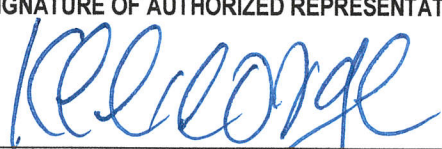


FORM A – Respondent Information Page

30D

HIV Prevention Services Contract Calendar Year 2023

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	
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code): Check if address change <input type="checkbox"/> 301 Jackson Street, Richmond, TX 77469-3108	
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above): Check if address change <input type="checkbox"/> Fort Bend County Auditor, 301 Jackson Street, Suite 701, Richmond, TX 77469-3108	
4) DUNS Number (9-digit) required if receiving federal funds: 081497075	
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or 746001969 Social Security Number (9-digit): <small>*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.</small>	
6) TYPE OF ENTITY (check all that apply): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> City</div> <div style="width: 33%;"><input type="checkbox"/> Nonprofit Organization*</div> <div style="width: 33%;"><input type="checkbox"/> Individual</div> <div style="width: 33%;"><input checked="" type="checkbox"/> County</div> <div style="width: 33%;"><input type="checkbox"/> For Profit Organization*</div> <div style="width: 33%;"><input type="checkbox"/> Federally Qualified Health Centers</div> <div style="width: 33%;"><input type="checkbox"/> Other Political Subdivision</div> <div style="width: 33%;"><input type="checkbox"/> HUB Certified</div> <div style="width: 33%;"><input type="checkbox"/> State Controlled Institution of Higher Learning</div> <div style="width: 33%;"><input type="checkbox"/> State Agency</div> <div style="width: 33%;"><input type="checkbox"/> Community-Based Organization</div> <div style="width: 33%;"><input type="checkbox"/> Hospital</div> <div style="width: 33%;"><input type="checkbox"/> Indian Tribe</div> <div style="width: 33%;"><input type="checkbox"/> Minority Organization</div> <div style="width: 33%;"><input type="checkbox"/> Private</div> <div style="width: 33%;"><input type="checkbox"/> Faith Based (Nonprofit Org)</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> </div> <small>*If incorporated, provide 10-digit charter number assigned by Secretary of State: _____</small>	
7) PROPOSED BUDGET PERIOD: Start Date: 9/1/2022 End Date: 8/30/2023	
8) REGION/COUNTIES SERVED BY PROJECT: Fort Bend County	
8a) IDENTIFY HIV SERVICE DELIVERY AREA(S) SERVED: Fort Bend County	
9) TOTAL AMOUNT OF FUNDING REQUESTED: \$361,384.00	11) PROJECT CONTACT PERSON Name: Barbarah Martinez, MSN, APRN, FNP-BC Phone: 281-238-3548 Fax: 832-471-1808 Email: Barbarah.Martinez@fortbendcountytexas.gov
10) PROJECTED EXPENDITURES Does the respondent's projected federal expenditures exceed \$750,000, or its projected state expenditures exceed \$750,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)? ** Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <small>**Projected expenditures should include anticipated expenditures under all federal grants including "pass through" federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.</small>	12) FINANCIAL OFFICER Name: Ed Sturdivant Phone: 281-341-3760 Fax: 281-341-3774 Email: Ed.Sturdivant@fortbendcountytexas.gov
<small>The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the RFA terms and conditions, including HHSC's Uniform Contract Terms and Conditions, and other RFA requirements unless specifically noted on the Respondent Information and Disclosure Form. I understand 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.</small>	
13) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: The Honorable KP George Title: County Judge Phone: 281-341-8608 Fax: 281-471-1858 Email: County.Judge@fortbendcountytexas.gov	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE  15) DATE April 26, 2022

FORM A: Respondent Information Page Instructions

This form provides basic information about the respondent and the proposed project with the Health and Human Services Commission (HHSC), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms the facts contained in the respondent's response are truthful and the respondent is in compliance with the RFA terms and conditions, including HHSC's Uniform Contract Terms and Conditions, and other RFA requirements unless specifically noted on the Respondent Information and Disclosure Form 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 9-digit 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, including 9-digit zip code, if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **DUNS Number** – 9- digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. This number is required if receiving **ANY** federal funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) **FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER OR SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The respondent acknowledges, understands and agrees the respondent's choice to use a social security number as its vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 6) **TYPE OF ENTITY** - Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and/or the Texas State Comptroller at https://fm.x.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf and check all other boxes that describe the entity.
 - Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. (<http://www.window.state.tx.us/procurement/prog/hub/>)
 - State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001.ii
 - Institutions of Higher Education as defined by §61.003 of the Education Code.
 - Minority Organization is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.
 - If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.
- 7) **PROPOSED BUDGET PERIOD** - The budget period for this proposal. Budget period is defined in the RFA.
- 8) **REGION/COUNTIES SERVED BY PROJECT** - Enter the Region and proposed target counties to be served by the project.
- 8A) **IDENTIFY HIV SERVICE DELIVERY AREA(S) SERVED**: Enter the HIV Service Delivery Areas that will be served.
- 9) **TOTAL AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from HHSC for proposed project activities (not including possible renewals).
- 10) **PROJECTED EXPENDITURES** - If respondent's projected federal expenditures exceed \$750,000 or its projected state expenditures exceed \$750,000 for respondent's current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).
- 11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and email address of the person responsible for the proposed project.
- 12) **FINANCIAL OFFICER** - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
- 13) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and email address of the person authorized to represent the respondent. Check the "Check if change" box if the authorized representative is different from previous submission to HHSC.
- 14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the respondent must sign in this blank.
- 15) **DATE** - Enter the date the authorized representative signed this form.

FORM B-1: GOVERNMENTAL ENTITY
Authorized Officials

Legal Business Name of Respondent:

Fort Bend County Health and Human Services

Include the full names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

Name:	The Honorable K.p. George	Mailing Address (incl. street, city, county, state, & zip):
Title:	Fort Bend County Hudge	301 Jackson St
Phone:	8324718608 Ext.	Richmond TX 77469
Fax:	2814711858	
Email:	FBC.Judge@fortbendcountytexas.gov	
Name:	Ed Sturdivant	Mailing Address (incl. street, city, county, state, & zip):
Title:	Fort Bend County Financial Officer	301 Jackson St
Phone:	2813413760 Ext.	Richmond TX 77469
Fax:	2813413774	
Email:	Ed.Sturdivant@fortbendcountytexas.gov	
Name:	Jacqueline Minter MD	Mailing Address (incl. street, city, county, state, & zip):
Title:	Director Health and Human Services	4520 Reading Road
Phone:	2812383233 Ext.	Suite A-100
Fax:	2812383355	Rosenberg TX 77471
Email:	Jacqueline.Minter@fortbendcountytexas.gov	
Name:	Barbarah Martinez APRN, FNP-BC	Mailing Address (incl. street, city, county, state, & zip):
Title:	Clinical Health Services Division Manager	4520 Reading Road
Phone:	2812386414 Ext.	Suite A-200
Fax:	8323711808	Rosenberg TX 77471
Email:	Barbarah.Martinez@fortbendcountytexas.gov	
Name:	Cynthia Smith	Mailing Address (incl. street, city, county, state, & zip):
Title:	Administrative Manager	4520 Reading Road
Phone:	2812386414 Ext.	Suite A-200
Fax:	8324711808	Rosenberg TX 77471
Email:	Cynthia.Smith@fortbendcountytexas.gov	
Name:	Lilian Mbise RN BSN CPH MPH	Mailing Address (incl. street, city, county, state, & zip):
Title:	Interim HIV Program Manager	307 Texas Parkway
Phone:	2814038091 Ext.	Suite 148
Fax:	8324711808	Missouri City, TX 77489
Email:	Lilian.Mbise@fortbendcountytexas.gov	

FORM G: PERFORMANCE STANDARDS AND MEASURES

The Performance Standards and Measures below will be used in part to assess your agency's effectiveness. Be sure to address each applicable Performance Standard and Measure associated with the Funding Opportunity(ies) for which your agency was funded.

Funding Opportunity 2: Core Prevention Performance Standards and Measures

Performance Standards*		
STANDARD A.1	At least 90% of individuals who are members of the priority populations listed below who test negative for HIV will be screened for PrEP.	
STANDARD A.2	At least 95% of individuals who are eligible for PrEP and interested are referred** for PrEP.	
STANDARD B	At least 95% of individuals with a positive HIV test will receive results counseling.***	
STANDARD C.1	At least 85% of individuals newly diagnosed with HIV will be linked to HIV-related medical care within 1 month.	
STANDARD C.2	At least 90% of individuals newly diagnosed with HIV will be linked to HIV-related medical care within 3 months.	
STANDARD D.1	Grantee will ensure that at least 85% of individuals who have been previously diagnosed with HIV will be linked to HIV-related medical care within 1 month.	
STANDARD D.2	Grantee will ensure that at least 90% of individuals who have been previously diagnosed with HIV will be linked to HIV-related medical care within 3 months.	
Performance Measures*		
OBJECTIVE A:	Projected minimum number of HIV tests.	850
OBJECTIVE B:	Of the total number of tests outlined in Objective A, the contractor will perform testing for the following DSHS local priority populations (see Tables 1-4 below or online at https://www.dshs.texas.gov/hivstd/contractor/hivprevention.shtm). List priority populations below, add more lines as needed. Priority Population totals do not need to add up to the projected numbers of tests as outlined in Objective A.	
	Priority Population #1 Hispanic MSM	403
	Priority Population #2 Black MSM	217
OBJECTIVE C:	Projected minimum number of individuals newly diagnosed with HIV.	12
OBJECTIVE D:	Total number of condoms to be distributed.	40,500

* To be met by the end of the contract term.

Once a client has been screened and considered eligible for PrEP, they should be offered an **active referral upon receiving a non-reactive test result. An active referral means a customized PrEP services referral to a provider or PrEP navigator, whether that person is internal or external to your agency. An active referral is one that is specific to the client's geography (using a local provider or referring to online PrEP provider) and needs (assistance making an appointment, reviewing assistance programs, education, etc).

*** *While the goal is to link 100% of persons living with HIV to HIV-related medical care, this performance measure reflects DSHS minimum performance standards.*

Funding Opportunity 3: HIV Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post Exposure Prophylaxis (nPEP) Performance Measures

Performance Measures*		
OBJECTIVE A:	Projected number of planned activities to engage individuals in PrEP and nPEP outreach, education, and recruitment.	8
OBJECTIVE B:	Of the projected number of planned activities outlined in Objective A, the contractor will provide PrEP and nPEP outreach and education for the following DSHS local priority populations (see Tables 1-4 below or online at https://www.dshs.texas.gov/hivstd/contractor/hivprevention.shtm). List priority populations below, add more lines as needed.	
	Priority Population #1 Hispanic MSM	6
	Priority Population #2 Black MSM	6
OBJECTIVE C:	Projected number of individuals who are prescribed a PrEP regimen.	50
OBJECTIVE D:	Of the projected number of individuals who are prescribed PrEP as outlined in Objective C, the contractor will provide PrEP prescriptions for the following DSHS local priority populations (see Tables 1-4 below or online at https://www.dshs.texas.gov/hivstd/contractor/hivprevention.shtm). List priority populations below, add more lines as needed.	
	Priority Population #1 Hispanic MSM	35
	Priority Population #2 Black MSM	15
OBJECTIVE E:	Projected number of local clinical providers to be reached through PrEP and nPEP education and outreach activities.	6

* To be met by the end of the contract term.