



16

TO: Donna Ospina
FBC Judge's Office

FROM: Nancy Drake, R.N., Director
Fort Bend County Clinical Health Services

DATE: July 27, 2010

SUBJECT: FY2011 Signed Application

This is a copy of the final application that was sent for the Tuberculosis Federal Grant Application that was signed in CC on July 13, 2010. This has the budget amount enclosed. The amount of application is \$ 103,860.00

Thank you.

7/28/10

Sherry

pls record

7/13 #16

Return to me.
Thanks

COUNTY JUDGE
RECEIVED
JUL 27 2010

ARF-853

REGULAR SESSION AGENDA

Date: 07/13/2010

Tuberculosis Prevention & Control Inter-Local Application Federal Funds FY2011

Submitted By: Diane Guest, HHS-Clinical Health

Department: HHS-Clinical Health

Type of Item: Consent

Renewal Agreement/ Yes

Appointment:

Reviewed by County No

Attorney's Office:

Multiple Originals Y/N?: y

Information

SUMMARY OF ITEM

FY2011 Tuberculosis Prevention and Control Federal Funds Inter-Local Application. Amount of award to be determined.

Application due 7-13-10.

SPECIAL HANDLING

Attachments

Link: Federal ILA Appl.

Item #: 16.
HHS-Clinical Heal



Inter-Local Application for Tuberculosis Prevention and Control for FY 2011 Federal Funds

<http://www.dshs.state.tx.us/idcu/disease/tb>

Issue Date: 7/6/2010

Due Date: 7/13/2010

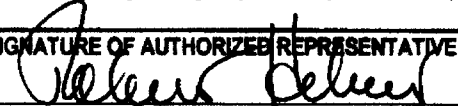
Infectious Disease Intervention and Control Branch

1100 W. 49th Street
Austin, Texas 78756-3199

David L. Lakey, M.D. Commissioner

FORM A: FACE PAGE – Application for Financial Assistance Tuberculosis Prevention

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION	
1) LEGAL BUSINESS NAME: Fort Bend County Clinical Health Services	
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Fort Bend County Clinical Health Services 4520 Reading Rd., Ste. A Rosenberg, TX 77471	
Check if address change <input type="checkbox"/>	
3) PAYEE Name and Mailing Address (if different from above): Fort Bend County Auditor 301 Jackson St. – Ste. 533 Richmond, TX 77469	
Check if address change <input type="checkbox"/>	
4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit): <i>*The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number may result in the social security number being made public via state open records requests.</i>	
5) TYPE OF ENTITY (check all that apply):	
City	
X County	For Profit Organization*
Other Political Subdivision	HUB Certified
State Agency	Community-Based Organization
Indian Tribe	Minority Organization
	Faith Based (Nonprofit Org)
	FQHC
	State Controlled Institution of Higher Learning
	Hospital
	Private
	Other (specify): _____
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>	
6) PROPOSED BUDGET PERIOD:	Start Date: 01/01/2011 End Date: 12/31/2011
7) COUNTIES SERVED BY PROJECT: Fort Bend County	
8) AMOUNT OF FUNDING REQUESTED: 103,860.00	10) PROJECT CONTACT PERSON
9) PROJECTED EXPENDITURES Does respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	Name: Nancy Drake, RN Phone: 281-238-3548 Fax: 281-342-7371 E-mail: drakenan@co.fort-bend.tx.us
	11) FINANCIAL OFFICER
	Name: Robert E. Sturdivant Phone: 281-344-3760 Fax: 281-341-3774 E-mail: sturdrob@co.fort-bend.tx.us
The facts affirmed by me in this proposal are truthful and I warrant that the respondent is in compliance with the assurances and certifications contained in APPENDIX A: DSHS Assurances and Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.	
12) AUTHORIZED REPRESENTATIVE Check if change	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: Robert E. Hebert Title: County Judge Phone: 281-341-8608 Fax: 281-341-8609 E-mail: hebertb@co.fort-bend.tx.us	
	14) DATE July 13, 2010

FORM A: FACE PAGE Instructions

FORM E: BUDGET SUMMARY

Applicant Name:

Fort Bend County Clinical Health Services

Cost Categories	Total Budget (1)	DSHS Funds (Federal) (2)	DSHS Funds (State) (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
Percentage of Funding	100%	17%	26%	0%	57%	0%
A. Personnel	\$ 333,573.00	\$ 34,648.00	\$ 88,663.00		\$ 210,262.00	
B. Fringe Benefits	\$ 144,319.80	\$ 16,256.00	\$ 36,627.00		\$ 91,436.80	
C. Travel	\$ 17,851.00	\$ 8,840.00	\$ 6,811.00		\$ 2,200.00	
D. Equipment	\$ 6,449.20	\$ -	\$ -		\$ 6,449.20	
E. Supplies	\$ 9,572.80	\$ 4,818.00	\$ 660.00		\$ 4,094.80	
F. Contractual	\$ 78,270.00	\$ 37,798.00	\$ 21,932.00		\$ 18,540.00	
G. Other	\$ 8,276.80	\$ 1,500.00	\$ 900.00		\$ 5,876.80	
H. Total Direct Costs	\$ 598,312.60	\$ 103,860.00	\$ 155,593.00	\$ -	\$ 338,859.60	\$ -
I. Indirect Costs						
J. Total (Sum of H and I)	\$ 598,312.60	\$ 103,860.00	\$ 155,593.00	\$ -	\$ 338,859.60	\$ -
K. Program Income - Projected Earnings						

*Letters of good standing that validate the respondent's programmatic, administrative, and financial capacity must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher learning, letters of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County Clinical Health Services

[illegible]

FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

Social Security 7.65% of Salary, Pension 10.65% of Salary, Worker's Comp/Unemployment 1.2% of Salary, Health Insurance \$9,500 per employee per year for County FY 2011

Social Security 7.05% of Salary, Pension 10.65% of Salary, Worker's Comp/Unemployment 1.2% of Salary, Health Insurance \$9,500 per employee per year for County FY 2011		
Fringe Benefit Rate %		46.92%
Fringe Benefits Total		\$16,256

Total for Conference / Workshop Travel

\$3,840

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Travel for administration of DOT and contact testing, travel to local meetings - DSHS Funding	10000	\$0.500	\$5,000		\$5,000
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel

\$5,000

Other / Local Travel Costs: \$5,000

Conference / Workshop Travel Costs: \$3,840

Total Travel Costs: \$8,840

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County Clinical Health Services

Conference / Workshop Travel Costs

Description of Conference/Workshop	Justification	Location City/State	Number of:		Travel Costs		
			Days	Employees			
Heartland Trainings in San Antonio	TB Employees will benefit from latest best practices and fundamental TB education (four trainings anticipated) (4 trips of 400 miles each at \$0.50/mile, 12 hotel nights at \$97.75, 12 days of per diem @ \$36/day, parking 12 nights @ \$20)	San Antonio	12/1		Mileage	\$800	
					Airfare	\$0	
					Meals	\$432	
					Lodging	\$1,173	
					Other Costs	\$240	
					Total	\$2,645	
DSHS TB Program Managers' Meeting	Travel to the state programs managers' meeting for program updates, best practices from the state (1 trip of 400 miles at \$0.50/mile, 6 hotel nights at \$97.75, 8 days of per diem @ \$36/day, parking 6 nights @ \$20)	Austin	4/2		Mileage	\$200	
					Airfare	\$0	
					Meals	\$288	
					Lodging	\$587	
					Other Costs	\$120	
					Total	\$1,195	
					Mileage		
					Airfare		
					Meals		
					Lodging		
					Other Costs		
					Total	\$0	
					Mileage		
					Airfare		
					Meals		
					Lodging		
					Other Costs		
					Total	\$0	
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS							\$0

Detail Form

Fort Bend County Clinical Health Services

[illegible]

\$0

Legal Name of Respondent:

Itemize and describe each supply item and **provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable**. Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>(If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box))</small>	Purpose & Justification	Total Cost
Office Supplies	General Office supplies to support the operation of the program to include pens, pencils, paper, toner cartridges, and etc.	
Personal Protective Equipment	N-95 Masks, Latex gloves, for protection of staff	\$1,500
2 Desks	For TB intake offices at new clinic (\$400 each)	\$1,518
2 Desk Chairs	For new desks (\$250 each)	\$800
4 Patient Chairs	2 in each intake office (\$125 each)	\$500
		\$500
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$4,818

FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent:

Fort Bend County Clinical Health Services

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project to the respondent's funding request must be attached and included.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., Monthly, hourly, unit, lump sum)	Estimated Hours, Units, etc.	Rate of Payment (i.e., hourly rate, unit rate, lump sum)	TOTAL
Oak Bend Medical Center	Chest X-rays	Diagnosis/Management of TB patients	Unit	150	\$30.00	\$4,500
West Houston Radiology	Reading Chest X-rays	Diagnosis/Management of TB patients	Unit	150	\$15.00	\$2,250
Oak Bend Medical Center	CT Scans	Diagnosis/Management of TB patients	Unit	3	\$406.00	\$3,248
West Houston Radiology	Reading CT Scans	Diagnosis/Management of TB patients	Unit	3	\$100.00	\$800
To be named	Language Translation	Conveying and receiving information from non-English speaking patients	Per hour	20	\$100.00	\$2,000
Various	DOT Providers	Personal Services to contracts with individuals for assistance with administration of medications	Per dose administered	10000	\$25.00	\$25,000
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

Total Amount Requested for CONTRACTUAL

\$37,798

Legal Name of Respondent:

Description of Item <small>(If applicable, include quantity and cost/quantity (i.e. # of units & cost per unit))</small>	Purpose & Justification	Total Cost
Cell Phone Services	Cell phone communication for TB LVN when in the field for safety and coordination	\$500
Installation of 2 ultraviolet lights	Previously purchased (new) lights that need to be installed in our new office in Missouri City. Estimated installation :: \$500 each which is the estimate quoted to our purchasing agent.	\$1,000
TOTAL FROM OTHER SUPPLEMENTAL BIDDING SHEETS		\$0

\$1,500

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

FORM I - 7 Indirect Costs

Legal Name of Respondent:

Fort Bend County Clinical Health Services

Total amount of indirect costs allocable to the project:

Amount:

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. **Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)**

RATE:
BASE:

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. **Attach a copy of Certification of Cost Allocation Plan or Certification of Indirect Costs.**

RATE:
TYPE:
BASE:

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)

The facts affirmed by me in this proposal are truthful and I warrant that the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications**. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.

12) AUTHORIZED REPRESENTATIVE Check if change	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Robert E. HebCounty Judge 281-341-8608 281-341-8609 hebertb@co.fort-bend.tx.us	14) DATE

FORM A: FACE PAGE Instructions

This form provides basic information about the respondent and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms that the facts contained in the respondent's response are truthful and that the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications** and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the respondent's proposal.

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the respondent.
- 2) **MAILING ADDRESS INFORMATION** - Enter the respondent's complete physical address and mailing address, city, county, state, and zip code.
- 3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Comptroller's Texas Procurement and Support Services or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

will be used in place of the locally developed database. FBCCHS works with infection control practitioners, infectious disease specialists, jail medical staff and school nurses to identify unreported TB cases. The State provided dataset will allow for linkage of contacts and cases to permit the program to fully describe outbreaks and to document management.

5. Describe how the accuracy, timeliness and completeness of data collected will be assessed and verified. If not already in place, describe how you will develop a written plan to assess the quality of data collected.

Data is collected from the patient on the initial and subsequent interviews and recorded in the medical record, the 400A, 400B, and progress notes. Patient historical data from physicians, hospitals, and labs is added to the medical record in a timely manner as it becomes available. As rapport is developed with the patient and family by the case manager, additional data is collected, and previous data is verified to assure accuracy. Written guidelines are provided by the Standards of Performance and clinic policy to ensure that essential, quality data is collected. This data is reviewed by the program manager for completeness on a regular basis, and the quality, accuracy and completeness is also reviewed for individual cases during monthly quality assurance meetings.

6. Describe coordination with the other health and human services providers in the service area(s) and delineate how duplication of services is to be avoided. List other community programs you will be working with in your jurisdiction (community based organizations, private providers, hospitals, and service organizations).

Local health care providers, including the FQHC in our jurisdiction, refer their TB patients to the FBCCHS clinic for evaluation and treatment. The program works closely with staff from the FQHC, with the local hospitals and with several local medical providers who frequently see TB patients. FBCCHS is able to make referrals to other Fort Bend County agencies who provide medical, surgical, and dental care, psychological counseling, financial assistance, and social services when needed to improve the client's success in completing their prescribed TB treatment. As new community programs such as homeless shelters and substance abuse clinics arise in our burgeoning county population, we will seek to build working relationships with those providers as well. Our nurses are experienced and knowledgeable in all areas of caring for TB patients and serve as an ever-ready resource to provide education for our community. We have purchased DVDs to loan or use in teaching on such topics as "TB skin tests", and TB in the Workplace".

7. Describe ability to provide services to culturally diverse populations (e.g., use of interpreter services, language translation, compliance with ADA requirements, location, hours of service delivery, and other means to ensure accessibility for the defined population).

FBCCHS has a nursing staff which is bilingual in English/Spanish which accommodates a large proportion of the patients seen in the clinic. The program will use the county contracted certified translation services for in-person and telephone translation as needed. Additionally, FBCCHS has obtained written translations of TB literature in a number of other languages and dialects that can be given to patients to supplement translator assistance. We realize that pamphlets and brochures are not an adequate substitute for person to caring person contact. As our culturally diverse client population grows (almost 1/3 of our population is of Asian origin) we look forward to an opportunity to add field staff with similar cultural background. In the meantime our field staff utilizes upmost sensitivity in trying to understand the unique perspective of the cultural, religious, and linguistic character of all of our patients and to convey respect and positive regard in all of our interactions. The primary clinic location is ADA compliant. The clinic is open during normal business hours, with weekend clinics twice a month. Contract language services can also be provided on an emergency basis on evenings and weekends. Home visits and DOT visits to TB patients can be arranged on an early morning, early evening, and if specifically ordered by the physician weekend schedule. DOT is provided either in the clinic or the patient's home or other mutually agreed upon location. Contacts can be evaluated at both the main clinic and the satellite clinic on the east end of the county and on the mobile unit, which moves around the county on a defined schedule.

8. Describe your strategy for the management of TB cases and suspects, with emphasis on provision of directly observed therapy (DOT); and use of incentives and enablers.

The strategy as described above is to follow the recommended standard of care for all referred TB patients. All patients managed at the FBCCHS clinic are placed on DOT. Every effort is made to assist patient in keeping their DOT appointments. Those managed by private providers are offered DOT, but this cannot be enforced. Non-compliant patients, or those with complex medical conditions can be referred to, or quarantined, in the Texas Center for Infectious Disease in San Antonio, or the UT Health Center in Tyler by order of the Local Health Authority. Individual nurses offer small rewards to their patients for positive compliance in the form of blankets, surprise foods and bottled water. Their supportive and cheerful presence is often sufficient incentive to encourage DOT clients to complete their therapy as ordered.

9. Describe your process for review of cases under management.

The case management team, composed of all case managers, the medical director, clinical services director, the program case manager, and DOT providers, meets each Monday morning for case management review. Each case manager presents her open cases and receives input from other members of the team. Our case management Excel database is used as a tool to track cases and is updated at the conclusion of each meeting and throughout the week as patient events occur.

10. Describe your strategy for the implementation of cohort analysis of cases at least quarterly.

Administrative reviews of TB cases have previously been conducted at monthly Quality Assurance meeting in the context of reviewing individual charts to monitor that the DSHS Standards of Performance for the Prevention and Control of Tuberculosis are being met and documented. Beginning 2010 the quarterly cohort analysis approach has been adopted in order to improve patient outcomes and increase our overall program effectiveness. Our strategy has been first to introduce the method to the case management staff defining what exactly the method is and what the potential benefits to our program might be. As with any change in management approach, success depends on the motivation of the participants. At the present time our staff is supportive of this approach and willing to proceed with a trial implementation. We obtained the CDC instruction guide, watched the DVD "Understanding the Cohort Review Process", and discussed what our various roles would be during our QA meeting. Sample worksheets outlining presentation content were distributed. At a subsequent QA meeting two of our case managers gave a practice presentation on two of our TB patients who were near completion of their treatment at that time. Both patients were not only a cohort time-wise, but both were diabetic and so we were able to compare how they were managed in this respect as well as outcomes. After this meeting, feelings seemed to be increasingly positive and the staff remains open and motivated toward the process.

Since our program does not have a Data Analyst or Supervisor of Case Management these roles will be formally vacant but functionally filled as follows: The program/case manager will assume the task of collecting TB patient and contact investigation information on a formal database from which the cohort list will be drawn. This list will include data elements such as the performance goals that will be needed to evaluate program effectiveness. The preliminary list for the January, February, and March 2010 has been generated. Case managers are preparing information on worksheets, and this cohort will be presented on October 1, 2010. The supervisory function of our case management is actually an ongoing peer review which takes place each Monday morning and is attended by all case managers, the program/case manager, the medical director, the clinical director and the DOT/outreach workers. Since the DOT workers on our staff carry out much of the contact investigation, they will be an integral part of the cohort review team. Their input as to barriers/resolution in successful completion of the medical regime as well as to evaluating contacts fully will be essential in evaluating the effectiveness of our program. This in the past has been one of weaker aspects and therefore one of our primary goals for improvement.

The third phase of cohort review process, follow up will be staged for mid November, 2010. The program /case manager will present an analysis of the success in meeting program objectives and performance goals. This will complete the process for the first 2010 cohort analysis.

11. Describe your strategy for the management of contacts and positive reactors, with emphasis on directly observed preventive therapy (DOPT).

This year we have added an LVN to our staff who will assist in making DOT and DOPT visits to required patients (LTBI less than five years of age, HIV infected, living in household with a case receiving DOT), and will also be able to do DOPT visits to other persons who are at high risk or need special assistance in taking their medications regularly. Where possible, for children in school, DOPT is provided by the school nurse.

12. Describe your process for the review of ongoing contact investigations and your strategy to assess reasons for identification of fewer than three contacts for each case; for delays in interviewing cases or evaluating contacts, and low completion of preventive therapy for infected contacts.

Review of ongoing contact investigations takes place immediately following our Monday morning case review session. During CIR we discuss investigations that are in process with present contacts, results, barriers, solutions and the need for additional follow up. New activity/results is documented and added to our case contact Access database after meeting. We anticipate extensive discussion of contact investigation during our upcoming Cohort Review Process. Our investigations are conducted promptly after the contacts are identified, and delay most often occurs when close contacts are family who live in a nearby jurisdiction with whom we must coordinate our efforts. Delay also occurs when family members or friends are named as a contact, but this person does not respond by coming to the clinic or agreeing to meet with us at a location convenient for them. Another source of delay occurs when the contact occurred in the local jail and is transferred or released soon after the contact occurs. Low completion rates continue to prevail. We are considering possible solutions for improvement such as maintaining a flow-sheet tabulating when an LTBI is due to return to the clinic for medication. In this way we would quickly begin our efforts to contact and remind the LTBI that it is time for them to come to the clinic for their next bottle of medication. We try to be very encouraging and supportive for them to complete therapy even if it takes numerous phone calls and letters. We do not have the resources for taking the medication to them except in a few cases at this time.

13. Describe your infection control procedures.

Chest clinic is scheduled at a time apart from other clinic activities to avoid infection of other patients. Patients who are cases/suspects are instructed to wear a mask while in the clinic until two weeks of therapy are completed and symptoms have abated. A supply of surgical procedure masks is kept at the reception desk so that patients who may forget to wear their mask when coming to appointments can be supplied. HEPA Filters have been installed in the clinic waiting room and chest clinic interview room and Ultraviolet lights have been installed in the waiting room area. All equipment is regularly inspected and maintained. Clinic staff wears N-95 masks when interacting with potentially infective patients. Clinic staff who interact directly with tuberculosis patients/suspects have been fit-tested for N95 filter masks. Sputum specimens are collected in the negative pressure isolation room. The program staff monitors the operation of the negative pressure examination room two times daily and documents this on a flow sheet. A sputum collection booth has also been purchased through grant funding as we only have one negative pressure clinic room; this enhances our capabilities as space often becomes an issue on our chest clinic days. This chamber also allows for observation of the collecting of the initial sputum specimen while maintaining the privacy of the patient. Staff are skin-tested yearly if appropriate. All suspected TB patients sent for chest x-ray prior to treatment are provided with and instructed to wear a mask while in the radiology office. All patients are instructed on how to avoid infecting family members and other close contacts. FBCCHS staff provides patients with disposable nebulizer kits for sputum induction. DOT providers are offered TB testing at the beginning of employment and yearly.

14. Describe plans to conduct targeted TB screening programs for high-risk populations.

FBCCHS provides PPD, syringes and tuberculosis medication for the Fort Bend County Jail, which will serve approximately 1700 inmates in 2010. FBCCHS nurses work closely with the jail nurses in the management of LTBI patients and the management of cases/suspects who are incarcerated there. Employees of the jail who have a

treatment of TB or LTBI. Every attempt is made by our nursing staff to see that they complete their therapy. Immigrants that are transferred to TDCJ or ICE have a referral letter sent to the receiving agency outlining the needed follow up care and requesting that a record of that care be forwarded to FBCCHS. Clinical Health Services also does targeted screening for students arriving from any foreign country who will enter our local school district. Treatment and follow up are provided as needed.

In the first half of 2010, 50% of our new cases/suspects are foreign born, and we are currently considering a strategy to develop a targeted screening program for these people in a location where they congregate such church, social, or neighborhood gatherings.

15. Describe your strategy to provide professional education and training programs for new and current TB staff.

All tuberculosis staff members are encouraged to take advantage of the Core Curriculum training. FBCCHS attends courses on TB nurse case management, TB program management, TB Intensive and other appropriate courses when newly hired and as continuing education when available during employment. Several excellent new courses continue to be offered by Heartland National TB Center at various locations in Texas, however, budget constraints may limit our travel capabilities this year. Staff members regularly participate in cost free webinars that are offered by Heartland and other TB centers around the country. Implementation of new technology requires new training and this is an ongoing process, most notably this year several of our nurses have received special training in the use of the TB GIMS and the EDN systems. 2010 has brought about the adoption of the Cohort Review Analysis and the need to learn better ways of measuring patient outcomes and improving our program. A training log is maintained by the program/case manager for all employees' attendance in training and continuing education opportunities.

16. Describe your strategy to document the evaluation of immigrants and refugees with the following notifications: Class A; Class B1 – Pulmonary; Class B1 – Extrapulmonary; Class B2; Class B3.

Arrivals of all immigrants and refugees are now retrieved from the newly activated Electronic Disease Notification (EDN) along with all scanned documents brought to the quarantine center. After the evaluation is completed, our case managers document the data electronically into the EDN system. Secondary migration of the immigrant/refugee before, during, or after the evaluation is complete is Tuberculosis Prevention & Control ILA for FY 2010 State Funds 15 Page entered into the system, and we anticipate that follow up will be increasingly efficient as well. The different classes of immigrants are managed as follows:

Class A – upon receiving notification of impending arrival, a letter is sent to the given address. If patient has not responded after 7 days, a home visit is made and efforts are made to locate the patient. Once located, DOT is either resumed or started and a clinic visit is scheduled. At the clinic visit, sputum specimens are collected, the patient is entered into the system, and we anticipate that follow up will be increasingly efficient as well. The different classes of sent for a chest x-ray and lab work is performed as indicated.

Class B1 – Upon receiving notification of impending arrival, a letter is sent to the patient at the given address. If patient does not respond within one week, a phone call is attempted if a number is given. If the patient responds, they are scheduled for a clinic visit for follow up. A PPD is placed when applicable, patient is sent for a chest x-ray, lab work is performed as indicated and sputum specimens are collected (the majority of our referrals do not have culture results).

Completed Treatment – Upon receiving notification of arrival or impending arrival, a letter is sent to the patient at the given address. If patient does not respond within one week, a phone call is attempted if a number is given. If we are unable to contact patient by phone, a letter is resent. If the patient responds, they are scheduled for a clinic visit to be evaluated by our MD.

Class B1, Extrapulmonary – Upon receiving notification of arrival or impending arrival, a letter is sent to the patient at the given address. If the patient does not respond within one week, a phone call is attempted if a number is given. At this point, if we are unsuccessful if contacting them, a home visit will be made. If no one is home, a letter is left for the identified person to contact our clinic. If the patient responds or is located, a clinic appointment is scheduled for MD evaluation. If we are unable to locate the patient, the reporting forms are sent back to DSHS in Austin to be returned to the CDC.

Class B2 – We would send a letter. If the patient does not respond within one week, we would attempt a telephone call if a number is given, if we are unable to contact patient by telephone, a letter is resent. If the patient responds, they are scheduled for a clinic visit to be evaluated by our MD.

calling on the telephone if a number is given. If the patient is contacted, we would schedule a clinic visit to have a tuberculin skin test placed or a chest x-ray if indicated; depending on the results of these, we would schedule patient to see our MD.

APPENDICES

APPENDIX A: DSHS ASSURANCES AND CERTIFICATIONS

Note: It is not required that the respondent return the DSHS Assurances and Certifications with the proposal. Some of these Assurances and Certifications may not be applicable to your project. If you have questions, contact the contact person named in this RFP. These assurances and certifications shall remain in effect throughout the project period of this solicitation and the term of any contract between respondent and DSHS.

As the duly authorized representative of the respondent, my signature on FORM A: FACE PAGE certifies that the respondent:

1. Is a legal entity legally authorized and in good standing to do business with the State of Texas and has the legal authority to apply for state/federal assistance, and has the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this proposal; possesses legal authority to apply for funding; that a resolution, motion or similar action has been duly adopted or passed as an official act of the respondent's governing body, authorizing the filing of the proposal including all understandings and assurances contained therein, and directing and authorizing the person identified as the authorized representative of the respondent to act in connection with the proposal and to provide such additional information as may be required;
2. Under Government Code Section 2155.004, is not ineligible to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is incorrect. NOTE: Under Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specification of RFP on which the bid is based;
3. Has a financial system that identifies the source and application of DSHS funds in a unique set of general ledger account numbers, permits preparation of reports required by the tract, permits the tracing of funds expended and program income, allows for the comparison of actual expenditures to budgeted amounts, and maintains accounting records that are supported by verifiable source documents;
4. Will give (and any parent, affiliate, or subsidiary organization, if such a relationship exists, will give) DSHS, HHSC Office of Inspector General, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives;
5. Will supplement the project/activity with funds other than the funds made available through a contract award as a result of this RFP and will not supplant funds from that contract to replace or substitute existing funding from other sources;

6. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;
7. Will comply, as a sub grantee, with Texas Government Code, Chapter 573, Vernon's 1994, by ensuring that no officer, employee, or member of the respondent's governing body or of the respondent's contractor shall vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition does not prohibit the employment of a person who has been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
8. Has not given, nor intends to give, at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this solicitation or procurement; does not have nor shall it knowingly acquire any interest that would conflict in any manner with the performance of its obligations under any awarded contract that results from this RFP;
9. Will honor for 90 days after the proposal due date the technical and business terms contained in the proposal;
10. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
11. Will not require a client to provide or pay for the services of a translator or interpreter;
12. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
13. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;
14. Will comply with the requirements of the Immigration Reform and Control Act of 1986, 8 USC §1324a, as amended, regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, who will perform any labor or services proposed in this proposal;
15. Agrees to comply with the following to the extent such provisions are applicable:
 - A. Title VI of the Civil Rights Act of 1964, 42 USC §§2000d, et seq.;
 - B. Section 504 of the Rehabilitation Act of 1973, 29 USC §794(a);
 - C. The Americans with Disabilities Act of 1990, 42 USC §§12101, et seq.;
 - D. The Age Discrimination Act of 1975 (42 USC §§6101-6107);
 - E. Title IX of the Education Amendments of 1972 (20 USC §§1681-1688);
 - F. Food Stamp Act of 1977 (7 USC §200 et seq);

- G. All amendments to each and all requirements imposed by the regulations issued pursuant to these acts, especially 45 CFR Part 80 or 7 CFR Part 15 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age);
 - H. DSHS Policy AA-5018, Non-Discrimination Policies and Procedures for DSHS Programs, which prohibits discrimination on the basis of race, color, national origin, religion, sex, sexual orientation, age, or disability; and
 - I. Any other nondiscrimination provision in specific statutes under which application for federal or state assistance is being made, which prohibits exclusion from or limitation of participation in programs, benefits, or activities, or denial of any aid, care, service or other benefit;
16. Will comply with the Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS), as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and its references are available upon request;
 17. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
 18. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate;
 19. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
 20. Will comply with environmental standards prescribed pursuant to the following:
 - A. Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§4321-4347, and Executive Order (EO) 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality";
 - B. Notification of violating facilities pursuant to EO 11738 (40 CFR, Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with Respect to Federal Contracts, Grants or Loans";
 - C. Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§7401 et seq.; and
 - D. Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-300j, as amended;
 21. Will comply with the Pro-Children Act of 1994, 20 USC §§6081-6084, regarding the provision of a smoke-free workplace and promoting the non-use of all tobacco products;
 22. Will comply, if applicable, with National Research Service Award Act of 1971, 42 USC §§289a-1 et seq., as amended and 6601 (P.L. 93-348 – P.L. 103-43), as amended, regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance, as implemented by 45 CFR Part 46, Protection of Human Subjects;

23. Will comply, if applicable, with the Clinical Laboratory Improvement Amendments of 1988 (CLIA), 42 USC §263a, as amended, which establish federal requirements for the regulation and certification of clinical laboratories;
24. Will comply, if applicable, with the Occupational Safety and Health Administration Regulations on Blood-borne Pathogens, 29 CFR §1919.030, which set safety standards for those workers and facilities in the private sector who may handle blood-borne pathogens, or Title 25 Texas Administrative Code, Chapter 96, which affects facilities in the public sector;
25. Will not charge a fee for profit. A profit or fee is considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance project;
26. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;
27. As the primary participant in accordance with 45 CFR Part 76, and any of its principals:
 - A. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
 - B. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - C. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (B) of this certification;
 - D. have not within a 3-year period preceding this proposal/proposal had one or more public transactions (federal, state, or local) terminated for cause or default; and
 - E. has not (nor has its representative nor any person acting for the representative) (1) violated the antitrust laws codified by Chapter 15, Business & Commercial Code, or the federal antitrust laws; or (2) directly or indirectly communicated the bid to a competitor or other person engaged in the same line of business.

Should the respondent not be able to provide this certification (by signing the FACE PAGE Form), an explanation should be placed after this form in the proposal response;

The respondent agrees by submitting this proposal that he/she will include, without modification, the clause titled "Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion-Lower Tier Covered Transaction" (Appendix B to 45 CFR Part 76) in all lower tier covered transactions (i.e., transactions with sub grantees and/or contractors) and in all solicitations for lower tier covered transactions;

28. Will comply with Title 31, USC §1352, entitled "Limitation on use of appropriated funds to influence certain federal contracting and financial transactions," which generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These

requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93):

- A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement;
- B. If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the respondent shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Department of State Health Services; and
- C. The language of this certification shall be included in the award documents for all sub-awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub recipients shall certify and disclose accordingly;

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC §1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure;

- 29. Is in good standing with the Internal Revenue Service on any debt owed;
- 30. Affirms that no person who has an ownership or controlling interest in the organization or who is an agent or managing employee of the organization has been placed on community supervision, received deferred adjudication or been convicted of a criminal offense related to any financial matter, federal or state program or felony sex crime;
- 31. Is in good standing with all state and/or federal departments or agencies that have a contracting relationship with the respondent;
- 32. Will comply with the following statutes and standards of general applicability. It is Contractor's responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Contractor shall carry out the terms of this Contract in a manner that is in compliance with the provisions set forth below. To the extent such provisions are applicable to Contractor, Contractor agrees to comply with the following:
 - a) The following statutes, rules, regulations and DSHS policies, and any of their subsequent amendments that collectively prohibit discrimination on the basis of race, color, national origin, limited English proficiency, sex, sexual orientation, disabilities, age, substance abuse, political belief, or religion: 1) Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §§ 2000d et seq.; 2) Title IX of the Education Amendments of 1972, 20 U.S.C.A. §§ 1681-1683, and 1685-1686; 3) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794(a); 4) the Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101 et seq.; 5) Age Discrimination Act of 1975, 42 U.S.C.A. §§ 6101-6107; 6)

Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, 42 U.S.C.A. § 290dd (b)(1); 7) 45 CFR Parts 80, 84, 86 and 91; 8) TEX. LAB. CODE. ch. 21; 9) Food Stamp Act of 1977 (7 USC §200 et seq); 10) US Department of Labor, Equal Opportunity E.O. 11246, as amended and supplemented; and 11) DSHS Policy AA-5018, Non-discrimination Policies and Procedures for DSHS Programs;

- b) Drug Abuse Office and Treatment Act of 1972, 21 U.S.C.A. §§ 1101 et seq., relating to drug abuse;
- c) Public Health Service Act of 1912, §§ 523 and 527, 42 U.S.C.A. § 290dd-2, and 42 C.F.R. pt. 2, relating to confidentiality of alcohol and drug abuse patient records;
- d) Title VIII of the Civil Rights Act of 1968, 42 U.S.C.A. §§ 3601 et seq., relating to nondiscrimination in housing;
- e) Immigration Reform and Control Act of 1986, 8 U.S.C.A. § 1324a, regarding employment verification;
- f) Pro-Children Act of 1994, 20 U.S.C.A. §§ 6081-6084, regarding the non-use of all tobacco products;
- g) National Research Service Award Act of 1971, 42 U.S.C.A. §§ 289a-1 et seq., and 6601 (P.L. 93-348 and P.L. 103-43), as amended, regarding human subjects involved in research;
- h) Hatch Political Activity Act, 5 U.S.C.A. §§ 7321-26, which limits the political activity of employees whose employment is funded with federal funds;
- i) Fair Labor Standards Act, 29 U.S.C.A. §§ 201 et seq., and the Intergovernmental Personnel Act of 1970, 42 U.S.C.A. §§ 4701 et seq., as applicable, concerning minimum wage and maximum hours;
- j) TEX. GOV'T CODE ch. 469 (Supp. 2004), pertaining to eliminating architectural barriers for persons with disabilities;
- k) Texas Workers' Compensation Act, TEX. LABOR CODE, chs. 401-406 28 TEX. ADMIN. CODE pt. 2, regarding compensation for employees' injuries;
- l) The Clinical Laboratory Improvement Amendments of 1988, 42 USC § 263a, regarding the regulation and certification of clinical laboratories;
- m) The Occupational Safety and Health Administration Regulations on Blood Borne Pathogens, 29 CFR § 1910.1030, or Title 25 Tex. Admin Code ch. 96 regarding safety standards for handling blood borne pathogens;
- n) Laboratory Animal Welfare Act of 1966, 7 USC §§ 2131 et seq., pertaining to the treatment of laboratory animals;
- o) Environmental standards pursuant to the following: 1) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§ 4321-4347 and Executive Order 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;" 2) Notification of violating facilities pursuant to Executive Order 11738 (40 CFR Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with respect to Federal Contracts, Grants, or Loans;" 3) Protection of wetlands pursuant to Executive Order 11990, 42 Fed. Reg. 26961; 4) Evaluation of flood hazards in floodplains in accordance with Executive Order 11988, 42 Fed. Reg. 26951 and, if applicable, flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234); 5) Assurance of project consistency with the approved State Management program developed under the Coastal Zone Management Act of 1972, 16 USC §§ 1451 et seq; 6) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§ 7401 et seq.; 7) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§ 300f-300j; 8) Protection of endangered species under the Endangered Species Act of 1973, 16 USC §§ 1531 et seq.; 9) Conformity of federal actions to state clean air

- implementation plans under the Clean Air Act of 1955, 42 USC §7401 et seq.; 10) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§300f-330j; 11) Executive Order 13279, 45 CFR 87 or 7 CFR Part 16 regarding equal treatment and opportunity for religious organizations; 12) Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting certain rivers system; and 12) Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) prohibiting the use of lead-based paint in residential construction or rehabilitation;
- p) Intergovernmental Personnel Act of 1970 (42 USC §§4278-4763 regarding personnel merit systems for programs specified in Appendix A of the federal Office of Program Management's Standards for a Merit System of Personnel Administration (5 C.F.R. Part 900, Subpart F);
 - q) Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), relating to fair treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs;
 - r) Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally-assisted construction sub-agreements;
 - s) Assist DSHS in complying the National Historic Preservation Act of 1966, §106 (16 U.S.C. § 470), Executive Order 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.) regarding historic property;
 - t) Financial and compliance audits in accordance with Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations;" and
 - u) requirements of any other applicable state and federal statutes, executive orders, regulations, rules, and policies.

If this Contract is funded by a grant, additional requirements found in the Notice of Grant Award may be imposed on Contractor;

- 33. Under §§2155.006 and 2261.053, Government Code, is not ineligible to receive a contract under this RFP and acknowledges that any contract may be terminated and payment withheld if this certification is inaccurate. Sections 2155.006 and 2261.053 relate to violations of federal law in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or certain other disasters;
- 34. Affirms that the statements in these assurances and certifications are true, accurate, and complete (to the best of respondent's and its authorized representative's knowledge and belief), and agrees to comply with the DSHS terms and conditions if an award is issued as a result of this proposal. Willful provision of false information is a criminal offense (Title 18, USC §1001). Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available to the Government, be subject to civil penalties under the Program Fraud Civil Remedies Act of 1986 (45 CFR Part 79).