



HHS0015302 Addendum 2:

1. The HHS0015302 Cover Page is deleted and replaced with the following:



TEXAS
Health and Human Services

Cecile E. Young, Executive Commissioner

Request for Applications (RFA)

*Grant for
HHSC Children's Autism Program*

RFA No. HHS0015302

APPLICATION SUBMISSION DEADLINE

March 24, 2025 by 10:30 a.m. Central Time

2. Page 5, Table is deleted and replaced with the following:

Grant Name:	Children's Autism Program
RFA No.:	HHS0015302
Deadline for Applications:	March 24, <u>2025</u> by 10:30 a.m. Central Time
Deadline for Submitting Questions or Requests for Clarifications:	February 14, <u>2025</u> by 5:00 p.m. Central Time
Estimated Total Available Funding:	\$33,060,500.00
Estimated Total Number of Awards:	up to 30
Estimated Max Award Amount:	\$1,000,000.00
Match Required, if any:	N/A
Anticipated Project Start Date:	September 1, 2025
Length of Project Period:	1 year with four optional one-year renewals
Eligible Applicants:	Applicants must execute Exhibit A, HHS Solicitation Affirmations version 2.6 , and provide all other required information and documentation as set forth in this Solicitation.



3. Page 28, Section 7.1, Schedule of Events Table is deleted and replaced with the following:

7.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Funding Announcement Posting Date Posted to HHS Grants RFA and Texas eGrants websites	February 5, 2025
Applicant Conference Attendance is Optional	February 12, 2025 at 10:00 a.m. Central Time
Deadline for Submitting Questions or Requests for Clarification	February 14, 2025 at 5:00 p.m. Central Time
Date Answers to Questions or Requests for Clarification Posted	February 21, 2025 at 10:00 a.m. Central Time
Deadline for Submission of Applications NOTE: Applications must be RECEIVED by HHSC by this deadline if not changed by subsequent Addenda to be considered eligible.	March 24, 2025 by 10:30 a.m. Central Time
Anticipated Notice of Award	July 2025
Anticipated Project Start Date	September 1, 2025

4. Page 49, Section XIII. Submission Checklist is deleted and replaced with the following:

2. 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.)

- a. Form C: Narrative Questionnaire _____
- b. Form D: Key Personnel _____
- c. Form E: Contact Person Information _____
- d. Form F: Texas Counties and Regions _____
- e. Form G: HHS Indirect Cost Rate Questionnaire _____
- f. Form H: Ceiling Request and Performance Measures _____
- g. Form I: Internal Controls Questionnaire _____