



TEXAS
Health and Human Services

Stephanie Muth, Executive Commissioner

Request for Applications (RFA)

Grant for

Women's Preventive Mobile Health Units Expansion Grant

RFA No. HHS0016783

DEADLINE FOR SUBMISSION OF APPLICATIONS

March 11, 2026 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), System Agency, is accepting Applications for the Women’s Preventive Mobile Health Units Expansion grant program.

The purpose of this program is to provide operational support for new service delivery sites to improve the health of low-income women in underserved communities by expanding access to preventive health care and support services

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:	Women’s Preventive Mobile Health Units Expansion
RFA No.:	HHS0016783
Deadline for Submission of Applications:	March 11, 2026 by 10:30 a.m. Central Time
Deadline for Submitting Questions or Requests for Clarifications:	February 11, 2026 by 2:00 p.m. Central Time
Estimated Total Available Funding:	\$20,000,000.00
Estimated Total Number of Awards:	Multiple
Estimated Max Award Amount:	\$5,000,000.00
Anticipated Project Start Date:	July 1, 2026
Length of Project Period:	Four (4) years
Eligible Applicants:	Refer to Section 3.2, Application Screening Requirements 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.

[“Accounting System”](#) means a computerized system that keeps track of expenses, income and other activities.

[“Addendum”](#) or [“Addenda”](#) 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.

[“Advanced Practice Registered Nurse”](#) means a registered nurse licensed by the board to practice as an Advanced Practice Registered Nurse on the basis of completion of an advanced educational program. The term includes a [“Nurse Practitioner,”](#) [“Nurse Midwife,”](#) [“Nurse Anesthetist,”](#) and [“Clinical Nurse Specialist.”](#)

[“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 Day\(s\)”](#) refers to Monday through Friday excluding [State of Texas Holidays](#).

“Calendar Day(s)” 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 as a result of this RFA.

“Client Record Management Policy” means a policy that outlines the organization's procedures to ensure medical records are kept confidential, secure, and include how records are retained.

“Clinical Laboratory Improvement Amendments” means a Certificate of Registration from the Texas Department of State Health Services Radiation Control Program (for all clinic sites that provide x-rays) and Clinical Laboratory Improvement Amendment (CLIA) Certificate for all clinic sites that provide laboratory testing.

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

“Cost Sharing” means share of costs the Grantee is required to contribute to accomplish the purpose of the Grant Project.

“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.

“Eligibility Policy” means a policy that outlines the Grantee’s procedures for determining program eligibility and who is responsible for eligibility screening.

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

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

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

“HHSC” means the Health and Human Services Commission.

“Indirect Cost” means those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. Indirect Costs represent the expenses of doing business that are not readily identified with the Grant Project responsive to this RFA but are necessary for the general operation of the organization and the conduct of activities it performs.

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

“Mobile Health Units” or “MHUs” means vans, recreational vehicles, and other vehicles that have been repurposed to provide space for clinical services. As a self-contained unit, MHUs can deliver services in geographically isolated areas or small towns that may lack access to healthcare providers. MHUs can also partner with brick-and-mortar clinics to connect vulnerable populations to ongoing health care providers.

“Monthly Voucher Packet” or “MVP” means the required forms to submit for reimbursement which include the B13 form, 4116 Authorization for Expenditures form and the Data collection form.

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

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

“Prescriptive Authority Agreement and Policy” or “PAA” means a policy that outlines the organization’s procedures for ensuring PAAs are properly executed and maintained. A PAA is an agreement between an advanced practice registered nurse (APRN) or a physician assistant (PA) and a supervising physician for the purpose of delegating the act of prescribing or ordering a drug or device as required by Texas Administrative Code Title 22, Part 9, Chapter 193.”

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

“Proposed Cost per Client” means the initial cost per Client that the respondent identifies in the Application. The Applicant proposes a cost per Client in **Form E, Performance Measures and Funding Ceiling Request**.

“Readiness Review” means an 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.”

“Standing Delegation Orders” or “SDO” means a policy that outlines the organization’s procedures for services provided by unlicensed and licensed personnel other than APRNs or PAs whose duties include actions or procedures for a population with specific diseases, disorders, health problems or sets of symptoms. SDOs are distinct from specific orders written for an individual. SDOs are instructions, orders, rules, regulations, or procedures that specify under what set of conditions and circumstances actions should be taken by unlicensed and licensed personnel, other than APRNs or PAs.

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

“State Fiscal Year” or “SFY” means a 12-month budget period running from September 1st through August 31st.

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

“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.

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

“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 preventive and primary health care services.

1.3 STATUTORY AUTHORITY

State funds for this Grant Project are authorized under the 2026-2027 General Appropriations Act, Senate Bill 1, 89th Legislature, Regular Session, 2025 (Article II, Health and Human Services Commission, Rider 75(f)). All awards are subject to the availability of appropriated State funds and any modifications or additional requirements that may be imposed by law.

1.4 STANDARDS

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

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Section II. Scope of Grant Project

2.1 PURPOSE

This funding opportunity invites grant Applications requesting funding for the Women’s Preventive MHU Expansion. The purpose of this program is to provide operational support for new service delivery sites to improve the health of low-income women in underserved communities by expanding access to preventive health care and support services, including navigation to already-established women’s health programs Healthy Texas Women (HTW) program, Family Planning Program (FPP), Breast and Cervical Cancer Services (BCCS) program, Primary Health Care (PHC) program, and Title V Maternal and Child Health Fee-for-Service (TV MCH FFS).

MHUs include, but are not limited to, vans, recreational vehicles, and other vehicles that have been repurposed to provide space for clinical services. As a self-contained unit, MHUs can deliver services in geographically isolated areas or small towns that may lack access to healthcare providers. MHUs can also partner with brick-and-mortar clinics to connect vulnerable populations with current health care providers.

The program is designed to expand service capacity to areas of the State where women’s preventive healthcare services are not readily available. MHUs are expected to either quickly link underserved women to existing women’s health programs, offer continued Telehealth Services, or consistently operate in areas of the State to provide preventive healthcare services to women who have limited means of accessing this care.

2.2 PROGRAM BACKGROUND

The Texas Legislature has made significant investments in Women’s Preventive MHUs. In fiscal year 2024, seven MHUs provided services to 3,980 Clients across the state, of which 766 reported not having accessed any healthcare services in the previous 10 years. The success of Women's Preventive MHUs highlights the program’s unique ability to reach women who have limited access to preventive healthcare services.

Building on this early success, this funding opportunity seeks to expand the number of MHUs operating in Texas, including rural areas and communities with limited or no access to healthcare services, with the goal of ensuring more Texan women receive timely, essential services that link them to already-established women's health programs and support services.

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2.3 ELIGIBLE POPULATION

The eligible population to be served under this RFA are women who, at the time the services are provided:

- A. Are 64 or younger;
- B. Are Texas residents;
- C. Have household incomes at or below 250% of the FPL; and
- D. Are uninsured or underinsured.

Grantee may provide services to women with third-party insurance if;

- A. The confidentiality of the woman is a concern; OR
- B. The person's insurance deductible is 5 percent or more of the person's gross monthly income.

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. Refer to **Section 6.1, Narrative Proposal** for required exhibits or forms.

The target service area for this RFA is Underserved Areas where women's preventive healthcare access is limited, such as rural areas/counties, "Colonias," primary health care shortage areas, and other areas of the State where women have not or do not receive women's preventive healthcare services.

2.5 ELIGIBLE ACTIVITIES

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

2.5.1 Cost Reimbursement

- A. Reimbursement for activities will be made on a Cost Reimbursement basis for allowable, allocable, and reasonable costs incurred in the following categories:
 - 1. Personnel;
 - 2. Fringe;
 - 3. Travel;

4. Equipment;
 5. Supplies;
 6. Contractual;
 7. Other; and
 8. Indirect Costs.
- B. Grant funds shall be used to facilitate the MHU implementation and operation. The following items are allowable expenditures of the grant funds:
1. MHU Vehicle
 - a. Initial purchase of a new or used functional MHU;
 - b. Essential upgrades to an existing MHU to improve quality or care;
 - c. Modification of Equipment purchases necessary to repair and implement a functional MHU; and
 - d. Ongoing expenses for the maintenance, operation, and licensure of the MHU.
 2. MHU Services and Supplies
 - a. Preventive health services and patient navigation services provided to MHU Clients; and
 - b. Purchases that support the provision of services provided by the MHU, including but not limited to medical supplies and long-acting reversible contraception (LARCs).
 3. MHU Personnel
 - a. Staff salaries that are essential to service provision and operation of the MHU. Eligible types of staff include, but are not limited to:
 - i. Driver(s);
 - ii. Security Officer(s);
 - iii. Scheduling Assistant;
 - iv. Clerk who checks Clients into the MHU clinic;
 - v. Medical Assistant who performs Client intakes (e.g., obtains some Client medical history, takes vital signs, draws blood);
 - vi. Patient Navigator, including but not limited to certified Community Health Worker;
 - vii. Program Coordinator who also functions as a social worker licensed in the State of Texas;
 - viii. Medical Assistant who provides back-office assistance in the MHU;
 - ix. Medical Doctor; and

- x. Advanced Practice Provider;
- b. Travel, meals, lodging, and training and professional development of MHU staff, using the U.S. General Service Administration Per Diem rates for Texas and with HHSC prior written approval.

C. Other

All other allowable Direct Costs not listed in any of the above categories are to be included in the other costs category. This funding does not support direct clinical service delivery for fee-for-service programs.

If an Applicant proposes to purchase or rehabilitate a MHU vehicle that costs over \$500,000.00, Applicant will be responsible for covering any costs above \$500,000.00 (“Remainder Costs”) with other non-state or non-federal funds. However, if an Applicant proposes to purchase an MHU vehicle that costs less than \$500,000.00, they will not be subject to the cost-sharing requirements.

Grantee is required to finance operations and will only be reimbursed for actual, allowable, and allocable costs incurred on a monthly basis and support by adequate documentation.

D. Contract funds must be expended within the current State Fiscal Year. Rollover of unexpended funds to succeeding State Fiscal Years will not be allowed.

1. Grantee will be reimbursed for costs incurred according to the approved annual Budget and the MVP submitted monthly no later than the last Business Day of the month following service. Refer to **Section 6.2, Requested Budget**.
2. 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.

2.5.2 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," found here: <https://statutes.capitol.texas.gov/?tab=1&code=GV&chapter=GV.2251&artSec=> .
- B. The MVPs, which includes the B13 form, 4116 Authorization for Expenditures form and the Data collection form with supporting documentation must be submitted to System Agency by the last Business Day of the month following service. The supporting documentation must include a detailed General Ledger that reflects all requested reimbursement on the B13.
- C. Grantee must submit MVP 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 MVP and supporting documentation are received and approved by System Agency.

- D. All services shall be performed to the satisfaction of System Agency at System Agency's sole discretion. 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.

Grantees will provide preventive healthcare and supportive services to eligible women in Mobile Health Units in accordance with **Section 2.4, Eligible Service Areas**. Services may include but are not limited to screening and eligibility determination, direct clinical services, laboratory services, patient navigation, and appropriate referrals, as necessary.

2.6.1 Grantee Requirements

Grantee must:

- A. Comply with all requirements under the TxGMS, currently available online at: <https://comptroller.texas.gov/purchasing/grant-management/>. The Texas Comptroller of Public Accounts (CPA), at its sole discretion, may revise the online link provided in this subsection. Grantee is responsible for contacting CPA at any time that Grantee is not able to access the online materials to request the updated link. Grantee is responsible for complying with the TxGMS, including any revisions to the standards during the Contract term;
- B. Comply with the Women's Preventive M H U Program Policy Manual. HHSC may, at any time prior to or during the term of the Grant Agreement, publish or update the Women's Preventive M H U Program Policy Manual. Once published, the manual will be available online. Notice will be provided when the Women's Preventive M H U Program Policy Manual is published. The provisions of the Women's Preventive Mobile Health Unit Program Policy Manual may be modified and revised at any time prior to or during the term of the Grant Agreement. Grantee must ensure compliance with the currently posted Women's Preventive M H U Program Policy Manual at all times.
- C. Maintain an appropriate contract administration system to ensure that all terms, conditions, and specifications of this Contract are met.
- D. Enroll as Medicaid providers with <https://www.tmhp.com/topics/provider-enrollment>. Grantees must complete the required Medicaid provider enrollment Application forms and enter into a written Medicaid provider agreement with HHSC, the single State Medicaid agency. Applicants must maintain an active Texas Medicaid provider status. For

additional information on how to apply, visit <https://www.tmhp.com/topics/provider-enrollment/how-apply-enrollment>.

- E. Enroll as a Healthy Texas Woman provider with <https://www.tmhp.com/topics/provider-enrollment> and maintain an active HTW provider status during the Contract term.

2.6.2 Administrative Requirements

Grantee must:

- A. 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.
- B. 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](#).
- C. Have appropriate internal and external signage:
 - 1. Applicable and current HHS <https://www.hhs.texas.gov/contact/complaints-appeals/civil-rights-office/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 <https://988lifeline.org/>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.
 - 4. Appropriate exterior signage to identify funded entity as a healthcare facility.
- D. Have written policies and procedures in compliance with all State and federal guidelines to address screening and reporting related to:
 - 1. Child abuse and neglect ([Texas Family Code, Chapter 261](#)).
 - 2. Abuse, neglect, and exploitation of the elderly or adults with disabilities ([Texas Human Resources Code, Chapter 48](#)).
 - 3. Domestic and intimate partner violence (<https://www.cdc.gov/intimate->

- [partner-violence/about/index.html Prevention](#)).
4. Human trafficking (Trafficking Victims Protection Act of 2000 ([22 USC Chapter 78, Trafficking Victims Protections](#))).
- E. 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. <https://www.cms.gov/medicare/quality/clinical-laboratory-improvement-amendments/regulations-federal-register> certification for level of tests performed.
 6. Clinic sites that are geographically close to target population(s) and compliant with the appropriate <https://www.ada.gov/law-and-regs/design-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.
- F. 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.
- G. Cooperate fully with System Agency investigations or monitoring reviews regarding Grantee's MHU services and operations, 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.
- H. Maintain an emergency response plan that complies with all applicable local, State, and federal laws, rules and regulations governing provision of services during the term of the Grant.
- I. Participate in all System Agency scheduled meetings and mandatory trainings and webinars to discuss the Program.
- J. Maintain written or electronic records at each location at which services are performed or must establish a process to upload electronic health records within three (3) Business Days.

- K. Maintain financial records in accordance with Title 1 of the Texas Administrative Code (TAC), Part 15, Chapter 354, Subchapter A, Division 1, Section [354.1003](#), and all medical records in accordance with Title 22 of the TAC, Part 9, Chapter [165](#).
- L. Maintain medical records for at least seven (7) years after the close of the Grant Agreement and follow the retention standards of the relevant licensing entity. All records relating to services must be accessible for examination at any reasonable time by representatives of the System Agency and as required by law.
- M. Establish internal quality assurance and quality improvement systems and processes to monitor services. Grantees must develop policies and procedures.
- N. Maintain written plans that address how staff is to respond to emergency situations including, but not limited to, fires, flooding, power outages, bomb threats, and clinical emergencies. The disaster response plan must comply with all applicable local, State, and federal laws, rules, and regulations governing provision of services under this Grant Agreement.

2.6.3 MHU Requirements

Grantee must:

- A. Ensure the MHU vehicle is functionally operational within 120 Calendar Days from Project Period start date. This includes, but is not limited to, any essential upgrades to improve quality of care and any modification of Equipment necessary to ensure functional operation of the unit.
- B. Ensure the MHU vehicle is maintained to industry standards, including but not limited to addressing harsh climates and factoring the age of the MHU vehicle into routine and special maintenance protocols to ensure the older the vehicle is, the more pro-active and preventive maintenance is performed to keep the vehicle in peak operating levels.
- C. Ensure the MHU vehicle has and maintains appropriate certificate of registration, and vehicle maintenance warranties, if purchased new or certified pre-owned.
- D. Ensure compliance with insurance requirements. Refer to **Exhibit H, Insurance Requirements**. Applicants receiving awards under this RFA shall maintain the required insurance, during the initial term and any renewal or extension period exercised and shall also be responsible for ensuring its subcontractors follow all applicable insurance and bond requirements.
- E. Ensure the MHU vehicle is owned and operated in compliance with city, State, and federal laws.
- F. Employ the following staff to support MHU medical and support services and operations:
 - 1. Medical Personnel – responsible for the delivery of clinical services.
 - 2. Driver - responsible for driving the MHU vehicle from one location to another and ensuring that every part of the MHU vehicle is functional, well-maintained, and

serviced to facilitate easy movement in case of emergency.

3. Scheduling Assistant or Site Coordinator - responsible for scheduling appointments or coordinating with site personnel, determining eligibility, billing, and reporting.
 4. Patient Navigator - provides assistance to Clients to eliminate barriers to timely care across all segments of the health care continuum, including Application assistance for HTW, FPP, BCCS, PHC, and TV MCH FFS programs.
 5. Promotion and Outreach Specialist - responsible for securing site locations, establishing community partnerships, promoting services, and building trust with these sites (this role can be included in either the Scheduling Assistant/Site Coordinator or Patient Navigator).
- G. Ensure staff are provided training on MHU services and operations during orientation and annually thereafter.
 - H. Ensure all medical professionals maintain Professional Licenses in good standing with the respective State governing oversight board.
 - I. Ensure the driver meets State and federal requirements for the type of MHU vehicle the driver is operating, including but not limited to having the appropriate driver's licenses (either standard license for smaller vehicles or a commercial driver's license for larger vehicles).
 - J. Ensure MHU services are compliant with the Americans with Disabilities Act.
 - K. Maintain a 24-hour accessible phone number or internet portal for scheduling purposes.
 - L. Have one representative participate in any evaluation, technical assistance or training, including the monthly MHU Learning Collaborative to share barriers to service delivery and activities implemented during the month to mitigate issues, provided by the System Agency or its designee.
 - M. Develop and submit an annual Operational Plan to HHSC within 90 Calendar Days of the start of each fiscal year. Completion of this deliverable is contingent upon final acceptance by System Agency. This plan must include a description of how the grantee will handle site-related challenges including, but not limited to:
 1. Contingency plans for weather, mechanical issues, and staff shortages,
 2. Strategies to reduce missed appointments,
 3. Process for obtaining a site agreement with new community partners,
 4. Providing transportation to overcome barriers for Clients accessing the MHU site, and
 5. Any other strategies and best practices to reduce or mitigate site event issues.
 - N. Establish a standard site agreement for each site location that outlines MHU and site staff roles and responsibilities, including, but not limited to, marketing, outreach,

scheduling, and sign-ups. This site agreement must be provided to HHSC and include, if applicable, access to the following items to ensure effective MHU operations:

1. Electricity;
 2. Water;
 3. Septic hook-ups;
 4. Toilet facilities; and
 5. Sterilization system
- O. Develop and maintain relationships with community members and collaborators that have a vested interest in the program and will participate in MHU services.
- P. Prioritize promotion and outreach activities to serve women who have never received preventive healthcare or have not been screened in the last 10 years.
- Q. Maximize the number of days the MHU operates to ensure service delivery meets the needs of women in the selected Underserved Areas of the State.
- R. Develop, implement, and follow an annual promotion and outreach plan within 45 Calendars Days of the start of each SFY for each approved county in the Grantee's approved service area and participate in any requests for information about promotion and outreach from System Agency. This plan will be retained by the Grantee and must be submitted to HHSC for monitoring purposes if selected for an award.
1. The plan must outline the Grantee's goals to:
 - a. Provide MHU services in each county in their approved service delivery area;
 - b. Inform the public of the purpose of the program and available services;
 - c. Prioritize activities that serve women who have never received preventive health care or have not been screened for services in the last 10 years
 - d. Enlist community support; and
 - e. Recruit potential MHU Clients.
 2. The plan should be based on the needs of each county and contain an evaluation strategy. Grantee must consider a variety of program promotion and Client in-reach and outreach strategies per:
 - a. Organization capacity;
 - b. Availability of existing resources and materials; and
 - c. The need of the local community.

2.6.4 Program Eligibility

Grantee must:

- A. Establish a process to determine the Client’s actual household FPL that includes determining Client’s household size and monthly income amount and adjust annually based on the U.S. Federal Poverty Guidelines as set forth in <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. FPL amounts are updated annually.
- B. Require income verification. If the methods used for income verification jeopardize the individual’s right to confidentiality or impose a barrier to receipt of services, the Grantee must waive this requirement and approve full eligibility. Reasons for waiving the verification of income must be noted in the individual record (Example: Client is experiencing domestic violence, and believes providing income information jeopardizes their safety).
- C. Refrain from charging individuals a co-pay for services, administrative fees, including but not limited to, items such a processing and/or transfer of medical records, copies of immunization records, etc. Grantees may bill MHU Clients for services outside the scope of MHU allowable services if the service is provided at the individual’s request and the Client is made aware of and understands their responsibility for paying for the specific services that are outside the scope of MHU allowable services.
- D. Consider Applicants as income eligible for MHU services at an initial or renewal eligibility determination if the person is able to provide proof of active enrollment in one of the following programs:
 - 1. Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); or
 - 2. Supplemental Nutrition Assistance Program (SNAP).
- E. Screen all MHU Clients for eligibility in the following programs that provide women’s preventive health services in the order listed below:
 - 1. Medicaid;
 - 2. HTW;
 - 3. FPP;
 - 4. BCCS;
 - 5. PHC; and
 - 6. TV MCH FFS

2.6.5 MHU Services

Grantee must offer all of the following:

- A. Women’s preventive health services in the MHU:
 - 1. Contraceptive services (contraception and family planning counseling), including:
 - a. Long-Acting Reversible Contraceptives (LARCs);,

- b. Oral contraceptive pills;, and
 - c. Three-month (medroxyprogesterone) injections.
 - 2. Pregnancy testing and counseling.
 - 3. Health screenings as follows:
 - a. Breast cancer screening (Clinical breast exams);,
 - b. Cervical cancer screening (Pap smears and other cervical cancer screenings);, and
 - c. Screening for hypertension, diabetes, and elevated cholesterol.
 - 4. Pharmacological treatment for the following:
 - a. Post-partum depression;,
 - b. Hypertension;,
 - c. Diabetes;,, and
 - d. Elevated cholesterol.
 - 5. Preconception health (for example, screening for nutrition and obesity, tobacco and substance use, other high-risk behaviors, social issues, and mental health).;
 - 6. Sexually transmitted infection (STI) testing, including but not limited to:
 - a. Chlamydia, syphilis, gonorrhea screening and treatment; and
 - b. HIV screening.
 - 7. Immunizations.
- B. Patient navigation services, including:
- 1. An assessment of the Client’s barriers to women’s preventive health services. The assessment of barriers must include screening for non-medical service needs with an assessment tool approved by the System Agency.
 - 2. Application assistance for YourTexasBenefits.com
 - 3. Client education and support.
 - 4. Attempt of resolution of Client barriers (for example, transportation and translation services).
 - 5. Client tracking and follow-up to monitor progress in completing needed services and follow-ups.
 - 6. Collection of data to review the primary outcomes of patient navigation, including Client adherence to service recommendations and Clients lost to follow-up.
 - 7. Document the Client’s preferred method of follow-up for clinic services (cell phone, email, work phone, etc.) and the Client’s preferred language. Grantees must ensure each Client receives verbal assurance of confidentiality and an explanation of what confidentiality means (kept private and not shared without

permission) and any applicable exceptions such as abuse reporting. Grantees must provide each Client with a copy of their confidentiality policy or the signed confidentiality agreement.

8. Have dedicated staff to conduct Client reminders via text, phone call, automated electronic health record, or other method or must contract for this service with each specific site location.
9. Establish a process for communicating results to Clients via mailed letters, phone calls, patient portals, or other method or must contract for this service with an affiliated clinic or hospital, or with each specific site location.
10. Ensure when services are provided by an Advanced Practice Nurse (APRN) and/or Physician Assistant (PA) that a properly executed Prescriptive Authority Agreement (PAA) is in place for each mid-level provider providing services on the MHU. The PAA must meet all the requirements delineated in [Texas Occupations Code, Chapter 157](#).
11. Comply with [Title 22 TAC Part 9, Chapter 169](#), when services are provided by unlicensed and licensed personnel other than an APRN or PA whose duties include actions or procedures for a population with specific diseases, disorders, health problems, or sets of symptoms, and the MHU must have written SDOs in place.
12. Have a minimum of a Class D Pharmacy license or must enter into one or more Memorandums of Understanding (MOUs) with local pharmacies in the community to ensure MHU Client access to needed pharmaceuticals.
13. Maximize reimbursement of allowable services through established programs such as Medicaid, HTW (<https://www.hhs.texas.gov/providers/health-services-providers/healthy-texas-women>), FPP (<https://www.hhs.texas.gov/providers/health-services-providers/family-planning-program-providers>), BCCS (<https://www.hhs.texas.gov/providers/health-services-providers/breast-cervical-cancer-services-providers>), <https://www.hhs.texas.gov/providers/health-services-providers/primary-health-care-program-providers>, and <https://www.hhs.texas.gov/providers/health-services-providers/title-v-maternal-child-health-fee-service-program>. MHU services are the payor of last resort.
14. Identify HTW, FPP, BCCS, PHC, and TV MCH FFS providers within 100 miles of each site where MHU services are provided and establish a process to refer MHU Clients to local HTW, FPP, BCC, PHC, and TV MCH FFS providers for ongoing service provision and follow-up at brick and mortar clinics, offer continued Telemedicine services, or consistently operate in areas of the State to provide preventive healthcare services to women who have no other means of accessing this care.
15. Meet any other requirements requested by System agency.

2.6.6 Telehealth and Telemedicine Medical Services

Grantee must:

- A. 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. 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).

2.6.7 Readiness Review

Readiness Reviews conducted by the System Agency are required for any New Grantee who has not been awarded a Grant Agreement for MHU within the past two (2) years, or for any Grantee who has had a previous MHU Grant Agreement that was either suspended or terminated within the past two (2) years. Readiness Reviews will occur within the first 90 Calendar Days of contract execution. 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 two (2) 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 fails the assessment 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 FPL percentage, and correct eligibility forms.
- B. 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.
- C. Facility Certificates – All facilities must be properly certificated. 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 Amendment (CLIA) certificate.

- D. 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.
- E. Professional Licensure/Certification – Grantee must provide copies of all medical, nursing, and technician staff licensure and certification. Standing Delegation Order (SDO) and Policy – This policy must outline the Grantee’s must provide copies of all medical, nursing, and technician staff licensure and certification.
- F. 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).

2.6.8 Preoperational Program Requirements

At least 30 Calendar Days prior to the MHU vehicle commencing operations, the following must be submitted to System Agency for approval:

- A. Grantee must submit current valid copies of driver’s licenses for anyone hired to operate the vehicle.
- B. Grantee must submit copies of current certificates of registration, and vehicle maintenance warranty information, if purchased new or certified pre-owned, for any MHU vehicle associated with the Project.
- C. Grantee must submit proof of insurance certificates as outlined in **Exhibit H, Insurance Requirements.**

2.7 REQUIRED REPORTS

The System Agency will monitor Grantee’s performance, including, but not limited to, through review of financial and programmatic reports and performance measures, under any Grant Agreement awarded as a result of this RFA. Each Grantee awarded a Grant Agreement as a result of this RFA must submit the following reports by the noted due dates:

REPORT	DUE DATE
MVP (B13 form, 4116 Authorization for Expenditures form and the Data collection form) with required supporting documentation.	The last Business Day of the month following the month in which expenses incurred.

Final MVP	No later than 45 Calendar Days after the end of the Grant Agreement annual term.
Financial Status Report (FSR) Quarterly	<p>Quarterly requirements are due by the last Business Day of the month following the end of each quarter following the SFY.</p> <p>Qtr. 1: September – November</p> <p>Qtr. 2: December – February</p> <p>Qtr. 3: March – May</p> <p>Qtr. 4: June – August</p>
Final Financial Status Report (FSR)	No later than 45 Calendar Days after the end of the Grant Agreement annual term or Oct. 15 th .
Performance Measures Report – Quarterly	<p>The last Calendar Day of the month following the end of the quarter being reported.</p> <p>Qtr. 1- December 31st</p> <p>Qtr. 2- March 31st</p> <p>Qtr. 3- June 30th</p> <p>Qtr. 4- September 30th</p>
Performance Measures Narrative Report- Quarterly	<p>The last Calendar Day of the month following the end of the quarter being reported.</p> <p>Qtr. 1- December 31st</p> <p>Qtr. 2- March 31st</p> <p>Qtr. 3- June 30th</p> <p>Qtr. 4- September 30th</p>

Annual Operational Plan	Within 90 Calendar Days of the start of each SFY.
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Grantee shall provide all applicable reports in the format specified by System Agency in an accurate, complete, and timely manner and shall maintain appropriate supporting backup documentation. Failure to comply with submission deadlines for required reports, Financial Status Reports (FSRs) or other requested information may result in System Agency, in its sole discretion, placing the Grantee on financial hold without first requiring a corrective action plan in addition to pursuing any other corrective or remedial actions under the Grant Agreement.

2.8 PERFORMANCE MEASURES AND MONITORING

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

Grant Agreement(s) awarded as a result of this RFA are subject to the System Agency’s performance monitoring activities throughout the duration of the Grant Term. 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 and will be expected to report quarterly on the following measures:

- A. List of site locations visited during the quarter.
- B. Number of miles the MHU vehicle logged to site locations (or odometer readings).
- C. Number of Calendar Days the MHU vehicle was operational.
- D. Number of new unduplicated Clients served (a Client is counted only one time during the Project’s fiscal year, regardless of the number of visits, encounters, or services they receive from the MHU).
- E. Non-identifying demographic information.
- F. Number of new unduplicated Clients served who have never received women’s preventive health services or have not received them, including screening for breast or cervical cancer, if applicable, in the last 10 years.
- G. Number and type of each service provided listed in **Section 2.6.5, MHU Services**.

- H. Number of eligible individuals educated on women’s preventive health services.
- I. Non-medical service needs identified through a System Agency approved assessment tool, including but not limited to:
 - 1. Transportation;
 - 2. Child Care;
 - 3. Housing;
 - 4. Food; and
 - 5. Employment.
- J. Number of unduplicated Clients successfully navigated to providers participating in the following programs, as appropriate:
 - 1. Medicaid
 - 2. HTW;
 - 3. FPP;
 - 4. BCCS;
 - 5. PHC; and
 - 6. TV MCH FFS
- K. Number of Clients referred to a higher level of care.
- L. Number of no-shows per site visit.
- M. Barriers to service delivery, and activities implemented during the quarter to mitigate such issues.

Grantee must submit a quarterly narrative in the Performance Measures Report that addresses one or more of the following outcome measures:

- A. Improving health outcomes:
 - 1. Increased screening rates; and
 - 2. Managing chronic disease;
- B. Reducing healthcare costs:
 - 1. Avoidable emergency department visits;
 - 2. Hospitalization and hospital re-admission rates;
 - 3. Symptom-free days; and
 - 4. Quality-adjusted life years.
- C. Other.

Grantee must include a clear methodology for calculating the proposed measure(s), how the measure(s) will be reported to HHSC, and how the measure(s) will inform improving MHU services. HHSC may, with advance notice, require grantees to revise measures, methodology for calculating proposed measure(s), data collection and reporting.

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 Term. 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.

2.9 FINANCIAL STATUS REPORTS (FSRs)

Grantee shall submit quarterly FSRs to System Agency by the last Calendar Day of the month following the end of each State fiscal quarter for System Agency review and financial assessment. Through submission of a FSR, Grantee certifies that:

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

2.10 FINAL BILLING SUBMISSION

Unless otherwise directed by the System Agency, Grantee shall submit a "Financial Status Report" no later than 45 Calendar Days after the end of the Grant Agreement annual term. This report must be signed and marked "Final" and shall be emailed to the email address(es) listed on the Financial Status Report. Reimbursement or payment requests received after the deadline may not be paid.

2.11 DATA USE AGREEMENT

By submitting an Application in response to this RFA, Applicant agrees to be bound by the terms of Exhibit D, HHS Data Use Agreement v.8.5 or Exhibit D-1 Governmental Entity Version HHS Data Use Agreement v8.5, including but not limited to the terms and

conditions regarding **Exhibit D-2, HHS System Data Use Agreement - Attachment 2, Security and Privacy Inquiry (SPI)**, attached to this RFA.

2.12 LIMITATIONS ON GRANTS TO UNITS OF LOCAL GOVERNMENT

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

- A. In each Grant Agreement with a unit of local government, grant funds appropriated under the General Appropriations Act will be expended subject to limitations and reporting requirements similar to those provided by:
 - 1. 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);
 - 2. §§556.004, 556.005, and 556.006, Government Code; and
 - 3. §§2113.012 and 2113.101, Government Code.
- B. In this section, "unit of local government" means:
 - 1. A council of governments, a regional planning commission, or a similar regional planning agency created under Chapter 391, Local Government Code;
 - 2. A local workforce development board; or
 - 3. A community center as defined by Health and Safety Code, §534.001(b).

Section III. Applicant Eligibility Requirements

3.1 LEGAL AUTHORITY TO APPLY

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

Each Applicant may only submit one Grant Application.

3.2 APPLICATION SCREENING REQUIREMENTS

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

- A. Applicant must be a governmental entity (health department, hospital district, university medical center, and other State or local agency), a federally qualified health center (“FQHC”) (which is a safety net provider that provides services typically given in an outpatient Client); or a nonprofit entity.
- B. Applicant must have a Texas address. A post office box may be used when the Application is submitted, but the Applicant must conduct business at a physical location in Texas prior to the date that the Grant Agreement is awarded.
- C. Applicant's proposed service area must be within 100 miles of where the MHU vehicle is stored.
- D. Applicant must be able to provide a General Ledger from Applicant’s computerized system that has accounts assigned to track financial transactions for the Grant that may include assets, liabilities, equity, revenue, and expenses.
- E. Applicant must be a Texas Medicaid provider or provide evidence with its Application that a Medicaid Application has been submitted to obtain a Texas Provider Identifier ("TPI") number. Applicant must be a HTW provider with TMHP and maintain an active HTW provider status.

An Applicant that does not meet these minimum requirements will be disqualified and not considered for a grant. HHSC expressly reserves the right to review and analyze the documentation submitted, request additional documentation, and/or determine the Applicant’s eligibility to compete for the Grant Agreement award.

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 HHSC 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 the Grant Agreement.

3.4 GRANTS FOR POLITICAL POLLING PROHIBITED

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

Section IV. Project Period

4.1 PROJECT PERIOD

The initial Project Period is anticipated to be **July 1, 2026** through **August 31, 2027**. System Agency may renew this Grant Agreement for two (2) additional years without re-procurement through August 31, 2029.

Extension of Grant Term: The System Agency may, at its sole discretion, extend the Grant Term for up to one (1) year, after all the renewal periods have been exhausted, to allow for the full expenditure of awarded funding and completion of Grant activities.

4.2 PROJECT CLOSEOUT

System Agency will programmatically and financially close the grant award and end the Grant Agreement when System Agency determines Grantee has completed all applicable actions and work in accordance with Grant Agreement requirements. The Grantee must submit all required financial, performance, and other reports as required in the Grant Agreement. The project close-out date is 90 Calendar Days after the Grant Agreement end date, unless otherwise noted in the original or amended Grant Agreement. Funds not obligated by Grantee by the end of the Grant Agreement term and not expended by the project close-out date will revert to System Agency.

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Section V. Grant Funding and Reimbursement Information

5.1 GRANT FUNDING SOURCE AND AVAILABLE FUNDING

The total amount of State funding available for the MHU grant program is \$5,000,000.00 per SFY totaling **\$20,000,000.00** for the entire Grant Term. It is the System Agency's intention to make multiple awards to Applicants that successfully demonstrate the ability to deliver MHU services to Clients.

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

Reimbursement will only be made for actual, allowable, and allocable expenses that occur within the Grant Term. No spending or costs incurred prior to the effective date of the 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.

Grant Agreement funds must be expended within the current S F Y. Rollover of unexpended funds to the succeeding S F Y will not be allowed.

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.

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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, 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. Any other prohibition imposed by federal, state, or local law; and
- M. Other unallowable costs as listed under TxGMS, Appendix 7, Selected Items of Cost Supplement Chart and/or 2 CFR 200, Subpart E – Cost Principles, General Provisions for Selected Items of Cost, where applicable.

5.4 COST SHARING OR MATCHING REQUIREMENTS

No Cost Sharing or match are required by this RFA.

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Section VI. Application Exhibits and Forms for Submission

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

6.1 NARRATIVE PROPOSAL

Using **Forms C** through **F** attached to this RFA, Applicants shall describe their proposed activities, processes, and methodologies to satisfy all objectives described in **Section II, Scope of Grant Project**, including the Applicant's Application Texas counties served, performance measures, and subcontractor information, if appropriate. Applicants should identify all proposed tasks to be performed, including all Project activities, during the Project Period. Applicants must complete and submit all required attachments.

6.2 REQUESTED BUDGET

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

Applicants must ensure that Project costs outlined in the Requested Budget are reasonable, allowable, allocable, and developed in accordance with applicable State and federal grant requirements. Reasonable costs are those if, in nature and amount, do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. A cost is allocable to a particular cost objective if the cost is chargeable or assignable to such cost objective in accordance with relative benefits received.

Applicants must utilize the Budget template provided, **Exhibit I, Requested Estimated Annual Budget Template**, and identify all Budget line items and matching costs. Budget categories must be broken out into specific Budget line items that allow System Agency to determine if proposed costs are reasonable, allowable, and necessary for the successful performance of the Project. 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 Requested Budget may be considered eligible for reimbursement.

Submission of Exhibit I, Requested Estimated Annual Budget Template is mandatory. Applicants that fail to submit a Requested Estimated Annual 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 minimis rate to recover Indirect Costs. All Applicants are required to complete and submit **Form G, Texas Health and Human Services System Indirect Costs Rate (ICR) Questionnaire**, with required supporting documentation. The questionnaire initiates the acknowledgment or approval of an ICR for use with the System Agency cost-reimbursable 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; and
- B. State of Texas approved Indirect Cost Rate

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

If the Applicant does not have an approved ICR agreement, the Applicant may be eligible for the 15% de minimis rate or may request to negotiate an ICR with HHS.

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

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

Once HHS acknowledges an existing rate or approves an ICR, the Grantee will receive one of the three Indirect Cost approval letters: ICR Acknowledgement Letter, ICR Acknowledgement Letter – 15% De Minimis, or the ICR Agreement Letter.

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

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

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6.4 ADMINISTRATIVE APPLICANT INFORMATION

Using **Form A** through **Form B-2**, **Form H** and **Form I** 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

Using **Form I, Contract and Litigation 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. Refer to, **Exhibit A, HHS Solicitation Affirmationsv2.9**. Applicant certifies it does not have any existing claims against or unresolved audit exceptions with the State of Texas or any agency of the State of Texas.

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

B. Internal Controls Questionnaire

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

Section VII. RFA Administrative Information and Inquiries

7.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Funding Announcement Posting Date Posted to HHS Grants RFA and Texas eGrants websites	February 4, 2026

Deadline for Submitting Questions or Requests for Clarification	February 11, 2026 by 2:00 p.m. Central Time
Tentative Date Answers to Questions or Requests for Clarification Posted	February 18, 2026
Deadline for Submission of Applications NOTE: Applications must be <u>RECEIVED</u> by HHSC by this deadline if not changed by subsequent Addenda to be considered eligible.	March 11, 2026, by 10:30 a.m. Central Time
Anticipated Notice of Award	June 2026
Anticipated Project Start Date	July 2026

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

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

7.2 SOLE POINT OF CONTACT

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

Name	Julia Solis
Title	Grant Specialist, HHSC Procurement and Contracting Services

Address	Procurement and Contracting Services Building 1100 W 49th St. MC: 2020 Austin, TX 78756
Email	julia.solis@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 Questions and Requests for Clarification established in **Section 7.1, Schedule of Events**, or as may be amended in Addenda, if any, posted to the HHS Grants RFA 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 and Requests for Clarification set forth in this Section 7.1, Schedule of Events, or as may be amended in Addenda, if any, posted to the HHS Grants RFA website.

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

7.4 **AMBIGUITY, CONFLICT, DISCREPANCY, CLARIFICATIONS**

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

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

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

7.5 **RESPONSES TO QUESTIONS OR REQUEST FOR CLARIFICATIONS**

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

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

7.6 CHANGES, AMENDMENT OR MODIFICATION TO RFA

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

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

7.7 EXCEPTIONS

Applicants are highly encouraged, in lieu of including exceptions in their Applications, to address all issues that might be advanced by way of exception by submitting **Exhibit E, Exceptions**, or 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.

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Section VIII. Application Organization and Submission Requirements

8.1 APPLICATION RECEIPT

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

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

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

Applicants understand and acknowledge that issuance of this RFA or retention of Applications received in response to this RFA in no way constitutes a commitment to award 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.

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.

- A. One (1) copy marked as “Original Application” that contains the Applicant’s entire Application in a Portable Document Format (“.pdf”) file.
- B. One (1) copy of the completed **Exhibit I, Requested Estimated Annual Budget Template**, in its original Excel format.
- C. One (1) copy of the complete Application marked as “Public Information Act Copy,” if applicable, in accordance with **Section 12.1, Texas Public Information Act-Application Disclosure Requirements**, in a Portable Document Format (“.pdf”) file.

Submission Option #2 Sealed Package with USB Drives: Applicants shall submit each of the following on separate USB drives:

- A. 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 I, Requested Estimated Annual Budget Template**, in its original Excel format.
- B. One (1) USB drive with a copy of the complete Application file marked as “Public Information Act Copy,” if applicable and in accordance with **Section 12.1, Texas Public Information Act-Application Disclosure Requirements**. The copy must be in a Portable Document Format (“.pdf”) file. Include the USB in a separate envelope within the sealed package and mark the USB and envelope with “Public Information Act Copy” or “PIA Copy.”

Sealed packaged must be clearly labeled with the following:

- A. RFA Number;
- B. RFA Title;
- C. Deadline for Submission of Applications;
- D. Sole Point of Contact’s name; and
- E. 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
<p style="text-align: center;">Health and Human Services Commission Attn: Julia Solis</p>	<p style="text-align: center;">Health and Human Services Commission Attn: Julia Solis</p>

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 Applicant Information,” “Narrative Proposal,” “Requested Budget,” “Indirect Costs,” “Exhibits to be Submitted with Application,” and “Signed Addenda”)

1. **Exhibit I, Requested Estimated Annual Budget Template**, is to be submitted in its original Excel format.
 2. Each Application section must have a cover page with the Applicant's legal name, RFA number, and Name of Grant identified.
- B. Include all required documentation, exhibits, and forms completed and signed, as applicable. Copies of forms are acceptable, but all copies must be identical to the original. All exhibits must be submitted and obtained directly from the posted RFA package; previous versions and copies are not allowed or acceptable.

8.7 APPLICATION WITHDRAWALS OR MODIFICATIONS

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

- 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. Scoring and review of qualifications; 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 v2.9**, or **Exhibit I, Requested Estimated Annual Budget Template** in its original format.

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 F, Evaluation Tool**.

Scoring Criteria: Qualified Applications shall be evaluated based upon:

A. Local Unmet Needs (50%);

B. Mitigation of Barriers and Outcomes (20%);

C. Community Engagement (30%)

9.5 PAST PERFORMANCE

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

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

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

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

A. Notices of termination;

B. Cure notices;

C. Assessments of liquidated damages;

D. Litigation;

E. Audit reports; and

F. Non-renewals of grants or Contracts based on Applicant's unsatisfactory performance.

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

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

A. If applicable, Applicant has an unfavorable report or grade on the CPA Vendor Performance Tracking System (VPTS). VPTS may be accessed at:

<https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/>,
OR,

- B. Applicant is currently under a corrective action plan through HHSC or DSHS, OR,
- C. Applicant has had repeated, negative vendor performance reports for the same reason,
OR,
- D. Applicant has a record of repeated non-responsiveness to vendor performance issues,
OR,
- E. Applicant has Contracts or purchase orders that have been cancelled in the previous
12 months for non-performance or substandard performance, OR
- F. Any other performance issue that demonstrates that awarding a Grant Agreement to
Applicant would not be in the best interest of the State.

9.6 COMPLIANCE FOR PARTICIPATION IN STATE CONTRACTS

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

The information (e.g., legal name and, if applicable, assumed name (d/b/a), tax identification number, DUNS number) provided by Applicant will be used to conduct these checks. At System Agency's sole discretion, Applicants found to be barred, prohibited, or otherwise excluded from award of a Grant Agreement may be disqualified from further consideration under this Solicitation, pending satisfactory resolution of all compliance issues.

Checks include:

A. State of Texas Debarment and Warrant Hold

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

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

Applicant must not be excluded from Contract participation at the federal level. This verification is conducted through SAM, the official website of the U.S. Government which may be accessed at: <https://sam.gov/data-services/Exclusions?privacy=Public>

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>

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.hhs.texas.gov/exclusions>

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

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

<https://exclusions.oig.hhs.gov/>.

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

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

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

Section X. Award of Grant Agreement Process

10.1 FINAL SELECTION

After initial screening for eligibility and Application completeness, and initial evaluation against the criteria listed in **Section 9.4, Evaluation Criteria**, the System Agency may apply other considerations such as program policy or other selection factors that are essential to the process of selecting Applications that individually or collectively achieve program objectives. In applying these factors, the System Agency may consult with internal and external subject matter experts.

The System Agency will make final funding decisions based on Applicant eligibility, evaluation rankings, 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 more than one Grant Agreement as a result of this RFA. However, not all Applicants who are deemed eligible to receive funds are assured of receiving a Grant Agreement.

At any time and at its sole discretion, System Agency reserves the right to cancel this RFA, make partial award, or decline to award any Grant Agreement(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 2.6.7, Readiness Review** 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 women’s preventive health 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.

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 v. 2.9**, Applicant’s confidential information assertion and the filing of its Public Information Act Copy; and
- C. Submit Public Information Act Copy of Application:** Submit a separate “Public Information Act Copy” of the Original Application (in addition to the original and all copies otherwise required under the provisions of this RFA). The Public Information Act Copy must meet the following requirements:
1. The copy must be clearly marked as “Public Information Act Copy” on the front page in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font);
 2. Each portion Applicant claims is exempt from public disclosure must be redacted (blacked out); and
 3. Applicant must identify, adjacent to each redaction, the claimed exemption from disclosure. Each identification provided as required in **Subsection (C)** of this section must be identical to those set forth in the Original Application as required in **Subsection A(2)**, above. The only difference in required markings and information between the Original Application and the “Public Information Act Copy” of the Application will be redactions – which can only be included in the “Public Information Act Copy.” There must be no redactions in the Original Application.

By submitting an Application under this RFA, Applicant agrees that, if Applicant does not mark the Original Application, provide the required certification in Exhibit A, HHS Solicitation Affirmations v2.9, 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.

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Section XIII. Submission Checklist

HHSC, in its sole discretion, will review all Applications received and will determine if any or all Applications which do not include complete, signed copies of these exhibits and/or addenda, will be disqualified or whether additional time will be permitted for submission of the incomplete or missing exhibits. If additional time is permitted, Applicants will be notified in writing of the opportunity to provide the missing documentation by a specified deadline. Failure by an Applicant to submit the requested documentation by the deadline WILL result in disqualification. Applications that do not include Exhibit A, HHS Solicitation Affirmations v2.9 (completed and signed), and Exhibit I, Requested Estimated Annual Budget Template (completed), will be disqualified. See Section 9.2, Initial Compliance Screening of Applications for further detail.

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

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

A. Administrative Applicant Information

- 1. Form A: Face Page _____
- 2. Form B: Administrative Entity Information _____
- 3. Form B-1: Governmental Entity, if applicable _____
- 4. Form B-2: Nonprofit Entity or For-Profit Entity, if applicable _____
- 5. Form H: Internal Controls Questionnaire _____
- 6. Form I: 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 _____
 - a. Attachment A _____
 - b. Attachment B _____
 - c. Attachment C _____
- 2. Form D: Texas Counties Served by Project _____
- 3. Form E: Performance Measures and Funding Ceiling Request _____
- 4. Form F: Subcontracting Information _____

C. Requested Budget

Exhibit I: Requested Estimated Annual Budget Template (excel) _____
This Requested Estimated Annual Budget Template is mandatory and must be submitted with the Application, in the original format (Excel), for the Application to be considered responsive. Applications received without the completed Requested Estimated Budget Template will be disqualified.

D. Indirect Costs

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

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

- 1. Exhibit A: HHS Solicitation Affirmations, version 2.9 _____
Per Section 9.2, 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 may be disqualified.
- 2. Exhibit D: HHS Data Use Agreement, version 8.5 _____
- 3. Exhibit D-1: Governmental Entity Version Data Use Agreement, v.8.5 _____
- 4. Exhibit D-2: Texas HHS System- Data Use Agreement- Attachment 2, _____
- 5. Security and Privacy Inquiry (SPI) _____

D. Signed Addenda:

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

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Section XIV. List of Exhibits and Forms Attached to RFA

Exhibits

Exhibit A – HHS Solicitation Affirmations, Version 2.9

Exhibit B – HHS Uniform Terms and Conditions – Grant, version 3.5

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

Exhibit D – HHS Data Use Agreement, v 8.5

Exhibit D-1 – Governmental Entity Version -Data Use Agreementv.8.5

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

Exhibit E – Exceptions

Exhibit F – Evaluation Tool

Exhibit G – Online Bid Room Information

Exhibit H – Insurance Requirements

Exhibit I – Requested Estimated Annual Budget Template

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 – Authorized Officials, if applicable

Form C – Work Plan

Form D – Texas Counties Served by Project

Form E – Performance Measures and Funding Ceiling Request

Form F – Subcontracting Information

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

Form H – Internal Controls Questionnaire

Form I – Contract and Litigation History