitor Grantee's utilization performance. If the number of unduplicated Clients served and funds utilized is less than projected in Grantee's final approved Application, Grantee's funding award may be subject to decrease for the remainder of the State Fiscal Year.

The State Fiscal Year funding amounts are subject to increase or decrease as funds are appropriated throughout the Grant Term from the federal government, the Texas Legislature, or both. The System Agency will issue annual amounts on a yearly basis to awarded Applicants.

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;
- 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 PAYMENT METHOD

Grant Agreements 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.

System Agency is “payer of last resort” in accordance with Program rules and the requirements established in the Program Policy Manual. Before submitting claims for allowable costs, the Grantee shall make reasonable efforts to investigate all other sources of third-party funding available to or identified by the Client and assist the Client with applying for these alternative funding sources.

Section VI. Application Forms and Exhibits 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 through E** attached to this RFA, Applicants must describe their proposed activities, processes, and methodologies to satisfy all objectives described in **Section II, Scope of Grant Project**, including the Applicant's background, readiness, Texas counties served, clinical service delivery, performance measures, and Subgrantee information, if appropriate. Applicants should identify all proposed tasks to be performed, including all Project activities, during the Grant Term. Applicants must complete and submit all required forms and exhibits.

6.2 REQUESTED BUDGET

Attached **Exhibit H, FY 2026 PHC Estimated Budget Workbook**, of this RFA is the template for submitting the requested Budget. Applicants must develop the PHC Budget Workbook to support their proposed Project and in alignment with the requirements described in this RFA.

Applicants must ensure that Project costs outlined in the Budget Workbook 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, FY 2026 PHC Estimated Budget Workbook**, and identify all Budget line items. 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. Applicants must enter all costs in the Budget tables and explain why the cost is necessary and how the cost was established.

If selected for a grant award under this RFA, only System Agency-approved Budget items in the approved FY 2026 PHC Budget Workbook may be considered eligible for reimbursement.

Submission of Exhibit H, FY 2026 PHC Estimated Budget Workbook, is mandatory. Applicants that fail to submit the 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 F, Texas HHS 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 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
- 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 fifteen (15%) percent 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 the Effective Date.

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 – Fifteen 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 Grant Term.

6.4 ADMINISTRATIVE APPLICANT INFORMATION

Using **Forms A through B-2, G, and H** 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.

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

B. Internal Controls Questionnaire

Applicant must complete **Form G, Internal Controls Questionnaire Financial Management 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	February 13, 2025
Deadline for Submitting Questions or Requests for Clarification	February 20, 2025 at 5:00 p.m. Central Time
Tentative Date Answers to Questions or Requests for Clarifications Posted	February 27, 2025
Deadline for Submission of Applications (Application Submission Deadline) NOTE: Applications must be <u>RECEIVED</u> by HHSC by this deadline if not changed by subsequent Addenda to be considered eligible.	March 14, 2025 by 10:30 a.m. Central Time
Anticipated Notice of Award	August 2025
Anticipated Project Start Date	September 1, 2025

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 Application will be published by posting an Addendum to the [HHS Grants RFA](#) website. After the Deadline for Submission, 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:

Name	John Norton
Title	Grant Specialist, HHSC Procurement and Contracting Services
Address	Procurement and Contracting Services Building 1100 W 49th St. MC: 2020 Austin, TX 78756
Phone	(512) 776-6140
Email	John.Norton2@hhs.texas.gov

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 for Submitting Questions or Requests for Clarifications 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
- 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 Clarifications 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 Clarifications.

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 Clarifications. 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 exceptions by submitting an **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.

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

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.

A. 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, FY 2026 PHC Estimated Budget Workbook**, 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.

B. 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, FY 2026 PHC Estimated Budget Workbook** in its original Excel 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**. 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.”

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
- 5) Applicant’s legal name

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
Health and Human Services Commission ATTN: John Norton	Health and Human Services Commission ATTN: John Norton

Overnight/Express/Priority Mail	Hand Delivery
<p style="text-align: center;">Tower Building Room 108 1100 W. 49th St., MC 2020 Austin, Texas 78756</p>	<p style="text-align: center;">Procurement & 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 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 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, FY 2026 PHC Estimated Budget Workbook**, 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:

- 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, 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 **Exhibit H, FY 2026 PHC 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:

- A. Service Area Unmet Access to Care (40%);
- B. Proposed Work (60%)

9.5 PAST PERFORMANCE

System Agency reserves the right to request additional information and conduct investigations as necessary to evaluate any Application. By applying, 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 because 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://sam.gov/content/exclusions/federal>

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>

- a. Companies that boycott Israel;
- b. Companies with Ties to Sudan;
- c. Companies with Ties to Iran;
- d. Foreign Terrorist Organizations; and
- e. 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.state.tx.us/oigportal2/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 funding methodology for issuing final Grant Agreements will include the following identified factors:

- A. The highest-ranking Applicant in each of the eleven State [public health regions](#) will be considered for funding.
- B. If additional funds are available, the second highest ranking Applicant in each of the eleven State health regions will be considered for funding.
- C. If additional funds are available, the third highest ranking Applicant in each of the eleven State health regions will be considered for funding.
- D. If additional funds are available, Applicants serving Texas counties with rural hospital closures and conversions will be considered for funding. Information about rural hospital closures and conversions is available for review and download from the Sheps Center's [interactive map](#).

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 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 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/filinginfo/1295/>.

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(S)

The System Agency intends to award one or more 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 and Readiness Reviews will be conducted in accordance with Section 2.7 of the RFA.

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 primary health care 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/>.

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: 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 (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 deadline set by HHSC. 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 Exhibit H, FY 2026 PHC Estimated Budget Workbook (completed), will be disqualified. See Section 9.2, Initial Compliance Screening of Applications, for further detail. For exhibits requiring signatures, both electronic and handwritten signatures are acceptable.

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 Entity Information _____
- 3. Form B-1, Governmental Entity – Authorized Officials and Other Key Personnel (if applicable) _____
- 4. Form B-2, Non-Profit Entity or For-Profit Entity (if applicable) _____
- 5. Form G, Internal Controls Questionnaire Financial Management and Administration _____
- 6. Form H, Contract and Litigation History _____

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 C, Work Plan and include the requested document as: _____
 - a. Attachment A – General Ledger _____
- 2. Form D, Texas Counties Served by Region _____
- 3. Form E, Subcontracting Information _____

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

- 1. Exhibit A, HHS Solicitation Affirmations v. 2.6, Effective November 2024 _____

Per Section 3.2, Application Screening Requirements, 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 will be disqualified.

2. Exhibit D-2, Texas HHS System Data Use Agreement- Attachment 2 Security and Privacy Inquiry (SPI) _____
3. Exhibit F, Exceptions (if applicable) _____
4. Exhibit H, FY26 PHC Estimated Budget Workbook (Excel) _____

The FY 2026 PHC Estimated Budget Workbook is mandatory and must be submitted with the Application, in the original format (Excel), for the Application to be completed to be considered responsive. Applications received without the completed Estimated Cost Reimbursement workbook will be disqualified.

5. Form F, Texas HHS System Indirect Costs Rate (ICR) Questionnaire _____

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

Section XIV. List of Forms and Exhibits Attached to RFA

Exhibits

Exhibit A, HHS Solicitation Affirmations v. 2.6, Effective November 2024

Exhibit B, HHS Uniform Terms and Conditions – Grant, Version 3.5, Effective September 2024

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

Exhibit D, Data Use Agreement – Standard, v.8.5

Exhibit D-1, Governmental Entity Version, HHS Data Use Agreement version 8.5

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

Exhibit E, Evaluation Tool

Exhibit F, Exceptions Form

Exhibit G, HHS Online Bid Room

Exhibit H, FY 2026 PHC Estimated Budget Workbook

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 Entity or For-Profit Entity (if applicable)

Form C, Work Plan

Form D, Texas Counties Served by Region

Form E, Subcontracting Information

Form F, Texas HHS System Indirect Costs Rate (IRC) Questionnaire

Form G, Internal Controls Questionnaire Financial Management Administration

Form H – Contract and Litigation History