



**TEXAS**  
**Health and Human Services**

*Cecile E. Young, Executive Commissioner*

*Request for Applications (RFA)*

*Grant for*

*HIV Clinical HIV/STI Prevention in Community Health Centers*

*RFA No. HHS0013483*

**DEADLINE FOR SUBMISSION OF APPLICATIONS**

*January 31, 2024 by 10:30 a.m. Central Time*

## Contents

|   |           |
|---|-----------|
| <b>Article I. Executive Summary, Definitions, and Statutory Authority</b> ..... | <b>5</b>  |
| 1.1 Executive Summary .....   | 5         |
| 1.2 Definitions and Acronyms .....  | 6         |
| 1.3 Statutory Authority .....   | 13        |
| 1.4 Standards .....   | 14        |
| <b>Article II. Scope of Grant Project</b> .....                                 | <b>15</b> |
| 2.1 Purpose.....  | 15        |
| 2.2 Program Background .....  | 15        |
| 2.3 Eligible Population .....   | 16        |
| 2.4 Eligible Service Areas .....  | 19        |
| 2.5 Program Description and Requirements .....                                  | 20        |
| 2.6 Program Requirements .....  | 26        |
| 2.7 Administrative Requirements .....   | 28        |
| 2.8 Program Data Reporting, Security, and Confidentiality Requirements: .....   | 30        |
| 2.9 Quality Management and Assurance Activities.....                            | 32        |
| 2.10 Training Requirements .....  | 33        |
| 2.11 Required Reports .....   | 33        |
| 2.12 Performance Measures and Monitoring.....                                   | 34        |
| 2.13 Financial Status Reports (FSRs).....                                       | 35        |
| 2.14 Invoice and Payment.....   | 36        |
| 2.15 Final Billing Submission .....   | 36        |
| 2.16 Data Use Agreement.....  | 36        |
| 2.17 Limitations on Grants to Units of Local Government .....                   | 36        |
| <b>Article III. Applicant Eligibility Requirements</b> .....                    | <b>38</b> |
| 3.1 Legal Authority to Apply.....   | 38        |
| 3.2 Application Screening Requirements .....                                    | 38        |
| 3.3 Grant Award Eligibility .....   | 38        |
| 3.4 Grants for Political Polling Prohibited .....                               | 39        |
| <b>Article IV. Project Period and Grant Term</b> .....                          | <b>40</b> |
| 4.1 Project Period.....   | 40        |

|   |  |           |
|---|--|-----------|
| 4.2   | Grant Term.....  | 40        |
| 4.3   | Project Closeout.....                                      | 40        |
| <b>Article V. Grant Funding and Reimbursement Information .....</b>             |  | <b>41</b> |
| 5.1   | Grant Funding Source and Available Funding .....           | 41        |
| 5.2   | No Guarantee of Reimbursement Amounts.....                 | 42        |
| 5.3   | Grant Funding Prohibitions .....                           | 43        |
| 5.4   | Matching Funds .....                                       | 44        |
| 5.5   | Payment Method.....  | 44        |
| <b>Article VI. Application Forms and Exhibits for Submission .....</b>          |  | <b>45</b> |
| 6.1   | Narrative Proposal .....                                   | 45        |
| 6.2   | Requested Budget .....                                     | 45        |
| 6.3   | Indirect Costs.....  | 46        |
| 6.4   | Administrative Applicant Information.....                  | 47        |
| <b>Article VII. RFA Administrative Information and Inquiries.....</b>           |  | <b>48</b> |
| 7.1   | Schedule of Events.....                                    | 48        |
| 7.2   | Sole Point of Contact.....                                 | 49        |
| 7.3   | RFA Questions and Requests for Clarification.....          | 49        |
| 7.4   | Ambiguity, Conflict, Discrepancy, Clarifications .....     | 50        |
| 7.5   | Responses To Questions or Request for Clarifications ..... | 51        |
| 7.6   | Changes, Amendment Or Modification To RFA.....             | 51        |
| 7.7   | Exceptions and Assumptions.....                            | 51        |
| 7.8   | Applicant Conference .....                                 | 52        |
| <b>Article VIII. Application Organization and Submission Requirements .....</b> |  | <b>53</b> |
| 8.1   | Application Receipt .....                                  | 53        |
| 8.2   | Application Submission.....                                | 53        |
| 8.3   | Required Submission Method.....                            | 53        |
| 8.4   | Costs Incurred for Application .....                       | 55        |
| 8.5   | Application Composition.....                               | 55        |
| 8.6   | Application Organization.....                              | 55        |
| 8.7   | Application Withdrawals or Modifications .....             | 56        |
| <b>Article IX. Application Screening and Evaluation.....</b>                    |  | <b>57</b> |
| 9.1   | Overview.....  | 57        |
| 9.2   | Initial Compliance Screening of Applications.....          | 57        |

|   |   |           |
|---|---|-----------|
| 9.3   | Questions or Requests for Clarification for Applications.....           | 57        |
| 9.4   | Evaluation Criteria.....  | 58        |
| 9.5   | Past Performance .....  | 58        |
| 9.6   | Compliance for Participation in State Contracts.....                    | 59        |
| <b>Article X. Award of Grant Agreement Process .....</b>                      |   | <b>62</b> |
| 10.1  | Final Selection .....   | 62        |
| 10.2  | Negotiations .....  | 62        |
| 10.3  | Disclosure of Interested Parties .....                                  | 63        |
| 10.4  | Execution and Announcement of Grant Agreement(s).....                   | 63        |
| <b>Article XI. General Terms and Conditions .....</b>                         |   | <b>65</b> |
| 11.1  | Grant Application Disclosure .....                                      | 65        |
| 11.2  | Texas Historically Underutilized Businesses (HUBs).....                 | 65        |
| <b>Article XII. Application Confidential or Proprietary Information .....</b> |   | <b>66</b> |
| 12.1  | Texas Public Information Act – Application Disclosure Requirements..... | 66        |
| 12.2  | Applicant Waiver – Intellectual Property .....                          | 68        |
| <b>Article XIII. Submission Checklist.....</b>                                |   | <b>69</b> |
| <b>Article XIV. List of Forms, Exhibits, and Attachments.....</b>             |   | <b>71</b> |

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Article I. Executive Summary, Definitions, and Statutory Authority

**1.1 EXECUTIVE SUMMARY**

The State of Texas by and through the Texas Department of State Health Services (DSHS or System Agency) announces the expected availability of state and federal funding for grants to provide human immunodeficiency virus (HIV) prevention services as set forth in this Request for Applications (RFA). The projects supported through this RFA reflect the priorities and strategies in the [Texas HIV Plan](#) (Plan) and the [National HIV/AIDS Strategy](#).

This RFA includes the following two (2) Activities:

1. Biomedical HIV Prevention in Community Health Settings
2. Express HIV/STI/HCV testing services

Applicants should reference **Article II, Scope of Grant Project**, for further detailed information regarding the purpose, background, eligible population, eligible activities and requirements.

|   |  |
|---|--|
| Grant Name:   | Clinical HIV/STI Prevention in Community Health Settings   |
| RFA No.:  | HHS0013483   |
| Deadline for Submission of Applications:                                    | January 31, 2024 by 10:30 a.m. Central Time  |
| Tentative Deadline for Submitting Questions or Requests for Clarifications: | December 1, 2023 at 5 p.m. Central Time  |
| Estimated Total Available Funding:  | \$8,400,000.00   |
| Estimated Total Number of Awards:   | 16   |
| Estimated Max Award Amount:   | Refer to <b>Article V, Section 5.1</b> for Anticipated Levels of Funding for twelve (12) months for the RFA. |
| Anticipated Project Start Date:   | January 1, 2025  |

|                           |   |
|---------------------------|---|
| Length of Project Period: | Twelve (12) months, with the option for renewals up to Five (5) years.  |
| Eligible Applicants:      | <p>A. Applicant must be a governmental entity, a non-governmental entity, a nonprofit, a for-profit entity, or an association. Individuals are not eligible to apply.</p> <p>B. Applicant must be able to provide services in the eligible counties or HIV Service Delivery Areas (HSDAs) in accordance with below requirements that they propose to serve and must have a physical location in one of the counties within the HSDA they propose to serve.</p> <p>C. Applicant is not required to meet cost match under this grant.</p> |

To be considered for screening, evaluation and award, Applicants must provide and submit all required information and documentation as set forth in **Article VIII, Application Organization and Submission Requirements** and **Article XIII, Submission Checklist** by the Deadline for Submission of Applications established in **Section 7.1, Schedule of Events**, or subsequent Addenda. See **Section 9.2, Initial Compliance Screening for Applications**, for further details.

## 1.2 DEFINITIONS AND ACRONYMS

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

Refer to all exhibits to this RFA for additional definitions.

[“Acute HIV Infection”](#) means the early stage of HIV infection that extends approximately 1 to 4 weeks from initial infection until the body produces enough HIV antibodies to be detected by an HIV antibody test.

[“Acquired Immune Deficiency Syndrome”](#) or [“AIDS”](#) means a person who is living with HIV and has a CD4 (T-cell) count below 200 or more OR one or more opportunistic infections.

[“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](#).

“Apparent Awardee” means an organization that has been selected to receive a grant award through response to this RFA but has not yet executed a grant agreement or contract. May also be referred to as “Apparent Grant Recipient” or “Apparent Grantee.”

“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 or its exhibits 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.

“CDC” means the Centers for Disease Control and Prevention, a federal agency that is charged with working with state and local governments on public health program.

“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 eligible population to be served by the Applicant's organization. For the routine HIV screening funding activity, Client means any individual seeking medical services at a designated healthcare organization who meets the organization’s DSHS- approved definition of patients eligible for routine screening.

“Clinical/Community Health Settings” means locations and facilities that are typically structured around the provision of health care by clinicians. They can include, but are not limited to, federally qualified health centers, community-based health clinics, STI clinics in local health departments, urgent care centers, pharmacy clinics, etc. Testing in clinical settings may involve point-of-care rapid testing but in general consist of laboratory-based screening.

“Combination prevention” means a status-neutral, person-centered approach to HIV prevention that supports individuals in selecting options that best meet their needs. Combination prevention options can be biomedical, behavioral, or structural. It can include talking with partners, visiting with a provider, evidence-based community or structural interventions, safer drug and alcohol use, condoms, lube, PrEP, PEP, and maintaining an undetectable HIV status alongside regular HIV/STI testing and treatment.

“Department of State Health Services” or “DSHS” means the administrative agency established under Chapter 12 of the Texas Health and Safety Code.

“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.

“Enhanced assessment” means assessments that are enhanced because they include in-depth, personalized assessment and prevention counseling that is appropriate for those persons with increased vulnerability to acquiring or transmitting HIV, STI, and HCV, which also integrates combination prevention education. During enhanced assessment, trained staff use active communication skills to:

1. Determine client concerns, needs, and priorities;
2. Provide basic information about HIV, STI, and HCV transmission and testing;
3. Support the client to reach a better understanding of personal vulnerability;
4. Discuss the combination prevention approach; and
5. Make referrals as appropriate.

“Engagement in Care” means programs that provide testing and screening services to assist previously diagnosed clients who are not currently in care with entering HIV related medical care and, at a minimum, consists of referral and offer of assistance with making an initial medical appointment and addressing barriers to keeping that appointment.

“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 \$5,000. See 2 CFR §200.1 for capital assets, computing devices, general purpose equipment, information technology systems, special purpose equipment, and supplies.

“ESBD” means the Electronic State Business Daily, the electronic marketplace where State of Texas bid opportunities over \$25,000 are posted. The ESBD may currently be accessed at <http://www.txsmartbuy.com/sp>.

“Focused HIV Testing” means programs that are designed to promote testing to priority populations (formerly known as Targeted HIV testing).

“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 or its exhibits as “Contract.”

“Grantee” means the Party receiving funds under any Grant Agreement awarded under this RFA. May also be referred to in this RFA or its exhibits as “subrecipient” or “contractor.”

“Hepatitis C Virus” or “HCV” means a liver infection that can result in serious health problems such as cirrhosis and liver cancer. Hepatitis C is spread through contact with blood from an infected person. Most common transmission occur by sharing needles or other equipment used to prepare and inject drugs.

“Health and Human Services Commission” or “HHSC” means the administrative agency established under Chapter 531, Texas Government Code or its designee.

Health-Care Settings means locations within the public or private sector that provide acute care to the general populace and can include, but are not limited to hospital emergency departments, urgent care clinics, inpatient services, substance abuse treatment clinics, public health clinics, community clinics, correctional health-care facilities, and primary care settings.

“HHS” means Health and Human Services and includes both HHSC and DSHS.

“HIV Morbidity” means a measure of the frequency of occurrence of HIV among a defined population during a specified time.

“HIV Prevention Programs” means programs designed to offer community engagement services, condom distributions and focused HIV testing and linkage/engagement services to groups with higher numbers of people living with HIV infections.

“HIV-Related Medical Care” means the monitoring and treatment of a person living with HIV infection.

“HIV Screening” means testing members of a population for HIV without regard to personal risk.

“HIV Service Delivery Area” or “HSDA” means a set of Texas counties that defines an HIV prevention and services delivery area. See **Appendix 1, Texas Counties in HIV Service Delivery Areas (HSDA)**.

“Human Immunodeficiency Virus” or “HIV” means either of two retroviruses, HIV-1 and HIV- 2, that infect and destroy helper T cells of the immune system causing the marked reduction in their numbers that is diagnostic of AIDS.

“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.

“Jail Medical Services Programs” means programs that provide health services for inmates, including health assessments, health screenings, chronic disease management, dental services, mental health and other professional healthcare services.

“Key Personnel” means an Applicant organization's project contact, fiscal contact, and Executive Director or any other key stakeholders for the proposed project(s).

“Linkage to Care” means a program’s effort to successfully link a person newly diagnosed with HIV to HIV related medical care on a timely basis and, at a minimum, consists of referral and offer of assistance with making an initial medical appointment and addressing barriers to keeping that appointment.

“Linkage Rate” means a rate that is calculated by dividing the proportion of newly diagnosed clients who have confirmed linkage to medical care within three months of their test by the total number of newly diagnosed clients.

“Match” is the non-federal and/or non-State share of costs the Grantee is required to contribute to accomplish the purpose of the Grant Project.

“Navigators” means volunteers or paid staff who help clients obtain timely access to HIV prevention, medical, and social services.

“Navigation services” means a client-centered approach to assisting clients, who are vulnerable to HIV or living with HIV, access healthcare such as PrEP, PEP and ART with as few barriers as possible. Navigators engage clients in their healthcare and help them to make informed decisions about their sexual health and understand the tools and resources available to them. Navigation services include but are not limited to:

1. Scheduling initial medical appointment;
2. Transportation and/or accompaniment;
3. Readiness assessment;
4. Benefits and insurance navigation;
5. Adherence counseling and support; and
6. Appointment reminders and follow-up communication.

“New Diagnosis” means the first time a person tests positive for HIV.

“New Positivity Rate” means a rate that is calculated by the dividing the number of positive HIV tests for newly diagnosed clients by the total number of HIV tests for the Core HIV Prevention programs.

“Non-traditional/Non-clinical settings” means sites where medical, diagnostic, and treatment services are not regularly provided but are accessible, comfortable, and safe for clients who may be unwilling or unable to access medical services regularly within a clinic. A key feature of nonclinical settings is their location within the community, whether at fixed venues, outreach sites, or in a person’s home. Services typically provided in these settings include same-day rapid HIV testing, structural or behavioral interventions and social services, and/or recruitment services for focused HIV testing.

“Non-Occupational Post-Exposure Prophylaxis” or “PEP” means the use of antiretroviral drugs as soon as possible after a high-risk exposure to HIV to reduce the possibility of HIV infection.

“Opt-Out HIV Screening” means HIV tests that are performed after providing verbal or written notice and option to opt-out.

“Person living with HIV” or “PLWH” means a person living with a diagnosis of HIV.

“Positivity Rate” means a rate that is calculated by dividing the number of positive HIV tests by the total number of tests conducted by the program.

“Pre-exposure HIV Prophylaxis” or “PrEP” means a preventive treatment for HIV infection in which antiretroviral drugs are taken by a person who is HIV and is at a high risk of contracting HIV.

“Priority Population(s)” means groups of people that are the primary client population for an intervention or program.

“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.

“Program Operating Procedures and Standards” or “POPS” means a DSHS policy document that describes required actions and best practice recommendations for contractors for HIV, STI, and viral hepatitis services. It can be found at <https://www.dshs.texas.gov/hivstd/pops/> .

“Priority Population(s)” means groups of people that are the primary client population for an intervention or program.

"Public Health Follow-Up" or "PHFU" means a set of disease intervention activities conducted by local or regional health departments to limit further spread of communicable disease, including HIV infection, through elicitation and notification of partners of persons with newly diagnosed infections and delivery of testing and counseling to these partners.

"Referral" means directing clients to relevant and available resources to address their healthcare and social needs.

"Respondent" means the entity responding to this Solicitation.

"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."

"Routine HIV Screening in Healthcare Settings" means HIV screening that is integrated into health care services for all clients of a facility.

"Sexually Transmitted Disease" or "STD" means a recognizable disease state that has developed from an infection. There are dozens of STDs, Some STDs, such as syphilis, gonorrhea, and chlamydia, are spread mainly by sexual contact.

"Sexually Transmitted Infection" or "STI" means a pathogen that causes infection through sexual contact.

"Solicitation" means this Request for Applications including any exhibits and Addenda, if any.

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

"Structural Interventions" means community-level interventions that are focused on changing community norms and behaviors and systems interventions that focus on changing policy, organizational structure, service systems, and power structures.

"Successful Applicant" means an organization that receives a grant award because of this RFA. May also be referred to as "Grantee," "Awarded Applicant," "Sub-recipient," or "Grant Recipient."

"Supplant" (verb) means to replace or substitute one source of funding for another source of funding. A recipient of contract funds under this RFA must not use the funds to pay any costs the recipient is already obligated to pay. If a grantee, prior to responding to an RFA, had committed to provide funding for activities defined in the contract's statement of work, then the grantee must provide the amount of funding previously committed in addition to the amount requested under this RFA.

"Syndemic" means two or more afflictions or epidemics interacting simultaneously and synergistically, meaning the effects of the respective conditions compound to be greater

than they would be alone. Epidemic synergy contributes to an excess burden of disease in a population.

“Systems/structural intervention” means projects designed to reduce HIV acquisition and transmission through changing community norms, behaviors, policy, organizational structures, systems of care and/or power structures. Activities may be designed to change policies, social or organizational structures, procedures to increase access and acceptance of services and remove barriers to prevention, or HIV/STI/HCV testing and treatment services.

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

“Texas HSC” means the Texas Health and Safety Code.

“TAC” means the Texas Administrative Code.

“TxGMS” means the Texas Grant Management Standards, Version 1.1, published by the Texas Comptroller of Public Accounts.

“Viral Load” means the amount of HIV circulating in the blood of a person living with HIV.

“Volunteer/peer testing” means testing and prevention services that are conducted by individuals who are members of the populations most affected by HIV, STIs and HCV offer a deeper understanding of the internal dynamics, culture, language and norms that exist within a group. They are able to translate HIV prevention messaging to members of priority populations by developing rapport and being culturally competent in ways outsiders would not naturally be.

“Work Plan” means a written plan describing how services will be delivered to the eligible population. Details from the work plan must be approved by DSHS and will be incorporated in the contract.

### 1.3 STATUTORY AUTHORITY

Federal funding for this Grant Project is authorized under sections 307 and 317(k)(2) of the Public Health Service Act, Title 42 of the United States Code chapter 6A. State funding for this Grant Project is authorized under the 2023 Texas General Appropriations Act, Article II, and Texas Health and Safety Code Chapters 81, 85, and 1001. All awards are subject to the availability of appropriated State and federal funds and any modifications or additional requirements that may be imposed by law. Federal funding awarded to the System Agency is through the program(s) listed below:

|                        |  |
|------------------------|--|
| Federal Grant Program: | Integrated HIV Surveillance and Prevention Programs for Health Departments |
|------------------------|--|

|   |   |
|---|---|
| Federal Awarding Agency:  | Centers for Disease Control and Prevention                |
| Funding Opportunity No.:  | 6 NU62PS924529-05-03                                      |
| Assistance Listing Number and Program Title:                              | 93.940 HIV Prevention Activities- Health Department Based |
| <i>Federal Grant information will be updated on the awarded contracts</i> |   |

#### 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 federal and State laws, rules, regulations, standards and guidelines, as amended, including, but not limited to applicable provisions of the Texas Grant Management Standards (TxGMS), Version 1.1, and the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200).

## Article II. Scope of Grant Project

### 2.1 PURPOSE

The State of Texas by and through the Texas Department of State Health Services (**DSHS** or **System Agency**) announces the expected availability of state and federal funding for grants to provide human immunodeficiency virus (**HIV**) prevention services as set forth in this Request for Applications (**RFA**). The projects supported through this RFA reflect the priorities and strategies in the [Texas HIV Plan \(Plan\)](#) and the [National HIV/AIDS Strategy](#). This RFA includes the following two (2) Activities:

1. Biomedical HIV prevention in community health settings
2. Express HIV/STI/HCV testing services

To be considered for award, Applicants must execute **Exhibit A, HHS Solicitation Affirmations v. 2.3**, and provide all other required information and documentation as set forth in this Solicitation. This RFA contains the requirements that all Applicants must meet to be considered for award. Failure to comply with these requirements may result in disqualification of the Applicant without further consideration. Each Applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFA.

This funding activities invite grant Applications requesting funding for the HIV Prevention Program. The purpose of this program is to provide HIV Prevention Services to prioritize actions and coordinate resources across communities and groups of Texas, affected by HIV.

This funding activities invite grant Applications requesting funding for the HIV Prevention- Community Health Program. The purpose of this program is to provide HIV Prevention Services to prioritize actions and coordinate resources across communities and groups of Texas, affected by HIV/STI.

### 2.2 PROGRAM BACKGROUND

The activities conducted under this funding component shall support the goals of the 2022-2025 [National HIV/AIDS Strategy](#), 2023-2027 Texas HIV Plan,<sup>1</sup> and Texas's Achieving Together: A Community Plan to End the HIV Epidemic. This activity also aligns with major components of the [2021-2025 STI National Strategic Plan \(PDF\)](#) and [CDC's Division of STD Prevention Strategic Plan 2022-2026 \(link\)](#). These goals are:

- A. Increase HIV testing, diagnosis, and linkage to care for individuals living with HIV.
- B. Preventing new STI infections and reducing STI-related health disparities and health inequities

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<sup>1</sup> The 2023-2027 Texas HIV Plan has not been published at this time. The current plan, 2017 – 2021, may be accessed at <https://txhivsyndicate.org/wp-content/uploads/2017/08/2017-2021-texas-hiv-plan.pdf>.

- C. Creating comprehensive sexual health systems for communities most vulnerable to HIV and STI, and HCV.
- D. Increase the awareness, availability, and accessibility of pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) as biomedical prevention options for people vulnerable to HIV.
- E. Promote PrEP retention and adherence among those who use PrEP.
- F. The purpose of this funding component is to expand biomedical prevention access while providing comprehensive sexual health services to Texans. This RFA provides funding for two activities:
  1. Biomedical HIV Prevention in community health settings: support prescribing biomedical HIV prevention such as pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (PEP) to communities that are vulnerable to HIV acquisition.
  2. Express HIV/STI/HCV testing services: initiate or expand HIV, sexually transmitted infection (STI), and Hepatitis C (HCV) prevention, screening, diagnosis, and treatment in community health settings.

Needs Statement: Biomedical prevention options have expanded greatly since 2012 when the U.S. Food and Drug Administration (FDA) approved the first PrEP medication. Currently three approved medications have been proven to be effective at stopping acquisition of HIV. However, PrEP has not always reached the communities that could most benefit from it. Gay, bisexual, and other men who have sex with men (MSM) are 68% of the population most affected by HIV ([CDC, 2022](#)). Racial differences in new HIV diagnoses persist. Black/African American and Hispanic/Latino persons are the populations acquiring HIV at disproportionately high rates with Black/African Americans being 42% of new HIV diagnoses and Hispanic/Latino persons being 27% of total new HIV diagnoses in 2020. However, of the total number of individuals prescribed PrEP in 2020, only 9% were Black/African American and 16% were Hispanic/Latino persons, compared to 66% of PrEP prescriptions being among white Americans (CDC, 2022). PrEP is a key prevention strategy for ending the HIV epidemic in the U.S. CDC estimates new infections fell 8% from 2015 to 2019 due to the use of PrEP and increased testing and treatment ([CDC, 2021](#)). Many longstanding social and economic factors – including stigma, systemic racism, homelessness, or unemployment can negatively impact the willingness and ability of individuals to take PrEP. Previous studies have revealed high knowledge and its benefits increase the use of PrEP.

To end the HIV epidemic, we need to scale up equitable access to HIV prevention including PrEP.

### **2.3 ELIGIBLE POPULATION**

The eligible population to be served under this RFA consists of individuals who are the most vulnerable to the acquisition of HIV based on the most recent local HIV epidemic profile. These populations are referenced as “Priority Populations.” For information on

how the populations were determined, reference **Appendix 3, Selecting Locally Relevant Populations.**

Priority populations are determined for each HSDA using a scoring system based on the area’s epidemiological profile (see Table 2 below). **Refer to Appendix 3, Selecting Locally Relevant Focus Populations** for more details on how priority populations are determined. Applicants are required to primarily market and tailor their services to at least one of the priority populations in their area. This is not to say that applicants are limited to providing services only to priority populations: Services must be made available to all individuals regardless of population membership.

Populations other than the priority populations may also benefit from focused services. For this reason, funding may be awarded to applicants who choose to target an eligible “Optional Additional Population.” These eligible populations are determined by DSHS as detailed in **Appendix 3, Selecting Locally Relevant Focus Populations** (see Table 2). Applicants must follow the same requirements for priority populations should they choose to focus on an optional additional population.

*Table 2: Texas eligible priority populations by HSDA (HIV Service Delivery Areas).*

| HSDA             | Tier | Priority Population  | Optional Additional Population  |
|------------------|------|--|---|
| Houston HSDA     | 1    | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• Black MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul> | <ul style="list-style-type: none"> <li>• Black WSM</li> <li>• White MSM</li> <li>• PWID</li> </ul>  |
| Dallas HSDA      | 1    | <ul style="list-style-type: none"> <li>• Black MSM</li> <li>• Latino MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul> | <ul style="list-style-type: none"> <li>• White MSM</li> <li>• Black WSM</li> </ul>                  |
| San Antonio HSDA | 1    | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• White MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul> | <ul style="list-style-type: none"> <li>• Black MSM</li> <li>• PWID</li> <li>• Latino WSM</li> </ul> |
| Austin HSDA      | 1    | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• White MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul> | <ul style="list-style-type: none"> <li>• Black MSM</li> <li>• PWID</li> <li>• Latino WSM</li> </ul> |
| Fort Worth HSDA  | 1    | <ul style="list-style-type: none"> <li>• Black MSM</li> <li>• Latino MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul> | <ul style="list-style-type: none"> <li>• White MSM</li> <li>• Black WSM</li> </ul>                  |

|                           |   |   |  |
|---------------------------|---|---|--|
| El Paso HSDA              | 1 | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• Latino WSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul>                     | <ul style="list-style-type: none"> <li>• White MSM</li> </ul>  |
| Brownsville HSDA          | 2 | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• Latino WSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul>                     | <ul style="list-style-type: none"> <li>• N/A</li> </ul>  |
| Tyler HSDA                | 2 | <ul style="list-style-type: none"> <li>• Black MSM</li> <li>• White MSM</li> <li>• Black WSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul>  | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• PWID</li> <li>• MSM of other races</li> </ul> |
| Galveston HSDA            | 2 | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• White MSM</li> <li>• Black MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul> | <ul style="list-style-type: none"> <li>• Black WSM</li> <li>• PWID</li> </ul>                                |
| Beaumont-Port Arthur HSDA | 2 | <ul style="list-style-type: none"> <li>• Black MSM</li> <li>• Black WSM</li> <li>• White MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul>  | <ul style="list-style-type: none"> <li>• PWID</li> <li>• Latino MSM</li> <li>• MSM of other races</li> </ul> |
| Temple-Killeen HSDA       | 2 | <ul style="list-style-type: none"> <li>• Black MSM</li> <li>• Latino MSM</li> <li>• White MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul> | <ul style="list-style-type: none"> <li>• Black WSM</li> <li>• PWID</li> </ul>                                |
| Corpus Christi HSDA       | 2 | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• White MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul>                      | <ul style="list-style-type: none"> <li>• PWID</li> <li>• Latino WSM</li> </ul>                               |
| Midland-Odessa HSDA       | 2 | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• White MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul>                      | <ul style="list-style-type: none"> <li>• PWID</li> <li>• Latino WSM</li> <li>• Black MSM</li> </ul>          |
| Waco HSDA                 | 3 | <ul style="list-style-type: none"> <li>• Black MSM</li> <li>• White MSM</li> <li>• Latino MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul> | <ul style="list-style-type: none"> <li>• Black WSM</li> <li>• PWID</li> </ul>                                |
| Amarillo HSDA             | 3 | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• White MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul>                      | <ul style="list-style-type: none"> <li>• PWID</li> <li>• Black MSM</li> <li>• Latino WSM</li> </ul>          |

|                         |   |  |  |
|-------------------------|---|--|--|
| Laredo HSDA             | 3 | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• Latino WSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul>                    | <ul style="list-style-type: none"> <li>• NA</li> </ul>   |
| Lubbock HSDA            | 3 | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• White MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul>                     | <ul style="list-style-type: none"> <li>• Black MSM</li> <li>• PWID</li> <li>• Latino WSM</li> </ul>          |
| Lufkin HSDA             | 3 | <ul style="list-style-type: none"> <li>• White MSM</li> <li>• Black MSM</li> <li>• Black WSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul> | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• PWID</li> <li>• Latino WSM</li> </ul>         |
| Bryan-College Sta. HSDA | 3 | <ul style="list-style-type: none"> <li>• Latino MSM</li> <li>• Black MSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul>                     | <ul style="list-style-type: none"> <li>• White MSM</li> <li>• Black WSM</li> </ul>                           |
| Texarkana HSDA          | 3 | <ul style="list-style-type: none"> <li>• White MSM</li> <li>• Black MSM</li> <li>• Black WSM</li> <li>• Transgender/Gender Non-binary Persons</li> </ul> | <ul style="list-style-type: none"> <li>• PWID</li> <li>• Latino MSM</li> <li>• MSM of other races</li> </ul> |

## 2.4 ELIGIBLE SERVICE AREAS

The State of Texas is divided into twenty-six (26) HSDAs, see **Appendix 1: Texas Counties in HIV Service Delivery Areas (HSDA)**. Twenty HSDAs are eligible for grant funding under this RFA.

Eligible HSDAs for program activities, described in **Section 2.5, Eligible Activities**, are: Dallas, San Antonio, Austin, Fort Worth, Houston (without City of Houston), El Paso, Brownsville, Tyler, Galveston, Beaumont-Port Arthur, Temple- Killeen, Corpus Christi, Permian Basin, Waco, Amarillo, Laredo, Lubbock, Lufkin, Bryan-College Station, and Texarkana.

Eligible HSDAs for program activity 2, described in Section 2.5, Eligible Activities, are: Houston; Dallas; San Antonio; Austin; Fort Worth; El Paso HSDAs.

Note: Awards for providers in the Houston HSDA will be limited as this HSDA receives direct federal funding. If Applicant is currently receiving federal funds for HIV prevention from the City of Houston, it is not eligible to receive grant funding under this RFA.

Refer to **Appendix 2, Determination of Eligible HSDAs based on HIV Morbidity Scores** for more details on funding eligibility criteria and scoring of HSDAs.

Applicant shall be physically located in the HSDA it proposes to serve and apply to serve at least one (1) county within an eligible HSDA. See **Appendix 1, Texas Counties in HIV Service Delivery Areas** for a list of counties in eligible HSDAs.

## **2.5 PROGRAM DESCRIPTION AND REQUIREMENTS**

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.

For activities funded under this award, Grantee will:

### **A. Activity 1: Biomedical HIV Prevention Services in Community Health Settings**

#### **1. Objective:**

To provide individuals and communities most vulnerable to HIV and STIs with access to comprehensive HIV, STI and HCV testing as well as expand the availability of biomedical HIV prevention to communities who most need them.

#### **2. Model/Description:**

Community health settings are well-poised to expand access to HIV/STI/HCV testing and treatment as well as biomedical prevention for priority populations. Community health settings provide HIV/STI prevention and care services to underserved populations, especially those who lack health insurance to seek comprehensive sexual health. Community-based organizations (CBOs), federally qualified health centers (FQHCs), and nonprofit organizations are poised to better serve communities who have not been able to access PrEP and PEP by leveraging various funding sources to provide biomedical prevention services. Community health settings also often are in locations that are more easily accessible to the priority populations and have long-standing relationships with the communities, addressing the need to build trust, rapport, and longevity within historically underserved communities. Recent pandemics have shown that community health providers are an essential part of public health infrastructure and vital partners in responding to emergent public health issues or syndemics that impact sexual health and populations most affected by HIV/STIs/HCV such as monkeypox (mpox) or COVID-19.

Activity one will prioritize grantees who operate status-neutral clinical HIV/STI/HCV prevention services among priority populations that have the most expressed need for biomedical HIV prevention and STI testing and treatment. Activities in this scope of work should aim to facilitate the uptake and maintenance of PrEP and PEP and reduce existing barriers among populations who are most vulnerable to HIV. Grantees should also be able to provide culturally and linguistically competent care to members of priority populations. At minimum, grantees funded under this activity shall:

- a. Screen, diagnose and treat STIs according to the current clinical guidelines.
- b. Provide HIV and HCV testing and prevention services and link to care in cases of a positive diagnosis.
- c. Provide PrEP and PEP services in accordance with the most current clinical guidelines,
- d. Accept and provide referrals as necessary from internal and external sources for social and support needs.
- e. Provide education on biomedical prevention and STI basics and ensure that messaging is culturally responsive and medically accurate.
- f. Provide client support and navigation services to assist clients in accessing related care.

Special consideration will be given to programs who have the capacity to respond to emergent public health issues or syndemics that affect sexual health or populations affected by HIV/STI/HCV (e.g. mpox). Grantees may direct some of their funding toward syndemic activities and any proposed activities should be defined in the workplan and budget.

**3. Logic Model:**

| <b>Activities</b>            | <b>Short-term and Intermediate Outcomes Goals</b>                          | <b>Long-term outcomes</b>  |
|------------------------------|--|--|
| Increase PrEP access and use | Increase number of individuals prescribed PrEP<br>Streamline PrEP access   | Increase PrEP utilization and acceptability among communities most impacted by HIV |
| Increase PEP access and use  | Increase number of providers able to provide PEP.<br>Streamline PEP access | Reduced number of HIV transmissions  |

Most program activities may take place in a clinical setting such as a community clinic, FQHC, STI clinic or other space that is dedicated to providing healthcare services. However, programs may also propose utilizing mobile units or tele-health to deliver supplemental HIV and STI services including PrEP and PEP. NOTE: Grantees that plan to seek payment through Medicare or other third-party payers must abide by Texas Government Code [Section 531.02161](#) to provide an option for services through telecommunications (i.e. telehealth and tele-PrEP or both).

Community outreach activities are not required as a part of this component, however successful programs will have some way of engaging the community to both market their

services and inform their practices to ensure they meet the needs of the populations they are serving.

Successful programs may also conduct outreach or collaborate with other organizations to support demand creation for biomedical prevention and sexual health. These methods can utilize either face-to-face or online methods such as traditional street/vendor outreach, structural/community-level interventions, collaborations with CBOs and community organizations that work with members of the priority populations.

## **B. Activity 2: Express HIV/STI/HCV Testing Services**

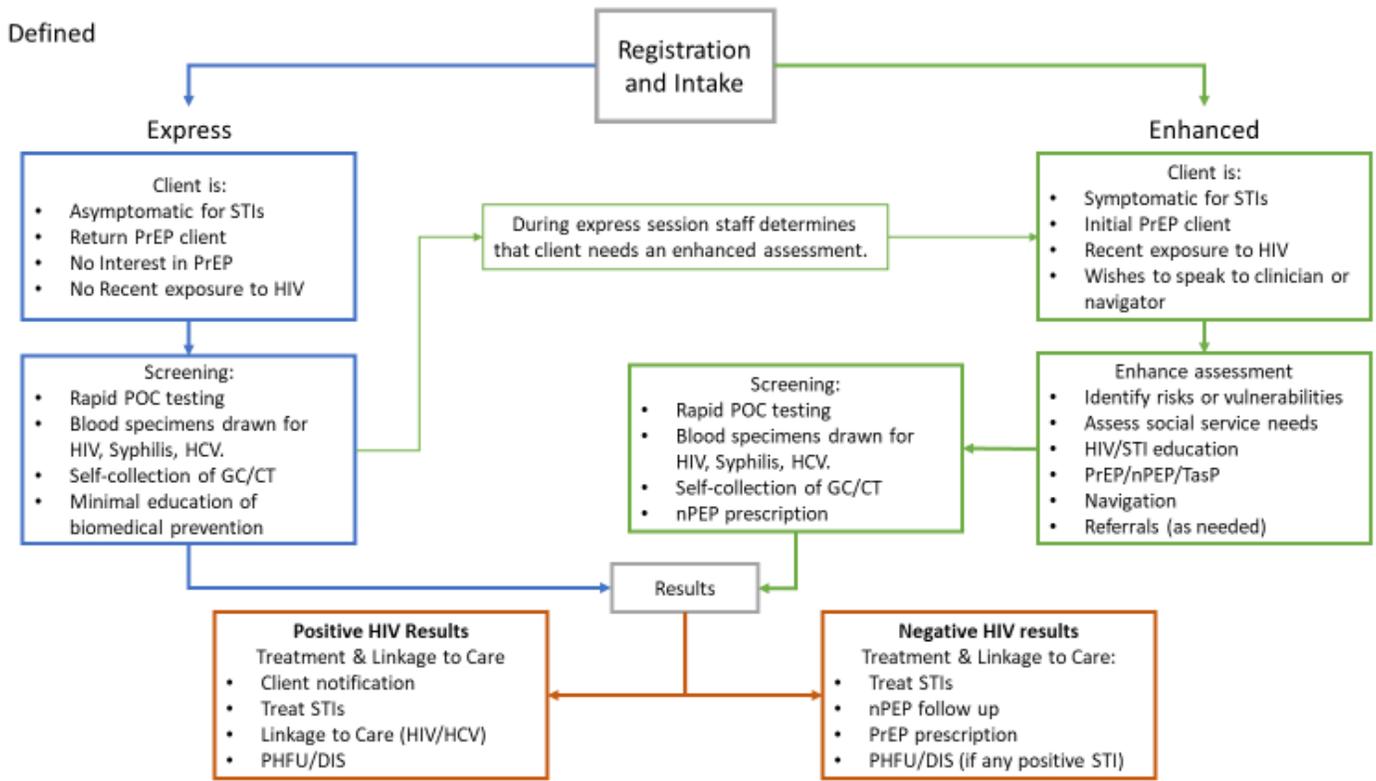
### **1. Objective:**

To reduce administrative barriers to comprehensive HIV/STI/HCV testing services by streamlining intake, testing and treatment procedures.

### **2. Model/Description:**

Grantees implementing this activity shall model their workflows on a status-neutral express service model that reduces administrative barriers to HIV and STI testing. For more information of Express STI service models see, [STI Express Initiative - NACCHO](#). Express service models streamline the testing of HIV and STIs through implementation of triage-based, STI testing without a full clinical examination. This process de-emphasizes risk-reduction counseling and limits enhanced assessments of client risks and vulnerabilities. In an express service model, Grantees may: have clients self-report their recent activity on a form; utilize FDA-approved, CLIA-waived point-of-care testing; and self-collect laboratory specimens for HIV and STIs without a need to speak to a tester, nurse or clinician.

Figure 1 below provides a sample express service workflow that details how an individual may be routed through such a clinical set up.



Ideal clients for express testing may be: asymptomatic; having routine testing for PrEP follow-up; clients who regularly test for HIV/STIs; clients not interested in PrEP; people living with HIV who are already receiving HIV care and treatment; or those not eligible for PEP. These clients would move straight to screening with little need for an enhanced assessment. Some education may be provided in an express testing session but the emphasis is on providing a low-barrier testing option.

Enhanced assessments would only need to be performed in instances that require more conversation and context. Clients who could benefit from an enhanced testing session would be: symptomatic of STIs; interested in starting PrEP; have had a recent exposure to HIV and are eligible for PEP; or who test positive on a point-of-care HIV rapid test. These clients would be routed out of express testing, so that they may speak with a nurse, tester or clinician and receive a more in-depth assessment and linkage to care if applicable.

Clinics may propose their own workflow or adapt the sample workflow in Figure 1 to their own staffing needs and capacity when demonstrating how they will implement express services. In either case, Grantees will need to ensure their workflows account for the timely linkage to care for individuals who are diagnosed with HIV and detail which staff are assigned to the different stages of their workflow.

### 3. Logic Model:

| Activity   | Short-term and Intermediate Outcomes                                       | Long-term Outcomes   |
|--|--|--|
| Increase HIV testing while reducing administrative barriers in clinical settings | Increased HIV testing as part of Sexual health screening                   | Increase number of individuals who know their HIV diagnoses                          |
| Diagnose and link people living with HIV to care                                 | Help people reach viral suppression<br>Increase access to HIV medical care | Decrease new HIV transmission<br>Increase quality of life for people living with HIV |
| Increase STI testing   | Increase number of individuals who know their STI diagnoses                | Reduce number of asymptomatic transmission   |
| Encourage habitual HIV/STI comprehensive testing for asymptomatic individuals    | Maintain healthy sexual health   | Reduce HIV/STI transmissions   |
| Link persons diagnosed with STIs to treatment.                                   | Increase number of individuals who receive treatment for STIs              | Decrease new infections  |

### 4. Staffing Considerations:

Community health settings that implement Clinical HIV/STI prevention services should indicate which staff will be funded full-time, part-time and which will provide services in-kind, utilizing other funding sources. Successful programs typically have the following examples of staff implementing HIV/STI prevention services. Programs are not limited to the following types of staff:

- a. **Program Manager/Clinical Administrator:** Provides oversight of program and ensures collaboration across other aligned activities within the organization.
- b. **PrEP Specialist/Navigator:** Often a peer who aids clients and facilitates scheduling, insurance enrollment, benefits enrollment, follow-up scheduling and adherence/persistence education.
- c. **Medical Assistant/Phlebotomist/Tester/Nurses:** Clinically trained and certified staff who generally perform the day-to-day tasks inherent in the screening, diagnosis, and treatment of HIV, STIs and HCV.
- d. **Clinician/Physician:** An individual with the authority to prescribe PrEP, PEP and STI treatment in the case of diagnosis. These services should be at minimum coupled with other supportive PrEP services and cannot exceed .75 FTE. The .75 FTE includes both clinical and non-

clinical activities a clinician may perform as a result of providing PrEP.

## 5. Program Income and Sustainability:

**Program income:** Income earned by an organization from a support activity generated by or earned from an award during the performance period.

DSHS receives federal grant funds through the Centers for Disease Control and Prevention (CDC) and state general revenue funds to provide HIV-related prevention and support services to low-income residents of Texas. Federal and state laws and policies require that Texas DSHS funds be used as payer of last resort (PoLR). These funds may not be used for any item or service for which payment has been made or can be expected to be made by any other payer or other funding source. Other payers or funding sources include public or private health insurance coverage including Medicaid, Medicare, CHIP, Marketplace and employer-based health insurance and program income. Grantees who implement this activity may be collecting additional funds because of their activities, this may include administrative service fees, third-party billing, and recouping prescription savings via participation in HRSA's 340b program.

Program income generated through this component is considered additive and must be used for activities that enhance current services or further the goals outlined in this grant. Program income must be used in the grant year in which it is received. Any program income earned in one grant year must be expended before usage of DSHS funds awarded for the next grant year. This Contract may be used to purchase or making pharmaceutical co-pays/co-insurance payments; purchasing PrEP and PEP medications to assist clients who do not qualify for available patient assistance, medication assistance or other resources for PrEP medications; laboratory fees for needed diagnostics associated with biomedical HIV prevention with **prior written authorization** from DSHS.

Program income may be used for the following but is not limited to purchasing or making pharmaceutical co-pays/co-insurance payments; purchasing PrEP and PEP medications to assist clients who do not qualify for available patient assistance, medication assistance or other resources for PrEP medications; laboratory fees for needed diagnostics associated with biomedical HIV prevention. Program income expenses do not require prior authorization from DSHS.

Programs are encouraged to utilize other funding sources, grants, or program income to expand or sustain services without relying solely on DSHS funding. DSHS grant funds are payor of last resort and grantees should exhaust all available funds (e.g. 340b Program Income) before using grant funds. Grantees may utilize this program income to implement activities within the grant year that enhance current services and further the goals of this activity. Program income must be reported according the DSHS policy: [LIDS 2021.001 Program Income | Texas DSHS](#). Program income procedures and training will be provided to awardees prior to contract start.

## 2.6 PROGRAM REQUIREMENTS

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.

- A. Grantee must deliver HIV/STI prevention and sexual health services in accordance with the most current standards and guidelines. These services include conducting initial and follow-up laboratory testing and prescribing medications. The staff providing clinical services must be appropriately supervised. Clinical standards and guidelines grantees must follow are listed below:
  1. Clinical STI prevention and treatment should be provided in accordance with the most current [CDC Sexually Transmitted Disease Guidelines](#) as well as [POPS Chapter 12 - STI Clinical Standards | Texas DSHS](#) and [POPS Chapter 4 HIV Testing in STD Clinics](#).
  2. PrEP services should be provided in accordance with the most current [CDC Clinical Practice Guidelines for Pre-Exposure Prophylaxis](#).
  3. Grantees must provide PEP clinical services in accordance with [CDC Guidelines for Antiretroviral Postexposure Prophylaxis after Sexual, Injection Drug Use, or other Nonoccupational Exposure to HIV](#). If Grantee cannot provide clinical PEP services, they should have a referral MOU to a local PEP provider or request a waiver for this specific requirement. The MOU shall be made available to System Agency upon request.
- B. Grantee must assess client needs for HIV prevention, medical services, and social services by examining social and ecological factors that increase vulnerability to HIV, including but not limited to stability of housing, substance abuse use, and mental health issues such as depression and trauma. Grantee must maintain referral agreements with providers of the services that are most likely to be needed by the priority population, including but not limited to unmet medical or prevention needs.
- C. Minimum clinical services grantees should provide as part of this activity will be outlined in Program Operating Procedures and Standards. Additional services are recommended but optional based on grantee's infrastructure, staffing, etc.
- D. Grantee must develop patient care protocols, policies, and procedures for both express HIV/STI/HCV testing services and biomedical HIV prevention. Workflows and protocols should describe client eligibility for express testing and rerouting procedures for clients who require enhanced assessment. Policies should include a training plan and pharmacy plan for storage of STI treatments, PrEP medications, PEP medications, as applicable.

- E. Grantees should be willing to share protocols, policies and procedures with other stakeholders and providers, as requested by DSHS.
- F. Program staff must track clients who have completed their PEP regimen, document any barriers to completing PEP and how they will be linked to PrEP services, as appropriate.
- G. Incorporate condom promotion, education, and ensure condoms are accessible and available wherever clinical services are conducted.
- H. If Grantee purchases PrEP and PEP medications with this award, Grantee must specify this in the workplan and budget. Grantee must develop policies and procedures defining eligibility for medications purchased with DSHS funds.
- I. If Grantee uses direct DSHS funds to assist clients in paying for health insurance co-pays, co-insurance and premiums they must specify this in the workplan and budget. Programs must develop and provide policies that will determine eligibility for clients to receive this assistance.
- J. Grantee shall provide culturally relevant and competent care to members of priority populations and ensure that all members of groups vulnerable to HIV have access to biomedical prevention and comprehensive sexual health care that meets their unique needs and challenges.
- K. Grantee may provide services to more than one HSDA (e.g., telehealth) but must be physically located in at least one of those HSDAs.
- L. Grantee will ensure clients have access to basic education on biomedical HIV prevention options: oral PrEP, injectable PrEP, treatment as prevention (TasP) and PEP.
- M. Grantee must ensure sustainability of the Clinical HIV/STI program without depending solely on DSHS funding. Grantee shall develop plans to secure third-party reimbursement for screening or treatment or both for STIs and biomedical HIV prevention. Plans should summarize the third-party payment coverage or use of other program income and funds to comply with DSHS policy [590.001 DSHS Funds as Payment of Last Resort | Texas DSHS](#).
- N. Grantee will ensure that clinicians maintain their licensures in accordance with their pertinent licensing boards.
- O. Grantee shall provide details of recommended and required training for all staff funded for this activity. DSHS may require additional training based on specific activities. Programs must have at least one physical location within the HSDA(s) they are proposing to conduct services. Grantees must have the ability to take

general walk-in clients and be able to prioritize time-sensitive HIV and STI services for clients in need of PEP or clients displaying symptoms of acute infection. In addition to walk-in services, appointment-based scheduling is allowed.

- P. Grantees must have, at minimum, 2 years of experience providing clinical services. Grantees who already have experience providing biomedical HIV prevention, serving priority populations, and providing STI testing, and treatment should note this in their application.
- Q. Grantee will provide navigation to wrap around services to increase the likelihood that clients will use PrEP and/or PEP effectively and safely. Examples of wrap around services include: client intake and education; helping clients access medications; making referrals for needed health and social services; working with clients to boost adherence to treatment instructions; and providing prevention counseling and access to condoms, as outlined in federal guidelines.
- R. Grantee will implement supportive services and activities using patient flows and staff roles that best serve clients and best fit their organizational structure and staffing. Workflows should prioritize timely delivery of HIV/STI prevention services according to standards and guidelines set forth by the CDC and other leading public health agencies.
- S. Grantee must ensure staff will work with clients to promote adherence to treatment instructions. Grantee should consult federal guidelines referenced above for recommendations on adherence counseling. Grantee must ensure clients are reminded of service appointments and how the program will follow up with clients who have missed appointments. This follow-up may occur through telephone calls, emails, or SMS text messages. Grantee must have written policy and procedures for client notification.
- T. Grantee should ensure that staff aid with obtaining treatment medications. Staff must understand how pharmacy benefits are typically structured in public and private insurance plans and can assist clients with accessing them. If clients are uninsured, staff must aid with applying for medical assistance programs or patient assistance programs offered by drug manufacturers. Staff should screen uninsured clients for eligibility for public insurance or assist with enrollment into insurance marketplace plans during periods of open enrollment. Programs may also refer clients to qualified organizations that can assist them in eligibility determination and plan selection or be assisted by program staff who are appropriately trained to do so. Staff may assist clients in accessing medications for other acute or chronic conditions, but this is not required.

## **2.7 ADMINISTRATIVE REQUIREMENTS**

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

- A. Comply with all applicable state and federal policies, standards, and guidelines, including, but not limited to:
1. DSHS HIV and STI Program Operating Procedures and Standards (POPS), including any revision, located at <https://dshs.texas.gov/hivstd/pops>;
  2. DSHS Policy Guidelines for Self-Collection and HIV Self-Testing Kits, including any revisions, located at <https://www.dshs.texas.gov/hivstd/>;
  3. Any letters or memos with additional directions and policies issued by DSHS; and
  4. Comply with all applicable federal and state regulations and statutes, including but not limited to:
    - a. [Chapters 81](#) and [85](#) of the Texas Health and Safety Code;
    - b. [Chapter 94](#) of the Texas Health and Safety Code (related to education and prevention programs for hepatitis C);
    - c. Title 25 of the Texas Administrative Code (TAC), [Chapters 97](#) and [98](#), Subchapter C;
    - d. Texas Government Code [Section 531.02161](#) (related to delivery of an in-person service, requiring an option of that service via telecommunications or using information technology);
    - e. HIV/STI Program and HIV/STI Unit policies and procedures, including but not limited to DSHS [Policy 530.002](#) (related to prohibiting discrimination in program services), the [Program Operating Procedures and Standards](#), and the [HIV Prevention Program Reports and Forms](#), including applicable state law and rules, program policies, and any reporting requirements associated with all funding activities; and
    - f. [DSHS Policy 2013.02](#) (related to implementing testing processes).
- B. Ensure activities begin no later than 90 days following the Contract start date.
- C. Incorporate condom promotion, education, and distribution into all program activities.
- D. Establish, build, or maintain collaboration agreements (e.g., MOUs, memoranda of understanding, service agreements) with other community-based organizations and medical providers to ensure the delivery of comprehensive services across the care continuum. Ensure that agreements with organizations center on services that serve eligible priority populations. Ensure that agreements are available to System Agency upon request.

- E. Create a model for continuous community feedback, input, and engagement, such as a community advisory board, to assist with programmatic decision-making.
- F. Participate in state and local HIV planning and evaluation activities and in local efforts to coordinate HIV prevention and treatment services. Grantee must use community assessments to evaluate and improve recruitment, outreach, and condom distribution strategies and tailor education and recruitment efforts to the priority populations they intend to serve.
- G. Develop and implement campaigns and resources to provide education about comprehensive sexual health (e.g., HIV-related stigma, HIV vulnerability, and options for prevention such as PrEP and PEP, testing, care, and treatment). Campaigns may include online and social media activities. Grantee should monitor and keep track of web analytics describing service-related posts on different media platforms. These should be available to DSHS upon request for monitoring purposes.
- H. Submit literature or materials Grantee plans to use in prevention activities funded by DSHS for review and approval by a locally constituted review panel that meets DSHS requirements found at <https://www.dshs.texas.gov/hivstd/info/pmrp.shtm>. Grantee must ensure that DSHS verifies and approves the content in publications partially or fully funded by this award, and that the grantee acknowledges DSHS.
- I. Deliver all services in a culturally responsive and sensitive manner, taking low health literacy into account, using the [National Standards for Culturally and Linguistically Appropriate Services \(CLAS\)](#) in Health and Health Care. Grantee must implement strategies to ensure that the program is culturally, linguistically, and educationally appropriate to meet the needs of the priority population(s) and that program staff have strong socio-cultural identification with the priority populations.
- J. Work cooperatively with DSHS, as may be reasonably requested, to participate in special projects, public health initiatives, and activities to raise awareness of innovative HIV prevention practices to meet the goals of the [Texas HIV Plan](#) at [Texas DSHS HIV/STD Program - HIV and STD Planning](#).
- K. Ensure that funds supplement and do not duplicate existing prevention activities in the applicant's service delivery area.

## **2.8 PROGRAM DATA REPORTING, SECURITY, AND CONFIDENTIALITY REQUIREMENTS:**

DSHS may make alterations to reporting systems and requirements or require the use of new reporting systems or collection methods at its sole discretion. In the event of such a change, DSHS will notify the grantee at least thirty (30) days in advance of the changed requirements, except in cases where the system in use suffers technical failure. DSHS will consider information submitted through the DSHS systems as the performance data of record in evaluating the attainment of goals and programmatic performance.

Grantee must safeguard all confidential information accessed in the performance of this contract in compliance with all applicable federal and state privacy, security, and breach notification laws and regulations, including without limitation the terms set forth in **Exhibit C – HHS Data Use Agreement**.

Grantee may include any data it obtains as a result of activities performed under this Contract in a report to a party other than DSHS, provided Grantee acknowledges DSHS in the report and that Grantee aggregates the data in such a way to not identify any individual or personally identifiable information. Grantee may not use data for research purposes by themselves or any other party without the prior written approval of DSHS' Institutional Review Board and pre-approval by the DSHS Program. Grantee may not share electronic data sets with other parties without the advance written approval of DSHS.

In addition to the data privacy and security requirements set forth in **Exhibit C – HHS Data Use Agreement**, Grantee must comply with all the following:

- A. The requirements for prevention data collection, submission, and quality assurance found in the DSHS data work plan located on the DSHS data resource website page at <https://www.dshs.texas.gov/hivstd/prevdata/>.
- B. The following DSHS policies and procedures:
  1. 2016.01 - TB/HIV/STI Section Confidential Information Security Procedures: <https://www.dshs.texas.gov/hivstd/policy/procedures/2016-01.shtm>
  2. 2012.01 - TB/HIV/STI Section Overall Responsible Party for TB/HIV/STI Surveillance Data: <https://www.dshs.texas.gov/hivstd/policy/policies/2012-01.shtm>
  3. 2011.01 - TB/HIV/STI Section Confidential Information Security: <https://www.dshs.texas.gov/hivstd/policy/policies/2011-01.shtm>
  4. 2011.04 - TB/HIV/STI Section Breach of Confidentiality Response: <https://www.dshs.texas.gov/hivstd/policy/policies/2011-04.shtm>
  5. 302.001 - Release of TB/HIV/AIDS and STI Data: <https://www.dshs.texas.gov/hivstd/policy/policies/302-001.shtm>
- C. Create policies and procedures to comply with the following:
  1. [DSHS Local Responsible Party Handbook](#)
  2. [DSHS TB/HIV/STD Bi-Annual LRP Security Assessment](#)
- D. Submit data on program activities and Client contacts via the systems, in the formats, and by the submission deadlines specified by System Agency. System Agency, at its sole discretion, may change the program reporting requirements or formats during the Project Period based on program evaluation or reporting needs.

- E. Ensure that all data submitted to System Agency is complete and accurate. Grantee shall conduct data quality assurance prior to monthly and quarterly submissions, following quality performance guidelines. Grantee shall document data quality assurance activities and make them available for review by System Agency upon request.
- F. Implement policies and procedures for the use of data in a secure manner that protects client privacy and prevents unauthorized access to and use of program data.
- G. Require every member of Grantee's staff and volunteers to sign an agreement pledging to abide by the grantee's data security policies and procedures. Grantee shall maintain these written agreements and make them available to System Agency upon request.
- H. Immediately report breaches of confidentiality involving the program data reporting systems to DSHS and fully assist DSHS in any investigation resulting from such a breach.
- I. Comply with all requests by DSHS to inspect, or require copies of, any of the documentation referenced herein at any time, and comply with such requests in a timely manner. All documentation under this Contract will be readily available for inspection by DSHS staff during site visits.

## **2.9 QUALITY MANAGEMENT AND ASSURANCE ACTIVITIES**

- A. Maintain written monitoring and evaluation records of all staff involved in program activities, including those of any subgrantees. System Agency may specify which evaluation and monitoring tools to use. Information related to quality assurance activities, along with any other documentation associated with activities under any Grant Agreement awarded as a result of this RFA, is subject to review by the DSHS Program during program reviews and at any other time deemed necessary by System Agency.
- B. On an annual basis, develop an assessment tool and solicit feedback (e.g., Client surveys) from Clients served and create a summary of the Client feedback for each program component. The feedback assessment tool and feedback summary shall be available for review by DSHS Program during site visits.
- C. Use collected data, together with input from Clients and stakeholders, to improve services and ensure they meet the intended outcomes and emerging needs of the Priority Populations.
- D. Designate and train staff to be responsible for quality assurance activities, including ensuring accurate and consistent data collection and reporting.

- E. Follow the appropriate [DSHS POPS](#) by funding activity for quality assurance requirements.

Additionally, if the Grantee enters into any Agreement(s) with a subgrantee:

- A. Grantee shall be entirely responsible to System Agency for the performance of the subgrantee; and
- B. Grantee shall adequately monitor the implementation of interventions and other grant-funded activities including, but not limited to, the efficient and effective use of resources by the subgrantee(s), the capacity and performance of subgrantee staff, and ensure the subgrantee is properly collecting and reporting data. System Agency, at its sole discretion, may monitor the subgrantees’ activities and conduct periodic site visits with prior notification to Grantee.
- C. Grantee shall maintain expertise in any subcontracted Project content, protocols, and methods, and provide technical assistance to subgrantee staff, as needed.
- D. Grantee shall individually, and with relevant subgrantee(s), cooperate with System Agency policies to address all concerns or problems identified during any Grant Agreement awarded as a result of this RFA.

**2.10 TRAINING REQUIREMENTS**

- A. Authorize and require staff (including volunteers) to attend training, conferences, and meetings as directed by DSHS.
- B. Appropriately budget funds to meet training requirements in a timely manner and ensure staff and volunteers are trained as specified in the training requirements listed at <https://www.dshs.texas.gov/hivstd/training/> and as otherwise specified by DSHS. The grantee shall document that these training requirements are met.
- C. Follow the appropriate [DSHS POPS](#) by funding activity for training and observation requirements.

**2.11 REQUIRED REPORTS**

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:

| REPORT                  | REPORTING PERIOD                | DUE DATE      |
|-------------------------|---------------------------------|---------------|
| LRP Security Assessment | January 1, 2025 – June 30, 2025 | July 15, 2025 |

|                         |                                     |                   |
|-------------------------|-------------------------------------|-------------------|
| Financial Status Report | January 1, 2025 – June 30, 2025     | July 31, 2025     |
| LRP Security Assessment | July 1, 2025 - December 31, 2025    | January 15, 2026  |
| Financial Status Report | July 1, 2025 – December 31, 2025    | February 15, 2026 |
| Annual Progress Report  | January 1, 2025 – December 31, 2025 | February 15, 2026 |

*\*All reporting due dates are subject to change based on CDC and DSHS reporting requirements.*

The Grantee shall submit the above-referenced reports to [hivstreport.tech@dshs.texas.gov](mailto:hivstreport.tech@dshs.texas.gov), with a copy to the designated DSHS Prevention Program Consultant.

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

## 2.12 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 the 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 outlined in **Form E: Performance Measures and Standards**, regarding all requirements, including reports and other deliverables and will be expected to report annually or as additionally required adjustments are made on the following measures:

## Program Monitoring, Progress Reporting, and Performance Measures

- A. Grantee must provide a Work Plan, **Form F: Work Plan and Form F-1 Clinical and Client Support Services**, that demonstrates how the recipient will fulfill the requirements described in the DSHS POPS and RFA. DSHS may require recipients to submit a more detailed Work Plan within the first six months of the award. DSHS will offer supplemental guidance at the time of funding and work with funded programs during the first six months of funding to facilitate developing the Work Plan.
- B. Grantee (and each subgrantee or volunteer, if applicable) shall cooperate with direct monitoring by DSHS. DSHS will conduct monitoring via on-site or virtual visits and may or may not announce the visits. This monitoring may consist of the review of records and reports, interviews with staff, required forms, educational materials, and other materials pertaining to this project, including testing documents (if applicable).
- C. Grantee must submit required annual progress reports in a format approved by DSHS and by deadlines given by DSHS that include a cumulative data summary of its compliance with the performance measures for the appropriate activities detailed on **Forms F, F-1**, the work plan and a detailed response to all items listed in the report.
- D. Grantee must provide the above-referenced reports to [hivstdreport.tech@dshs.texas.gov](mailto:hivstdreport.tech@dshs.texas.gov), with a copy to the designated DSHS Prevention Program Consultant. DSHS will regularly assess the performance of Grantee, including but not limited to compliance with program policies and procedures referenced herein, attainment of performance measures, maintenance of adequate staff, and submission of required data and narrative reports. Failure to comply with stated requirements and contractual conditions will constitute a breach of contract.

If requested by DSHS, 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, 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.

### 2.13 FINANCIAL STATUS REPORTS (FSRs)

Except as otherwise provided, Grantee shall submit semi-annual FSRs to System Agency by the last business day of the month following the end of the first six (6) month period and forty-five (45) days following the end of the second six (6) month period for System Agency review and financial assessment. Through submission of a FSR, Grantee certifies that:

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

## 2.14 INVOICE AND PAYMENT

Grantee shall submit invoices monthly, on the 30th day of the following month, or next business day if the 30th day falls on a weekend or holiday, to prevent delays in processing a subsequent month's invoicing. System Agency requires Grantee to submit, on a timely basis, a "zero" dollar invoice for a month in which it did not incur expenses. Grantee shall email invoices and System Agency provided voucher support documentation to [invoices@dshs.texas.gov](mailto:invoices@dshs.texas.gov) and [cmsinvoices@dshs.texas.gov](mailto:cmsinvoices@dshs.texas.gov) simultaneously. Invoices received after the 30th of the month, or the next business day, are subject to denial of payment.

System Agency reserves the right, where allowed by legal authority, to redirect funds in the event of financial shortfalls. System Agency Program will monitor Grantee's expenditures on a quarterly basis. If expenditures are below the amount in Grantee's total grant award, Grantee's Budget may be subject to a decrease for the remainder of the Grant Agreement term. Vacant positions existing after ninety (90) days may result in a decrease in funds.

## 2.15 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 forty-five (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.

## 2.16 DATA USE AGREEMENT

By submitting an Application in response to this RFA, Applicant agrees to be bound by the terms of **Exhibit C or C-1, Data Use Agreement (DUA)**, including but not limited to the terms and conditions regarding **Exhibit C-2, Data Use Agreement - Attachment 2 Security and Privacy Inquiry (SPI)**, attached to this RFA.

## 2.17 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) Sections 556.004, 556.005, and 556.006, Texas Government Code; and
- (3) Sections 2113.012 and 2113.101, Texas Government Code.

(b) In this section, "unit of local government" means:

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

## Article III. Applicant Eligibility Requirements

### **3.1 LEGAL AUTHORITY TO APPLY**

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

Each applicant may only submit one (1) Grant Application.

### **3.2 APPLICATION SCREENING REQUIREMENTS**

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

- A. Be a governmental entity, a non-governmental entity, a nonprofit organization, a for-profit entity or an association. Individuals are not eligible to apply.
- B. Be able to provide services in the eligible counties or HSDAs that they propose to serve and must have a physical location that they propose to serve in one of the HSDAs.

To be considered for award, Applicants must execute **Exhibit A, HHS Solicitation Affirmations v. 2.4**, and provide all other required information and documentation set forth in this Solicitation. This RFA contains the requirements that all Applicants shall meet to be considered for award. Failure to comply with these requirements may result in disqualification of the Applicant without further consideration. Each Applicant is solely responsible for the preparation and submission of an Application in accordance with instructions contained in this RFA.

### **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.
- F. Applicant cannot have a staff member, including the executive director, serve as a voting member on the employer's governing body.

### **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.

## Article IV. Project Period and Grant Term

### **4.1 PROJECT PERIOD**

The Project Period is anticipated to be **January 1, 2025**, through **December 31, 2025** with up to four (1) one-year renewals. Reimbursement will only be made for those allowable expenses that occur within the term of the grant.

**Extension of Project Period:** The System Agency may, at its sole discretion, extend the Project Period for up to one (1) year to allow for the full expenditure of awarded funding and completion of Grant activities.

### **4.2 GRANT TERM**

The System Agency may, at its sole discretion, extend the grant term for any period(s) of time through Grant Agreement extensions or renewals with funded Project Periods, provided the grant term, including all extensions or renewals, does not exceed five (5) years.

### **4.3 PROJECT CLOSEOUT**

The System Agency will programmatically and financially close the grant award and end the Grant Agreement when the 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 the System Agency.

## Article V. Grant Funding and Reimbursement Information

### **5.1 GRANT FUNDING SOURCE AND AVAILABLE FUNDING**

The anticipated total amount of State/federal funding available for the HIV Prevention Services grant program is **\$8,400,000.00** for the entire Project Period. It is System Agency's intention to make multiple awards to Applicants that successfully demonstrate the ability to engage individuals and communities most vulnerable to HIV and provide HIV Prevention Services.

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 Budget 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.

All awards are subject to the availability of appropriated State funds and any modifications or additional requirements that may be imposed by law.

Funding will be divided across the three activities as shown in Table 2 below. For each activity, the System Agency has estimated the number of awards to be made in each eligible area and has set award caps. The typical awards noted below should not be considered minimum awards. Applicants must make reasonable estimates of the costs of their proposed programs when creating their Budget. The System Agency reserves the right to change the funding allocations based on the quality and number of Applications for each activity or the availability of funds.

**Table 2: Anticipated Levels of Funding for twelve (12) months for the RFA**

| Anticipated Funding Awards  | Typical Award | Award Cap |
|---|---------------|-----------|
| Area 1: Houston; Dallas; San Antonio; Austin; Fort Worth; El Paso HSDA<br><br>Anticipated number of awards: 8   | \$500,000     | \$600,000 |
| Area 2: Brownsville; Tyler; Galveston; Beaumont-Port Arthur; Temple-Killeen; Corpus Christi; Midland-Odessa HSDA<br><br>Anticipated number of awards: 4 | \$400,000     | \$500,000 |
| Area 3: Waco; Amarillo; Laredo; Lubbock; Lufkin; Bryan-College Station; Texarkana HSDA<br><br>Anticipated number of awards: 4                           | \$350,000     | \$400,000 |

The System Agency reserves the right to reallocate funding awards between HIV Prevention service categories.

**Note:** Awards for providers in the Houston HSDA will be limited as this HSDA receives direct federal funding. If Applicant is currently receiving federal funds for HIV prevention from the City of Houston, it is not eligible to receive grant funding under this RFA.

Funding awarded will be based on the merit and scope of the Application, HIV, STD, and HCV morbidity, HIV Service Delivery coverage area, and the availability of grant funding and is at the sole discretion of System Agency. Additional funding may become available during the five (5) year Project Period. System Agency, at its sole discretion, may reallocate grant funding between activities and eligible service areas.

**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 activities and should maintain sustainability plans in case of discontinued grant funding. Any additional funding or future funding may require submission of a new Application through a subsequent RFA.

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

### **5.3 GRANT FUNDING PROHIBITIONS**

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

- A. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
- B. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- C. Lobbying or advocacy activities with respect to legislation or to administrative changes to regulations or administrative policy (cf. 18 U.S.C. § 1913), whether conducted directly or indirectly;
- D. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- E. Vehicles for general agency use; to be allowable, vehicles must have a specific use related to Project objectives or activities;
- F. Entertainment, amusement, or social activities and any associated costs including but not limited to admission fees or tickets to any amusement park, recreational activity or sporting event unless such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
- G. Costs of promotional items, and memorabilia, including models, gifts, and souvenirs 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;
- H. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel, where pre-approved for working events, or where such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
- I. Membership dues for individuals;
- J. Any expense or service that is readily available at no cost to the Grant Project;
- K. Any activities related to fundraising;
- L. Equipment and other capital expenditures such as capital improvements, property losses and expenses, real estate purchases, mortgage payments, remodeling, the

acquisition or construction of facilities, or other items that are unallowable pursuant to 2 CFR § 200.439;

M. Any other prohibition imposed by federal, State, or local law; and

N. Other unallowable costs as listed under TxGMS, Appendix 7, Selected Items of Cost Supplement Chart and/or 2 CFR 200, Subpart E – Cost Principles, General Provisions for Selected Items of Cost, where applicable.

#### **5.4 MATCHING FUNDS**

Matching funds are not required under this grant program.

Refer to Title 2 CFR 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards and TxGMS issued by the Texas Comptroller of Public Accounts for additional Match information and requirements.

#### **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 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 or quarterly basis, or whatever is appropriate to the grant] and supported by adequate documentation. No additional payments will be rendered unless an advanced payment is approved.

## Article VI. Application Forms and Exhibits for Submission

**Note:** Applicants must refer to **Article 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, Organizational Capacity** through **I, Internal Controls Questionnaire**, attached to this RFA, Applicants shall provide an executive summary and describe their proposed activities, processes, and methodologies to satisfy all objectives described in **Article II, Scope of Grant Project**. 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.

Applicants must submit the necessary information and documentation required in **Form E, Performance Measures and Standards**, related to all requirements, including reports and Deliverables. Applicants are required to submit annual reports or as required by System Agency.

Applicants must submit the necessary information and documentation required in **Form F, Work Plan** and **Form F-1, Clinical and Client Support Services**; that demonstrates how Applicant will fulfill the requirements described in the DSHS POPS and this RFA. System Agency may require Applicant submit a more detailed Work Plan within the first six (6) months of any Grant Agreement resulting from this RFA. System Agency will provide guidance at the time of Grant Award and work with Grantee during the first six (6) months of funding to facilitate development of the Work Plan.

### **6.2 REQUESTED BUDGET**

Attached **Form G, Requested Budget Template**, of this RFA is the template for submitting the requested Budget. Applicants must develop two requested Budgets to support their Proposed Project and in alignment with the requirements described in this RFA Project Period.

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 § 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, **Form G, Requested Budget Template**, and identify all Budget line items. Budget categories must be broken out into specific Budget line items that allow the 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. For Personnel costs, Applicants must only include staff from up to two levels of supervision/management.

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

**Submission of Form G, Requested Budget Template, is mandatory. Applicants that fail to submit the requested Budget 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, Indirect Cost Rate Questionnaire**, with required supporting documentation. The questionnaire initiates the acknowledgment or approval of an ICR for use with the System Agency cost-reimbursable Grant Agreements. Entities declining the use of Indirect Cost cannot recover Indirect Costs on any System Agency award or use unrecovered Indirect Costs as Match.

HHS typically accepts the following approved ICRs:

- A. Federally Approved Indirect Cost Rate Agreement
- B. State of Texas Approved Indirect Cost Rate

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

If the Applicant does not have an approved ICR agreement, the Applicant may be eligible for the ten percent (10%) 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 thirty (30) business days or the request will be cancelled, and Indirect Costs may be disallowed.

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

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

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

#### **6.4 ADMINISTRATIVE APPLICANT INFORMATION**

Using **Forms A, Applicant Information Page** through **B-2, Nonprofit or Forprofit Entity-Board of Directors and Principal Officers (if applicable)** 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.

If Grantee, prior to responding to an RFA, had committed to provide funding for activities defined in the Grant's statement of work, then Grantee must provide the amount of funding previously committed in addition to the amount requested under this RFA.

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

In addition, Applicant must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Applicant or in which Applicant has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Applicant. See **Exhibit A, HHS Solicitation Affirmations v. 2.4**. 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.

Grantees must submit the necessary information and documentation outlined in **Form E: Performance Measures and Standards**, regarding all requirements, including reports and other deliverables and will be expected to report annually or as additionally required adjustments are made on the following measures:

Grantee must provide a Work Plan, **Form F: Work Plan** and **Form F-1 Clinical and Client Support Services**, that demonstrates how the recipient will fulfill the requirements described in the DSHS POPS and RFA. The System Agency may require recipients to submit a more detailed Work Plan within the first six months of the award. The System Agency will offer supplemental guidance at the time of funding and work with funded programs during the first six months of funding to facilitate developing the Work Plan.

Article VII. RFA Administrative Information and Inquiries

**7.1 SCHEDULE OF EVENTS**

| <b>EVENT</b>   | <b>DATE/TIME</b>                                   |
|--|--|
| Funding Announcement Posting Date<br><br>Posted to HHS Grants RFA and/or Texas eGrants websites  | November 9, 2023                                   |
| Applicant Conference<br><br>Attendance is optional but highly recommended  | November 17, 2023 at 10:30 a.m. Central Time       |
| Deadline for Submitting Questions or Requests for Clarification  | December 1, 2023 at 5 p.m. Central Time            |
| Date Answers to Questions or Requests for Clarification Posted   | On or after December 15, 2023                      |
| <b>Deadline for Submission of Applications</b><br><br><b>NOTE: Applications must be <u>RECEIVED</u> by HHSC by this deadline if not changed by subsequent Addenda to be considered eligible.</b> | <b>January 31, 2024 by 10:30 a.m. Central Time</b> |
| Anticipated Notice of Award  | August 2024  |
| Anticipated Project Start Date   | January 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 and/or the System Agency reserve the right to change these dates at any time. At the sole discretion of HHSC and/or the System Agency, 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 [website](#). Each Applicant is responsible for checking the HHS Grants RFA website and Procurement Forecast for updates.

## 7.2 SOLE POINT OF CONTACT

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

**Name:** Julia Solis

**Title:** Grant Specialist, HHSC Procurement and Contracting Services

**Address:** HHSC Procurement and Contracting Services (PCS)  
1100 West 49th Street; Mail Code 2020  
Building S, Austin, TX 78756

**Email:** [Julia.Solis@hhs.texas.gov](mailto:Julia.Solis@hhs.texas.gov)

**Applicants shall not use this e-mail address for submission of an Application. Follow the instructions for submission as outlined in Article 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; and
- 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 this Section 7.1, Schedule of Events, or as may be amended in Addenda, if any, posted to the HHS Grants RFA website.**

**HHSC or, as applicable, the System Agency 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:

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

- B. Must not contest the interpretation by the HHSC or, as applicable, the System Agency of such provision(s); and
- C. Must 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, as applicable, the System Agency 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 or, as applicable, the System Agency reserves the right to change, amend, modify or cancel this RFA. All changes, amendments and modifications or cancellation will be posted by Addendum on the HHS Grants RFA website.

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

## **7.7 EXCEPTIONS 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 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 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 seventy-two (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.

### **WEBINAR INFORMATION:**

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

<https://attendee.gotowebinar.com/register/8180482394414932318>.

### **Webinar Instructions:**

1. 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; and
  - d. Job title of attendee/registrant.

## Article 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 or, as applicable, the System Agency 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

- A. 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, email) will not be considered and will be disqualified.
- B. **Submission Option #1 HHS Online Bid Room:** Applicants must 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 G, 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**, in a Portable Document Format (“.pdf”) file.

**C. Submission Option #2 Sealed Package with USB Drives:** Applicants must 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, G 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. 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.”

Applicant must deliver Applications submitted via USB by one of the methods below.

| <b>Overnight/Express/Priority Mail</b>  | <b>Hand Delivery</b>  |
|---|---|
| Health and Human Services<br>Commission<br>ATTN: Response Coordinator<br>Tower Building, Room 108<br>1100 W. 49th St., MC 2020<br>Austin, Texas 78756 | Health and Human Services<br>Commission<br>ATTN: Response Coordinator<br>Procurement & Contracting Services<br>Building<br>1100 W. 49th St., MC 2020<br>Austin, Texas 78756 |

Sealed packages must be clearly labeled with the following:

|  |   |
|--|---|
| <b>RFA No:</b>                                 | HHS0013483                                  |
| <b>RFA TITLE</b>                               | HHS0013483                                  |
| <b>DEADLINE FOR SUBMISSION OF APPLICATIONS</b> | January 31, 2024 by 10:30 a.m. Central Time |
| <b>SOLE POINT OF CONTACT’S NAME:</b>           | Julia Solis                                 |

|                          |  |
|--------------------------|--|
| <b>APPLICANT'S NAME:</b> | HIV Clinical HIV/STI<br>Prevention in<br>Community Health<br>Centers |
|--------------------------|--|

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 overnight or express mail, or hand delivery to the addresses above. No HHS agency will be responsible or liable for any damage.

#### 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 Application; and
- E. Include signature of Applicant's authorized representative on all exhibits and forms requiring a signature. Copies of the Application documents should be made after signature.

#### 8.6 APPLICATION ORGANIZATION

The complete Application file .pdf must:

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

- B. Include all required documentation, exhibits, and forms completed and signed, as applicable. Copies of forms are acceptable, but all copies must be identical to the original. All exhibits must be submitted and obtained directly from the posted RFA package; previous versions and copies are not allowed or acceptable.

## **8.7 APPLICATION WITHDRAWALS OR MODIFICATIONS**

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

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

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

## Article IX. Application Screening and Evaluation

### 9.1 OVERVIEW

A three-step selection process will be used to evaluate Applications:

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 the 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 2.4,** or **Form G, Requested Budget Template.**)

HHSC, at its sole discretion, may give an Applicant the option 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

The 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. The 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 G, Evaluation Tool**.

**Scoring Criteria:** Qualified Applications shall be evaluated based upon:

- A. Organizational Capacity (**Form C, Organizational Capacity**) – 10%
- B. Organizational Approach (**Form D, Organizational Approach**) – 10%
- C. Performance Measures (**Form E, Performance Measures and Standards**) – 10%
- D. Work Plan (**Form F, Work Plan; Form F-1 Clinical and Client Support Services**) – 60%
- E. Budget (**Form G, Requested Budget Template**) – 10%

The System Agency will make final determinations on award based on HIV, STI, and HCV morbidity, HIV Service Delivery coverage area, what is in the best interest of the state and availability of funding.

## 9.5 PAST PERFORMANCE

The System Agency reserves the right to request additional information and conduct investigations as necessary. 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 the System Agency.

The 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.

The 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 the System Agency in its sole discretion, may result in the System Agency removing the Applicant from further consideration for award.

Past performance information regarding Applicants may include but is not limited to Notices of termination; Cure notices; Assessments of liquidated damages; Litigation; Audit reports; and 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 the System Agency, 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, Unique Entity Identifier ("UEI", a unique identifier created via SAM.gov, which replaces the previously used DUNS)) provided by Applicant will be used to conduct these checks. At System Agency's sole discretion, Applicants found to be barred, prohibited, or otherwise excluded from award of a Grant Agreement may be disqualified from further consideration under this solicitation, pending satisfactory resolution of all compliance issues.

Checks include:

### **A. State of Texas Debarment and Warrant Hold**

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

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

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

[SAM.gov / Exclusions Federal](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>

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

## **D. HHS Office of Inspector General**

Applicant must not be listed on the HHS Office of Inspector General Texas Exclusions List for people or businesses excluded from participating as a provider:  
<https://oig.hhsc.texas.gov/exclusions>

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

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

Additionally, if a subrecipient under a federal award, the Grantee must 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 and DSHS reserve the right to conduct additional checks to determine eligibility to receive a Grant Agreement.

## Article X. Award of Grant Agreement Process

### 10.1 FINAL SELECTION

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

1. HIV, STI, and HCV morbidity;
2. HIV Service Delivery coverage area;
3. Cost effectiveness; and
4. Availability of funding.

An Applicant may not be eligible for Grant Agreement award if audit reports or financial statements submitted with the Application, if any, identify concerns regarding the future viability of an Applicant, material non-compliance, or material weaknesses that are not satisfactorily addressed, as determined by the System Agency.

The System Agency will make final funding decisions based on Applicant eligibility, evaluation rankings, the funding methodology above, and 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 System Agency 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 the 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 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 Grant Agreement 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 Grant Agreement 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 Grant Agreement.

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 online process for completing the Form 1295 may be found on the TEC public website at: [https://www.ethics.state.tx.us/whatsnew/elf\\_info\\_form1295.htm](https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm).

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 Grant Agreement, even if the potential Grantee is otherwise eligible for award. The System Agency, as determined in its sole discretion, may award the Grant Agreement to the next qualified Applicant, who will then be subject to this procedure.

### **10.4 EXECUTION AND ANNOUNCEMENT OF GRANT AGREEMENT(S)**

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

At any time and at its sole discretion, the 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 the System Agency.

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

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

## **Article 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 HIV Prevention 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/>.

## Article 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 the 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 Affirmations:** Certify, in the designated section of the Exhibit A, HHS Solicitation Affirmations v. 2.4, 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. 2.4, 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 HHS’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, HHS, 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 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.**

## Article XIII. Submission Checklist

**HHSC, in coordination with the System Agency, 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, 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. 2.4 (completed and signed), and Form G, 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 Information**

- a. Form A, Applicant Information Page
- b. Form B, Entity Information, Contract Litigation History
- c. Form B-1, Governmental Entity – Authorized Officials, if applicable
- d. Form B-2, Nonprofit or Forprofit Entity, Board of Directors and Principal Officers, if applicable

### **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, Organizational Capacity
- b. Form D, Organizational Approach
- c. Form E, Performance Measures and Standards
- d. Form F, Work Plan
- e. Form F-1, Clinical and Client Support Services
- f. Form G, Requested Budget Template
- g. Form H, Indirect Cost Rate Questionnaire
- h. Form I, Internal Controls Questionnaire

**3. Exhibits to be Completed, Signed, and Submitted with Application**

- a. Exhibit A, HHS Solicitation Affirmations v. 2.4

**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, Data Use Agreement – Standard Version 8.5 (if applicable)
- c. Exhibit C-1, Data Use Agreement - Governmental Entity Version 8.5 (if applicable)
- d. Exhibit C-2, Data Use Agreement - Attachment 2 Security and Privacy Inquiry (SPI)
- e. Exhibit D, Assurances – Non-Construction Programs
- f. Exhibit E, Exceptions, if applicable
- g. Exhibit F, Federal Funding Accountability and Transparency Act (FFATA) Certification Form
- h. Exhibit H, Certification Regarding Lobbying

**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.**

## **Article XIV. List of Forms, Exhibits, and Attachments**

### **Forms**

Form A, Applicant Information Page

Form B, Entity Information, Contract and Litigation History

Form B-1, Governmental Entity – Authorized Officials (if applicable)

Form B-2, Nonprofit or Forprofit Entity – Board of Directors and Principal Officers (if applicable)

Form C, Organizational Capacity

Form D, Organizational Approach

Form E, Performance Measures and Standards

Form F, Work Plan

Form F-1, Clinical and Client Support Services

Form G, Requested Budget Template

Form H, Indirect Cost Rate Questionnaire

Form I, Internal Controls Questionnaire

### **Exhibits**

Exhibit A, HHS Solicitation Affirmations v. 2.4

Exhibit B, HHS Uniform Terms and Conditions-Grant Version.3.2

Exhibit C, Data Use Agreement – Standard Version 8.5 (if applicable)

Exhibit C-1, Data Use Agreement - Governmental Entity Version 8.5 (if applicable)

Exhibit C-2, Data Use Agreement - Attachment 2 Security and Privacy Inquiry (SPI)

Exhibit D, Assurances – Non-Construction Programs

Exhibit E, Exceptions

Exhibit F, Federal Funding Accountability and Transparency Act (FFATA) Certification Form

Exhibit G, Evaluation Tool

Exhibit H, Certification Regarding Lobbying

Exhibit I, Online Bid Room

**Appendices**

Appendix 1, Texas Counties in HIV Service Delivery Areas (HSDA)

Appendix 2, Determination of Eligible HSDAs based on HIV Morbidity Scores

Appendix 3, Selecting Locally Relevant Populations