TEXAS
Health and Human Services

Stephanie Muth, Executive Commissioner

Request for Applications (RFA)

Grant for

Ryan White HIV/AIDS Program Part B, State Services, and Housing Opportunities for Persons with AIDS (HOPWA)

RFA No. HHS0016961

DEADLINE FOR SUBMISSION OF APPLICATIONS

August 28, 2026, at 10:30 a.m. Central Time

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Section I. Introduction, Definitions, and Statutory Authority

1.1 INTRODUCTION

The Texas Health and Human Services Commission (HHSC) is accepting applications on behalf of the Texas Department of State Health Services (DSHS), the System Agency, for a single Administrative Agency (AA) to administer designated federal and state Ryan White Service Delivery (RWSD), DSHS State Services (SS), and Housing Opportunities for Persons with AIDS (HOPWA).

The purpose of this program is to administer the designated federal and state RWSD, DSHS SS, and HOPWA funds. The aforementioned programs provide medical, support, and housing services to low-income Texas residents who are living with HIV.

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:	DSHS Ryan White HIV/AIDS Program Part B, State Services, and HOPWA Administrative Agency for East Texas
RFA No.:	HHS0016961
Deadline for Submission of Applications:	August 28, 2026, by 10:30 a.m. Central Time
Deadline for Submitting Questions or Requests for Clarifications:	August 4, 2026, by 2:00 p.m. Central Time
Estimated Total Available Funding:	$19,713,321.00
Estimated Total Number of Awards:	One (1)
Estimated Max Award Amount:	$19,713,321.00
Match Required, if any:	N/A
Anticipated Project Start Date:	April 2027
Length of Project Period:	Five (5) years

Eligible Applicants:	**Refer to Section 3.2, Applicant Minimum Eligibility Requirements.**

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. Refer to **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.

"Acquired Immunodeficiency Syndrome" or "AIDS" means a stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus.

"Agency Enrollment Workers" or "AEWs" are local workers employed by Subgrantees that assist Clients in completing RW Part B eligibility and Texas HIV Medication Program (THMP) applications.

"Addendum" means a written clarification or revision to this RFA, including exhibits, forms, and attachments, as issued and posted by HHSC to the HHS Grants RFA website. Each Addendum will be posted, must be signed by the Applicant, and returned with its Application.

"Administrative Agency" or "AA" means an entity responsible for ensuring a comprehensive continuum of care exists in its funded areas. This is accomplished through the management, distribution, and oversight of federal and State funds and under a Grant Agreement with DSHS. The AA disburses funds from DSHS through a Subgrantee system to provide comprehensive services to eligible people living with HIV (PLWH) and those affected within the service planning area. The AA may also be referred to as a "Grantee," "Contractor," "Subrecipient," "Successful Respondent," and "Applicant Agency" in this RFA and its attachments.

"AIDS Drug Assistance Program" or "ADAP" is a State-administered program authorized under RW Part B that provides U.S. Food & Drug Administration (FDA)-approved medications to low-income people living with HIV who have limited or no health coverage from private insurance, Medicaid, or Medicare. ADAP funds may also be used to purchase health insurance for eligible Clients and for services that enhance access to, adherence to, and monitoring of drug treatments.

"ADAP Liaison" is an employee of the Grantee who provides support, training, quality assurance, and quality oversight of the AEWs across the HASA.

"Allowable Cost" means costs incurred by a Subgrantee that are reasonable for the performance of the award; allocable; in conformance with, or incorporated by reference to, any limitations or exclusions set forth in the federal cost principles applicable to the organization incurring the cost or in the Notice of Grant Award as to the type or amount of cost; consistent with regulations, policies, and procedures of the Respondent for both federally-supported and other activities of the AA; accorded consistent treatment as a direct or Indirect Cost; determined in accordance with generally accepted accounting principles; and not included as a cost in any other federally-supported award (unless specifically authorized by statute).

"Antiretroviral Treatment" or "ART" means the management of HIV/AIDS, normally including the use of multiple drugs, in an attempt to control the HIV infection.

"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 DSHS-approved Budget executed in the final Grant Agreement.

"Business Day(s)" unless otherwise defined by applicable law or rule, means any day except a Saturday, Sunday, or a national or state holiday as defined in Section 662.003 of the Texas Government Code.

"Calendar Day(s)" refers to the total number of days in a particular month.

"Care Services Group" is a group that coordinates the State's response to the needs for HIV Core Medical Services and Support Services of eligible Texas residents. It is responsible for distributing State and federal resources for HIV treatment and Support Services; assuring compliance with federal and State statutes, rules, regulations, and conditions of award associated with the program; and monitoring the delivery of administrative services provided by AAs, including Subgrantee monitoring.

"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 person living with HIV, who is a resident of Texas, and who meets income eligibility requirements.

"Community-Based Organization" or "CBO" means a public or private nonprofit organization that is representative of a community or a significant segment of a community and works to meet community needs.

"Core Medical Services" includes, but are not limited to, the following services: early intervention services, Health Insurance Premium and Cost Sharing Assistance services, home and community-based health services, home health care service, hospice services, local AIDS pharmaceutical assistance (LPAP) services, medical case management services, medical nutritional therapy services, mental health services, oral health services, outpatient/ ambulatory health services, and substance abuse outpatient care services.

"Department of Housing and Urban Development" or "HUD" means the U.S. government agency that provides housing and community development assistance to states.

"DSHS" means the Department of State Health Services.

"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 cost. Direct Cost include, but are not limited to, salaries, travel, Equipment, and supplies directly benefiting the grant-supported Project or activity.

"Eligible Metropolitan Area" or "EMA" means a pre-identified metropolitan area, whose boundaries are based on U.S. Census designation for the area, with at least 2,000 AIDS cases in the most recent five (5) years and has a population of at least 50,000.

"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. Refer to §200.1 for Capital assets, Computing devices, General purpose Equipment, Information technology systems, Special purpose Equipment, and Supplies.

"Facility-Based Housing Assistance" or "FBHA" means all eligible HOPWA housing assistance expenditures for or associated with supportive housing facilities, including community residences, single-room occupancy (SRO) dwellings, short-term facilities, project-based rental assistance units, master leased units, and other housing facilities approved by HUD. The DSHS HOPWA Program limits the use of FBHA to STSH and TSH services.

"Grant Agreement" means the agreement entered into by the DSHS 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."

"HIV Administrative Service Area" or "HASA" is a geographic service area set by DSHS. An AA is responsible for providing administrative and planning services for the entire HASA it covers.

"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.

"Health Insurance Premium and Cost Sharing Assistance" means a RW Part B program that provides financial assistance for eligible Clients to maintain continuity of health insurance or to receive medical and pharmacy benefits under a health care coverage program. May also be referred to as "Health Insurance Assistance" or "HIA."

"Health Resources and Services Administration" or "HRSA" means the agency of the U.S. Department of Health and Human Services that administers the RWHAP.

"HIV Service Delivery Area" or "HSDA" is a geographic service area, within a HASA, set by DSHS for the purpose of allocating federal and State funds for HIV Core Medical Services and Support Services.

"HIV/STD Section" means the department within DSHS that manages federal and State funds for HIV/STD Client services through selected AAs, Subgrantees, community-based agencies and local health departments. It also manages THMP.

"Housing Information Services" or "HIS" include counseling, information, and referral services dedicated to assisting eligible households in locating, acquiring, financing, and maintaining housing. This may also include fair housing counseling for eligible persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or disability.

"Housing Opportunities for Persons with AIDS" or "HOPWA" means a federal program, managed by HUD's Office of HIV/AIDS Housing, established to provide housing assistance and related supportive services for low-income persons living with HIV and their households.

"Human Immunodeficiency Virus" or "HIV" means a virus that causes AIDS by destroying large numbers of cells that help the human body fight infection.

"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 Cost represents 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.

"Local Responsible Party" or "LRP" means an official who accepts responsibility for implementing and enforcing specific policies and procedures related to the security and confidentiality of the HIV/STD Section. The LRP is responsible for reporting and assisting in the investigative breach process. The role of LRP is required at both the Grantee and Subgrantee organizations.

"Patient Assistance Program" or "PAP" means services offered to clients by pharmaceutical companies to provide free or low-cost medications to eligible persons.

"Permanent Housing Placement" or "PHP" means a supportive housing assistance service used to help households establish permanent residence with a reasonable expectation their occupancy will continue. Eligible costs include Application fees, related credit checks, utility hookup fees and deposits, and reasonable security deposits necessary to move persons into permanent housing.

"Planning Council" means a Ryan White Part A required body with membership that reflects the demographics of the local HIV epidemic. It includes members with specific expertise in health and social services whose responsibility includes local decisions on service prioritization and funding allocations. This body recommends priorities and allocations for RW Part B and SS funding for the HSDAs included in the Part A EMA or TGA.

"Planning and Evaluation Services" means the systematic collection of information about the characteristics, activities, and outcomes of services or programs to assess the needs for services and to compare needs against available resources to identify service gaps and barriers and/or to make decisions about future programming.

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

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

"Project Sponsor" means any nonprofit organization or governmental housing agency receiving HOPWA funds under a contract with the Grantee to provide eligible housing and other support services or administrative services as defined in 24 CFR §574.300. Project Sponsors must provide performance data on households served and funds expended.

"Protected Health Information" or "PHI" means health data created, received, stored, or transmitted by Health Information Portability and Accountability Act (HIPAA)-covered entities and their business associates in relation to the provision of healthcare, healthcare operations, and payment for healthcare services. Electronic Protected Health Information is often shortened to ePHI.

"Quality Management" or "QM" under the RWHAP involves activities to improve Client health outcomes by developing and implementing programs that focus on establishing standards and systems to measure and improve performance.

"Recipient" means an entity that receives a Federal award directly from a Federal agency to carry out an activity under a Federal program. The term Recipient does not include Subrecipients or individuals that are participants or beneficiaries of the award.

"Resource Identification" or "RI" means activities that establish, coordinate, and develop housing assistance resources for eligible households (including preliminary research and expenditures necessary to determine the feasibility of specific housing-related initiatives).

"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."

"Ryan White HIV/AIDS Program" or "RWHAP" is the federal program that provides funds for HIV Core Medical Services and Support Services for U.S. residents who do not have sufficient health care coverage or financial resources. Funds are provided to all states and territories through Parts A, B, C, D, F and the AIDS Education and Training Center. DSHS receives RW Part B funding.

"Ryan White Part B" or "RW Part B" means HIV/AIDS Treatment Extension Act of 2009, which provides grants to states to improve the quality, availability, and organization of HIV Core Medical Services and Support Services.

"Short-Term Rent, Mortgage, and Utility Assistance" or "STRMU" provides short-term rent, mortgage, and utility payments for households experiencing a financial crisis related to their HIV health condition or a change in their economic circumstances. STRMU helps prevent homelessness by enabling households to remain in their own homes.

"Short-Term Supportive Housing" or "STSH" is a type of Facility-Based Housing Assistance that provides temporary shelter to eligible homeless households. Services allow households to develop individualized housing plans, culminating in permanent housing.

"State" means the State of Texas and its instrumentalities, including the DSHS and any other state agency, its officers, employees, or authorized agents.

"State Services" or "SS" means the State funding allocation for Core Medical Services and Support Services in the Ryan White Program. The SS fund source is the State's match to the federal RW Part B funds awarded to DSHS.

"Subaward" means the legal binding agreement between the Grantee and a Subgrantee.

"Subcontractor" means a legal entity, other than a Subgrantee, that enters into a contractual agreement with the Grantee to assist the Grantee in the performance of the Grantee obligations to DSHS under the Grant Agreement. A Subcontractor will provide direct services to the Grantee, not to Clients in each HSDA of the East Texas HASA.

"Subgrantee" means a legal entity who is selected by the Grantee and enters into a legal binding Subaward agreement with a Grantee to provide direct services to Clients in each HSDA of the East Texas HASA.

"Support Services" include but are not limited to: child care services, emergency financial assistance services, food bank/home delivered meals services, health education/risk reduction services, housing services, linguistic services, medical transportation services, non-medical case management services, other professional services, outreach services, psychosocial Support Services, referral for health care and Support Services, rehabilitation services, respite care services, and substance abuse services (residential).

"Take Charge Texas" or "TCT" is a web-based application that providers use to report Ryan White and SS provided to eligible Clients. TCT serves as the RW Part B URS for Texas.

"Tenant-Based Rental Assistance" or "TBRA" provides an ongoing and portable rental subsidy that helps households obtain or maintain permanent housing in the private rental housing market, including assistance for shared housing arrangements, until they can enroll in the Housing Choice Voucher Program (HCVP) or other affordable housing programs. Under TBRA, households select a housing unit of their choice. TBRA pays the difference between the household's calculated monthly rent payment and the rent specified in their lease agreement. The gross rent of the proposed unit cannot exceed the lower of the rent standard or reasonable rent.

"Transitional Grant Area" or "TGA" means an area defined by the HRSA with 1,000 to 1,999 reported AIDS cases in the most recent five (5) years and that has a population of at least 50,000.

"Transitional Supportive Housing" or "TSH" is a type of Facility-Based Housing Assistance that provides up to 24 cumulative months of non-portable facility-based rental assistance to homeless households or households at risk of homelessness. Services allow households to prepare for permanent housing and develop individualized housing plans, culminating in permanent housing.

"Texas HIV Medication Program" or "THMP" is a program that provides medications for the treatment of HIV and its related complications for low-income Texans and is administered by DSHS.

"Uniform Reporting System" or "URS" is a web-based, Client-level data system currently called TCT and used by Subgrantees to report all eligible services that are delivered to eligible Clients.

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

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

1.3 STATUTORY AUTHORITY

Federal funding for this Grant Project is authorized under the RW Part B: Ryan White Care Act, as amended and codified in 42 U.S.C. Section 300ff-21-38, 42 U.S.C. Section 300ff-101, 42 U.S.C. Section 300ff-21-31b; 300ff-11-23 et seq., 42 U.S.C. Section 300ff-21 to Section 331b and Section 300ff-121, and the AIDS Housing Opportunity Act, as amended and codified in 42 U.S.C. Chapter 131.

All awards are subject to the availability of appropriated federal funds and any modifications or additional requirements that may be imposed by law. Federal funding awarded to DSHS through the program(s) listed below:

Federal Grant Program:	RW Part B: Ryan White Care Act Title II HOPWA: Housing Opportunities for Persons with AIDS State Services: Not applicable. State Services Grant does not use Federal Funding.
Federal Awarding Agency:	RW Part B: Health Resources and Services Administration HOPWA: U.S. Department of Housing and Urban Development State Services: Not applicable. State Services Grant does not use Federal Funding.
Funding Opportunity No.:	RW Part B: X0700054 HOPWA: TXH25F999 HOPWA: TXH26F999 HOPWA: TXH27F999 State Services: Not applicable. State Services Grant does not use Federal Funding.
Assistance Listing Number and Program Title:	RW Part B: 93.917, HIV Care Formula Grants HOPWA: 14.241, Housing Opportunities for Persons with AIDS State Services: Not applicable. State Services Grant does not use Federal Funding.

1.4 STANDARDS

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

Section II. Scope of Grant Project

2.1 PURPOSE

This funding opportunity invites Grant Applications requesting funding for RW Part B, SS, and HOPWA. The purpose of this program is to administer the designated federal and state Ryan White Service Delivery (RWSD), DSHS SS, and HOPWA funds, and select subcontractors that provide comprehensive outpatient health and support services to meet the identified needs of persons living with Human Immunodeficiency Virus (HIV) within the East Texas HASA.

2.2 PROGRAM BACKGROUND

DSHS's HIV/STD Section receives federal RW Part B funds, State general revenue, and federal HOPWA funds to provide discretely defined direct services and housing assistance for people living with HIV in Texas. To have local access points of care and services, allow for local leadership, and to prevent duplication of services, DSHS awards grants to Administrative Agencies across the State to assist in providing appropriate and prioritized services to people living with HIV in the HSDAs they serve. Each Grantee receives and distributes funds for Client services to Subgrantees in its assigned HASA through a competitive process.

2.3 ELIGIBLE POPULATION

The eligible population to be served within the East Texas HASA under this RFA consists of individuals who are:

A. Low-income persons living with HIV (PLWH) and their households; and

B. Texas Residents.

2.4 ELIGIBLE SERVICE AREAS

The East Texas HASA service areas eligible for Project funding under this RFA are:

A. **Beaumont/Port Arthur HSDA**: Hardin, Jefferson, and Orange counties;

B. **Galveston HSDA**: Brazoria, Galveston, and Matagorda counties;

C. **Houston HSDA**: Austin, Chambers, Colorado, For Bend, Harris, Liberty, Montgomery, Walker, Waller, and Wharton counties;

D. **Nacogdoches/Lufkin HSDA**: Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, and Tyler counties;

E. **Texarkana/Paris HSDA**: Bowie, Cass, Delta, Franklin, Hopkins, Lamar, Morris, Red River, and Titus counties; and

F. **Tyler/Longview HSDA**: Anderson, Camp, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt, and Wood counties.

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 Scope for the RW Part B Grant Agreement

A. Key Staffing Requirements for the Grantee

To support the activities and implementation of the RW Part B, SS and HOPWA programs, the Grantee is required to staff a minimum of one (1) full time employee for each of the following positions:

1. AA Manager;
2. Quality Manager;
3. Program Monitor;
4. URS Data Manager;
5. RW Part B Planner;
6. Financial/Fiscal Manager;
7. LRP; and
8. ADAP Liaison.

B. Grantee must adhere to the following requirements concerning its key staff:

1. AA Manager: Grantee must maintain an AA manager whose position is solely to manage all three (3) funding sources: (1) RW Part B, (2) SS, and (3) HOPWA.

2. Quality Manager: Grantee must employ a quality manager to accomplish activities according to **Section 2.5.7, QM Program Requirements.** Program Monitor: Grantee must employ a program monitor to oversee clinical, programmatic, and financial monitoring of Subgrantees according to Grantee's established internal policies, procedures, and schedules, and DSHS guidance and requirements.
3. URS Data Manager: Grantee must employ a URS data manager within 30 Calendar Days after the Grantee Agreement is executed. Grantee must ensure the URS data manager fulfills the required duties and standards described in Policy 231.002 located at https://www.dshs.texas.gov/sites/default/files/thsvh/files/231-002.pdf Take Charge Texas (TCT) AA Data Manager Core Competencies.
4. RW Part B Planner: Grantee must employ an RW planner to conduct comprehensive HIV planning activities. These activities include, but are not limited to:
    a. Assessing the service needs of people living with HIV;
    b. Comparing those persons' needs with available resources;
    c. Developing, implementing, evaluating, and reporting a new comprehensive HIV services plan; and
    d. Consulting with Clients, customers, and stakeholders in the community for decision making processes and/or developing a comprehensive HIV services plan.
5. Financial/Fiscal Manager: Grantee must employ a financial/fiscal manager to be responsible for the management of the funds and awards to Subgrantees on DSHS's behalf, including but not limited to:
    a. Accounting;
    b. Financial reporting;
    c. Allocating and contracting funds;
    d. Examining expenditure data; and
    e. Reallocation of funds.
6. LRP: Grantee will designate an LRP from its staff who are responsible for ensuring the security of the HIV/STD PHI maintained by the Grantee as part of the activities required under this RFA. The LRP shall:
    a. Ensure appropriate policies/procedures are in place for handling PHI, for releasing confidential HIV/STD data, and for any rapid response due to suspected breaches of protocol and/or confidentiality. These policies and procedures must comply with DSHS policies and procedures 2011.01 located at https://www.dshs.texas.gov/sites/default/files/thsvh/files/2011-01.pdf and 2011.04 located at https://www.dshs.texas.gov/sites/default/files/thsvh/files/2011-04.pdf. The Grantee may choose to adopt DSHS' policies and procedures as its own.

b. Ensure security policies are reviewed periodically for efficacy, and that the Grantee monitors evolving technology (e.g., new methods hackers are using to illegally access PHI; new technologies for keeping PHI protected from hacking) on an ongoing basis to ensure that the Grantee and all Subgrantees' data remain as secure as possible.

c. Approve any Grantee staff requiring access to HIV/STD PHI. The LRP will grant authorization to Grantee staff who have a work-related need (i.e., work under this RFA) to review HIV/STD PHI.

d. Maintain a list of authorized Grantee staff who have been granted permission to view and work with HIV/STD PHI. The LRP will review the authorized user list 10 Business Days from the effective date of any Grantee Agreement resulting from this RFA to ensure it is current. All Grantee staff with access to confidential information will have a signed confidentiality agreement on file and it shall be updated once a year during the term of any Grante Agreement resulting from this RFA;

e. Ensure all Grantee and Subgrantee staff complete a Statewide Cybersecurity Awareness Training at https://dir.texas.gov/information-security/statewide-cybersecurity-awareness-training?id=154 certified by the Department of Information Resources (DIR), in accordance with Texas Government Code § 2054.5192.

f. Ensure all Grantee and Subgrantee staff with access to PHI are trained in HIV/STD security policies and procedures before access to PHI is granted. This training will be renewed once each year during the term of any Grant Agreement resulting from this RFA.

g. Ensure all Grantee and Subgrantee staff with access to PHI are trained in federal and State privacy laws and policies before access to PHI is granted. This training will be renewed once each year during the term of any Grant Agreement resulting from this RFA.

h. Thoroughly and quickly investigate all suspected breaches of confidentiality in consultation with the DSHS LRP to remain in compliance with the DSHS HIV/STD and Viral Hepatitis Breach of Confidentiality Response Policy located at **Appendix G, DSHS TB/HIV/STD Local Responsible Party (LRP) Handbook V.2-2019**.

7. ADAP Liaison: The Grantee must employ an ADAP Liaison to provide training, support, quality assurance, quality improvements, and oversight of the AEWs across the HASA, and the individual HSDAs.

   a. The ADAP Liaison must facilitate communication among subcontracted agencies, AEWs, and other staff who complete and submit THMP application and stakeholders, including THMP Applicants and participants to increase an understanding of THMP.

   b. The ADAP Liaison is responsible for reporting to the DSHS HIV Care Services Consultants on a monthly basis as well as on the semi-annual and annual

narrative progress reports, attached to **Appendix H, DSHS Ryan White Administrative Agency Annual and Semi-Annual Progress Report,** progress towards meeting the following performance measures:

i. Attend 80% of monthly regional calls coordinated by the THMP;

ii. Attend 100% of the trainings required annually, or arrange for appropriate makeup;

iii. Submit a yearly QA/QI schedule to the THMP, which includes AEW performance measure reporting; and

iv. Submit quarterly reports and outcomes from the QA/QI schedule. This will include technical assistance visits to agencies and pharmacies in assigned area.

c. The ADAP Liaison must ensure that the following thresholds are met or surpassed by the AEWs:

i. ≥ 90% of new and recertification ADAP applications are accepted by THMP as complete upon initial submission. THMP measures this by checking if all eligibility documents, including acceptable proof of income, proof of Texas residency, and proof of diagnosis, are received by the program via TCT, fax, or mail.

ii. ≥ 90% of ADAP eligibility recertifications and self-attestations are completed on or before the lapse of ADAP program benefits. THMP measures this by checking that the recertification and self-attestation application was received during the client's birth-month/half-birth month before the lapse of ADAP program benefits.

iii. ≥ 90% of Texas Insurance Assistance Program (TIAP) applications are accepted by THMP as complete upon initial submission for insurance assistance. THMP measures this by reviewing the completeness of the information provided in the insurance tab in TCT or reviewing the front and back copy of the client's insurance card received by the program via TCT, fax or mail.

iv. ≥ 90% of State Pharmacy Assistance Program (SPAP) applications are accepted by THMP as complete upon initial submission for insurance assistance. THMP measures this by checking if the new Applicants have applied for the Part D Low-Income Subsidy through the Social Security Administration before applying to SPAP.

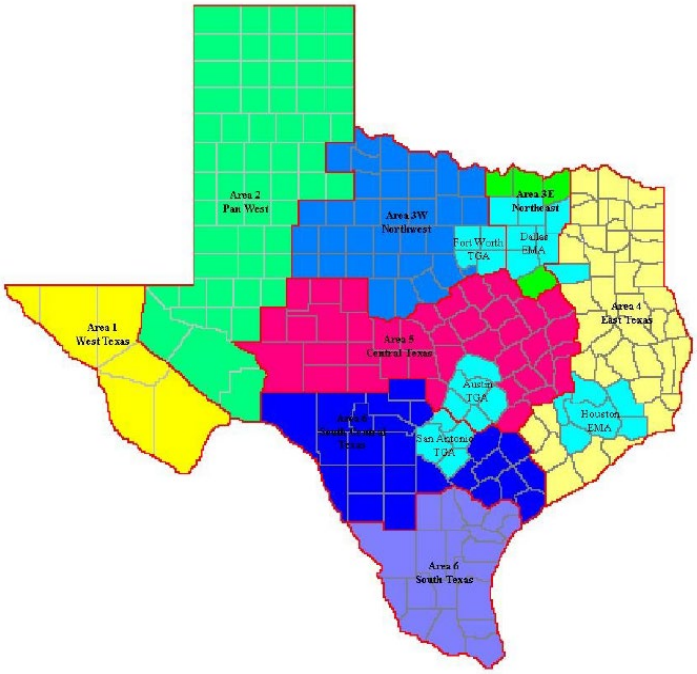
v. ≥ 90% of Texas Insurance Assistance Program-PLUS (TIAP-PLUS) applications are accepted by THMP as complete upon initial submission for insurance assistance. THMP measures this by checking if all the required documents, including the insurance client agreement form, the client's, monthly premium amount, and the account insurance information are received by the program via TCT, fax, or mail.

vi. ≥ 90% of application entries in the "about you" demographic, relationship, household, client financial, insurance, and case notes in TCT are correct and complete.

2.5.2 Planning, Evaluation, and Comprehensive HIV Plan Requirements

Grantee must conduct comprehensive HIV planning activities necessary to meet the needs of people living with HIV and support optimal health outcomes for those people living with HIV within the East Texas HASA (Area 4, highlighted in pale yellow on the map of Texas below).

The AA will be responsible for overlapping Ryan White Part A jurisdictions, such as the Houston HSDA and the Houston EMA (which includes Chambers, Fort Bend, Liberty, Montgomery, and Waller counties; refer to the map below for the Houston EMA within Area 4 highlighted in light blue), and must coordinate with and utilize the existing Ryan White Part A Planning Council's products and processes to meet the requirements of this RFA. Grantee will employ a Ryan White Planner to accomplish planning requirements and evaluate service systems.



Grantee must assess the service needs of people living with HIV and compare those needs against available resources within each HSDA to identify service gaps and barriers.

Grantee must develop a comprehensive new HIV services plan in accordance with the most current DSHS HIV/STD Section plan guidance. The Grantee's comprehensive HIV services plan will be due no later than December 31, 2027.

Grantee must obtain and incorporate community input into the development of the comprehensive HIV services plan. The process used to gather input should be tailored to the capacities of the community as required by DSHS HIV/STD Section Program Policy 241.004 (or https://www.dshs.texas.gov/sites/default/files/thsvh/files/241-004.pdf).

Administrative Agency Requirements for Community Input. At a minimum, Grantee must consult with the following parties on the development of the comprehensive HIV services plan:

A. People living with HIV who reside within the East Texas HASA;

B. Representatives of organizations that are located within the East Texas HASA with a history of serving people living with HIV;

C. RW Part B Subgrantees within the East Texas HASA;

D. Public health agencies;

E. Medical service providers; and

F. CBOs.

During each Budget Period of the Grant Term, Grantee must conduct processes in accordance with DSHS HIV/STD Section Program policy and guidance to identify service priorities and allocate funding to eligible services to best meet the needs of people living with HIV. Grantee must provide the results to DSHS annually, in accordance with the deadlines set during the Grant Agreement renewal process.

2.5.3 Selection of Subgrantees Requirements

Grantee must identify and select Subgrantees to provide direct Client services for all funding sources within each HSDA. Grantee must select Subgrantees through a competitive procurement process for Subawards with a term not to exceed five (5) years. Grantee will ensure Subawards with Subgrantees are continuous to prevent a gap in Client services and may require a direct emergency procurement to avoid such a gap. If this RFA results in Grant Agreements with a new Grantee, it may be necessary for the new Grantee to assume existing Subawards for a transition period and until a competitive procurement process can be completed.

Grantee will ensure that the services provided by Subgrantees are equally available and accessible to all people living with HIV needing services or care within the designated HSDA. Subgrantees shall not set up eligibility criteria that favor one demographic over another. Subgrantees will make reasonable efforts to provide office hours that serve local Client needs. Subgrantees are required to make reasonable efforts to have morning, afternoon, and evening hours of operation on a biweekly basis.

To ensure the equitable and non-discriminatory selection of Subgrantees, Grantees will implement the processes set forth in the following policy materials:

A. Policy 241.003, Subcontracting HIV Health and Support Services at https://www.dshs.texas.gov/sites/default/files/thsvh/files/241-003.pdf; and

B. Policy 280.001, Subcontracting HIV Core and Support Services by an Administrative Agency at https://www.dshs.texas.gov/sites/default/files/thsvh/files/280-001.pdf.

Grantee must enter into binding, enforceable agreements with Subgrantees wherein the Subgrantees will provide services and be reimbursed for Allowable Costs and activities, as defined in **Appendix A, Ryan White HIV/AIDS Program, Part B Manual**, and

Appendix C, Texas Department of State Health Services Housing Opportunities for Persons with AIDS (HOPWA) Program Manual.

Grantee's agreement language with Subgrantees must be flexible enough to allow for the implementation of policy changes during the Grant Term.

2.5.4 Core Medical Services and Support Services Requirements

The service categories below are Allowable Costs by Subgrantees under the RW Part B Grant Agreement:

A. Core Medical Services (Refer to **Section 1.2, Definitions and Acronyms**); and

B. Support Services (Refer to **Section 1.2, Definitions and Acronyms**).

The services eligible for funding under the identified categories are defined by HRSA, but not all eligible services are funded in every HSDA. The services funded in each HSDA are to be determined through a planning process carried out by the Grantee. If HSDA falls within an EMA or TGA, the Grantee's planning process is carried out in conjunction with the local Ryan White Part A Planning Council.

Grantee must ensure that the Core Medical Services and Support Services offered by Subgrantees meet current standards of care and treatment of people living with HIV including, but not limited to, the DSHS Standards of Care, Public Health Service treatment guidelines, and the U.S. Department of Health and Human Services clinical guidelines maintained by the Office of AIDS Research (OAR) at https://oar.nih.gov/, which is part of the National Institutes of Health (NIH) located at the following URL: https://clinicalinfo.hiv.gov/en/guidelines.

Grantee must ensure services are funded under a Grant Agreement resulting from this RFA, include either direct service provision by the Subgrantee or by Subgrantee referral, for:

A. Screening, diagnosis, and treatment of sexually transmitted diseases (STDs);

B. Screening, diagnosis, and treatment of hepatitis A, B, and/or C;

C. Screening, diagnosis, and treatment of tuberculosis (TB); and

D. Mental health and substance abuse services, as deemed appropriate by the provider who performs the screening.

Services under this category must offer HIV/STD risk reduction services, education, and partner services in conjunction with local STD programs. If such care is obtained through a referral, Subgrantee must attempt to eliminate any barriers Clients may have to seeking care prior to making referrals. Subgrantee is responsible for tracking referrals to HIV/STD care and for completion of services rendered.

Grantee must require that all Subgrantees comply with the DSHS Policy 220.001 (or https://www.dshs.texas.gov/hivstd/policy/220-001) Eligibility to Receive HIV Services.

2.5.5 Health Insurance Premium and Cost-Sharing Assistance Requirements

Grantee must ensure that HIA funds are available in each of the HSDAs for eligible people living with HIV to:

A. Maintain continuity of health and dental insurance; or

B. Obtain and/or receive medical benefits under a health and/or dental insurance program.

For details on eligibility requirements and Allowable Costs for HIA services, Refer to HIV-STD Program Policy 260.002 (or https://www.dshs.texas.gov/hivstd/funding), HIV Health Insurance Assistance.

Grantee must ensure Subgrantees vigorously pursue the enrollment of eligible Clients into health care coverage (e.g., Medicaid, Medicare, CHIP, and employer-sponsored health insurance and/or other private health insurance).

Grantee must ensure Subgrantees make reasonable efforts to secure non-Ryan White funds for services to Clients (e.g., prescription discount cards, PAP, local/community assistance, charities, etc.).

Grantee must require all Subgrantees to comply with Policy 590.001 located at https://www.dshs.texas.gov/hivstd/policy/590-001 , Payer of Last Resort requirements.

Grantee must comply with all HRSA policy and clarification notice(s) at https://ryanwhite.hrsa.gov/program-letters/policy-notices.

2.5.6 Collaboration in Delivery of HIV/AIDS Services Requirements

Grantee must develop and establish a mechanism to facilitate collaboration with other agencies and individuals with expertise in the delivery of HIV services and with knowledge of the target population(s) needs.

Grantee must require that Subgrantees, within 30 Calendar Days of the effective date of each Subaward, establish a Memorandum of Agreement (MOA) with each local health department (or DSHS regional office, in an area without a local health department) within the East Texas HASA. The memorandum must be designed to facilitate linking individuals who meet Ryan White eligibility criteria to local STD and TB programs so that they may receive appropriate services from those programs. The services obtained locally must not be duplicative of services that Grantee or Grantee's Subgrantees must provide pursuant to any Grant Agreement that results from this RFA.

Grantee must lead the establishment of formal systems and standing procedures for linking Clients to primary care, so that all Clients have a provider for non-HIV-related illnesses.

Grantee must ensure Subgrantees maintain referral relationships with mental health entities in the East Texas HASA that can serve as key points of access to the health care system for people living with HIV and provide referrals into the care system.

Mental health entities include, but are not limited to:

A. Substance abuse treatment programs;

B. Detoxification centers;

C. Adult and juvenile detention facilities;

D. Mental health programs;

E. Homeless shelters;

F. Migrant health centers;

G. Community health centers;

H. Health services for the homeless;

I. Family planning providers;

J. Comprehensive hemophilia diagnostic and treatment centers;

K. Non-profit private entities that provide comprehensive primary care services to populations at risk for HIV;

L. STD clinics/programs;

M. Emergency rooms;

N. DSHS Program's HIV prevention contractors; and

O. Other venues where HIV infection may be diagnosed.

DSHS encourages collaboration with hospital discharge planners to strengthen efforts for linking people living with HIV to HIV-related medical care.

2.5.7 QM Program Requirements

QM comprises systematic processes with identified leadership, accountability, and dedicated resources, using data and measurable outcomes to determine progress toward relevant, evidence-based benchmarks. QM programs should focus on linkages, efficiencies, and provider and Client expectations to address outcome improvement and adapt to change.

Grantee is to employ a quality manager to accomplish the following required activities:

A. Conduct quarterly analysis of performance data, in alignment with HRSA PCN 15-02 to identify trends. Grantee must monitor changes over time and identify opportunities for program improvement. HRSA PCN 15-02 requirements are outlined at the following URL: HRSA HAB PCN 15-02 Clinical Quality Management Policy Clarification Notice (or https://ryanwhite.hrsa.gov/sites/default/files/ryanwhite/grants/pcn-15-02-cqm.pdf).

B. Maintain a documented, ongoing clinical QM program as outlined in POPs Chapter 13 (or https://www.dshs.texas.gov/sites/default/files/thsvh/files/pops-13.pdf) Administrative Agency Core Competencies, Part 13.2, #15. The QM program must include a QM committee, formed by the Grantee, and must:

1. Meet a minimum of four (4) times annually, on a quarterly basis, and
2. Meet DSHS requirements for the QM Committee membership to have diverse representation from all areas of the East Texas HASA as follows:
   i. Financial manager;
   ii. Eligibility manager;
   iii. Administrative manager;
   iv. Registered nurse;
   v. Medical doctor;

vi. Quality improvement coordinator;

vii. Consumers; and

viii. Other key leadership.

Grantee must use the clinical QM program and the QM committee to guide and continuously improve the program.

C. Grantee must implement and complete all required DSHS QM activities and collaborate with DSHS to ensure such activities are completed accurately and within established timeframes. QM activities include, but are not limited to, the following:

1. Providing the current Grantee QM plan and Subgrantee QM plans to DSHS. The QM plan can be incorporated into Grantee's strategic and comprehensive HIV services plans;
2. Sending requested data;
3. Participating in studies or audits;
4. Responding to queries and complaints;
5. Participating in telephonic and/or web-based conferences;
6. Completing corrective action requirements to the satisfaction of DSHS;
7. Providing DSHS and its designated Contractor's timely access to Client records;
8. Documenting improvements; and
9. Updating the Care Services Group on the QM program's progress in required program reports and meetings.

2.5.8 Training Requirements

Grantee must require Subgrantee staff who work on Subaward activities to attend training, conferences, and meetings as directed by DSHS.

Grantee's Subawards must include provisions authorizing the Grantee to require Subgrantees' staff to attend training specified by Grantee. DSHS may require Grantee to exercise such Subaward provisions as it deems appropriate for specifically identified training courses.

2.5.9 Monitoring Requirements

Grantee shall conduct programmatic and fiscal monitoring of Subgrantees according to Grantee's established internal policies, procedures, and schedules as well as in accordance with DSHS guidance and requirements.

Grantee shall monitor, on a regular basis, the delivery of HIV services against the Estimated Units of Services (UOS) and Unduplicated Clients (UDC) to be served.

The Grantee shall coordinate with the DSHS assigned monitoring team on biennial Subgrantee monitoring activities and shall conduct monitoring in collaboration with the DSHS assigned monitoring team.

Grantee must require Subgrantees to submit via TCT, at a minimum, all required data elements detailed in this RFA for each Client who receives services through a funded provider.

Grantee is responsible for ensuring Subgrantees submit and complete all required Client data through the URS (TCT) in accordance with the requirements herein, and with all policies, guidelines, and instructions provided by DSHS.

Grantee must request a program income plan for all Subgrantees that are 340-B covered entities under the HRSA Office of Pharmacy Affairs and that are using the DSHS grant ID for RW Part B. The 340B Program allows nonprofit healthcare organizations to receive outpatient drugs at significantly reduced prices. To participate in the 340B drug pricing program, organizations must register on the 340B OPAIS website.

Grantee must verify if Subgrantees are 340B covered entities (https://340bopais.hrsa.gov/SearchCe), so the Grantee can request a program income plan from the Subgrantee if applicable.

The program income plans shall be submitted to DSHS Fiscal Support and Oversight and Care Services Group no later than May 30 in each Grant Agreement year. The current template and instructions can be accessed at the following URL:

https://www.dshs.state.tx.us/fiscal-monitoring/docs/Program-Income-Allocation-Spending-Plan-2020.xlsx.

Grantee must monitor all Subgrantees funded under this RFA to ensure compliance with the requirements found herein, which are intended to improve the quality of care, access to care, retention in care, and Client service delivery processes.

Grantee must perform programmatic and fiscal monitoring to ensure compliance with the requirements listed in the following documentation:

A. RWHAP National Monitoring Standards for RWHAP Part B Recipients located at **Appendix I, Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients;**

B. DSHS HIV Services Standards of Care of the HIV Medical and Support Services Categories located at Section 7: Universal Standards – Monitoring Tools – Templates in the following URL: http://www.dshs.texas.gov/hivstd/taxonomy/, and

C. DSHS HOPWA monitoring requirements, attached as **Appendix Q, DSHS Housing Opportunities for Persons with AIDS (HOPWA) Monitoring Tools**. This includes an AA Review Tool, Project Sponsor Review Tool, and Participant Household Record Review Tool. The DSHS HOPWA webpage can be accessed at: https://www.dshs.state.tx.us/hivstd/hopwa/.

Grantee must report on monitoring activities to DSHS, as required in the annual and semi-annual narrative progress report, attached as **Appendix H, Texas Department of State Health Services (DSHS) Ryan White Administrative Agency Annual and Semi-Annual Progress Report**.

Grantee must comply with the following DSHS tier sampling methodology for all monitoring activities and categories:

Unduplicated URS IDs	Sample Size Guidelines
1 – 24 =	100% of files
25 – 50 =	25 randomized files
51 – 100 =	30 randomized files
101 – 499 =	40 randomized files
500+ =	50 randomized files

2.5.10 Financial Management Requirements

A. Grantee is responsible for the management of the funds and awards to Subgrantees on DSHS's behalf, including, but not limited to, the following:

1. Establish reimbursement, accounting, and financial management systems;
2. Prepare routine financial data and reports, as required by DSHS;
3. Develop and provide a recommended allocation of DSHS funds available for each HSDA, prioritized by service categories with allocations reflecting the intent of Ryan White HIV/Aids Treatment Extension Act's mission (Refer to more information about the Ryan White HIV/Aids Treatment Extension Act at https://www.cdc.gov/niosh/ryan-white/php/about/index.html.
4. Conduct periodic examinations of utilization and expenditure data;
5. Maintain effective systems to minimize lapsing of funds by Subgrantees;
6. Make written recommendations for funding reallocations to efficiently expend funds and provide medical services to the broadest number of Clients. Allocation and reallocation recommendations must reflect primary emphasis on assuring participation in HIV-related medical care for people living with HIV. Grantee must submit reallocations to DSHS for review and approval no less than 30 Calendar Days before the end of the Grant Term. Grantee must immediately make any approved revisions to allocations in the URS contracts (TCT contracts).
7. Recommended allocations for HSDAs containing an EMA or TGA must reflect the priorities and strategies set by the Planning Council.

B. Grantee must expend a minimum of 95% of the total RW Part B and SS funds by the end of the Budget Period by performing the activities described within this RFA.

C. Grantee must ensure funds are used by Subgrantees to provide RW Part B and SS funded services to unique Clients during the term of the Subaward. On the Subgrantee data sheets provided to DSHS, Grantee must include performance measures for all

Subgrantees, including the projected number of UDC and the number of UOS to be provided.

D. Grantee must distribute all funds according to the service priorities and allocations established in its approved comprehensive HIV services plan in accordance with DSHS policy, no later than May 15, 2027, or 45 Calendar Days after execution, whichever comes first.

2.5.11 URS Data Management Requirements

Grantee must enter complete and correct information in the URS (TCT) for each Subgrantee selected for an award during the term of the Grant Agreement.

Grantee must follow specific naming conventions for each Subaward agreement entered into the URS. Specifically, agreements shall include information on the cost of each unit of service and follow the naming format listed below, as appropriate:

A. 27-28 SS (4/1/2027 – 8/31/2028);

B. 27-28 Part B (4/1/2027 – 3/31/2028);

C. 27-28 Part B Program Income (4/1/2027-3/31/2028);

D. 26-27 HOPWA (4/1/2027 – 08/31/2027); and

E. 27-28 HOPWA (9/1/2027 – 8/31/2028).

Grantee must comply with all URS-related policies and all privacy, confidentiality, and security-related policies. Specifically, Grantee must comply with Policy 231.003 (https://www.dshs.texas.gov/sites/default/files/thsvh/files/231-003.pdf), TCT Data Improvement Plan.

2.5.12 Scope for the SS Grant Agreement

A. Grantee must administer the designated SS funds. Grantee will also assist DSHS in the administration, planning, and evaluation of services within each established HSDA.

B. Grantee must ensure SS Subgrantees comply with the administrative cap as stated in **Section 2.6.1, Funding Allocation Requirements Under RW Part B, SS, and HOPWA.**

C. Grantee must ensure all activities and services are performed in accordance with this RFA, the Grantee's approved comprehensive HIV services plan, and any letter or memos with policies or other instructions provided by DSHS.

D. Grantee must ensure the delivery of comprehensive outpatient health and support services to meet the identified needs of persons living with HIV and their families, in accordance with HRSA.

E. Grantee must ensure funding is disbursed to the selected SS Subgrantees in accordance with **Section 2.5.3, Selection of Subgrantees Requirements**.

F. Grantee must ensure services provided by SS Subgrantees under the SS Grant Agreement are in accordance with **Section 2.5.7, QM Program Requirements.**

G. Grantee must comply with monitoring activities identified under **Section 2.5.9, Monitoring Requirements**.

H. Grantee must comply with **Section 2.5.10, Financial Management Requirements**.

I. Grantee must comply with **Section 2.5.11, URS Data Management Requirements.**

J. Grantee must ensure SS Subgrantees collect and maintain relevant data document services in compliance with **Section 2.7, Required Reports.**

K. The following sections of this RFA are incorporated into the scope of the SS Grant Agreements:

1. **Section 2.5.4, Core Medical Services and Support Services Requirements**;
2. **Section 2.5.5, Health Insurance Premium and Cost Sharing Assistance Requirements**;
3. **Section 2.5.6, Collaboration in Delivery of HIV/AIDS Services Requirements**;
4. **Section 2.5.8, Training Requirements**;
5. **Section 2.6.2, DSHS HIV-STD Program Policy Requirements for Each Grant Agreement**; and
6. **Section 2.6.3, HRSA Requirements for the RW Part B and SS Grant Agreements.**

2.5.13 Scope for the HOPWA Grant Agreement

A. Grantee must ensure HOPWA Subgrantees comply with the administrative cap as stated in **Section 2.6.1, Funding Allocation Requirements Under RW Part B, SS, and HOPWA**.

B. Grantee must ensure all HOPWA-related activities and services be performed in accordance with **Section 2.5.2, Planning, Evaluation, and Comprehensive HIV Plan Requirements**, and any letters or memos with policies or other instructions provided by DSHS.

C. Grantee must ensure funding is disbursed to the selected HOPWA Subgrantees in accordance with **Section 2.5.3, Selection of Subgrantees Requirements**.

D. Grantee must ensure services provided by HOPWA Subgrantees under the HOPWA Grant Agreement are in accordance with **Section 2.5.7, QM Program Requirements**.

E. Grantee must comply with monitoring activities identified under **Section 2.5.9, Monitoring Requirements**.

F. Grantee must comply with **Section 2.5.10, Financial Management Requirements**.

G. Grantee must comply with **Section 2.5.11, URS Data Management Requirements**.

H. The following sections of this RFA are incorporated into the scope of the HOWPA Grant Agreement:

1. **Section 2.5.6, Collaboration in Delivery of HIV/AIDS Services Requirements**;
2. **Section 2.5.8, Training Requirements**; and

3. **Section 2.6.2, DSHS HIV-STD Program Policy Requirements for Each Grant Agreement.**

I. Grantee and all HOPWA Subgrantees must adhere to the HUD requirements for all HOPWA funding, as identified in the manuals and guides listed below:

1. DSHS HOPWA Program Manual, attached as **Appendix C, Texas Department of State Health Services Housing Opportunities for Persons with AIDS (HOPWA) Program Manual**;
2. DSHS HOPWA Determining Household Annual Income Guide, attached as **Appendix K, Texas Department of State Health Services Housing Opportunities for Persons with AIDS (HOPWA)Determining Household Annual Income Guide.**
3. DSHS HOPWA Determining Household Annual Adjusted Income Guide, attached as **Appendix L, Texas Department of State Health Services Housing Opportunities for Persons with AIDS (HOPWA) Determining Household Annual Adjusted Income.**

J. Grantee and all HOPWA Subgrantees must satisfy these additional HUD requirements for all HOPWA funding:

1. Ensure that at least one (1) staff member of each Grantee and each Subgrantee has obtained a certificate of completion for the following HOPWA trainings:
   a. HOPWA Financial Management Curriculum, located at the following URL:

      https://www.hudexchange.info/trainings/courses/hopwa-financial-management-online-training1/;

   b. HOPWA Oversight Training , located at the following URL:

      https://www.hudexchange.info/training-events/hopwa-oversight-training;

   c. HOPWA Getting to Work: A Training Curriculum for HIV/AIDS Service Providers and Housing Providers, located at the following URL: https://www.hudexchange.info/trainings/dol-hud-getting-to-work-curriculum-for-hiv-aids-providers/; and

   d. HUD Lead-Based Paint Visual Assessment Training Course, located at the following URL: http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm.
2. Designate and identify a HIPAA Privacy Officer, who is authorized to act on behalf of the Grantee and Subgrantee. The HIPAA Privacy Officer is responsible for the development and implementation of the privacy and security requirements of federal and State privacy laws. The HIPAA Privacy Officer is a required role for both the Grantee and Subgrantees.

2.5.14 Client Services Under HOPWA

HOPWA serves as the only federal program dedicated to addressing the housing needs of low-income PLWH and their households. It helps them establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to

healthcare and supportive services. Stable housing helps PLWH adhere to HIV treatment and achieve viral suppression. DSHS authorizes the following HOPWA activity categories, as defined by the U.S. HUD:

A. TBRA;

B. STRMU;

C. FBHA, limited to STSH and TSH;

D. PHP;

E. Supportive Services, which are limited to Housing Case Management (HCM);

F. HIS;

G. RI; and

H. Subgrantee administration costs (Refer to RFA **Section 2.6.1, Funding Allocation Requirements Under RW Part B, SS, and HOPWA**)

Refer to **Appendix C, Texas Department of State Health Services Housing Opportunities for Persons with AIDS (HOPWA) Program Manual**, for additional information about these activities. Grantees do not have to fund all eligible activities in every HSDA. The Grantee conducts a planning process to determine the activities it will fund in each HSDA.

2.5.15 HOPWA Reporting Requirements

The Grantee must submit semi-annual and annual HOPWA Program Progress Reports (PPRs) to report the number of households served, the demographic composition of participant households, and outcome measures for housing stability and access to care. Additionally, AAs must submit Exhibit A to report semi-annual and annual expenditures. Refer to **Section 2.7.2, HOPWA Reports**, for specific instructions and due dates.

2.6 PROGRAM REQUIREMENTS

2.6.1 Funding Allocation Requirements Under RW Part B, SS, and HOPWA

Grantee must adhere to the following funding allocation requirements:

A. AA Costs: Grantee funding will be used to cover administrative costs, which include but are not limited to the following: personnel, fringe benefits, travel, supplies, contractual expenses, Indirect Costs, and other expenses. The RW Part B grant places caps on administration, planning and evaluation, and clinical QM expenditures that the Grantee must adhere to. Allowable and unallowable administrative cost information for RW Part B is located at **Appendix A, Ryan White HIV/AIDS Program Part B Manual**, Section VII, Chapter 3 – Role of HRSA HAB and Office of Financial Assistance Management and **Appendix B, Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C, and D**. Funds allocated to Grantee for direct Client services may not be used to fund administrative costs for the Grantee.

B. Subgrantee Costs: Subgrantees of the Grantees are subject to separate administrative caps, based on the funding source, as set forth below:

1. Under RW Part B and SS: There is a 10% administrative cap for Subgrantees under RW Part B and SS. Please refer to **Appendix A, Ryan White HIV/AIDS Program Part B Manual** for additional detail. Therefore, Grantee must ensure that each Subgrantee expends no more than 10% of the RW Part B and SS funds that the Subgrantee receives as a Subaward for its administrative costs.

   In addition to the10%, Subgrantees may request an additional 5% of the SS funding they receive as a Subaward to be used for administrative costs. An additional 5% must have prior approval from the DSHS.

2. Under HOPWA: HOPWA Subgrantee administrative costs are limited to 7% of the HOPWA grant funds that each Subgrantee receives as a Subaward. DSHS shares administrative costs, limited to 3% of each HOPWA grant award, with Grantees. DSHS will calculate the maximum amount that each Grantee may allocate for administrative costs.

   Grantees must ensure that direct and indirect Grantee administrative costs do not exceed the caps established for each Grantee by DSHS. Grantees may also leverage State Administration funds for Grantee HOPWA administrative costs. **Appendix C, Texas Department of State Health Services Housing Opportunities for Persons with AIDS (HOPWA) Program Manual**, provides information on eligible and ineligible costs.

2.6.2 DSHS HIV-STD Program Policy Requirements for Each Grantee Agreement

Grantee and all Subgrantees must adhere to the following DSHS HIV-STD Program requirements for all funding sources, as detailed below:

A. **Appendix D, HIV Contractor Assurances**.

B. DSHS HIV/STD Section Program Operating Procedures (POP):

1. POPS Chapter 13-Administrative Agency Core Competencies located at https://www.dshs.texas.gov/sites/default/files/thsvh/files/pops-13.pdf;
2. POPS Chapter 15 – Client Referral Standards located at https://www.dshs.texas.gov/sites/default/files/thsvh/files/pops-15.pdf;
3. POPS Chapter 17 – Health Insurance Program Standards located at https://www.dshs.texas.gov/sites/default/files/thsvh/files/pops-17.pdf;
4. POPS Chapter 18 – Pick-Up and Delivery of Prescription and Over-The-Counter Medications Standards located at https://www.dshs.texas.gov/sites/default/files/thsvh/files/pops-18.pdf;
5. POPS Chapter 20 – Direct Client Services Volunteer Programs Standards located at https://www.dshs.texas.gov/sites/default/files/thsvh/files/pops-20.pdf and
6. POPS Chapter 22 – Clinical HIV/STI Prevention Services located at https://www.dshs.texas.gov/sites/default/files/thsvh/files/pops-22.pdf.

C. The listed service categories contained in the DSHS HIV-STD Program Policies can be found on the HIV Core and Support Service Categories (DSHS Standards of Care), Universal Standards, and guidance weblink located at https://www.dshs.texas.gov/hivstd/taxonomy.

D. HIV/STD Program policies as follows:

1. Policy 220.001 (or https://www.dshs.texas.gov/hivstd/policy/220-001) Eligibility to Receive HIV Services, contained in the HIV-STD Program Policies;
2. Policy 280.001 (or https://www.dshs.texas.gov/sites/default/files/thsvh/files/280-001.pdf Sub-Contracting HIV Core and Support Services by an Administrative Agency, contained in the HIV-STD Program Policies;
3. Policy 590.001(or https://www.dshs.texas.gov/hivstd/policy/590-001) DSHS Funds as a Payor of Last Resort (POLR), contained in the HIV-STD Program Policies; and
4. POPS Chapter 13 (or https://www.dshs.texas.gov/sites/default/files/thsvh/files/pops-13.pdf) Administrative Agency Core Competencies

E. DSHS Guidelines and Texas Statutes:

1. DSHS guidelines for Client services via Telemedicine, Teledentistry and Telehealth for HIV Core And Support Services located at the following URL: http://dshs.texas.gov/sites/default/files/thsvh/files/tel.pdf.
2. Texas Health and Safety Code § 85.085, Physician Supervision of Medical Care, located at the following URL: https://statutes.capitol.texas.gov/Docs/HS/htm/HS.85.htm#85.085.

   A licensed physician shall supervise any medical care or procedure provided under any Grant Agreement awarded in this RFA. AA must include provisions in its awards with all Subgrantees requiring compliance with this statute.

2.6.3 HRSA Requirements for The RW Part B and SS Agreements

AA and all Subgrantees must adhere to the following HRSA requirements for all RWHAP funding, as identified in the Appendices listed below:

A. **Appendix A, Ryan White HIV/AIDS Program Part B Manual** (https://ryanwhite.hrsa.gov/program-letters/policy-notices) **;**

B. **Appendix E, Health Resources Services Administration Trafficking in Persons - Award Terms and Conditions**;

C. **Appendix F, Clinical Quality Management Policy Clarification Notice** ; and

D. HRSA RWHAP Policy Notices (PCNs) (https://ryanwhite.hrsa.gov/program-letters/policy-notices).

AA is also required to use the following language when issuing statements, press releases, requests for proposals, bid Solicitations, and other HRSA-supported publications and forums describing projects or programs funded as a whole or in part with HRSA funding:

Per System Agency from HRSA:

"This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS, or the U.S. Government."

Examples of HRSA-supported publications include, but are not limited to manuals, toolkits, resource guides, case studies, and issue briefs.

2.7 REQUIRED REPORTS

Grantee must collect and maintain relevant data documenting the progress toward the goals and objectives in the Grant Agreement as well as any other data requested by DSHS. Specifically, Grantee must satisfy the following reporting requirements:

A. Grantee must describe all activities conducted to ensure that RW Part B related funds and SS related funds are used as the payer of last resort.

   1. Grantee's activities that may serve to satisfy this requirement include, but are not limited to:

      a. Third-party billing for all professional services;

      b. Enrollment in available prescription plans; and

      c. Any other appropriate alternate payers.

B. Grantee must complete and submit all reports required by DSHS.

   1. AA Annual and Semi-Annual Reports:

      Grantee must submit AA Annual and Semi-Annual Narrative Progress Reports. The information required to be reported by Grantee is detailed in the Instructions for Completing and Submitting the DSHS Ryan White AA Annual and Semi-Annual Progress Report, attached as **Appendix H, Texas Department of State Health Services (DSHS) Ryan White Administrative Agency Annual and Semi-Annual Progress Report** and submitting the following reports as attachments:

      a. Semi-Annual QM committee meeting summaries;

      b. Annual AA Client Satisfaction Survey results; and

      c. Annual QM program/System Summary.

   2. Subaward and Subgrantee Reporting:

      a. Grantee must enter complete and correct Subawards with Subgrantees into URS (TCT) no later than 30 Calendar Days of the Subaward start date or 30 Calendar Days from an executed Amendment with DSHS, as applicable. The Subawards entered by Grantee must follow the required naming conventions listed in **Section 2.5.11, URS Data Management Requirements.**

b. Grantee must submit a Subgrantee data sheet and applicable Subgrantee budgets for all Subawards for RW Part B, SS, and HOPWA funds to DSHS no later than 45 Calendar Days after the execution date of any Grant Agreement that may result from this RFA.

c. Grantee must report expenditure data on Subawards using the DSHS Annual and Semi-Annual Data Reporting Table, attached as **Appendix J, DSHS Annual and Semi-Annual Data Reporting Table.**

3. Client-Level Data Reporting to HRSA: The RWHAP Services Report (RSR) is a Client-Level data reporting requirement that provides data on RW Part B and SS funds and Clients served to HRSA. Subgrantees are required to enter data into URS (TCT) to complete this report.

   a. Grantee must require its Subgrantees to submit the RSR electronically to the Grantee by February 15th for services delivered from January 1 to December 31st of the previous year. Instructions for submission will be issued by DSHS at a later date.

   b. Grantee must compile the Subgrantees individual RSRs and annually submit a master RSR to HRSA.

DSHS 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.

2.7.1 RW Part B and SS

Report	Due Date	Delivery Method
Community Input Plan Plan to engage and solicit community input as required in DSHS Policy 241.004 Administrative Agency Requirements for Community Input. https://www.dshs.texas.gov/sites/default/files/thsvh/files/241-004.pdf	Submit to DSHS with the annual Administrative Agency RW Part B renewal application	Submit to DSHS staff: nadine.bautista@dshs.texas.gov and Care Services planner.
Sub of Subcontractor Justification Forms and Sub of Subcontractor Data Sheets	Submit to DSHS with the annual Administrative Agency RW Part B renewal application	Submit to DSHS staff: nadine.bautista@dshs.texas.gov and your Care Services consultant.

Program Income Annual Forecast	April 1, 2027	Submit to DSHS staff: FSO@dshs.texas.gov, assigned Contract Manager nadine.bautista@dshs.texas.gov and your Care Services consultant. Required email subject line:[AA Name] RW-B FY27 PI Annual Forecast
Data Improvement Plan Quarter 1 Report by calendar year and annual DIP narrative report	April 30, 2027	Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant. Required email subject line: Data Improvement Plan-Report Q1-[AA Name]
Subawards with Subgrantees (TCT contracts) TCT – Access the TCT Portal | Texas https://www.dshs.texas.gov/hivstd/tct/portal	No later than May 1, 2027	All required elements shall be entered in the URS TCT electronically.
Subgrantee contracts, data sheets, and Subgrantee budgets Texas DSHS HIV/STD Program - Funding Information https://www.dshs.texas.gov/hivstd/funding	No later than May 15, 2027	Submit to DSHS staff nadine.bautista@dshs.texas.gov and your Care Services consultant. Required email subject line: [AA Name] RW-B FY27 Subgrantee Data Sheets and Budgets
Sub of Sub-Contracts Agreements	No later than May 15, 2027	Submit to your Care Services consultant. Required email subject line: [AA Name] RW-B FY27 Sub of Sub-Contracts and Agreements
TIAP-PLUS enrollment plan for the HASA for open enrollment year 2026	June 1, 2027	Submit to your Care Services consultant

Quarter 1 Expenditure Report by Contract year	July 31, 2027	Submit to your Care Services consultant
Data Improvement Plan Quarter 2 Report by calendar year	July 31, 2027	Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant. Required email subject line: Data Improvement Plan-Report Q2-[AA Name]
Subrecipient Monitoring Results	Within five (5) Business Days of the site visit completion date	Submit notification of completion to your Care Services consultant
Semiannual Narrative Progress Report, including the following attachments: A. Semiannual QM committee meeting summaries; B. Annual AA Client Satisfaction Survey results; and C. Annual QM program/System Summary. Must also include expenditure data on Subawards using the DSHS Annual and Semi-Annual Data Reporting Table. Refer to **Appendix H** and **Appendix J**	October 31, 2027	Submit to DSHS staff nadine.bautista@dshs.texas.gov, amanda.reese@dshs.texas.gov, and your Care Services consultant. Required email subject line: [AA Name] RW-B FY27 Semiannual Progress Report
Quarter 2 Expenditure Report by Contract year	October 31, 2027	Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant. Required email subject line: Data Improvement Plan-Report Q3-[AA Name]
Administrative Agency QM Plan and Subgrantee QM Plans	December 31, 2027	Submit to DSHS staff nadine.bautista@dshs.texas.gov, amanda.reese@dshs.texas.gov, and your Care Services consultant.

		Required email subject line: [AA Name] RW-B FY27 AA and Subgrantee QM Plans
Data Improvement Plan Quarter 4 Report and annual DIP Narrative Report.	January 31, 2028	Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant. Required email subject line: Data Improvement Plan-Report Q4-[AA Name]
Quarter 3 Expenditure Report by Contract year	January 31, 2028	Submit to your Care Services consultant Note: If there are services under expenditures, submit reallocation request as needed
RWHAP Services Report (RSR) – Client level data reporting for services delivered from January 1 to December 31 of the previous year.	February 15, 2028	HRSA Requirement (entered into TCT).
Quarter 4 Expenditure Report by Contract year	May 15, 2028	Submit to your Care Services consultant
Annual Narrative Progress Report: Must include expenditure data on Subawards using the DSHS Annual and Semi-Annual Data Reporting Table. Refer to **Appendix H** and **Appendix J**	May 15, 2028	Submit to DSHS staff nadine.bautista@dshs.texas.gov and your Care Services consultant. Required email subject line: [AA Name] RW-B FY27 Annual Progress Report
Subrecipient Monitoring results must be entered into the DSHS HIV Monitoring database	Within five (5) Business Days of the site visit completion date	Send email(s) to your Care Services consultant upon completion

Subawards with Subgrantees (TCT contracts) https://www.dshs.texas.gov/hivstd/tct/portal	October 1, 2027, or 30 Calendar Days after execution of Contract amendment, whichever is later	All required elements shall be entered in the URS TCT electronically.
Subgrantee contracts data sheets and Subgrantee budgets Texas DSHS HIV/STD Program - Funding Information https://www.dshs.texas.gov/hivstd/funding	October 15, 2027, or 45 Calendar Days after execution of Contract amendment, whichever is later	Submit to DSHS staff nadine.bautista@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: [AA Name] RW-B FY28 Subgrantee Data Sheets and Budgets
Semiannual Narrative Progress Report, including the following attachments: A. Semiannual QM committee meeting summaries; B. Annual AA Client Satisfaction Survey results; and C. Annual QM program/System Summary. Must also include expenditure data on Subawards using the DSHS Annual and Semi-Annual Data Reporting Table. Refer to **Appendix H** and **Appendix J**	October 31, 2027	Submit to DSHS staff nadine.bautista@dshs.texas.gov, amanda.reese@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: [AA Name] RW-B FY28 Semiannual Progress Report
Data Improvement Plan Quarter 3 Report	October 31, 2027	Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: Data Improvement Plan-Report Q3-[AA Name]

Administrative Agency QM Plan and Subgrantee QM Plans	December 31, 2027	Submit to DSHS staff nadine.bautista@dshs.texas.gov, amanda.reese@dshs.texas.gov, and your Care Services consultant. Required Email Subject Line: [AA Name] RW-B FY28 AA and Subgrantee QM Plans
Data Improvement Plan Quarter 4 Report and annual DIP Narrative Report	January 31, 2028	Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: Data Improvement Plan-Report Q4-[AA Name]
RWHAP Services Report (RSR) – Client level data reporting for services delivered from January 1 to December 31st of the previous year.	February 15, 2028	HRSA Requirement (entered into TCT).
Data Improvement Plan Quarter 1 Report	April 30, 2028	Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: Data Improvement Plan-Report Q1-[AA Name]
Sub of Sub-Contracts and Agreements	April 30, 2028, or 30 Calendar Days after execution of the Contract amendment, whichever is later	Submit to your Care Services consultant. Required Email Subject Line: [AA Name] RW-B FY26 Sub of Sub-Contracts
Annual Narrative Progress Report: Must include expenditure data on Subawards using the DSHS Annual and Semi-Annual Data Reporting Table Refer to **Appendix H** and **Appendix J**	May 31, 2028	Submit to DSHS staff nadine.bautista@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: [AA Name] RW-B FY27 Annual Progress Report

Data Improvement Plan Quarter 2 Report	July 31, 2028	Submit to TCTHelpDesk@dshs.texas.gov and your Care Services consultant. Required Email Subject Line: Data Improvement Plan-Report Q2-[AA Name]
FSR – Semiannual	October 15, 2028	Email to FSRGrants@dshs.texas.gov Required Email Subject Line: [AA Name] SS FY28 Final FSR

2.7.2 HOPWA Reports

Grantee is responsible for meeting the following HOPWA reporting requirements and coordinating with HOPWA Subgrantees ("Project Sponsors") as follows:

Grantee and HOPWA Subgrantees must submit Semi-Annual and Annual Program Progress Reports (PPRs). Each HOPWA Subgrantee sends its PPR to the Grantee, and the Grantee will submit all PPR's by email to hivstdreport.tech@dshs.texas.gov, and copy the DSHS HOPWA Coordinator at blade.berkman@dshs.texas.gov.

A. Grantee will complete **Appendix O, Texas Department of State Health Services Housing Opportunity for Persons with AIDS (HOPWA) Program Progress Report for Administrative Agencies**.

B. Subgrantees will complete **Appendix P, Texas Department of State Health Services Housing Opportunity for Persons with AIDS (HOPWA) Program Progress Report for Project Sponsors**.

C. Specific reporting periods and due dates to DSHS are identified in the table below.

D. Grantee must submit **Appendix M, Summary of Semi-Annual, and Annual Housing Opportunities for Persons with AIDS (HOPWA) Expenditures by Administrative Agency and Project Sponsor**, for its HOPWA Subgrantees. Grantee must email the Subgrantee reports for each HSDA to hivstdreport.tech@dshs.texas.gov and copy the DSHS HOPWA Coordinator at: blade.berkman@dshs.texas.gov.

E. Grantee must submit **Appendix N, Summary of Monthly Housing Opportunities for Persons with AIDS (HOPWA) Expenditures by Administrative Agency and Project Sponsor** to DSHS with each reimbursement voucher. Grantee must email the summary of expenditures to: hivvsf@dshs.texas.gov.

Report	Due Date	Delivery Method

Program Progress Report Program Year 2026 Period 2 9/1/26 – 8/31/27 (Cumulative)	October 15, 2027	Email to hivstdreport.tech@dshs.texas.gov and blade.berkman@dshs.texas.gov
Program Progress Report Program Year 2027 Period 1 9/1/27 – 2/29/28	March 31, 2028	Email to hivstdreport.tech@dshs.texas.gov and blade.berkman@dshs.texas.gov
Program Progress Report Program Year 2027 Period 2 9/1/27 – 8/31/28 (Cumulative)	October 15, 2028	Email to hivstdreport.tech@dshs.texas.gov and blade.berkman@dshs.texas.gov

Grantee shall provide all applicable reports in the format specified by DSHS 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 DSHSDSHS, 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

DSHS 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 DSHS's performance monitoring activities throughout the duration of the Grant Project Period. This evaluation may include a reassessment of Project activities and services to determine whether they continue to be effective throughout the Grant Term.

Grantees must regularly collect and maintain data that measures the performance and effectiveness of activities under a Grant Agreement resulting from this RFA in the manner, and within the timeframes specified in this RFA and resulting Grant Agreement, or as otherwise specified by DSHS. Grantees must submit the necessary information and

documentation regarding all requirements, including reports and other deliverables as listed below.

A. The Grantee must submit semiannual HOPWA Program Progress Reports (PPRs), as referenced in **Section 2.7.2. HOPWA Reports**, which cover HOPWA program outputs and outcomes, including the number of households served by program activity, expenditures by activity, demographic composition of households served, and housing stability and access to care outcomes.

   Each PPR submitted by the Grantee and Subgrantee should include the following performance measures for all HOPWA Clients:

   1. Number of households that received TBRA;
   2. Number of households that received STRMU;
   3. Number of households that received FBHA;
   4. Number of households that received PHP;
   5. Number of households that received HCM;
   6. Number of households that received HIS;
   7. Participant household demographics; and
   8. Outcome measures for housing stability and access to care.

B. The Grantee must report service utilization and expenditure data to DSHS on a quarterly basis.

C. The Grantee will meet the following performance measures required under the RW Part B and SS grants.

D. The Contractor shall have subcontracted 100% of all funds no later than 30 Calendar Days after the first day of the contract year, or 30 Calendar Days after an executed amendment, if applicable.

E. The Contractor shall implement a QM program according to the Contractor's established QM Plan.

F. Expend no less than 95% of funds by the end of the respective contract year.

G. Contractors shall conduct data, security, and privacy, programmatic, and financial monitoring of Subrecipients according to DSHS requirements and the Contractor's established internal policies, procedures, and schedules.

H. The Contractor shall distribute all funds according to the service priorities and allocations established in its approved Comprehensive HIV Services Plan and make reallocations in accordance with DSHS policy.

I. Contractor shall request a program income allocation plan for all service providers that are 340-B entities under the DSHS grant ID for RW Part B.

J. The Contractor shall ensure that no more than 10% of the allocation is expended by service providers (subcontractors) for administrative costs.

K. The Grantee must submit semi-annual narrative reports to DSHS which include performance measures:

1. Information on units of service;
2. Unduplicated Clients served with DSHS funding; and
3. Local system of care updates.

L. The Grantee is also required to submit an annual Ryan White Services Report (RSR) to HRSA.

If requested by DSHS, the Grantee shall report on the progress towards completion of the Grant Project and other relevant information as determined by DSHS during the Grant Project Period. To remain eligible for renewal funding, if any, the Grantee must be able to show the scope of services provided and their impact, quality, and levels of performance against approved goals, and that Grantee's activities and services effectively address and achieve the Project's stated purpose.

2.9 FINANCIAL STATUS REPORTS (FSRS)

Except as otherwise provided, for Grant Agreements with categorical budgets, Grantee shall submit semiannual FSRs to DSHS by the last Business Day of the month following the end of each calendar period for DSHS review and financial assessment. As noted in the tables below, Grantee shall submit an additional FSR to DSHS for SS and HOPWA no later than 45 Calendar Days after the end date of the Grant Agreement.

Through submission of a FSR, Grantee certifies that (1) any applicable invoices have been reviewed to ensure all grant-funded purchases of goods or services have been completed, performed or delivered in accordance with Grant Agreement requirements; (2) all Grantee-performed services have been completed in compliance with the terms of the Grant Agreement; (3) that the amount of the FSR added to all previous approved FSRs does not exceed the maximum liability of the Grant Award; and (4) all expenses shown on the FSR are allocable, allowable, actual, reasonable, and necessary to fulfill the purposes of the Grant Agreement.

2.9.1 RW Part B

Reporting Period	Due Date
April 1, 2027 – September 30, 2027	October 31, 2027
October 1, 2027 – March 31, 2028	May 15, 2028

2.9.2 SS

Reporting Period	Due Date
April 1, 2027 – September 30, 2027	October 31, 2027

October 1, 2027 – March 31, 2028	April 30, 2028
April 1, 2028 – August 31, 2028	October 15, 2028

2.9.3 HOPWA

Reporting Period	Due Date
April 1, 2027 – September 30, 2027	October 31, 2027
October 1, 2027 – March 31, 2028	April 30, 2028
April 1, 2028 – August 31, 2028	October 15, 2028

2.10 FINAL REIMBURSEMENT VOUCHER SUBMISSION

Unless otherwise directed by DSHS, Grantee shall submit a reimbursement voucher or payment request as a final close-out voucher not later than 45 Calendar Days following the end of the term of the Grant Agreement. Reimbursement voucher requests received after the deadline may not be processed for payment.

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 Agreementv.8.5, or Exhibit D-1, Governmental Entity Version Data Use Agreement v.8.5**, including but not limited to the terms and conditions regarding **Exhibit D-2, Texas HHS System-Data Use Agreement-Attachment 2, Security and Privacy Inquiry (SPI)**, attached to this RFA.

2.12 LIMITATIONS ON GRANTS TO UNITS OF LOCAL GOVERNMENT

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

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

A. Parts 2, 3, and 5 of Article IX of the General Appropriations Act (except there is no requirement for increased salaries for local government employees);

B. §§556.004, 556.005, and 556.006, Government Code; and

C. §§2113.012 and 2113.101, Government Code.

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

A. A council of governments, a regional planning commission, or a similar regional planning agency created under Chapter 391, Local Government Code;

B. A local workforce development board; or

C. A community center as defined by Health and Safety Code, §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 Applicant Minimum Eligibility Requirements

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

A. Be a CBO, governmental entity, or other public or private nonprofit organization located in Texas; and

B. Propose to provide AA services to the East Texas HASA and to all HSDAs therein.

3.3 Grant Award Eligibility

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

A. Applicant and all of its identified subsidiaries intending to participate in the Grant Agreement are eligible to perform grant-funded activities, if awarded, and are not subject to suspension, debarment, or a similar ineligibility determined by any state or federal entity;

B. Applicant is in good standing under the laws of Texas and has provided HHS with any requested or required supporting documentation in connection with this certification;

C. Applicant shall remain in good standing and eligible to conduct its business in Texas and shall comply with all applicable requirements of the Texas Secretary of State and the Texas Comptroller of Public Accounts;

D. Applicant is currently in good standing with all licensing, permitting, or regulatory

bodies that regulate any or all aspects of Applicant's operations; and

E. Applicant is not delinquent in taxes owed to any taxing authority of the State of Texas as of the effective date of this Grant Agreement.

3.4 GRANTS FOR POLITICAL POLLING PROHIBITED

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

Section IV. Project Period

4.1 PROJECT PERIOD

The Project Period for each program is anticipated to be **April 1, 2027**, through **March 31, 2028.**

Extension of Project Period: DSHS may, at its sole discretion, extend the Project Period for up to four (4) one-year periods to allow for the full expenditure of awarded funding and completion of Grant activities. Approved Projects may not exceed a five (5) year Project Period.

4.2 PROJECT CLOSEOUT

DSHS will programmatically and financially close the grant award and end the Grant Agreement when DSHS 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 DSHS.

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Section V. Grant Funding and Reimbursement Information

5.1 Grant Funding Source and Available Funding

The total amount of Federal and state funding available for the RW Part B, SS, and HOPWA grant programs is **$19,713,321.00** for the first year of the Project Period. The available funding for each program is as follows:

Program	Source	Available Funding
RW Part B	Federal	$7,470,858.00
SS	State	$8,609,533.00
HOPWA	Federal	$3,632,930.00

It is DSHS's intention to make one (1) award to one (1) Applicant that successfully demonstrates the purpose and objectives of grant program.

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

Reimbursement will only be made for actual, allowable, and allocable expenses that occur within the Project Period. No spending or costs incurred prior to the effective date of the award will be eligible for reimbursement.

A portion of the awarded funds pay for the Grantees' administrative planning, evaluation, QM, fiscal, and quality assurance activities. Each Grantee is responsible for the administration of all three (3) of DSHS' funding sources described in the preceding paragraph.

The following information provides an overview of each of the three (3) underlying funding sources:

A. **RW Part B:** Part B of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) provides grants to states and territories to improve the quality, availability, and organization of HIV Core Medical Services and Support Services as referenced in Appendix A, RWHAP, Part B Manual.

B. **SS:** State general revenue funds provide an array of direct HIV Core Medical Services and psychosocial Support Services to low-income Texans living with HIV. As the State's match to the federal RW Part B funds, SS funding expands the reach of RW Part B funding and covers the same services as RW Part B.

C. **HOPWA:** DSHS receives HOPWA funding from HUD to provide housing assistance to eligible people living with HIV. HOPWA services assist low-income people living with HIV, and their households, establish or maintain affordable and stable housing, reduce their risk of homelessness, and improve their access to health care and supportive services.

5.2 No Guarantee of Reimbursement Amounts

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

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

5.3 Grant Funding Prohibitions

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

A. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;

B. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;

C. Lobbying or advocacy activities with respect to legislation or to administrative changes to regulations or administrative policy (cf. 18 U.S.C. § 1913), whether conducted directly or indirectly;

D. Any portion of the salary of, or any other compensation for, an elected or appointed government official;

E. Vehicles for general agency use; to be allowable, vehicles must have a specific use related to Project objectives or activities;

F. Entertainment, amusement, 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 non-targeted 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. Purchase or improve land, or to purchase, contract, or permanently improve any building or other facility;

M. Cash payments to Subgrantees;

N. Development of promotional materials designed to encourage intravenous drug use or sexual activity;

O. Outreach activities that have HIV prevention education as their exclusive purpose;

P. Influencing or attempting to influence members of Congress and other Federal personnel;

Q. Foreign travel;

R. Payment of any costs associated with the creation, capitalization, or administration of a liability risk pool (other than those costs paid on behalf of individuals as part of premium contributions to existing liability risk pools), or to pay any amount expended by a State under Title XIX of Social Security Act;

S. Any other prohibition imposed by federal, state, or local law; and

T. Other unallowable costs as listed under HRSA Ryan White, 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

Matching funds are not required under this Grant Project.

5.5 REIMBURSEMENT VOUCHER REQUIREMENTS

Grant Agreement(s) awarded under this RFA will be funded on a cost reimbursement basis for reasonable, allowable, and allocable Grant Project Direct Costs. Under the cost reimbursement payment method, Grantee is required to finance operations and will only

be reimbursed for actual, allowable, and allocable costs incurred on a monthly basis and supported by adequate documentation. No additional payments will be rendered unless advanced payment is approved.

Grantee will request monthly payments using the State of Texas Purchase Voucher (Form B-13) located at https://www.dshs.texas.gov/sites/default/files/contract-management/Blank%20Excel%20B-13.xlsx. Grantee will submit a Voucher Support Form(s) with each B-13. Voucher and any supporting documentation required or requested will be submitted directly by electronic mail (email) to the email addresses below. If submitting the voucher electronically is not viable, Grantee may submit by mail or fax.

Specific supporting documentation for expenses billed to the program by Budget category is required. Guidance for this process shall be provided separately by DSHS Fiscal Support and Oversight (FSO).

Grantee shall submit all final billings no later than 45 Calendar Days after the end of the period of performance.

Department of State Health Services
Claims Processing Unit, MC 1940
1100 West 49th Street
P.O. Box 149347
Austin, TX 78714-9347
FAX: (512) 458-7442
EMAIL: invoices@dshs.texas.gov, cmsinvoices@dshs.texas.gov and FSO@dshs.texas.gov

Section VI. Application Exhibits and Forms for Submission

Note: In addition to this Section, 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-E**, **K**, **P**, and **Q** attached to this RFA, Applicants shall provide an executive summary and describe their proposed activities, processes, and methodologies to satisfy all objectives described in **Section II, Scope of Grant Project**, including Applicant background and experience, Project workplan, assessment and housing opportunities.

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

6.2 REQUESTED BUDGET

Attached **Form I, Requested Budget Template**, and **Form O, Housing Opportunities for Persons with Aids (HOPWA) Requested Budget Template**, of this RFA are the required templates for submitting the Requested Budgets. Applicants must develop the Requested Budgets to support their Proposed Project and ensure alignment with the requirements described in this RFA.

Applicants must ensure that Project costs outlined in the Requested Budgets 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. The 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. Refer to 2 CFR Part 200.403 or TxGMS Cost Principles, Basic Considerations (pgs. 32-33), for additional information related to factors affecting allowability of costs.

Applicants must utilize the Budget templates provided in **Form I, Requested Budget Template**, and **Form O, Housing Opportunities for Persons with AIDS (HOPWA) Requested Budget Template**, and identify all Budget line items. Budget categories must be broken into specific Budget line items that allow DSHS 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 DSHS approved Budget items in the Requested Budget may be considered eligible for reimbursement.

Submission of Form I, Requested Budget Template, and Form O, Housing Opportunities for Persons with AIDS (HOPWA) Requested Budget Template, is mandatory. Applicants that fail to submit the Requested Budgets as set forth in this RFA with their Application will be disqualified.

6.3 INDIRECT COSTS

Applicants must have an approved Indirect Cost Rate (ICR) or request the de minimis rate to recover Indirect Costs. All Applicants are required to complete and submit **Form H, 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 DSHS cost-reimbursable contracts. Entities declining the use of Indirect Cost cannot recover Indirect Costs on any DSHS award or use unrecovered Indirect Costs as match.

HHS typically accepts the following approved ICRs:

A. Federally Approved Indirect Cost Rate Agreement

B. State of Texas Approved Indirect Cost Rate

DSHS , at its discretion, may request additional information to support any approved ICR agreement.

If the Applicant does not have an approved Federal or State 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 Grantee. 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 (3) 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.

6.4 ADMINISTRATIVE APPLICANT INFORMATION

Using **Forms A-B-2, F-G, J, L-M** and **R** 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.

Submission of the forms include:

A. Litigation and Contract History

Applicant must include in their Application a complete disclosure of any alleged or significant contractual or grant failures by submitting **Form G, Contract and Litigation History**.

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 Affirmations v2.10**.

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 J, 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 website	July 28, 2026
Deadline for Submitting Questions or Requests for Clarification	August 4, 2026 by 2:00 p.m. Central Time
Tentative Date Answers to Questions or Request for Clarification Posted	August 14, 2026
Deadline for Submission of Applications **NOTE: Applications must be RECEIVED by HHSC by this deadline if not changed by subsequent Addenda to be considered eligible**.	**August 28, 2026 by 10:30 a.m. Central Time**
Anticipated Notice of Award	March 2027
Anticipated Project State Date	April 2027

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 (or https://resources.hhs.texas.gov/rfa) website.

All dates are tentative and DSHS reserves the right to change these dates at any time. At the sole discretion of DSHS, 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 will be published by posting an Addendum to the HHS Grants RFA (or https://resources.hhs.texas.gov/rfa) website. After the Deadline for Submission, if there are delays that significantly impact the anticipated award date, HHSC, at its sole discretion, may post updates regarding the anticipated award date to the Procurement Forecast (or https://apps.hhs.texas.gov/procurement-calendar/procurement-forecast.pdf) 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	Amy Pearson
Title	Grant Specialist, HHSC Procurement and Contracting Services
Address	Procurement and Contracting Services Building 1100 W 49th St. MC: 2020 Austin, TX 78756
Phone	(512) 406-2638
Email	Amy.Pearson@hhs.texas.gov

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

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

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

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

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

7.3 RFA Questions and Requests for Clarification

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

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

A. RFA Number;

B. Section or Paragraph number from this Solicitation;

C. Page Number of this Solicitation;

D. Exhibit or other Attachment and Section or Paragraph number from the Exhibit or other Attachment;

E. Page Number of the Exhibit;

F. Language, Topic, Section Heading being questioned; and

G. Question

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

A. Name of individual submitting question or request for clarification

B. Organization name

C. Phone number

D. E-mail address

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

HHSC may review and, at its sole discretion, may respond to questions or other written requests received after the deadline.

7.4 Ambiguity, Conflict, Discrepancy, Clarifications

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

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

A. Shall have waived any claim of error or ambiguity in the RFA and any resulting Grant Agreement;

B. Shall not contest the interpretation by the HHSC of such provision(s); and

C. Shall not be entitled to additional reimbursement, relief, or time by reason of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error or its later correction.

7.5 RESPONSES TO QUESTIONS OR REQUEST FOR CLARIFICATIONS

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

HHSC or DSHS reserves the right to amend answers previously posted at any time prior to the Deadline for Submitting Questions or Requests for Clarification. 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 or DSHS reserves the right to change, amend, modify, or cancel this RFA. All changes, amendments and modifications or cancellations 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.

The reminder of this page is intentionally left blank.

7.7 EXCEPTIONS AND ASSUMPTIONS

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

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 DSHS 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 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 E, HHS Online Bid Room Information. 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 **Form I, Requested Budget Template**, and **Form O, Housing Opportunities for Persons with AIDS (HOPWA) Requested Budget Template**, in the 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 drive in a separate envelope within the sealed Application package and mark the USB drive and envelope with "Original Application." USB drive must include the completed **Form I, Requested Budget Template**, and **Form O, Housing Opportunities for Persons with AIDS (HOPWA) Requested 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 drive in a separate envelope within the sealed package and mark the USB drive and envelope with "Public Information Act Copy" or "PIA Copy."

Sealed packaged must be clearly labeled with the following:

1. RFA Number;
2. RFA Title;
3. Deadline for Submission of Applications;
4. Sole Point of Contact's name; and

5. Applicant's legal name.

Applicants are solely responsible for ensuring the USB drives are submitted in sealed packaging that is sufficient to prevent damage to contents and delivered by U.S. Postal Service, overnight or express mail, or hand delivery to the addresses below. No HHS agency will be responsible or liable for any damage.

Overnight/Express/Priority Mail	Hand Delivery
Health and Human Services Commission ATTN: Amy Pearson Tower Building Room 108 1100 W. 49th St., MC 2020 Austin, Texas 78756	Health and Human Services Commission ATTN: Amy Pearson Procurement & Contracting Services Building 1100 W. 49th St., MC 2020 Austin, Texas 78756

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 must be provided in PDF format and must:

A. Be organized in the order outlined in the **Section XIII, Submission Checklist,** and include all required sections (e.g., "Administrative Applicant Information," "Requested

Budget," "Narrative Proposal," "Indirect Costs," "Exhibits to be Submitted with Application," and "signed Addenda");

B. Each Application section must have a cover page with the Applicant's legal name, RFA number, and Name of Grant identified; and

C. 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 methods of submission set forth in this RFA. The modification must be received by HHSC by the Deadline for Submission of Applications set forth in **Section 7.1, Schedule of Events,** or subsequent Addenda.

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

Section IX. Application Screening and Evaluation

9.1 Overview

A three-step selection process will be used:

A. Application screening to determine whether the Applicant meets the minimum requirements of this RFA;

B. Evaluation based upon specific criteria; and

C. Final selection based upon State priorities and other relevant factors, as outlined in **Section 10.1, Final Selection**.

9.2 INITIAL COMPLIANCE SCREENING OF APPLICATIONS

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

At the sole discretion of HHSC, in coordination with DSHS , Applications with errors, omissions, or compliance issues may be considered non-responsive and may not be considered for evaluation. 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 informality (e.g., failure to submit a completed and/or signed **Exhibit A, HHS Solicitation Affirmations v. 2.10**, or **Form I, Requested Budget Template**, and **Form O, Housing Opportunities for Persons with AIDS (HOPWA) Requested Budget Template**).

HHSC, at its sole discretion, may give an Applicant the opportunity to submit missing information or make corrections at any point after receipt of Application, with the exception of the Exhibit and Forms listed above. 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

DSHS 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. DSHS 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. Experience (20%);

B. Assessment Narrative (15%);

C. Project Work Plan (45%); and

D. Budget (20%).

9.5 PAST PERFORMANCE

DSHS 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 DSHS.

DSHS 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.

DSHS, at its sole discretion**,** may also initiate investigations or examinations of Applicant performance based upon media reports. Any negative findings, as determined by DSHS in its sole discretion**,** may result in DSHS 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 is included, 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 VPTS 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 DSHS'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/.

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.hhsc.state.tx.us/oigportal2/Exclusions.

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

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

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

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

HHSC and DSHS reserve 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 DSHS 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 DSHS may consult with internal and external subject matter experts.

The DSHS will make final funding decisions based on Applicant eligibility, evaluation rankings, the funding methodology above, and other relevant factors. The funding methodology for issuing final Grant Agreements will include the following identified factors:

A. Geographic distribution across the State;

B. State priorities;

C. Reasonableness; and

D. Availability of funding.

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

10.2 NEGOTIATIONS

After selecting Applicants for award, the DSHS may engage in negotiations with selected Applicants. As determined by DSHS, 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 DSHS 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 Budgets; and

B. Requests from the DSHS 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 DSHS 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 DSHS a completed, certified, and signed Form 1295, Certificate of Interested Parties, at the time the potential Grantee submits the signed Grant Agreement.

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 Form 1295 will be provided by the DSHS 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 DSHS with the signed Grant Agreement, the DSHS is prohibited by law from executing a Contract, even if the potential Grantee is otherwise eligible for award. The

DSHS, 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 DSHS intends to award one (1) 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, DSHS 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 DSHS.

HHSC may announce tentative funding awards through an "Intent to Award Letter" once the DSHS Deputy Commissioner and relevant DSHS 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 Resources Open Grant Opportunities website accessed at**:** **https://resources.hhs.texas.gov/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 DSHS, 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 (2) years to provide RW Part B, SS, and HOPWA Program 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. Refer to, e.g., 2 CFR 200.321. If there are no such requirements, DSHS encourages Applicant to use HUBs to provide goods and services.

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

Section XII. Application Confidential or Proprietary Information

12.1 Texas Public Information Act – Application Disclosure Requirements

Applications and resulting Grant Agreements are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Other legal authority also requires DSHS 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 are 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,v2.10**, 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 v2.10, 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 DSHS'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 DSHS, 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 DSHS and all other state agencies, without cost or liability.

The DSHS 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 DSHS 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 DSHS 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 coordination with DSHS, in its sole discretion, will review all Applications received and will determine if any or all Applications which do not include complete signed copies of these exhibits and/or addenda, will be disqualified or whether additional time will be permitted for submission of the incomplete or missing exhibits. If additional time is permitted, Applicants will be notified in writing of the opportunity to provide the missing documentation by a specified deadline. Failure by an Applicant to submit the requested documentation by the deadline WILL result in disqualification. Applications that do not include Exhibit A, HHS Solicitation Affirmations v. 2.10 (completed and signed), and Form I, Requested Budget Template (completed), and Form O, Housing Opportunities for Persons with AIDS (HOPWA) Requested Budget Template (completed), will be disqualified. Refer to 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 includes each required section and the forms and exhibits identified within a section:

A. Administrative Applicant Information

1. Form A: Face Page _____
2. Form B: Contact Person Information _____
3. Form B-1: Governmental Entity, if applicable _____
4. Form B-2: Nonprofit Entity and Community Based Organizations Board of Directors and Principal Officers, if applicable _____
5. Form F: Administrative Entity Information _____
6. Form G: Contract Litigation and History _____
7. Form J: Internal Controls Questionnaire _____
8. Form L: Housing Opportunities for Persons with AIDS (HOPWA) Face Page _____
9. Form M: Housing Opportunities for Persons with AIDS (HOPWA) Contact Person Sheet _____
10. Form R: Housing Opportunities for Persons with AIDS (HOPWA) Project Sponsor Contact Sheet _____

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: Applicant Background and Experience _____

2. Form D: Project Work Plan _____

3. Form E: Assessment Narrative _____

4. Form K: Housing Opportunities for Persons with AIDS (HOPWA) Table A Allocation for East Texas Administrative Agency and HIV Service Delivery Areas _____

5. Form P: Housing Opportunities for Persons with AIDS (HOPWA) Certification of Categorical Exclusion _____

6. Form Q: Housing Opportunities for Persons with AIDS (HOPWA) Project Sponsor Data Sheet _____

C. Requested Budget

This Requested Budget Template is mandatory and must be submitted with the Application, in the original format (Excel), for the Application to be considered responsive. Applications received without the completed Requested Budget Templates will be disqualified.

1. Form I: Requested Budget Template (Excel) _____

2. Form O: Housing Opportunities for Persons with AIDS (HOPWA) Requested Budget Template (Excel) _____

D. Indirect Costs

Form H: HHS System Indirect Costs Rate (ICR) Questionnaire _____

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

1. Exhibit A: HHS Solicitation Affirmations v. 2.10 _____
Exhibit A is mandatory and must be completed, signed, and submitted for the Application to be considered responsive. Applications received without Exhibit A or with an unsigned Exhibit A will be disqualified.

2. Exhibit D: HHS Data Use Agreement v.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 Security and Privacy Inquiry (SPI) _____

5. Exhibit G: Exceptions _____

6. Exhibit H: Assurances – Non-Construction Programs _____

7. Exhibit I: Certification Regarding Lobbying _____

8. Exhibit J: Federal Funding Accountability Transparency Act (FFATA) Certification _____

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

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Section XIV. List of Appendices, Exhibits, and Forms Attached to RFA

Appendices

Appendix A	Ryan White HIV/AIDS Program Part B Manual
Appendix B	Treatment of Costs under the 10% Administrative Cap for Ryan White HIV/AIDS Program Parts A, B, C and D
Appendix C	Texas Department of State Health Services Housing Opportunities for Persons with AIDS (HOPWA) Program Manual
Appendix D	HIV Contractor Assurances
Appendix E	HRSA Trafficking in Persons Award – Terms and Conditions
Appendix F	Clinical Quality Management Policy Clarification Notice
Appendix G	DSHS TB/HIV/STD Local Responsible Party (LRP) Handbook
Appendix H	DSHS Ryan White Administrative Agency Annual and Semi-Annual Narrative Progress Report
Appendix I	Ryan White HIV/AIDS Program (RWHAP) National Monitoring Standards for RWHAP Part B Recipients
Appendix J	DSHS Annual and Semi-Annual Data Reporting Table
Appendix K	Texas Department of State Health Services Housing Opportunities for Persons with AIDS (HOPWA) Determining Household Annual Income Guide
Appendix L	Texas Department of State Health Services Housing Opportunities for Persons with AIDS (HOPWA) Determining Household Annual Adjusted Income Guide
Appendix M	Housing Opportunities for Persons with AIDS (HOPWA) Summary of Semi-Annual and Annual HOPWA Expenditures by Administrative Agency and Project Sponsor
Appendix N	Housing Opportunities for Persons with AIDS (HOPWA) Summary of Monthly Expenditures by Administrative Agency and Project Sponsor
Appendix O	Housing Opportunities for Persons with AIDS (HOPWA) Program Progress Report for Administrative Agencies
Appendix P	Housing Opportunities for Persons with AIDS (HOPWA) Program Progress Report for Project Sponsors
Appendix Q	Housing Opportunities for Persons with AIDS (HOPWA) Monitoring Tools

Exhibits

Exhibit A	HHS Solicitation Affirmations v.2.10
Exhibit B	HHS Uniform Terms and Conditions – Grant, Version 3.5
Exhibit C	HHS Additional Provisions – Grant Funding v. 1.0
Exhibit D	HHS Data Use Agreement – Standard Entity Version

Exhibit D-1	Governmental Entity Version Data Use Agreement v.8.5 –
Exhibit D-2	Texas HHS System-Data Use Agreement-Attachment 2-Security and Privacy Inquiry (SPI)
Exhibit E	HHS Online Bid Room Information
Exhibit F	Evaluation Tool
Exhibit G	Exceptions
Exhibit H	Assurances – Non-Construction Programs
Exhibit I	Certification Regarding Lobbying
Exhibit J	Federal Funding Accountability Transparency Act (FFATA) Certification

Forms

Form A	Face Page
Form B	Contact Person Information
Form B-1	Governmental Entity – Authorized Officials Only, if applicable
Form B-2	Nonprofit Entity and Community Based Organizations Board of Directors and Principal Officers, if applicable
Form C	Applicant Background and Experience
Form D	Project Work Plan
Form E	Assessment Narrative
Form F	Administrative Entity Information
Form G	Contract and Litigation History
Form H	HHS System Indirect Cost Rate Questionnaire
Form I	Requested Budget Template
Form J	Internal Controls Questionnaire
Form K	Housing Opportunities for Persons with AIDS (HOPWA) Table A Allocation for East Texas Administrative Agency HIV Service Delivery Areas
Form L	Housing Opportunities for Persons with AIDS (HOPWA) Face Page
Form M	Housing Opportunities for Persons with AIDS (HOPWA) Administrative Agency Contact Sheet
Form N	Housing Opportunities for Persons with AIDS (HOPWA) Requested Budget Instructions
Form O	Housing Opportunities for Persons with AIDS (HOPWA) Requested Budget Template
Form P	Housing Opportunities for Persons with AIDS (HOPWA) Certification of Categorical Exclusion

Form Q	Housing Opportunities for Persons with AIDS (HOPWA) Project Sponsor Data Sheet
Form R	Housing Opportunities for Persons with AIDS (HOPWA) Project Sponsor Contact Sheet