



TEXAS

Health and Human Services

Cecile E. Young, Executive Commissioner

Request for Applications (RFA)

*Grant for
Epilepsy Services Grant Program
RFA No. HHS0015314*

DEADLINE FOR SUBMISSION OF APPLICATIONS

March 5, 2025, by 10:30 a.m. Central Time

Section I. Executive Summary, Definitions, and Statutory Authority.....	5
1.1 Executive Summary.....	5
1.2 Definitions and Acronyms.....	6
1.3 Statutory Authority.....	9
1.4 Standards.....	9
Section II. Scope of Grant Project.....	9
2.1 Purpose.....	9
2.2 Program Background.....	10
2.3 Eligible Population.....	10
2.4 Eligible Service Areas.....	11
2.5 Eligible Activities.....	11
2.6 Program Requirements.....	12
2.7 Required Reports.....	12
2.8 Performance Measures and Monitoring.....	13
2.9 Financial Status Reports (FSRs).....	14
2.10 Final Billing Submission.....	14
2.11 Data Use Agreement.....	15
2.12 Limitations on Grants to Units of Local Government.....	15
Section III. Applicant Eligibility Requirements.....	15
3.1 Legal Authority to Apply.....	15
3.2 Application Screening Requirements.....	16
3.3 Grant Award Eligibility.....	16
3.4 Grants for Political Polling Prohibited.....	17
Section IV. Project Period.....	17
4.1 Project Period.....	17
4.2 Project Closeout.....	17
Section V. Grant Funding and Reimbursement Information.....	18
5.1 Grant Funding Source and Available Funding.....	18
5.2 No Guarantee of Reimbursement Amounts.....	18
5.3 Grant Funding Prohibitions.....	18
5.4 Cost Sharing or Matching Requirements.....	19

5.5	Payment Method	20
Section VI. Application Exhibits and Forms for Submission		20
6.1	Narrative Proposal	20
6.2	Requested Budget	20
6.3	Indirect Costs	21
6.4	Administrative Applicant Information.....	22
Section VII. RFA Administrative Information and Inquiries.....		23
7.1	Schedule of Events.....	23
7.2	Sole Point of Contact	24
7.3	RFA Questions and Requests for Clarification.....	25
7.4	Ambiguity, Conflict, Discrepancy, Clarifications	26
7.5	Responses To Questions or Request for Clarifications	26
7.6	Changes, Amendment Or Modification To RFA.....	27
7.7	Exceptions.....	27
7.8	Applicant Conference	27
Section VIII. Application Organization and Submission Requirements.....		29
8.1	Application Receipt	29
8.2	Application Submission.....	30
8.3	Required Submission Method.....	30
8.4	Costs Incurred for Application	31
8.5	Application Composition.....	31
8.6	Application Organization.....	32
8.7	Application Withdrawals or Modifications	32
Section IX. Application Screening and Evaluation.....		33
9.1	Overview.....	33
9.2	Initial Compliance Screening of Applications.....	33
9.3	Questions or Requests for Clarification for Applications.....	34
9.4	Evaluation Criteria.....	34
9.5	Past Performance	34
9.6	Compliance for Participation in State Contracts.....	35
Section X. Award of Grant Agreement Process.....		37
10.1	Final Selection	37

10.2	Negotiations	38
10.3	Disclosure of Interested Parties	38
10.4	Execution and Announcement Of Grant Agreement(s).....	39
Section XI. General Terms and Conditions.....		39
11.1	Grant Application Disclosure	39
11.2	Texas Historically Underutilized Businesses (HUBs).....	40
Section XII. Application Confidential or Proprietary Information.....		40
12.1	Texas Public Information Act – Application Disclosure Requirements.....	40
12.2	Applicant Waiver – Intellectual Property	42
Section XIII. Submission Checklist		43
Section XIV. List of Exhibits and Forms Attached to RFA		45

Section I. Executive Summary, Definitions, and Statutory Authority

1.1 EXECUTIVE SUMMARY

The Texas Health and Human Services Commission (HHSC), the System Agency is accepting applications for the Epilepsy Services Program (Program).

The purpose of this program is to provide outpatient Epilepsy services to Texas Residents in 11 HHSC Regions with Epilepsy or seizure disorders in accordance with Texas Administrative Code (TAC) Title 26, Part 1, Chapter 355.

To be considered for an award, Respondents must execute **Exhibit A, HHS Solicitation Affirmations v 2.6** of this Solicitation and provide all other required information and documentation as set forth in this Solicitation.

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:	Epilepsy Services Grant Program
RFA No.:	HHS0015314
Deadline for Submission of Applications:	March 5, 2025, by 10:30 a.m. Central Time
Deadline for Submitting Questions or Requests for Clarifications:	February 13, 2025, by 5:00 p.m. Central Time
Estimated Total Available Funding:	\$9,364,975.00
Estimated Total Number of Awards:	Multiple
Estimated Max Award Amount:	\$600,000.00 per Fiscal Year
Anticipated Project Start Date:	September 1, 2025
Length of Project Period:	Five (5) years

Eligible Applicants:	Refer to Section III. Applicant 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. See **Section 9.2, Initial Compliance Screening of Applications**, for further details.

1.2 DEFINITIONS AND ACRONYMS

Unless a different definition is specified, or the context clearly indicates otherwise, the definitions and acronyms given to a term below apply whenever the term appears in this RFA. All other terms have their ordinary and common meaning.

Refer to all exhibits to this RFA for additional definitions.

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

[“Applicant”](#) means any person or legal entity that submits an Application in response to this RFA. The term includes the individual submitting the Application who is authorized to sign the Application on behalf of the Applicant and to bind the Applicant under any Grant Agreement that may result from the submission of the Application. May also be referred to in this RFA as [“Respondent.”](#)

[“Application”](#) means all documents the Applicant submits in response to this RFA, including all required forms and exhibits. May also be referred to in this RFA as [“Solicitation Response.”](#)

[“Budget”](#) means the financial plan for carrying out the Grant Project, as formalized in the Grant Agreement, including awarded funds and any required Match, submitted as part of the application in response to this RFA. An Applicant’s requested Budget may differ from the System Agency-approved Budget executed in the final Grant Agreement.

[“Business Day \(s\)”](#) means, unless otherwise defined by applicable law or rule, 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)” means each day shown on the calendar beginning at 12:00 Midnight, including Saturdays, Sundays, and holidays.

“CFR” means the Code of Federal Regulations which is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government.

“Client” means a member of the target population to be served by the Respondent’s organization. For the purposes of this grant, a Client is an individual who is eligible to receive Epilepsy Program benefits in accordance with Texas Administrative Code (TAC) Title 26, Part 1, Chapter 355.

“DSHS” means the Department of State Health Services.

“Diagnosis” means the process of identifying a medical condition or disease by its signs, symptoms, and from the results of various diagnostic procedures.

“Direct Cost” means those costs that can be identified specifically with a particular final cost objective under the Grant Project responsive to this RFA or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. Costs incurred for the same purpose in like circumstances must be treated consistently as either direct or Indirect Costs. Direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the grant-supported project or activity.

“Epilepsy” means, as defined by Texas Administrative Code (TAC) Title 26, Part 1, Chapter 355, Rule §355.1(5), “[a] chronic neurological condition characterized by abnormal electrical discharges in the brain manifested by two (2) or more seizures. It is characterized by sudden, brief attacks of altered consciousness, motor activity, or sensory phenomena. Convulsive seizures are the most common form of attacks, but any recurrent seizure pattern is considered Epilepsy.”

“Equipment” pursuant to 2 CFR § 200.1, means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$10,000. See §200.1 for Capital assets, Computing devices, General purpose Equipment, Information technology systems, Special purpose Equipment, and Supplies.

“ESBD” means the Electronic Business Daily, an online directory where State of Texas solicitations over \$25,000 are posted. The ESBD may currently be accessed at <http://www.txsmartbuy.com/esbd>.

“Federal Poverty Level (FPL)” means the set minimum amount of income that a family needs for food, clothing, transportation, shelter and other necessities. In the United States, this level is determined by the Department of Health and Human Services. FPL varies

according to family size. The number is adjusted for inflation and reported annually in the form of poverty guidelines. Public assistance programs (e.g., Medicaid) define eligibility income limits as some percentage of FPL.

“Fiscal Year” – is the state of Texas Fiscal Year from September 1 through August 31 of each year. This is not to be confused with federal Fiscal Year or federal Grant Project Periods.

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

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

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

“HHSC” means the Health and Human Services Commission.

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

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

“Key Personnel” means a Respondent’s project contact, fiscal contact, and executive director and/or any other key stakeholders in the Proposed Project.

“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.

“Resident” means an individual who meets the following criteria: is physically present within the geographic boundaries of the state; intends to remain within the state, whether permanently or for an indefinite period; and who does not claim residency in any other state or country.

“RFA” means this Request for Applications, including all parts, exhibits, forms, attachments and addenda posted on the HHS Grants RFA website and the CPA Electronic State Business Daily (ESBD). May also be referred to as “Solicitation.”

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

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

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

1.3 STATUTORY AUTHORITY

The System Agency is requesting applications in pursuant to Texas Administrative Code (TAC) Title 26, Part 1, Chapter 355. All awards for this grant project are subject to the availability of appropriated state funds under the Texas General Appropriations Act, Article II, D.1.10.

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 the Epilepsy Services Program. The purpose of this program is to provide outpatient Epilepsy services through the HHSC Program to Texas Residents with Epilepsy or seizure disorders in each

of the 11 HHSC Regions. The Program seeks to establish Grant Agreements in each of the 11 HHSC Regions to Respondents capable of providing outpatient Epilepsy services. Refer to **Exhibit E, HHSC Regional Coverage Map**.

2.2 PROGRAM BACKGROUND

The Epilepsy Services Program provides access to comprehensive outpatient care for individuals residing in Texas with Epilepsy or seizure-like symptoms whose incomes do not exceed 200% of the FPL and who are unable to access similar care through other funding sources or Programs.

Services may include Diagnosis and treatment of Epilepsy; continuity of care management; assistance obtaining personal, social, and vocational support services; and community education activities. The Program is the payor of last resort for a Client who is enrolled in any other non-HHSC program that provides payment for the cost of the same Epilepsy services at the time he or she presents for those services. Current Program rules are found in the Texas Administrative Code (TAC) Title 26, Part 1, Chapter 355. These rules describe the requirements and eligibility for the Program.

2.3 ELIGIBLE POPULATION

The eligible population to be served under this RFA consists of individuals who:

1. Have a Diagnosis of Epilepsy, certified by a licensed physician, or a statement by a licensed physician that Applicant is suspected of having Epilepsy;
2. Are a Texas Resident;
3. Are in financial need based on a gross family income at or below 200% of the current FPL guidelines; and
4. Are not eligible for other programs or benefits providing the same services, such as Medicaid, Medicare, or Children with Special Health Care Needs (CSHCN). (A child (under 21) on a waiting list for CSHCN can receive Epilepsy services while they remain on the waiting list.

Information about Client screening and eligibility is included in Program Policy Manual.

If a Client meets all eligibility requirements except for the financial criteria, the Applicant is eligible only for support services.

2.4 ELIGIBLE SERVICE AREAS

HHSC seeks qualified Respondents to provide Program services in all 11 HHSC regions throughout the state of Texas. Refer to **Exhibit E, HHS Regional Coverage Map.**

To assure state coverage, the Clients served must reside in the service area approved by HHSC. Grantee may provide services to Clients outside of its designated service area, if Grantee requests and receives written approval from HHSC, and the Clients reside in counties not covered by another Program Grantee.

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.

Successful Respondents shall provide comprehensive outpatient care, including diagnostic, treatment, and support services, to eligible low-income individuals with Epilepsy or a seizure disorder, as authorized by the Texas Health and Safety Code, Chapter 40.

Successful Respondents shall develop and implement policies and procedures to ensure that all Clients complete an application for Program services, and that eligibility is determined according to eligibility requirements as outlined in Texas Administrative Code (TAC) Title 26, Part 1, Chapter 355. Services shall be offered to eligible Epilepsy patients in the service area specified by the Grantee. Grantees must ensure the quality of services by monitoring performance and identifying opportunities for improvement.

Grantee must provide the following Program benefits:

1. Diagnosis and treatment of Epilepsy;
2. Management of continuity of care;
3. Integration of the personal, social, and vocational support services into the treatment plan; and
4. Epilepsy education.

Grantee must provide services and make decisions about tests for diagnostic evaluation, treatment modalities, and ongoing follow-up based on the discretion of the clinician in consultation with the Client and/or the Client's family and in line with nationally recognized standards of care.

Clinical services may include but are not limited to the following:

1. Medical history and risk assessment;
2. Health screening;
3. Client education;
4. Referral and follow up;
5. Laboratory tests and diagnostic evaluation; and
6. Treatment (including medical and drugs).

For a detailed description of contractually required Program services see **Exhibit J, Statement of Work.**

2.6 PROGRAM REQUIREMENTS

All Grant Projects funded under this RFA must meet

the mission and objectives of the Epilepsy Grant Program, a Respondent must be in compliance with all Program requirements as set forth within **Exhibit J, Statement of Work** and **Exhibit K, Payment for Services Provided.**

2.7 REQUIRED REPORTS

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

REPORT	DUE DATE
Monthly Reporting Packet - Monthly	No later than 30 Calendar Days after the last day of the preceding month
Financial Status Report – Quarterly	By the last Business Day of the month following the end of each quarter except the final quarter, which is due 45 Calendar Days after the end of the contract period (Oct 15th). When October 15th falls on a

	weekend or holiday, the report is due on the previous Friday.
Progress Report (Data and Narrative) – Quarterly	By the last Business Day of the month following the end of each quarter except the final quarter, which is due 45 Calendar Days after the end of the contract period (Oct 15th). When October 15th falls on a weekend or holiday, the report is due on the previous Friday.

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

For a detailed description of contractually required Program reports see **Exhibit K, Payment for Services Provided.**

2.8 PERFORMANCE MEASURES AND MONITORING

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

Grant Agreement(s) awarded as a result of this RFA are subject to the System Agency’s performance monitoring activities throughout the duration of the Grant Project Period. Monitoring will include, but is not limited to, the requirements as set forth in **Exhibit J, Statement of Work** and **Exhibit K, Payment for Services Provided** of this Contract. All services and deliverables under the Contract shall be provided at an acceptable quality level and in a manner consistent with acceptable industry standard, custom, and practice. This monitoring evaluation may include a reassessment of project activities and services to determine whether they continue to be effective throughout the grant term.

Grantees must regularly collect and maintain data that measures the performance and effectiveness of activities under a Grant Agreement resulting from this RFA in the manner, and within the timeframes specified in this RFA and resulting Grant Agreement,

or as otherwise specified by System Agency. Grantees must submit the necessary information and documentation regarding all requirements, including reports and other deliverables and will be expected to report quarterly on measures such as Client encounter types, diagnostic testing, treatment and community outreach activities as indicated in the progress report established by the Epilepsy Services Program. HHSC will monitor the performance of the Contract awarded under this RFA. All services and deliverables under the Contract shall be provided in a manner consistent with acceptable industry standard, custom, and practice. Successful Respondent(s) shall ensure services are provided as outlined in Grant Agreement resulting from this RFA. Successful Respondent(s) shall report on minimum goals and outcomes in accordance with **Exhibit J, Statement of Work.**

Performances measures are to be recommended by Respondent and agreed upon by HHSC and provided as part of the Narrative Proposal. See forms listed in **Section 6.1, Narrative Proposal.**

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

2.9 FINANCIAL STATUS REPORTS (FSRs)

Except as otherwise provided, for Grant Agreements with categorical Budgets, Grantee shall submit quarterly FSRs to System Agency by the last Business Day of the month following the end of each state fiscal quarter for System Agency review and financial assessment. 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.

2.10 FINAL BILLING SUBMISSION

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

2.11 DATA USE AGREEMENT

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

1. Parts 2, 3, and 5 of Article IX of the General Appropriations Act (except there is no requirement for increased salaries for local government employees);
2. [§§556.004](#), [556.005](#), and [556.006](#), Government Code; and
3. [§§2113.012](#) and [2113.101](#), Government Code.

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

1. A council of governments, a regional planning commission, or a similar regional planning agency created under [Chapter 391, Local Government Code](#);
2. A local workforce development board; or
3. A community center as defined by [Texas Health and Safety Code, §534.001\(b\)](#).

Section III. Applicant Eligibility Requirements

3.1 LEGAL AUTHORITY TO APPLY

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

Each Applicant may only submit one Grant Application.

3.2 APPLICATION SCREENING REQUIREMENTS

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

1. Applicant must be a governmental entity (health department, hospital district, university medical center, and other state or local agency), a federally qualified health center, or a nonprofit entity.
2. Applicant must be a Medicaid provider or provide evidence with its Application that a Medicaid application has been submitted to obtain a National Provider Identifier (NPI) number. The Medicaid number provided must be for the organization itself, and not for individual providers associated with the organization.
3. Applicant must have a Texas address. A post office box may be used when the RFA is submitted, but the Respondent must conduct business at a physical location in Texas prior to the date that the contract is awarded.
4. Applicant's staff members, including the executive director, must not serve as voting members on Respondent's governing board.

Applications will be reviewed to assure a complete application was submitted in accordance with **Section XIII, Submission Checklist**. All complete Applications will move to the Evaluation stage.

3.3 GRANT AWARD ELIGIBILITY

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

1. 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;
2. 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;
3. 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;
4. Applicant is currently in good standing with all licensing, permitting, or regulatory bodies that regulate any or all aspects of Applicant's operations; and

5. 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 grant funding period for this grant will be five (5) years. It is anticipated that the grant funding period for this program will begin **September 1, 2025**, through **August 31, 2030**.

Extension of Project Period: HHSC may, at its sole discretion, extend the Project Period for up to one (1) year as necessary to ensure continuity of service, for purposes of transition, or as otherwise determined by HHSC to serve the best interest of the State. Approved Projects may not exceed a five (5) year Project Period.

4.2 PROJECT CLOSEOUT

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

Section V. Grant Funding and Reimbursement Information

5.1 GRANT FUNDING SOURCE AND AVAILABLE FUNDING

The total amount of state funding available for the Epilepsy Services Grant Program is **\$9,364,975.00** for the entire Project Period. It is the System Agency's intention to make multiple awards to Applicants that successfully demonstrate the ability to provide outpatient Epilepsy services through the HHSC Epilepsy Services 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.

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:

1. Any use of grant funds to replace (supplant) funds that have been Budgeted for the same purpose through non-grant sources;
2. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;

3. 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;
4. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
5. Vehicles for general agency use; to be allowable, vehicles must have a specific use related to Project objectives or activities;
6. Entertainment, amusement, or social activities and any associated costs including but not limited to admission fees or tickets to any amusement park, recreational activity or sporting event unless such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
7. Costs of promotional items, and memorabilia, including models, gifts, and souvenirs;
8. 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;
9. Membership dues for individuals;
10. Any expense or service that is readily available at no cost to the Grant Project;
11. Any activities related to fundraising;
12. Equipment and other capital expenditures such as capital improvements, property losses and expenses, real estate purchases, mortgage payments, remodeling, the acquisition or construction of facilities, or other items that are unallowable pursuant to 2 CFR 200.439;
13. Any other prohibition imposed by federal, state, or local law; and
14. Other unallowable costs as listed under TxGMS, Appendix 7, Selected Items of Cost Supplement Chart and/or 2 CFR 200, Subpart E – Cost Principles, General Provisions for Selected Items of Cost, where applicable.

5.4 COST SHARING OR MATCHING REQUIREMENTS

Match or Cost Sharing is not a requirement for this RFA.

5.5 PAYMENT METHOD

Grant Agreement(s) awarded under this RFA will be funded on a cost reimbursement basis for reasonable, allowable and allocable Grant Project Direct Costs and Indirect Costs as supported by an approved Indirect Cost Rate or allocated using the de minimis rate, see **Section 6.3, Indirect Costs**. Under the cost reimbursement payment method, Grantee is required to finance operations and will only be reimbursed for actual, allowable, and allocable costs incurred on a monthly basis and supported by adequate documentation. No additional payments will be rendered unless an advanced payment is approved.

Section VI. Application Exhibits and Forms for Submission

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

6.1 NARRATIVE PROPOSAL

Using **Forms C, D, E, G, H, I** and **K** attached to this RFA, Applicants shall describe their proposed activities, processes, and methodologies to satisfy all objectives described in **Section II, Scope of Grant Project**, including the Applicant's need statement, supporting data, Project approach and activities, organizational capacity, performance management, target population, and use of evidence-based practices. 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 L, Requested Budget Template**, of this RFA is the template for submitting the Requested Budget. Applicants must develop the Requested Budget to support their Proposed Project and in alignment with the requirements described in this RFA.

Applicants must ensure that Project costs outlined in the Requested Budget are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements. Reasonable costs are those if, in nature and amount, do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the decision was made to incur the cost. A cost is allocable to a particular cost objective if the cost is chargeable or assignable to such cost objective in accordance with relative benefits received. See 2 CFR Part 200.403 or TxGMS Cost Principles, Basic Considerations (pgs. 31-32), for additional information related to factors affecting allowability of costs.

Applicants must utilize the Budget template provided, **Form L, Requested Budget Template**, and identify all Budget line items and matching costs. Budget categories must be broken out into specific Budget line items that allow System Agency to determine if proposed costs are reasonable, allowable, and necessary for the successful performance of the Project. Applicants must enter all costs in the Budget tables and explain why the cost is necessary and how the cost was established.

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

Submission of Form L, Requested Budget Template, is mandatory. Applicants that fail to submit a Requested Budget as set forth in this RFA with their application will be disqualified.

Attached **Form L, Requested Budget Template** of this RFA includes the template for submitting the Expenditure Proposal.

Respondents must base their Requested Budget on the Scope of Work described in **Section 2.5, Eligible Activities** and in **Exhibit J, Statement of Work**.

Respondents must demonstrate that Project costs outlined in the Requested Budget are reasonable, allowable, allocable, and developed in accordance with applicable State and federal grant requirements.

Respondent must utilize the HHSC template provided, **Form L, Requested Budget Template**, and identify costs to be requested from HHSC. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the Project.

Costs will be reviewed for compliance with UGMS, with effective given to whichever provision imposes the more stringent requirement in the event of a conflict.

Costs included in the Requested Budget will be entered into Budget tables and supported by narrative descriptions describing the need for the requested cost and a calculation demonstrating how the cost was arrived at.

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 M, Texas Health and Human Services System Indirect Costs Rate (ICR) Questionnaire**, with required supporting documentation. The questionnaire initiates the acknowledgment or approval of an ICR for use with the System Agency cost-reimbursable contracts. Entities declining the use of Indirect Cost cannot recover Indirect Costs on any System Agency award or use unrecovered Indirect Costs as match.

HHS typically accepts the following approved ICRs:

1. Federally Approved Indirect Cost Rate Agreement
2. State of Texas Approved Indirect Cost Rate

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

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

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

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

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

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

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

6.4 ADMINISTRATIVE APPLICANT INFORMATION

Using **Forms A, B, B-1, B-2, F, and J** 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.

1. Litigation and Contract History

Applicant must include in its application a complete disclosure of any alleged or significant contractual or grant failures.

In addition, Applicant must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Applicant or in which Applicant has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Applicant. See, HHS Solicitation Affirmations. Applicant certifies it does not have any existing claims against or unresolved audit exceptions with the State of Texas or any agency of the State of Texas.

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

2. Internal Controls Questionnaire

Applicant must complete **Form N, 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.	February 4, 2025
Applicant Conference Attendance is Optional	February 10, 2025, at 10:30 a.m. Central Time
Deadline for Submitting Questions or Requests for Clarification	February 13, 2025, by 5:00 p.m. Central Time
Tentative Date Answers to Questions or Requests for Clarification Posted	February 20, 2025, by 5:00 p.m. Central Time
Deadline for Submission of Applications	March 5, 2025, by 10:30 a.m. Central Time

NOTE: Applications must be <u>RECEIVED</u> by HHSC by this deadline if not changed by subsequent Addenda to be considered eligible.	
Anticipated Notice of Award	August 2025
Anticipated Project Start Date	September 1, 2025

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

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

7.2 SOLE POINT OF CONTACT

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

Name	Barbara Logan
Title	Grant Specialist, HHSC Procurement and Contracting Services
Address	Procurement and Contracting Services Building 1100 W 49th St. MC: 2020 Austin, TX 78756
Phone	512-406-2483
Email	Barbara.Logan@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 and Requests for Clarification established in **Section 7.1, Schedule of Events**, or as may be amended in Addenda, if any, posted to the HHS Grants RFA 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:

1. RFA Number;
2. Section or Paragraph number from this Solicitation;
3. Page Number of this Solicitation;
4. Exhibit or other Attachment and Section or Paragraph number from the Exhibit or other Attachment;
5. Page Number of the Exhibit;
6. Language, Topic, Section Heading being questioned; and
7. Question

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

1. Name of individual submitting question or request for clarification
2. Organization name
3. Phone number
4. E-mail address

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

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

7.4 AMBIGUITY, CONFLICT, DISCREPANCY, CLARIFICATIONS

Applicants must notify the Sole Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission or other error in the RFA in the manner and by the Deadline for Submitting Questions 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:

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

7.5 RESPONSES TO QUESTIONS OR REQUEST FOR CLARIFICATIONS

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

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

7.6 CHANGES, AMENDMENT OR MODIFICATION TO RFA

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

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

7.7 EXCEPTIONS

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

7.8 APPLICANT CONFERENCE

HHSC will conduct an Applicant conference on the date and time set out in **Section 7.1, Schedule of Events** to review the key elements of this RFA. Attendance is optional and not required, however, is strongly encouraged.

People with disabilities who wish to attend the meeting and require auxiliary aids or services should contact the Sole Point of Contact identified in **Section 7.2, Sole Point of Contact**, at least 72 hours before the meeting in order to have reasonable accommodations made by HHSC.

The conference may be held by webinar, conference call or both. Attendees are required to sign a conference attendance log and those joining via conference call are required to send an email to the Sole Point of Contact (see **Section 7.2, Sole Point of Contact**) advising of participation in the conference. Whether signing the conference attendance log in person or sending email notification, each attendee must provide his/her name, attendee's company name, and attendee email address.

All questions and requests for clarification must be presented in writing. Reference **Section 7.3, RFA Questions and Requests for Clarification** for the required format and information to be included.

During the conference, HHSC may provide responses; however, HHSC will consolidate the official responses to all questions and requests for clarifications received during the conference and include in an Addendum posted on the [HHS Grants RFA](https://www.hhs.gov/grants/rfa) website and ESBD, which may be accessed at: <http://www.txsmartbuy.com/esbd>.

HHSC reserves the right to amend responses to questions and requests for clarification after posting at any time prior to the Deadline for Submission of Applications. Amended answers will be posted on the HHS Grants RFA website in a separate, new Addendum or Addenda.

WEBINAR INFORMATION:

The conference will be held through GoToWebinar, which may be accessed at:

<https://www.gotomeeting.com/webinar/join-webinar>.

Webinar Instructions:

1. Enter Webinar ID: [222-055-019]
2. Enter Attendee's business email
3. To register, the participants must have the following information ready:
 - a. First and last name of each attendee/registrant
 - b. E-mail address for the attendee/registrant
 - c. Applicant's legal name
 - d. Job title of attendee/registrant

CONFERENCE CALL INFORMATION

1- 914-614-3221

At prompt, enter passcode: 817-915-680

The call participants must have their entity information ready to announce on the call:

1. The Applicant's legal name, including assumed name (d/b/a) if applicable, which will be used in an Application for submission.
2. The name and title of each attendee/representative on the call.
3. The e-mail address for the attendee/representative on the call.

Section VIII. Application Organization and Submission Requirements

8.1 APPLICATION RECEIPT

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

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

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

Applicants understand and acknowledge that issuance of this RFA or retention of Applications received in response to this RFA in no way constitutes a commitment to award Grant Agreement(s) as a result of this RFA.

8.2 APPLICATION SUBMISSION

By submitting an Application in response to this Solicitation, Applicant represents and warrants that the individual submitting the Application and any related documents on behalf of the Applicant is authorized to do so and to binds the Applicant under any Grant Agreement that may result from the submission of an Application.

8.3 REQUIRED SUBMISSION METHOD

Applicants must submit their completed Applications by the Deadline for Submission of Applications provided in the **Section 7.1, Schedule of Events**, or subsequent Addenda, using one of the approved methods identified below. Applications submitted by any other method (e.g. facsimile) will not be considered and will be disqualified.

Submission Option #1 HHS Online Bid Room: Applicants shall upload the following documents to the Online Bid Room utilizing the procedures in **Exhibit I, Online Bid Room**. **File Size Limitation:** Restriction to 250MB per file attachment.

1. One (1) copy marked as “Original Application” that contains the Applicant’s entire application in a Portable Document Format (“.pdf”) file.
2. One (1) copy of the completed **Form L, Requested Budget Template**, in its original Excel format.
3. One (1) copy of the complete Application marked as “Public Information Act Copy,” if applicable, in accordance with **Section 12.1, Texas Public Information Act-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:

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

Sealed packaged must be clearly labeled with the following:

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: Barbara Logan Tower Building Room 108 1100 W. 49th St., MC 2020 Austin, Texas 78756	Health and Human Services Commission ATTN: Barbara Logan 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:

1. Be responsive to all RFA requirements;
2. Be clearly legible;
3. 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;

4. Include page numbering for each section of the proposal; and
5. Include signature of Applicant's authorized representative on all exhibits and forms requiring a signature. Copies of the Application documents should be made after signature.

8.6 APPLICATION ORGANIZATION

The complete application file .pdf must:

1. Be organized in the order outlined in the **Section XIII, Submission Checklist**, and include all required sections (e.g., "Administrative Applicant Information," "Narrative Proposal," "Requested Budget," "Indirect Costs" "Exhibits to be Submitted with Application," and "Addenda")
 - a. **Form L, Requested Budget Template**, is to be submitted in its original Excel format.
 - b. Each Application section must have a cover page with the Applicant's legal name, RFA number, and Name of Grant identified.
2. 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:

1. Withdraw its Application by submitting a written request to the Sole Point of Contact; or
2. Modify its Application by submitting an entirely new submission, complete in all respects, using one of the approved methods of submission set forth in this RFA. The modification must be received by HHSC by the Deadline for Submission of Applications set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda.

No withdrawal or modification request received after the Deadline for Submission of Applications, set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda, will be considered. Additionally, in the event of multiple Applications received, the most

timely received and/or modified Application will replace the Applicant's original and all prior submission(s) in its entirety and the original submission(s) will not be considered.

Section IX. Application Screening and Evaluation

9.1 OVERVIEW

A three-step selection process will be used:

1. Application screening to determine whether the Applicant meets the minimum requirements of this RFA;
2. Evaluation based upon specific criteria; and
3. Final selection based upon State priorities and other relevant factors, as outlined in **Section 10.1, Final Selection**.

9.2 INITIAL COMPLIANCE SCREENING OF APPLICATIONS

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

At the sole discretion of HHSC, in coordination with System Agency, Applications with errors, omissions, or compliance issues may be considered non-responsive and may not be considered. The remaining Applications will continue to the evaluation stage and will be considered in the manner and form as which they are received. HHSC reserves the right to waive minor informalities in an Application. A "minor informality" is an omission or error that, in the determination of HHSC if waived or modified, would not give an Applicant an unfair advantage over other Applicants or result in a material change in the Application or RFA requirements. **Note:** Any disqualifying factor set forth in this RFA does not constitute an informality (e.g., **Exhibit A, HHS Solicitation Affirmations v. 2.6**, or **Form L, 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. The missing information or corrections must be submitted to the Sole Point of Contact e-mail address in **Section 7.2, Sole Point of Contact**, by the deadline set by HHSC. Failure to respond

by the deadline may result in the rejection of the Application and the Applicant's not being considered for award.

9.3 QUESTIONS OR REQUESTS FOR CLARIFICATION FOR APPLICATIONS

System Agency reserves the right to ask questions or request clarification or revised documents for a submitted Application from any Applicant at any time prior to award. System Agency reserves the right to select qualified Applications received in response to this RFA without discussion of the Applications with Applicants.

9.4 EVALUATION CRITERIA

Applications will be evaluated and scored in accordance with the following scoring criteria using **Exhibit H, Evaluation Tool v. 1.6.**

Scoring Criteria: Qualified Applications shall be evaluated based upon:

1. Ability to Execute (35%);
2. Program Design and Preparedness (40%)
3. Impact (25%);

9.5 PAST PERFORMANCE

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

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

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

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

1. Notices of termination;
2. Cure notices;
3. Assessments of liquidated damages;
4. Litigation;
5. Audit reports; and
6. Non-renewals of grants or contracts based on Applicant's unsatisfactory performance.

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

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

1. 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,
2. Applicant is currently under a corrective action plan through HHSC or DSHS, OR,
3. Applicant has had repeated, negative vendor performance reports for the same reason, OR,
4. Applicant has a record of repeated non-responsiveness to vendor performance issues, OR,
5. Applicant has contracts or purchase orders that have been cancelled in the previous 12 months for non-performance or substandard performance, OR
6. Any other performance issue that demonstrates that awarding a Grant Agreement to Applicant would not be in the best interest of the State.

9.6 COMPLIANCE FOR PARTICIPATION IN STATE CONTRACTS

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

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

Checks include:

1. 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).

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

Applicant must not be excluded from contract participation at the federal level. This verification is conducted through SAM, the official website of the U.S. Government which may be accessed at:

<https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>

3. 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><https://comptroller.texas.gov/purchasing/publications/divestment.php>

- a. Companies that boycott Israel;
- b. Companies with Ties to Sudan;
- c. Companies with Ties to Iran;
- d. Foreign Terrorist Organizations; and
- e. Companies with Ties to Foreign Terrorist Organizations.

4. HHS Office of Inspector General

Applicant must not be listed on the HHS Office of Inspector General Texas Exclusions List for people or businesses excluded from participating as a provider:

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

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

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

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

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

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

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

Section X. Award of Grant Agreement Process

10.1 FINAL SELECTION

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

The System Agency will make all final funding decisions based on Applicant eligibility, evaluation rankings, projected number of unduplicated Clients, geographic distribution across the state, state priorities, reasonableness, availability of funding, cost-effectiveness and other relevant factors.

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

10.2 NEGOTIATIONS

After selecting Applicants for award, the System Agency may engage in negotiations with selected Applicants. As determined by System Agency, the negotiation phase may involve direct contact between the selected Applicant and HHS representatives by virtual meeting, by phone and/or by email. Negotiations should not be interpreted as a preliminary intent to award funding unless explicitly stated in writing by the System Agency and is considered a step to finalize the application to a state of approval and discuss proposed grant activities. During negotiations, selected Applicants may expect:

1. An in-depth discussion of the submitted Application and Requested Budget; and
2. Requests from the System Agency for revised documents, clarification or additional detail regarding the Applicant's submitted Application. These clarifications and additional details, as required, must be submitted in writing by Applicant as finalized during the negotiation.

10.3 DISCLOSURE OF INTERESTED PARTIES

Subject to certain specified exceptions, Section 2252.908 of the Texas Government Code, Disclosure of Interested Parties, applies to a contract of a state agency that has a value of \$1 million or more; requires an action or vote by the governing body of the entity or agency before the contract may be signed; or is for services that would require a person to register as a lobbyist under Chapter 305 of the Texas Government Code.

One of the requirements of Section 2252.908 is that a business entity (defined as "any entity recognized by law through which business is conducted, including a sole proprietorship, partnership, or corporation") must submit a Form 1295, Certificate of Interested Parties, to the System Agency at the time the business entity submits the signed contract.

Applicant represents and warrants that, if selected for award of a Grant Agreement as a result of this RFA, Applicant will submit to the System Agency a completed, certified and signed Form 1295, Certificate of Interested Parties, at the time the potential Grantee submits the signed Grant Agreement.

The Form 1295 involves an electronic process through the Texas Ethics Commission (TEC). The on-line process for completing the Form 1295 may be found on the TEC public website at: <https://www.ethics.state.tx.us/filinginfo/1295/> .

Additional instructions and information to be used to process the Form 1295 will be provided by the System Agency to the potential Grantee(s). Grantee may contact Sole Point of Contact or designated Contract Manager for information needed to complete Form 1295.

If the potential Grantee does not submit a completed, certified and signed TEC Form 1295 to the System Agency with the signed Grant Agreement, the System Agency is prohibited by law from executing a contract, even if the potential Grantee is otherwise eligible for award. The System Agency, as determined in its sole discretion, may award the Grant Agreement to the next qualified Applicant, who will then be subject to this procedure.

10.4 EXECUTION AND ANNOUNCEMENT OF GRANT AGREEMENT(S)

The System Agency intends to award multiple Grant Agreements as a result of this RFA. However, not all Applicants who are deemed eligible to receive funds are assured of receiving a Grant Agreement.

At any time and at its sole discretion, System Agency reserves the right to cancel this RFA, make partial award, or decline to award any Grant Agreement(s) as a result of this RFA.

The final funding amount and the provisions of the grant will be determined at the sole discretion of System Agency.

HHSC may announce tentative funding awards through an “Intent to Award Letter” once the HHSC Program Deputy Executive Commissioner and relevant HHSC approval authorities have given approval to initiate and/or execute grants. Receipt of an “Intent to Award Letter” does not authorize the recipient to incur expenditures or begin project activities, nor does it guarantee current or future funding.

Upon execution of a Grant Agreement(s) as a result of this RFA, HHSC will post a notification of all grants awarded to the [HHS Grants RFA](#).

Section XI. General Terms and Conditions

11.1 GRANT APPLICATION DISCLOSURE

In an effort to maximize state resources and reduce duplication of effort, the System Agency, at its discretion, may require the Applicant to disclose information regarding the application for or award of state, federal, and/or local grant funding to the Applicant or subGrantee or subcontractor (i.e. organization who will participate, in part, in the operation of the Project) within the past two (2) years to provide Epilepsy services.

11.2 TEXAS HISTORICALLY UNDERUTILIZED BUSINESSES (HUBS)

In procuring goods and services using funding awarded under this RFA, Grantee must use HUBs or other designated businesses as required by law or the terms of the state or federal grant under which this RFA has been issued. See, e.g., 2 CFR 200.321. If there are no such requirements, System Agency encourages Applicant to use HUBs to provide goods and services.

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

Section XII. Application Confidential or Proprietary Information

12.1 TEXAS PUBLIC INFORMATION ACT – APPLICATION DISCLOSURE REQUIREMENTS

Applications and resulting Grant Agreements are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Other legal authority also requires System Agency to post grants and applications on its public website and to provide such information to the Legislative Budget Board for posting on its public website.

Under the PIA, certain information is protected from public release. If Applicant asserts that information provided in its Application is exempt from disclosure under the PIA, Applicant must:

1. **Mark Original Application:**
 - a. 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
 - b. Identify, adjacent to each portion of the Application that Applicant claims is exempt from public disclosure, the claimed exemption from disclosure (NOTE: no redactions are to be made in the Original Application);
2. **Certify in Original Application – HHS Solicitation:** Certify, in the designated section of the **Exhibit A, HHS Solicitation Affirmations v. 2.6**, Applicant's confidential information assertion and the filing of its Public Information Act Copy; and
3. **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:

- a. 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);
- b. Each portion Applicant claims is exempt from public disclosure must be redacted (blacked out); and
- c. Applicant must identify, adjacent to each redaction, the claimed exemption from disclosure. Each identification provided as required in **Subsection 3 of this section** must be identical to those set forth in the Original Application as required in **Subsection 1.b.**, above. The only difference in required markings and information between the Original Application and the “Public Information Act Copy” of the Application will be redactions – which can only be included in the “Public Information Act Copy.” There must be no redactions in the Original Application.

By submitting an Application under this RFA, Applicant agrees that, if Applicant does not mark the Original Application, provide the required certification in Exhibit A, HHS Solicitation Affirmations v. 2.6, and submit the Public Information Act Copy, the Application will be considered to be public information that may be released to the public in any manner including, but not limited to, in accordance with the Public Information Act, posted on the System Agency’s public website, and posted on the Legislative Budget Board’s public website.

If any or all Applicants submit partial, but not complete, information suggesting inclusion of confidential information and failure to comply with the requirements set forth in this section, the System Agency, in its sole discretion, reserves the right to (1) disqualify all Applicants that fail to fully comply with the requirements set forth in this section, or (2) to offer all Applicants that fail to fully comply with the requirements set forth in this section additional time to comply.

No Applicant should submit a Public Information Act Copy indicating that the entire Application is exempt from disclosure. Merely making a blanket claim that the entire Application is protected from disclosure because it contains any amount of confidential, proprietary, trade secret, or privileged information is not acceptable, and may make the entire Application subject to release under the PIA.

Applications should not be marked or asserted as copyrighted material. If Applicant asserts a copyright to any portion of its Application, by submitting an Application, Applicant agrees to reproduction and posting on public websites by the State of Texas, including the System Agency and all other state agencies, without cost or liability.

The System Agency will strictly adhere to the requirements of the PIA regarding the disclosure of public information. As a result, by participating in this RFA, Applicant acknowledges that all information, documentation, and other materials submitted in its Application may be subject to public disclosure under the PIA. The System Agency does not have authority to agree that any information submitted will not be subject to

disclosure. Disclosure is governed by the PIA and by rulings of the Office of the Texas Attorney General. Applicants are advised to consult with their legal counsel concerning disclosure issues resulting from this process and to take precautions to safeguard trade secrets and proprietary or otherwise confidential information. The System Agency assumes no obligation or responsibility relating to the disclosure or nondisclosure of information submitted by Applicants.

For more information concerning the types of information that may be withheld under the PIA or questions about the PIA, please refer to the Public Information Act Handbook published by the Office of the Texas Attorney General or contact the attorney general's Open Government Hotline at (512) 478-OPEN (6736) or toll-free at (877) 673-6839 (877-OPEN TEX). To access the Public Information Act Handbook, please visit the attorney general's website at <http://www.texasattorneygeneral.gov>.

12.2 APPLICANT WAIVER – INTELLECTUAL PROPERTY

SUBMISSION OF ANY DOCUMENT TO ANY HHS AGENCY IN RESPONSE TO THIS SOLICITATION CONSTITUTES AN IRREVOCABLE WAIVER, AND AGREEMENT BY THE SUBMITTING PARTY TO FULLY INDEMNIFY THE STATE OF TEXAS AND HHS FROM ANY CLAIM OF INFRINGEMENT REGARDING THE INTELLECTUAL PROPERTY RIGHTS OF THE SUBMITTING PARTY OR ANY THIRD PARTY FOR ANY MATERIALS SUBMITTED TO HHS BY THE SUBMITTING PARTY.

The remainder of this page is left blank intentionally.

Section XIII. Submission Checklist

HHSC, in its sole discretion, will review all Applications received and will determine if any or all Applications which do not include complete, signed copies of these exhibits and/or addenda, will be disqualified or whether additional time will be permitted for submission of the incomplete or missing exhibits. If additional time is permitted, Applicants will be notified in writing of the opportunity to provide the missing documentation by a specified deadline. Failure by an Applicant to submit the requested documentation by the deadline WILL result in disqualification. Applications that do not include Exhibit A, HHS Solicitation Affirmations v. 2.6 (completed and signed), and Form L, Requested Budget Template(completed), will be disqualified. See Section 9.2, Initial Compliance Screening of Applications for further detail.

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

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

1. Administrative Applicant Information

- a. Form A, Face Page _____
- b. Form B, Administrative Information _____
- c. Form B-1, Governmental Entity - Authorized Officials, if applicable _____
- d. Form B-2, Non - Profit Entity - Authorized Officials, if applicable _____
- e. Form F, Financial Management Questionnaire _____
- f. Form J, Point of Contact _____
- g. Form N, Internal Controls Questionnaire _____

2. Narrative Proposal (The Narrative Proposal must be titled “Narrative Proposal” and include the Applicant’s Legal Name, the RFA No., and the name of the Grant Program. Use the titles below for each required section.)

- a. Form C, Narrative Proposal _____
- b. Form D, Work Plan _____
- c. Form E, Performance Measures _____
- d. Form G, Epilepsy Clinic Sites _____

- e. Form H, Respondent Background _____
- f. Form I, Respondent Site Readiness _____
- g. Form K, Ceiling Request _____

3. Requested Budget

- Form L, Requested Budget Template (Excel) _____

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 Template will be disqualified.

4. Indirect Cost

- Form M, HHS System Indirect Cost Rate Questionnaire _____

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

- a. Exhibit A, HHS Solicitation Affirmations v. 2.6 _____

Per Section 9.2, Application Screening Requirements, Exhibit A is mandatory and must be completed, signed and submitted for the Application to be considered responsive. Applications received without Exhibit A or with an unsigned Exhibit A may be disqualified.

- b. Exhibit C, HHS Data Use Agreement v. 8.5 or
Exhibit C-1, Government Entity Version HHS Data use Agreement v. 8.5 _____
- c. Exhibit C-2, Security and Privacy Inquiry (SPI), Attachment 2 to DUA _____
- d. Exhibit G, Exceptions, if applicable _____

6. Signed Addenda:

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

Section XIV. List of Exhibits and Forms Attached to RFA

Exhibits

Exhibit A, HHS Solicitation Affirmations v. 2.6

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

Exhibit C, HHS Data Use Agreement v. 8.5

Exhibit C-1, Government Entity Version HHS Data use Agreement v. 8.5

Exhibit C-2, Texas HHS System data Use Agreement Attachment 2 Security and Privacy Inquiry (SPI),

Exhibit D, Additional Provisions – Grant Funding, version 1.0

Exhibit E, HHSC Regional Coverage Map

Exhibit F, Insurance Coverage Required

Exhibit G, Exceptions

Exhibit H, Evaluation Tool v. 1.6

Exhibit I, Online Bid Room

Exhibit J, Statement of Work

Exhibit K, Payment for Services Provided

Forms

Form A, Face Page

Form B, Administrative Information

Form B-1, Governmental Entity – Authorized Officials

Form B-2, Non-Profit Entity – Authorized Officials

Form C, Narrative Proposal

Form D, Work Plan

Form E, Performance Measures

Form F, Financial Management Questionnaire

Form G, Epilepsy Clinic Sites

Form H, Respondent Background

Form I, Respondent Site Readiness

Form J, Point of Contact

Form K, Ceiling Request

Form L, Requested Budget Template

Form M, Texas Health and Human Services System Indirect Costs Rate (ICR) Questionnaire

Form N, Internal Controls Questionnaire

The remainder of this page is left blank intentionally.