



FY 2011 Competitive Request for Proposals (RFP) for HPCDP/OBES Community Obesity Prevention Projects

Nutrition, Physical Activity and Obesity Prevention Program

<http://www.dshs.state.tx.us/obesity/default.shtm>

RFP #: HPCDP/OBES-0445.1

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Class/Item: 948/73

Client Services Contracting Unit (CSCU)

David L. Lakey, M.D. Commissioner

TABLE OF CONTENTS

PROPOSAL INFORMATION.....45

I.	INTRODUCTION AND DEFINITIONS	45
	A. Eligible Respondents	940
	B. Term of Contract	940
	C. Use of Funds	1044
	D. Schedule of Events	1142
II.	PROGRAM INFORMATION	1142
	A. General Purpose and Program Goals – Scope of Work	1142
	B. Program Background.....	1546
	C. Legal Authority.....	1546
	D. Project Development.....	1546
	E. Program Requirements.....	1546
III.	PROCUREMENT REQUIREMENTS	1748
	A. RFP Point of Contact	1748
	B. Proposal Due Date	1849
	C. Submission.....	1849
IV.	PROPOSAL SCREENING AND EVALUATION	1920
	A. Screening Process	1920
	B. Evaluation Process	2024
	C. Evaluation Criteria.....	2024
	D. Preference.....	2122
	E. Selection, Negotiation, and Award	2122
V.	DSHS ADMINISTRATIVE INFORMATION.....	2223
	A. Rejection of Proposals.....	2223
	B. Right to Amend or Withdraw RFP	2324
	C. Authority to Bind DSHS	2324
	D. Financial and Administrative Requirements	2324
	E. Contracting with Subcontractors.....	2425
	F. Contract Award Protest Policy	2526

CONTENT AND PREPARATION2627

VI.	PROPOSAL CONTENT	2627
	A. Instructions for Preparation	2627
	B. Confidential Information	2627
	C. Table of Contents.....	2728
VII.	BLANK FORMS AND INSTRUCTIONS	2728
	FORM A: FACE PAGE.....	2829
	FORM A: FACE PAGE INSTRUCTIONS	3034
	FORM A SUPPLEMENT: TEXAS COUNTIES AND REGIONS	3132
	FORM C: CONTACT PERSON INFORMATION	3334
	FORM D: ADMINISTRATIVE INFORMATION	3435
	FORM E: RESPONDENT BACKGROUND	3839
	FORM F: ASSESSMENT NARRATIVE.....	3940
	FORM F: ASSESSMENT NARRATIVE GUIDELINES	4044
	FORM G: PERFORMANCE MEASURES	4142

FORM G: PERFORMANCE MEASURES GUIDELINES	<u>4243</u>
FORM G: PERFORMANCE MEASURES GUIDELINES	<u>4344</u>
FORM H: WORK PLAN	<u>4445</u>
FORM H: WORK PLAN GUIDELINES	<u>4546</u>
FORM I: CHILD SUPPORT CERTIFICATION.....	<u>4647</u>
FORM J: FINANCIAL MANAGEMENT AND ADMINISTRATION	<u>4748</u>
QUESTIONNAIRE.....	<u>4748</u>
FORM K: EXCEPTIONS FORM (RFP# HPCDP/OBES-0445.1).....	<u>5354</u>

APPENDICES.....5657

APPENDIX A: BUDGET SECTION	<u>5657</u>
APPENDIX B: EVIDENCE OF READINESS	<u>5758</u>
APPENDIX B: EVIDENCE OF READINESS GUIDELINES.....	<u>5859</u>
APPENDIX C: TEMPLATE FOR LETTER OF PARTICIPATION	<u>5960</u>
APPENDIX C: LETTER OF PARTICIPATION GUIDELINES.....	<u>6061</u>
APPENDIX D: DSHS ASSURANCES AND CERTIFICATIONS.....	<u>6162</u>
APPENDIX E: VENDOR IDENTIFICATION	<u>6768</u>

PROPOSAL INFORMATION

I. INTRODUCTION AND DEFINITIONS

The Department of State Health Services (DSHS) *Nutrition, Physical Activity & Obesity Prevention (NPAOP) Program* announces the expected availability of Federal Fiscal Year (FY) 2011 funds to support the establishment of a nutrition and/or physical activity intervention model. NPAOP may fund as many as seven Texas communities for the prevention of overweight/obesity in a general or special population. Community obesity prevention projects shall implement, create, and/or advocate for community policy, systems and environmental changes consistent with obesity prevention and supported through research as evidence-based strategies (i.e., those which support healthy eating and active living). Respondents should focus on community policy and environmental changes that incorporate one or two of the following evidence-based areas as defined by the Centers for Disease Control and Prevention (CDC): nutrition; physical activity; increased access to and intake of fruits and vegetables; television/screen time reduction; and breastfeeding (please refer to the strategies on page 12 for more detailed information).

Please note: this announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed.

In addition, recipients may not use any funds obligated under this award for the construction, alteration, maintenance, or repair of a public building or public works. This RFP contains the requirements that all respondents must meet to be considered for contracts under this RFP.

Failure to comply with these requirements will result in disqualification of the respondent without further consideration. Each respondent is solely responsible for the preparation and submission of a proposal in accordance with instructions contained in this RFP.

Before completing the proposal, refer to the relevant program standards provided in **SECTION II. PROGRAM INFORMATION**. Other sections within the RFP may contain additional instructions pertaining to unique program requirements set forth in legislation or regulations, etc.

PLEASE READ ALL MATERIALS BEFORE PREPARING THE PROPOSAL.

Definitions

Appendix – Additional information and/or forms that are available in the back of this solicitation document.

Budget – A financial schedule documented in the contract that describes how funds will be used and/or describes the basis for reimbursement for the provision of contracted services. Types of budget may include categorical (line item), fee for service, or lump sum payable upon receipt of a product or deliverable. ***The Budget Section is required and is posted with this RFP as a separate package on the ESBD.***

Budget Period – The duration of the budget (stated in the number of months the contract will reflect from begin date to end date of the term of the contract). Each renewal will have its own budget period.

Client Services Contracting Unit (CSCU) – Central contracting unit within DSHS that is responsible for statewide client services procurements and their certifications. CSCU oversees, coordinates, and assists the Division with client services procurement needs, issues competitive procurements, finalizes development, and executes contracts. CSCU maintains the official contract file from procurement to contract closeout.

Contract – A written document referring to promises or agreements for which the law establishes enforceable duties and remedies between a minimum of two parties. A DSHS contract is assembled using a core contract (base), one or more program attachments, and other required exhibits (general provisions, etc.).

Contract Term – The period of time during which the contract or program attachment will be effective from begin date to end, or renewal date. The contract term may or may not be the same as the budget period.

Cost Reimbursement – A payment mechanism in which funds are provided to carry out approved activities based on an approved eight -category line-item (categorical) budget. Amounts expended in support of providing services and goods, if any, in accordance with the contract terms and conditions must be billed on a monthly basis for reimbursement unless otherwise specified in the contract. Reimbursement is based on actual allowable costs incurred that comply with the cost principles applicable to the grant and subgrants.

Debarment – An exclusion from contracting or subcontracting with state agencies on the basis of cause set forth in Title 34, Texas Administrative Code, §20.105 et seq.

Deliverables – Goods or services contracted for delivery or performance.

Due Date – Established deadline for submission of a document or deliverable.

Effective Date – The date the contract term begins.

Fully Executed – When a contract is signed by each of the parties to form a legal binding contractual relationship. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

Indirect Costs – Costs incurred for a common or joint purpose benefiting more than one project or cost objective of respondent's organization and not readily identified with a particular project or cost objective. Typical examples of indirect costs may include general administration and general expenses such as salaries and expenses of executive officers, personnel administration and accounting; depreciation or use allowances on buildings and equipment; and costs of operating and maintaining facilities.

Program – Depending upon the context, either a coordinated group of activities carried out by DSHS, as authorized by state or federal law, for a specific purpose (“program”) or DSHS staff located in a program, region, or hospital that identify and request procurement needs (“Program”). The Program partners with CSCU on procurements.

Program Attachment – An attachment to the core contract that provides details for a particular statement of work to be performed under the contract such as services to be delivered, performance measures or deliverables, funding, and reporting requirements. There may be multiple program attachments associated with a core contract. A program attachment is typically for a one-year term, with a contracting cycle made up of several one-year program attachment renewals. Program attachment is sometimes called a contract attachment.

Project – All work to be performed as a result of a contract or solicitation.

Project Period – The anticipated duration of the entire Project stated in total number of budget periods.

Respondent – A person or entity that submits a response to a solicitation. For purposes of this document, “respondent” is intended to include such phrases as “offeror”, “applicant”, “bidder”, “responder”, or other similar terminology employed by Department of State Health Services (DSHS), or Health and Human Service Commission (HHSC) to describe the person or entity that responds to a solicitation.

Scope of Work – A description of the services and/or goods, if any, for each service type, to be obtained as a result of a solicitation for a project period.

Statement of Work – The description of services and/or goods to be delivered by the DSHS contractor specifying the type, level and quality of service, that directly relate to program objectives.

Solicitation – The process of notifying prospective contractors of an opportunity to provide goods or services to the state (e.g., this RFP).

Special Provisions – Modifications and additions to the General Provisions for a funded program activity which are usually customized for the Program’s requirements and contain provisions specific to the program attachment.

Subcontractor – A written agreement between the DSHS contractor and a third party to provide all or a specified part of the services, goods, work, and materials required in the original contract. The contractor remains entirely responsible to DSHS for performance of all requirements of the contract with DSHS. The contractor must closely monitor the subcontractor’s performance. Subcontracting can be done only when expressly allowed in the program attachment.

Subrecipient – A type of contractor or subcontractor to which a subaward is made in the form of money, or property in lieu of money, to carry out all or part of the DSHS Program and that is accountable to DSHS for the use of the funds and property provided. This type of contractor may also be referred to as a subgrantee.

Reimbursement is based on actual allowable costs incurred that comply with cost principles applicable to the grants and subgrants.

A subrecipient contractor will have most of the following characteristics: a) determines who is eligible to receive what assistance, according to specified criteria; b) has performance measured against federal or state program objectives, as described in the program attachment; c) has responsibility for programmatic decision-making, and d) carries out duties to implement all or part of a program, as specified.

Supplant (verb) - To replace or substitute one source of funding for another source of funding. A recipient of contract funds under this RFP must not use the funds to pay any costs that the recipient is already obligated to pay. If a contractor, prior to responding to an RFP, had committed to provide funding for activities defined in the contract's statement of work (i.e., as represented in the RFP Budget Summary), then the contractor must provide the amount of funding previously committed in addition to the amount requested under this RFP.

Vendor Identification Number (Vendor ID No.) – Fourteen-digit number needed for any entity, whether vendor or subrecipient, to contract with the State of Texas and which must be set up with the State Comptroller's Office. It consists of a ten-digit identification number (IRS number, state agency number, or social security number) +check digit + 3 digit mail code. The VIN includes all the numbers in the TINs (defined above), including a three digit mail code for a total of 14 digits.

Work Plan - A plan that describes how services will be delivered to the eligible population and includes specifics such as what types of clients will be served, who will be responsible for the work, timelines for completion of activities, and how services will be evaluated when complete. To be an enforceable part of the contract, details from the work plan must be approved by DSHS and incorporated in the contract.

Texas Nutrition, Physical Activity and Obesity Prevention Program Definitions

Border County – DSHS Border Area is defined as the area within 100 kilometers (or 62 miles) of the Rio Grande River in the La Paz Agreement of 1986, which includes the 32 Texas Border Counties listed at the following DSHS web site for the Office of Border Health: http://www.dshs.state.tx.us/borderhealth/border_health_map.shtm
All counties must be located in the state of Texas and not Mexico.

CDC Recommended Community Strategies and Measurements to Prevent Obesity - The CDC has published a set of evidence-based, recommended strategies to encourage and support healthy eating and active living. These strategies are described in Section II.

Environmental Change Activities –Environmental changes alter or control the legal, social, economic, and physical environment affecting overweight/obesity and related chronic diseases and make it more conducive to healthier behaviors and choices related to nutrition, physical activity, television viewing/screen time, breastfeeding, etc. Examples include: mapping of trails or trail signage/mile markers; repositioning healthy

foods at a grocery store to customer eye level, etc. Please note: these funds cannot be use for construction.

Evidence-based obesity prevention – In public health and for the purposes of this proposal describes strategies or practices that are based on scientific principles that incorporate the use of data/information systems, behavioral science theory and planning models to effectively and consistently improve outcomes in short and intermediate measures impacting the likelihood of becoming overweight and obese in individuals and/or small groups of individuals. There is insufficient evidence at this time to deem public health obesity prevention *programs* as *evidence-based* since impact beyond the individual/small group level has not been consistently demonstrated. Therefore, this proposal positions communities to address obesity prevention in large community populations at the demonstration or model-level. The collection of evidence in the form of results, outcomes and population impact will be of primary importance to DSHS NPAOP as it attempts to draw conclusions from those practices that can then be replicated in other communities and/or translated to demonstration programs for future cycles of this proposal.

Policy Change Activities - Policies include laws, regulations, formal and informal rules and understandings that are adopted on a collective basis to guide individual and collective behavior. Examples include: zoning/planning for parks and other recreational areas, worksite policies that support a mother's breastfeeding needs throughout the workday, etc.

A. Eligible Respondents

Eligible respondents include public or private nonprofit, governmental entity, or businesses or for-profit entity that can meet all requirements of the RFP and must comply with the criteria listed below.

1. Respondent must be established as an appropriate legal entity as described in the paragraph above, under state statutes and must have the authority and be in good standing to do business in Texas and to conduct the activities described in the RFP.
2. Respondent must have a Texas address. A post office box may be used when the proposal is submitted, but the respondent must conduct business at a physical location in Texas prior to the date that the contract is awarded.
3. Respondent must be in good standing with the U.S. Internal Revenue Service.
4. Respondent is ineligible to apply for funds under this RFP if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.
5. Respondent may be ineligible for contract award if audit reports or financial statements submitted with the proposal identify concerns regarding the future viability of the contractor, material non-compliance or material weaknesses that are not satisfactorily addressed, as determined by DSHS.
6. Respondent's staff members, including the executive director, must not serve as voting members on their employer's governing board.
7. Respondent must **not** be listed on the Excluded Parties List System (EPLS). In compliance with Comptroller of Public Accounts and Texas Procurement and Support Services rules, a name search will be conducted using the federal EPLS at: <http://epls.arnet.gov> prior to the development of a contract. No contract may be awarded to any respondent found on the EPLS system. A respondent is not considered eligible to contract with DSHS if a name match is found.

Respondent is not considered eligible to apply unless the respondent meets the eligibility conditions to the stated criteria listed above at the time the proposal is submitted. Respondent must continue to meet these conditions throughout the selection and funding process. DSHS expressly reserves the right to review and analyze the documentation submitted and to request additional documentation, and determine the respondent's eligibility to compete for the contract award.

B. Term of Contract

It is expected that the initial contract period will begin on or about **June 30, 2011**, and will be made for a **12--**month budget period.

This contract may be renewed up to **two (2) additional** one year period(s), with renewal initiated at the sole discretion of DSHS. Continued funding of the contract in future years is contingent upon the availability of funds and the satisfactory performance of the contractor during the prior contract period. Funding may vary and is subject to change each renewal period.

Contracts awarded under this RFP and any anticipated contract renewals are contingent upon the continued availability of funding. DSHS reserves the right to alter, amend or withdraw this RFP at any time prior to the execution of a contract if funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or agencies, amendment of the appropriations act, health and human services agency consolidations, or any other disruption of current appropriations. If a contract has been fully executed and these circumstances arise, the provisions of the Termination Article in the contract General Provisions will apply.

C. Use of Funds

In Fiscal Year **2011** , approximately **\$300,000** is expected to be available to fund up to seven contracts that are a representative distribution throughout the state. DSHS will select an even distribution of nutrition and physical activity projects with a minimum score requirement of 75%. The specific dollar amount awarded to each successful respondent depends upon the merit and scope of the proposal and other best value considerations and is at the sole discretion of DSHS.

Funds are awarded for the purpose specifically defined in this RFP and must not be used for any other purpose. Funds may be used for personnel, fringe benefits, staff travel, contractual services, other direct costs, and indirect costs, as allowed in the budget.

Funds must not be used to supplant other local, state, or federal funds.

Please note: this announcement is only for non-research activities supported by CDC. If research is proposed, the application will not be reviewed.

Recipients may not use any funds obligated under this award for the construction, alteration, maintenance, or repair of a public building or public works

D. Schedule of Events

1. Issue the RFP by posting to the Electronic State Business Daily (ESBD)	01/06/2011
2. Deadline for Submitting Questions	01/20/2011
3. Post Answers to Questions to the ESBD	01/25/2011
4. Deadline for Submission of Proposals	03/04/2011
5. Contract Negotiations	04/18/2011-04/29/2011
6. Post Final Awards to the ESBD	05/13/2011
7. Mail/Email Contract(s) to Awarded Respondent(s) for Signature	05/30/2011
8. Anticipated Contract Begin Date	06/30/2011

DSHS reserves the right to change the dates shown above without notice.

II. PROGRAM INFORMATION

A. General Purpose and Program Goals – Scope of Work

The purpose is to support the establishment of a nutrition and/or physical activity intervention model within a Texas community for the prevention of overweight/obesity in a general or special population. Community obesity prevention projects shall implement as well as create and/or advocate for community policy, systems and environmental changes consistent with obesity prevention and supported through research as evidence-based strategies (i.e., those which support healthy eating and active living).

Community policy and environmental changes should incorporate one or two evidence-based obesity prevention target areas as defined by the CDC (and identified below) while following, no more than two (2) of the CDC's recommended strategies for obesity prevention (also specified in this section).

The evidence-based obesity prevention target areas as defined by the CDC are:

Nutrition or Breastfeeding:

- Decrease consumption of high-energy dense foods
- Decrease consumption of sugar sweetened beverages
- Increase access to and intake of fruits and vegetables
- Increase support for breastfeeding

Physical Activity:

- Television/screen time reduction
- Increase physical activity

The program goal is to establish a sustainable model for policy and environmental change through a successful process of assessment, implementation and evaluation over a twelve month grant period, with the possibility of two (2) additional, one year periods.

To be considered, applicants must address changes in policy and/or environments by using **no more than two (2)** of the CDC recommended strategies, in one or two evidence-based target areas, for obesity prevention (see below) to support healthy eating, physical activity, breastfeeding, or a combination:

CDC Community Evidence-Based Strategies for Obesity Prevention – The CDC has published a set of evidence-based, recommended strategies to encourage and support healthy eating and active living. Background information on these strategies can be found at:

http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm?s_cid=rr5807a1_e.

An implementation and measurement guide for these strategies can be found at: http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf.

These CDC strategies form the basis for this Request for Proposal and include following:

STRATEGIES TO PROMOTE THE AVAILABILITY OF AFFORDABLE HEALTHY FOOD AND BEVERAGES

1. Increase availability of healthier food and beverage choices in public service venues
2. Improve availability of affordable healthier food and beverage choices in public service venues
3. Improve geographic availability of supermarkets in underserved areas
4. Provide incentives to food retailers to locate in and/or offer healthier food and beverage choices in underserved areas
5. Improve availability of mechanisms for purchasing foods from farms
6. Provide incentives for the production, distribution, and procurement of foods from local farms

STRATEGIES TO SUPPORT HEALTHY FOOD AND BEVERAGE CHOICES

7. Restrict availability of less healthy foods and beverages in public service venues
8. Institute smaller portion size options in public service venues
9. Limit advertisements of less healthy foods and beverages
10. Discourage consumption of sugar-sweetened beverages

STRATEGY TO ENCOURAGE BREASTFEEDING

11. Increase support for breastfeeding

STRATEGIES TO ENCOURAGE PHYSICAL ACTIVITY OR LIMIT SEDENTARY ACTIVITY AMONG CHILDREN AND YOUTH

12. Require physical education in schools
13. Increase the amount of physical activity in physical education programs in schools
14. Increase opportunities for extracurricular physical activity
15. Reduce screen time in public service venues

STRATEGIES TO CREATE SAFE COMMUNITIES THAT SUPPORT PHYSICAL ACTIVITY

16. Improve access to outdoor recreational facilities

17. Enhance infrastructure supporting bicycling
18. Enhance infrastructure supporting walking
19. Support locating schools within easy walking distance of residential areas
20. Improve access to public transportation
21. Zone for mixed-use development
22. Enhance personal safety in areas where persons are or could be physically active
23. Enhance traffic safety in areas where persons are or could be physically active

STRATEGY TO ENCOURAGE COMMUNITIES TO ORGANIZE FOR CHANGE

24. Participate in community coalitions or partnerships to address obesity

Examples of considered applications could include but are not limited to the following:

Environmental Change Focus:

- Trail or park enhancement (Recipients may not use any funds obligated under this award for the construction, alteration, maintenance, or repair of a public building or public work);
- Transportation enhancements to promote walkability and bikability ;
- Reduction of portion sizes in community restaurants;
- Community and school garden development;
- Community changes that increase access to fruits and vegetables;
- Retail food initiatives that promote healthy eating; and
- Worksite breastfeeding room to promote breastfeeding among employees.

Please note – These funds cannot be used for construction.

Policy Focus:

- Formation of a food policy group to promote community policies around fruits and vegetables (i.e., incentivizing access or reducing prices of healthy foods);
- Formation of active living policy group to promote community policies that address safety factors for walkers and bikers (i.e., enforcement, street design or new development specifications);
- Zoning changes to promote active living and healthy eating; and
- Enhancement of a woman's right to breastfeed in public.

Contractors are required to conduct project activities that are CDC recommended (as mentioned above) for the prevention of obesity. Please visit the CDC website at: http://www.cdc.gov/obesity/downloads/community_strategies_guide.pdf.

Preference will be given to applicants with evidence of community readiness, determined by an assessment of existing assets and capacity within multiple sectors of the community (i.e., schools, healthcare facilities, etc.) For more information, see FORM F: COMMUNITY READINESS ASSESSMENT NARRATIVE GUIDELINES in this RFP.

Respondents must submit with their proposal signed letters of participation from potential or existing community partners who will collaborate with the applicant to carry out the proposed strategies. Respondents must submit a signed letter of participation from each community partner identified on FORM F: Assessment Narrative Guidelines, item #6. A template for letters of participation is provided in Appendix C.

B. Program Background

The Texas DSHS NPAOP Program works to reduce the burden of death and disease related to overweight and obesity in Texas. The NPAOP Program bases its activities on best practices as recommended by the CDC to perform nutrition and physical activity interventions using policy and environmental changes. Additionally, NPAOP partners with state and local organizations and communities throughout Texas to promote evidence-based interventions to prevent and control obesity and overweight.

C. Legal Authority

DSHS is authorized to enter into contracts through Texas Health and Safety Code Chapter 1001.

D. Project Development

The contractor will be required to consult with the DSHS NPAOP on a monthly basis via telephone conference and/or periodic site visit(s) for technical assistance. DSHS NPAOP staff will provide technical assistance as needed on evidence-based strategies, evaluation, implementation of policy and environmental changes, etc.

Projects will be required to submit:

- monthly reports detailing progress in accomplishing objectives in a format designed by DSHS NPAOP;
- one year end summary for each fiscal year of contract period to include summative evaluation data; and
- evaluation data and analysis to be specified by DSHS NPAOP.

All projects are also required to have and maintain procedures and tracking tools in a consistent manner to document activities, services, and outcomes, measured in reports.

Awarded contractors are encouraged to actively participate in local and regional planning activities related to the scope of this RFP. For information on local planning activities, contact your local health department or DSHS regional offices at <http://www.dshs.state.tx.us/regions/default.shtm>.

E. Program Requirements

Contractors are required to conduct Project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the *Health and Human Services Commission (HHSC) Civil Rights Office* website at: <http://www.hhs.state.tx.us/aboutHHS/CivilRights.shtml>.

Upon request, a contractor must provide the HHSC Civil Rights Office with copies of all the contractor's civil rights policies and procedures. Contractors must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the contract no more than 10 calendar days after receipt of the complaint. Notice must be directed to:

HHSC Civil Rights Office
701 W. 51st Street, Mail Code W206
Austin, TX 78751
Phone Toll Free 888/388-6332
Phone: 512/438-4313
TTY Toll Free 877/432-7232
Fax: 512/438-5885

A contractor must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the contractor's programs, benefits or activities on the basis of national origin, and must take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English, in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

Contractors must comply with Executive Order 13279, and its implementing regulations at 45 CFR Part 87 or 7 CFR Part 16, which provide that any organization that participates in programs funded by direct financial assistance from the U.S. Dept. of Agriculture or U.S. Dept. of Health and Human Services must not, in providing services, discriminate against a program beneficiary or prospective program beneficiary on the basis of religion or religious belief.

DSHS reserves the right to modify the Statement of Work of the contract and to incorporate Special Provisions into contracts awarded under this RFP.

III. PROCUREMENT REQUIREMENTS

A. RFP Point of Contact

For purposes of **submitting questions** concerning this RFP, the only contact is **Vonda White, CSCU Contract Coordinator** unless otherwise delegated by the CSCU Director. All communications concerning this RFP, must be submitted by email (preferred), mail, hand-delivery, or fax to:

Mailing Address for Regular Mail:

Vonda White, CSCU Contract Coordinator

Ref: RFP# HPCDP/OBES-0445.1
Client Services Contracting Unit MC 1886
Department of State Health Services
P.O. Box 149347
Austin, Texas 78714-9347

Physical Address for Overnight Mail or hand-delivery:

Vonda White, CSCU Contract Coordinator

Ref: RFP# HPCDP/OBES-0445.1
Client Services Contracting Unit MC 1886
Department of State Health Services
1100 W. 49th Street, Room T-502
Austin, Texas 78756

Phone and Fax Numbers:

512/458-7470 phone
512/458-7351 fax

CSCU Contact Email: *Vonda.white@dshs.state.tx.us*

Other employees and representatives of DSHS are not permitted to answer questions or otherwise discuss the contents of the RFP with any respondents or potential respondents or their representatives. Failure to observe this restriction may result in disqualification of this or other subsequent proposals. This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this RFP.

Written inquiries or questions about this RFP must be received no later than the date specified in Section I.D. Schedule of Events by **5:00 P.M. Central Standard Time (CST)**. Questions submitted after this date and time will not be answered. Questions will not be answered verbally. Questions must be submitted by email (preferred), mail, hand-delivery, or fax to the addresses or numbers above.

All questions and answers will be posted on the *Electronic State Business Daily* (ESBD) website at: <http://esbd.cpa.state.tx.us>. Postings may be made as questions are answered; however, all questions will be answered and

posted no later than 5:00 P.M. **CST** on the date specified in Section I D. Schedule of Events.

Below are steps to navigate the ESDB web site to view all documents posted related to this RFP including questions and answers. If you know the Agency Requisition number, skip to 1. c.

1. On the ESDB page, under the Browse heading:
 - a) For the Agency Field, click Name then select Department of State Health Services from the pull down menu.
 - b) For the Search Type Field, select Search Bid/Procurement Opportunities from the pull down menu.
 - c) In the Agency Requisition Number field, type HPCDP/OBES-0445.1
 - d) Leave the NIGP Class – Item Number field blank.
 - e) For the Order Results By field, select your preference from the pull down menu.
 - f) Click the GO button.
2. All documents that are posted for this RFP will be displayed with a description of each document.
3. Click on the appropriate document or bid package to see the file.

CSCU is the point of contact with regard to all procurement and contractual matters relating to the services described herein prior to the award of any contract(s) as a result of this RFP. CSCU is the only office authorized to clarify, modify, amend, alter, or withdraw the Project requirements, terms, and conditions of this RFP.

B. Proposal Due Date

The proposal must be received on or before the following date and time: 2:00 P.M. **CST** on the date specified in Section I. D. Schedule of Events.

C. Submission

The original proposal and **five (5)** additional copies must be submitted **on or before the due date to the RFP point of contact at the address specified in Section III. A. RFP Point of Contact. DSHS will not accept proposals by fax or email.**

If a proposal is sent by overnight mail or hand-delivered to the DSHS address above, the respondent should request a receipt at the time of delivery to verify the proposal was received on or before the proposal due date and time. **Hand-delivered proposals must be delivered to the room number identified in Section III. A. RFP Point of Contact.**

If a proposal is mailed, it is considered as meeting the deadline if it is delivered to the correct address as reflected in Section III. A. RFP Point of Contact and received by DSHS on or before the due date and time.

Respondents sending proposals by the United States Postal Service or commercial delivery services must ensure the carrier will be able to guarantee delivery of the proposal by the due date and time. DSHS may make exceptions only for natural disasters or catastrophes in the affected area as determined by DSHS. The respondent must submit to the RFP contact proper documentation that reflects the above exceptions before DSHS can consider the proposal as having been received by the deadline. It is the respondent's responsibility to ensure timely delivery of the proposal as required by this RFP.

Proposals that do not meet the above criteria will not be eligible for competition.

IV. PROPOSAL SCREENING AND EVALUATION

Proposals will be reviewed according to the criteria below. To maximize fairness for all proposals during review, DSHS staff may only confirm receipt of a proposal and are not permitted to discuss the proposal or its review during the review process. All proposals remain with DSHS and will not be returned to the respondent.

A. Screening Process

Proposals are initially screened for eligibility and completeness. The preliminary screening or eligibility criteria requirements include the following:

1. Proposal received on or before the proposal due date and time.
2. The original proposal bears an original signature of the authorized official of the respondent organization on Form A: Face Page.
3. Form D: Administrative Information will be used in the initial screening process. This information may be used to exclude a proposal from review at the sole discretion of DSHS.

In conducting the screening process, DSHS at its sole discretion may give respondents an opportunity to submit missing information or correct identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be screened as is or may be disqualified from the evaluation process. Information submitted after the deadline will not be part of the evaluation.

DSHS reserves the right to waive irregularities that DSHS in its sole discretion determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived.

PROPOSALS MAY BE EXCLUDED FROM REVIEW AND EVALUATION BASED ON THE SCREENING PROCESS OR ADMINISTRATIVE INFORMATION PROVIDED ON FORM D.

B. Evaluation Process

Proposals that successfully pass the initial screening will be evaluated by an evaluation team consisting of subject matter experts in the areas of chronic disease and obesity prevention, nutrition, physical activity, policy and environmental change, and community interventions using the standard evaluation criteria and scoring values as outlined below.

Each application will be reviewed by three (3) members of the review team, who will give the applications a numeric score. Prior to the receipt of proposals, DSHS will establish a review process. Applications will be reviewed and scored using a standardized scoring instrument.

Contracts will be awarded on a competitive basis based on the merit and scope of the proposal and other best value considerations. DSHS may select up to six non-border community finalists and at least one border community finalist. Consideration will be given to statewide representation. If no border community applies, or meets the required minimum score of 75 percent, up to seven non-border communities may be selected.

Proposals deemed ineligible for funding by a review team may not be considered. The specific dollar amount awarded to each successful respondent will depend upon the merit and scope of the proposal and other best value considerations. Not all respondents who are deemed eligible to receive funds are assured of receiving an award. In the event that less than the expected total number of proposals apply or are selected, the funding allotted for each selected respondent may be increased at the discretion of DSHS and based on the merit and scope of the selected proposals.

In the event an item of non-compliance appears in a significant number of proposals, suggesting a possible lack of clarity in the RFP, DSHS at its sole discretion, may give all respondents an opportunity to correct the identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be evaluated as is. Information submitted after the deadline will not be part of the evaluation.

C. Evaluation Criteria

For all applicants, the proposal sections will be weighted as follows:

Proposal Components	Value
FORM F: Assessment Narrative	16%
FORM G: Performance Measures	26%
FORM H: Work Plan	30%
APPENDIX A: Budget (All forms)	7%
APPENDIX B: Evidence of Readiness	21%

Total	100% maximum
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D. Preference

Preference will be given to applicants with evidence of community readiness, determined by an assessment of existing assets and capacity within multiple sectors of the community (i.e., schools, healthcare facilities, etc.) For more information, see FORM F: COMMUNITY READINESS ASSESSMENT NARRATIVE GUIDELINES in this RFP.

Respondents must submit with their proposal signed letters of participation from potential or existing community partners who will collaborate with the applicant to carry out the proposed strategies. Respondents must submit a signed letter of participation from each community partner identified on FORM F: Assessment Narrative Guidelines, item #6. A template for letters of participation is provided in Appendix C.

E. Selection, Negotiation, and Award

Funding awards will be based on evaluation scores, availability of funds, area/community need or other factors, and the best interest of the State in providing services under this RFP.

Successful respondents are expected to achieve a score of at least **75 percent**. Proposals with a score less than indicated above may not be considered. The specific dollar amount awarded to each successful respondent will depend upon the merit and scope of the proposal and other best value considerations. Not all respondents who are deemed eligible to receive funds are assured of receiving an award.

In addition to consideration of scores and other best-value factors, funding decisions may be made to ensure:

- Representation of nutrition- and physical activity-related projects across communities, including a varied type of selected strategies,
- Geographic distribution of funded projects,
- Inclusion of communities of varying sizes, including rural, suburban, and urban communities,
- Inclusion of populations disproportionately affected by obesity and associated risk factors.

The final funding amount and the provisions of the contract will be determined at the sole discretion of DSHS staff.

Any exceptions to the requirements in the RFP sought by the respondent must be specifically detailed in writing by the respondent on Form L: Exception Form in this proposal submitted to DSHS for consideration. DSHS will accept or reject each proposed exception.

CSCU will post to the ESBD a list of respondents whose proposals are selected for **final** award **following successful** negotiations. This posting does not constitute DSHS's agreement with all the terms of any respondent's proposal and does not bind DSHS to enter into a contract with any respondent whose award is posted.

Once award decisions are recommended, DSHS staff will enter into negotiations with the recommended respondents. Respondents selected for contract negotiations will be contacted by DSHS staff to negotiate the proposed funding amounts, request revisions necessary to the budget and any other forms, to discuss financial controls, and to confirm readiness in order to obtain the needed client services within the framework of the goals of the NPAOP Program and available funds. As funds are never unlimited, it is expected that the respondent(s) selected for contract awards may be asked to revise the budgets, as well as the goals and objectives of their proposals in order to achieve the NPAOP Program goals within available funding limits. This process is commonly referred to as contract negotiation. Respondent must submit written revisions reflecting negotiated changes. Respondents will have a set amount of time in which to make revisions and return revised documents to DSHS in order to be considered for an award. Respondents failing to meet prescribed deadlines will not be awarded a contract. If negotiations and needed revisions are acceptable to DSHS, DSHS, at its sole discretion, may enter into contract(s) with respondent(s).

V. DSHS ADMINISTRATIVE INFORMATION

A. Rejection of Proposals

1. DSHS reserves the right to reject any or all proposals and is not liable for any costs incurred by the respondent in the development or submission of the proposal.

2. Any attempt by an employee, officer, or agent of the respondent to influence the outcome of DSHS' review through contact with any Commissioner or staff member of DSHS or other Texas Health and Human Services agency will result in rejection of the proposal.
3. Any material misrepresentation in a proposal submitted to DSHS will result in rejection of the proposal.
4. Form D: Administrative Information. Information supplied on this form will be used in the screening, evaluation, and/or rejection of any proposal.
5. Proposals may be rejected for failure to meet screening criteria or respondent eligibility criteria.

B. Right to Amend or Withdraw RFP

DSHS reserves the rights to alter, amend, or modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract if it is in the best interest of DSHS and the State of Texas. The decision of DSHS is administratively final. Amendment or notice of withdrawal of the RFP will be posted to the ESD.

C. Authority to Bind DSHS

For the purposes of this RFP, the Commissioner of DSHS, Assistant Commissioner, Chief Financial Officer or Chief Operating Officer, CSCU Director, or the employee designated through commissioner's directive relating to line of authority (CD-2005.02) to act in place of one of those employees is granted the signature responsibility of that employee are the only individuals who may legally commit DSHS to the expenditure of public funds under the contract. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

D. Financial and Administrative Requirements

General Provisions

1. All contractors under this RFP must comply with the *DSHS General Provisions* posted on the ESD with this RFP. The General Provisions are also located at: <http://www.dshs.state.tx.us/grants/gen-prov.shtm>.

Respondent is not required to return the General Provisions or DSHS Assurances and Certifications with their proposal. By signing the Form A: Face Page, respondent is agreeing to abide by the referenced General Provisions and DSHS Assurances and Certifications.

2. All contractors under this solicitation must comply with applicable cost principles, audit requirements, and administrative requirements. Form K. Financial Management and Administrative Questionnaire is required and may be discussed during contract negotiations.

Additional requirements on basic accounting and financial management systems are found in *DSHS Contractor Financial Procedures Manual*. Copies of the procedures manual are available online at <http://www.dshs.state.tx.us/contracts/docs/cfpm.doc>. *OMB Circulars* may be found at: <http://www.whitehouse.gov/omb/circulars/>.

3. All DSHS contractors are required to maintain a financial management system that will identify the receipt and expenditure of funds separately for each DSHS contract and/or program attachment and will record expenditures by the budget cost categories in the approved budget for a cost reimbursement program attachment. This requires establishing within the chart of accounts and general ledger, a separate set of accounts for each program attachment. In order to ensure the fiscal integrity of accounting records, the contractor must use an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger. .
4. **Electronic and Information Resources Accessibility:** The respondent must represent and warrants that the technology provided to DSHS is in compliance with the State of Texas accessibility requirements for electronic and information resources as specified in 1 Texas Administrative Code Chapter 213 when such products are available in the commercial marketplace or when such products are developed in response to a procurement solicitation. The respondent must provide Department of Information Resources (DIR) with the URL to its Voluntary Product Accessibility Template (VPAT) for reviewing compliance with the State of Texas Accessibility requirements (based on the federal standards established under Section 508 of the Rehabilitation Act), or indicate the product/service accessibility information is available from the *General Services Administration 'Buy Accessible Wizard' (BAW)*. Respondents not listed with the BAW or supplying a URL to their VPAT must provide DIR a report that addresses the same accessibility criteria in substantively the same format. Additional information regarding the BAW or VPAT is located at: <http://www.section508.gov>.

E. Contracting with Subcontractors

The selected contractor **may** enter into contracts with subrecipient subcontractors unless restricted or otherwise prohibited in a specific Program Attachment(s). Prior to entering into an agreement equaling or exceeding \$100,000, Contractor shall obtain written approval from DSHS. The contractor is responsible to DSHS for the performance of any subcontractor or sub-grantee.

If the selected respondent enters into contracts with subcontractors, the documents must be in writing and must comply with the requirements

specified in articles of the General Provisions posted on the ESBD in conjunction with this RFP.

F. Contract Award Protest Policy

Respondents who feel aggrieved in connection with a contract award based on this RFP, must submit a written protest according to Title 25, Part 1, Chap. 4, Subchapter A, §4.1 – Contract Protest which, is located at: [Protest Procedures for Client Services Competitive Procurements](#)

The protest should be mailed or faxed to:

Contract Oversight and Support Section
Attention: Protest Coordinator
MAILCODE 1326
P.O. Box 149347
Austin, TX 78714-9347
Fax: 512/458-7202

CONTENT AND PREPARATION

VI. PROPOSAL CONTENT

A. Instructions for Preparation

The proposal must be developed and submitted in accordance with the instructions outlined in this section. The proposal should meet the following stylistic requirements:

- All pages clearly and consecutively numbered;
- Original and **5** additional copies unbound, but secured with binder clips or rubber bands;
- Typed (computer or typewriter);
- No less than single-spaced;
- No less than 12-point font on 8 1/2" x 11" paper with 1" margins;
- Black print on white paper;
- Blank forms provided in **SECTION VII. BLANK FORMS AND INSTRUCTIONS** must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided.
- Signed in ink by an authorized official (copies must be signed but need not bear an original signature);
- Envelope/package containing the proposal must clearly identify the respondent's legal name and mailing address as reflected on Form A: Face Page.
- Envelope/package containing the proposal must clearly identify the name and number of the RFP as reflected on the cover page of this RFP.
- An electronic disc copy must be included.

Specific instructions for each required section are provided. Instructions for completing forms are found on each form.

B. Confidential Information

The respondent must clearly designate any portion(s) of this proposal that contains confidential information and state the reasons the information should be designated as such. **Marking the entire proposal as confidential will be neither accepted nor honored.** If any information is marked as confidential in the proposal, DSHS will determine whether the request for exemption will be honored from disclosure under the Public Information Act, Texas Government Code, Chapter 552. If it constitutes an exception, and if a request is made by any other entity or individual for the information marked as confidential, the information will be forwarded to the Texas Attorney General along with a request for a ruling on its confidentiality. Respondents

are advised to consult with their legal counsel regarding disclosure issues and to take the appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, proposals to this RFP are subject to release as public information unless any proposal or specific parts of any proposal can be shown to be exempt from disclosure under the Public Information Act, Texas Government Code, Chapter 552.

C. Table of Contents

THE PROPOSAL SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:

- Form A: Face Page - Proposal for Financial Assistance
- Form B: Proposal Table of Contents and Checklist
- Form C: Contact Person Information
- Form D: Administrative Information – attach required information
- Form E: Respondent Background
- Form F: Assessment Narrative
- Form G: Performance Measures
- Form H: Work Plan
- Form I: Child Support Certification
- Form J: Financial Management and Administration Questionnaire
- Form K: Exceptions Form
- Appendix A: Budget – Budget Section forms and instructions are posted separately on ESD
- Appendix B: Evidence of Readiness
- Appendix C: Letters of Participation

VII. BLANK FORMS AND INSTRUCTIONS



Department of State Health Services

FORM A: FACE PAGE

Proposal for Financial Assistance [RFP# HPCDP/OBES-0445.1]

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:	
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):	Check if address change <input type="checkbox"/>
3) PAYEE Name and Mailing Address (if different from above):	Check if address change <input type="checkbox"/>
4) DUNS Number (9-digit) required if receiving American Recovery and Reinvestment Act of 2009 (ARRA) funds:	
5) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or 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):	
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization <input type="checkbox"/> Faith Based (Nonprofit Org)
<input type="checkbox"/> Individual <input type="checkbox"/> Federally Qualified Health Centers <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____	
<small>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</small>	
7) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____
8) COUNTIES SERVED BY PROJECT:	
9) AMOUNT OF FUNDING REQUESTED:	11) PROJECT CONTACT PERSON
10) PROJECTED EXPENDITURES Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's current fiscal year (excluding amount requested in line 9 above)? ** Yes <input 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: _____ Phone: _____ Fax: _____ Email: _____	
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in APPENDIX A: DSHS Assurances and Certifications. 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.	
13) AUTHORIZED REPRESENTATIVE <input type="checkbox"/> Check if change	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: _____ Title: _____	15) DATE

Phone:	
Fax:	
Email:	

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 the facts contained in the respondent's response are truthful and the respondent is in compliance with the assurances and certifications contained in **APPENDIX B: 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) **DUNS Number** – 9 digit Dun and Bradstreet Data Universal Numbering System (DUNS) number or Central Contractor Registration number plus 4 digit extended DUNS number. This number is required if receiving **ANY** American Recovery and Reinvestment Act (ARRA) funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) **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 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.
- 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> or http://www.sos.state.tx.us/corp/nonprofit_org.shtml and/or the Texas State Comptroller at https://fmx.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** - Enter the budget period for this proposal. Budget period is defined in the RFP.
- 8) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from the BUDGET SUMMARY used for cost reimbursement budgets.
- 10) **PROJECTED EXPENDITURES** - If respondent's projected federal expenditures exceed \$500,000 or its projected state expenditures exceed \$500,000 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 DSHS.
- 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 A SUPPLEMENT: TEXAS COUNTIES AND REGIONS

Legal Business Name of Respondent: _____

COUNTIES SERVED BY PROJECT - Item 7 of Form A: Face Page: Check counties to be served and include behind Form A: Face Page.

Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R
-A-			Crosby	<input type="checkbox"/>	01	Hays	<input type="checkbox"/>	07	Martin	<input type="checkbox"/>	09	Schleicher	<input type="checkbox"/>	09
Anderson	<input type="checkbox"/>	04	Culberson	<input type="checkbox"/>	10	Hemphill	<input type="checkbox"/>	01	Mason	<input type="checkbox"/>	09	Scurry	<input type="checkbox"/>	02
Andrews	<input type="checkbox"/>	09	-D-			Henderson	<input type="checkbox"/>	04	Matagorda	<input type="checkbox"/>	06	Shackelford	<input type="checkbox"/>	02
Angelina	<input type="checkbox"/>	05	Dallam	<input type="checkbox"/>	01	Hidalgo	<input type="checkbox"/>	11	Maverick	<input type="checkbox"/>	08	Shelby	<input type="checkbox"/>	05
Aransas	<input type="checkbox"/>	11	Dallas	<input type="checkbox"/>	03	Hill	<input type="checkbox"/>	07	McCulloch	<input type="checkbox"/>	09	Sherman	<input type="checkbox"/>	01
Archer	<input type="checkbox"/>	02	Dawson	<input type="checkbox"/>	09	Hockley	<input type="checkbox"/>	01	McLennan	<input type="checkbox"/>	07	Smith	<input type="checkbox"/>	04
Armstrong	<input type="checkbox"/>	01	Deaf Smith	<input type="checkbox"/>	01	Hood	<input type="checkbox"/>	03	McMullen	<input type="checkbox"/>	11	Somervell	<input type="checkbox"/>	03
Atascosa	<input type="checkbox"/>	08	Delta	<input type="checkbox"/>	04	Hopkins	<input type="checkbox"/>	04	Medina	<input type="checkbox"/>	08	Starr	<input type="checkbox"/>	11
Austin	<input type="checkbox"/>	06	Denton	<input type="checkbox"/>	03	Houston	<input type="checkbox"/>	05	Menard	<input type="checkbox"/>	09	Stephens	<input type="checkbox"/>	02
-B-			DeWitt	<input type="checkbox"/>	08	Howard	<input type="checkbox"/>	09	Midland	<input type="checkbox"/>	09	Sterling	<input type="checkbox"/>	09
Bailey	<input type="checkbox"/>	01	Dickens	<input type="checkbox"/>	01	Hudspeth	<input type="checkbox"/>	10	Milam	<input type="checkbox"/>	07	Stonewall	<input type="checkbox"/>	02
Bandera	<input type="checkbox"/>	08	Dimmit	<input type="checkbox"/>	08	Hunt	<input type="checkbox"/>	03	Mills	<input type="checkbox"/>	07	Sutton	<input type="checkbox"/>	09
Bastrop	<input type="checkbox"/>	07	Donley	<input type="checkbox"/>	01	Hutchinson	<input type="checkbox"/>	01	Mitchell	<input type="checkbox"/>	02	Swisher	<input type="checkbox"/>	01
Baylor	<input type="checkbox"/>	02	Duval	<input type="checkbox"/>	11	-I-			Montague	<input type="checkbox"/>	02	-T-		
Bee	<input type="checkbox"/>	11	-E-			Irion	<input type="checkbox"/>	09	Montgomery	<input type="checkbox"/>	06	Tarrant	<input type="checkbox"/>	03
Bell	<input type="checkbox"/>	07	Eastland	<input type="checkbox"/>	02	-J-			Moore	<input type="checkbox"/>	01	Taylor	<input type="checkbox"/>	02
Bexar	<input type="checkbox"/>	08	Ector	<input type="checkbox"/>	09	Jack	<input type="checkbox"/>	02	Morris	<input type="checkbox"/>	04	Terrell	<input type="checkbox"/>	09
Blanco	<input type="checkbox"/>	07	Edwards	<input type="checkbox"/>	08	Jackson	<input type="checkbox"/>	08	Motley	<input type="checkbox"/>	01	Terry	<input type="checkbox"/>	01
Borden	<input type="checkbox"/>	09	Ellis	<input type="checkbox"/>	03	Jasper	<input type="checkbox"/>	05	-N-			Throckmorton	<input type="checkbox"/>	02
Bosque	<input type="checkbox"/>	07	El Paso	<input type="checkbox"/>	10	Jeff Davis	<input type="checkbox"/>	10	Nacogdoches	<input type="checkbox"/>	05	Titus	<input type="checkbox"/>	04
Bowie	<input type="checkbox"/>	04	Erath	<input type="checkbox"/>	03	Jefferson	<input type="checkbox"/>	05	Navarro	<input type="checkbox"/>	03	Tom Green	<input type="checkbox"/>	09
Brazoria	<input type="checkbox"/>	06	-F-			Jim Hogg	<input type="checkbox"/>	11	Newton	<input type="checkbox"/>	05	Travis	<input type="checkbox"/>	07
Brazos	<input type="checkbox"/>	07	Falls	<input type="checkbox"/>	07	Jim Wells	<input type="checkbox"/>	11	Nolan	<input type="checkbox"/>	02	Trinity	<input type="checkbox"/>	05
Brewster	<input type="checkbox"/>	10	Fannin	<input type="checkbox"/>	03	Johnson	<input type="checkbox"/>	03	Nueces	<input type="checkbox"/>	11	Tyler	<input type="checkbox"/>	05
Briscoe	<input type="checkbox"/>	01	Fayette	<input type="checkbox"/>	07	Jones	<input type="checkbox"/>	02	-O-			-U-		
Brooks	<input type="checkbox"/>	11	Fisher	<input type="checkbox"/>	02	-K-			Ochiltree	<input type="checkbox"/>	01	Upshur	<input type="checkbox"/>	04
Brown	<input type="checkbox"/>	02	Floyd	<input type="checkbox"/>	01	Karnes	<input type="checkbox"/>	08	Oldham	<input type="checkbox"/>	01	Upton	<input type="checkbox"/>	09
Burleson	<input type="checkbox"/>	07	Foard	<input type="checkbox"/>	02	Kaufman	<input type="checkbox"/>	03	Orange	<input type="checkbox"/>	05	Uvalde	<input type="checkbox"/>	08
Burnet	<input type="checkbox"/>	07	Fort Bend	<input type="checkbox"/>	06	Kendall	<input type="checkbox"/>	08	-P-			-V-		
-C-			Franklin	<input type="checkbox"/>	04	Kenedy	<input type="checkbox"/>	11	Palo Pinto	<input type="checkbox"/>	03	Val Verde	<input type="checkbox"/>	08
Caldwell	<input type="checkbox"/>	07	Freestone	<input type="checkbox"/>	07	Kent	<input type="checkbox"/>	02	Panola	<input type="checkbox"/>	04	Van Zandt	<input type="checkbox"/>	04
Calhoun	<input type="checkbox"/>	08	Frio	<input type="checkbox"/>	08	Kerr	<input type="checkbox"/>	08	Parker	<input type="checkbox"/>	03	Victoria	<input type="checkbox"/>	08
Callahan	<input type="checkbox"/>	02	-G-			Kimble	<input type="checkbox"/>	09	Parmer	<input type="checkbox"/>	01	-W-		
Cameron	<input type="checkbox"/>	11	Gaines	<input type="checkbox"/>	09	King	<input type="checkbox"/>	01	Pecos	<input type="checkbox"/>	09	Walker	<input type="checkbox"/>	06
Camp	<input type="checkbox"/>	04	Galveston	<input type="checkbox"/>	06	Kinney	<input type="checkbox"/>	08	Polk	<input type="checkbox"/>	05	Waller	<input type="checkbox"/>	06
Carson	<input type="checkbox"/>	01	Garza	<input type="checkbox"/>	01	Kleberg	<input type="checkbox"/>	11	Potter	<input type="checkbox"/>	01	Ward	<input type="checkbox"/>	09
Cass	<input type="checkbox"/>	04	Gillespie	<input type="checkbox"/>	08	Knox	<input type="checkbox"/>	02	Presidio	<input type="checkbox"/>	10	Washington	<input type="checkbox"/>	07
Castro	<input type="checkbox"/>	01	Glasscock	<input type="checkbox"/>	09	-L-			-R-			Webb	<input type="checkbox"/>	11
Chambers	<input type="checkbox"/>	06	Goliad	<input type="checkbox"/>	08	Lamar	<input type="checkbox"/>	04	Rains	<input type="checkbox"/>	04	Wharton	<input type="checkbox"/>	06
Cherokee	<input type="checkbox"/>	04	Gonzales	<input type="checkbox"/>	08	Lamb	<input type="checkbox"/>	01	Randall	<input type="checkbox"/>	01	Wheeler	<input type="checkbox"/>	01
Childress	<input type="checkbox"/>	01	Gray	<input type="checkbox"/>	01	Lampasas	<input type="checkbox"/>	07	Reagan	<input type="checkbox"/>	09	Wichita	<input type="checkbox"/>	02
Clay	<input type="checkbox"/>	02	Grayson	<input type="checkbox"/>	03	La Salle	<input type="checkbox"/>	08	Real	<input type="checkbox"/>	08	Wilbarger	<input type="checkbox"/>	02
Cochran	<input type="checkbox"/>	01	Gregg	<input type="checkbox"/>	04	Lavaca	<input type="checkbox"/>	08	Red River	<input type="checkbox"/>	04	Willacy	<input type="checkbox"/>	11
Coke	<input type="checkbox"/>	09	Grimes	<input type="checkbox"/>	07	Lee	<input type="checkbox"/>	07	Reeves	<input type="checkbox"/>	09	Williamson	<input type="checkbox"/>	07
Coleman	<input type="checkbox"/>	02	Guadalupe	<input type="checkbox"/>	08	Leon	<input type="checkbox"/>	07	Refugio	<input type="checkbox"/>	11	Wilson	<input type="checkbox"/>	08
Collin	<input type="checkbox"/>	03	-H-			Liberty	<input type="checkbox"/>	06	Roberts	<input type="checkbox"/>	01	Winkler	<input type="checkbox"/>	09
Collingsworth	<input type="checkbox"/>	01	Hale	<input type="checkbox"/>	01	Limestone	<input type="checkbox"/>	07	Robertson	<input type="checkbox"/>	07	Wise	<input type="checkbox"/>	03
Colorado	<input type="checkbox"/>	06	Hall	<input type="checkbox"/>	01	Lipscomb	<input type="checkbox"/>	01	Rockwall	<input type="checkbox"/>	03	Wood	<input type="checkbox"/>	04
Comal	<input type="checkbox"/>	08	Hamilton	<input type="checkbox"/>	07	Live Oak	<input type="checkbox"/>	11	Runnels	<input type="checkbox"/>	02	-Y-		
Comanche	<input type="checkbox"/>	02	Hansford	<input type="checkbox"/>	01	Llano	<input type="checkbox"/>	07	Rusk	<input type="checkbox"/>	04	Yoakum	<input type="checkbox"/>	01
Concho	<input type="checkbox"/>	09	Hardeman	<input type="checkbox"/>	02	Loving	<input type="checkbox"/>	09	-S-			Young	<input type="checkbox"/>	02
Cooke	<input type="checkbox"/>	03	Hardin	<input type="checkbox"/>	05	Lubbock	<input type="checkbox"/>	01	Sabine	<input type="checkbox"/>	05	-Z-		
Coryell	<input type="checkbox"/>	07	Harris	<input type="checkbox"/>	06	Lynn	<input type="checkbox"/>	01	San	<input type="checkbox"/>	05	Zapata	<input type="checkbox"/>	11
									Augustine					
Cottle	<input type="checkbox"/>	02	Harrison	<input type="checkbox"/>	04	-M-			San Jacinto	<input type="checkbox"/>	05	Zavala	<input type="checkbox"/>	08
Crane	<input type="checkbox"/>	09	Hartley	<input type="checkbox"/>	01	Madison	<input type="checkbox"/>	07	San Patricio	<input type="checkbox"/>	11			

Crockett 09 Haskell 02 Marion 04 San Saba 07

Legal Business Name of Respondent: _____

This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required assurances, certifications, and attachments have been submitted. Be sure to indicate page number.

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	<input type="checkbox"/>		
B	Proposal Table of Contents and Checklist - completed and included	<input type="checkbox"/>		
C	Contact Person Information - completed and included	<input type="checkbox"/>		
D	Administrative Information - completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>		
E	Respondent Background - included	<input type="checkbox"/>		
F	Assessment Narrative – included	<input type="checkbox"/>		
G	Performance Measures - included	<input type="checkbox"/>		
H	Work Plan – included	<input type="checkbox"/>		
I	Child Support Form	<input type="checkbox"/>		
J-1	HUB Subcontracting Plan - completed and included <i>[DSHS HUB Coordinator or Designee will determine if applicable to HUB Subcontracting Requirements]</i>			<input checked="" type="checkbox"/>
K	Financial Management and Administration Questionnaire	<input type="checkbox"/>		
L	Exceptions Form - completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>		
APPENDIX A	Budget Summary Form and Detail Pages- down load from ESBD completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	<input type="checkbox"/>		
APPENDIX B	Evidence of Readiness- completed and included	<input type="checkbox"/>		
APPENDIX C	Letters of Participation	<input type="checkbox"/>		

FORM C: CONTACT PERSON INFORMATION

Legal Business Name of Respondent: _____

*This form provides information about the appropriate contacts in the respondent's organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Contract Management Unit**.*

Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ Email: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ Email: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ Email: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ Email: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ Email: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____

FORM D: ADMINISTRATIVE INFORMATION

This form provides information regarding identification and contract history of the respondent, executive management, project management, governing board members, and/or principal officers. Respond to each request for information **or provide the required supplemental document behind this form**. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

NOTE: Administrative Information may be used in screening and/or evaluating proposals.

Legal Business Name of Respondent: _____

Identifying Information

1. The respondent must attach the following information:

If a Governmental Entity

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

If a Nonprofit or For Profit Entity

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if respondent is a for-profit entity.

2. Is respondent a nonprofit organization?

YES NO

If YES, respondent must include evidence of its nonprofit status with the proposal. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence.

- (a) A copy of a currently valid IRS exemption certificate.
- (b) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the respondent organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (c) A copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (d) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the respondent organization is a local nonprofit affiliate.

FORM D: ADMINISTRATIVE INFORMATION continued

Conflict of Interest and Contract History

The respondent must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts include an existing or potential business or personal relationship between the respondent, its principal, or any affiliate or subcontractor, with DSHS, the Health and Human Services Commission, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any existing or potential personal or business relationship between the respondent, the principals, or any affiliate or subcontractor, with any employee of DSHS, or the Health and Human Services Commission must be disclosed. Any such relationship that might be perceived, or represented as a conflict, must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the respondent may be disqualified from further consideration for the award of a contract.

Pursuant to Texas 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 specifications or the RFP on which the bid is based.

3. Does anyone in the respondent organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?

YES NO

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

4. Will any person who received compensation from DSHS for participating in the preparation of the specifications or documentation for this RFP participate financially with respondent as a result of an award under this RFP?

YES NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

5. Will any provision of services or other performance under any contract that may result from this RFP constitute an actual or potential conflict of interest or create the appearance of impropriety?

YES NO

If YES, detail any such actual or potential conflict of interest that might be perceived or represented as a conflict. (Attach no more than one additional page.)

6. Are any current or former employees of the respondent current or former employees of the state?

YES NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

7. Are any proposed personnel related to any current or former employees of the state?

YES NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

8. Has any member of respondent's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the proposal due date?

YES NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

9. If the respondent is a private nonprofit organization, does the executive director or other staff serve as voting members on the organizations governing board?

YES NO

10. Has respondent had a contract with DSHS within the past 24 months?

YES NO

If YES, list the DSHS contract and attachment number(s):
DSHS Contract Number(s)

NO, respondent must be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If an organization does not have audited financial statements, submit a copy of the organization's most recent IRS Form 990 and an explanation why an audited financial statement is not available. DSHS will review the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the respondent's financial capability.

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11. Is respondent or any member of respondent's executive management, project management, board members or principal officers:

- Delinquent on any state, federal or other debt;
- Affiliated with an organization which is delinquent on any state, federal or other debt; or
- In default on an agreed repayment schedule with any funding organization?

YES NO

If YES, please explain. (Attach no more than one additional page.)

12. Has the respondent had a contract suspended or terminated prior to expiration of contract or not been renewed under an optional renewal by any local, state, or federal department or agency or non-profit entity?

YES NO

If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract and a contract reference number, and provide copies of any and all decisions or orders related to the suspension, termination, or non-renewal by the contracting entity.

13. Does this proposal include financial participation by a person or entity that has been convicted of violating federal law, or been assessed a penalty in a federal civil administrative enforcement action, 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 any other disaster occurring after September 24, 2005, under Government Code §2155.006 and 2161.053?

YES **NO**

If YES, please explain. (Attach no more than one additional page.)

FORM E: RESPONDENT BACKGROUND

Respondent must provide a narrative description including: the legal name of the respondent; any affiliations; its overall purpose or mission statement; and a brief history of its accomplishments. Describe the organizational structure, such as board of directors, officers, advisory councils, or committees. A maximum of **2** additional pages may be attached if needed.

FORM F: ASSESSMENT NARRATIVE

Complete the Table under Part A and address each of the assessment activities under Part B (see ASSESSMENT NARRATIVE Guidelines for instructions on Part B) associated with the services proposed in this attachment. A maximum of 4 additional pages may be attached if needed.

Part A

Multiple data sources and assessments exist for many communities. Respondent is encouraged to utilize these resources when completing this form.

Source of Assessment Data	Date of Each Assessment Source

Part B

(See ASSESEMENT NARRATIVE GUIDELINES)

FORM F: ASSESSMENT NARRATIVE GUIDELINES

Part A

Complete table to show assessment sources and dates of assessments used.

Part B

Specifically address each of the assessment activities listed below associated with the services proposed in this attachment. The required assessment items include:

1. Provide brief synopsis of the community as a whole describing in general:
 - A. Geographic boundaries (urban or rural, physical environment);
 - B. General demographic data (age, gender, ethnicity, etc.) including child and adolescent data;
 - C. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.); and
 - D. General description of community-wide health status (e.g., key morbidity/mortality statistics related to obesity, or physical activity behaviors).
 - E. General description of community-wide health environment (e.g., lack of access to safe places to be physically active, lack of policies that support physical activity, etc.)
2. Describe target population including:
 - A. Geographic service area;
 - B. Characteristics of target population (including demographic and socioeconomic data specific to each population, including child and adolescent data);
 - C. Target population's health status (including population data related to health indicators, behavioral data, and community opinion data); and
 - D. Current population served (characteristics, population data, numbers of clients served, types and numbers of services provided).
3. Describe gaps in resources and potential barriers to improving health status or health environment of the community.
4. Identify your existing or potential community partners that will be involved in this project and identify the type of participation each will have in the project. As a reminder, a signed letter of participation is required from each community partner and must be submitted with the application (See Appendix C).

FORM G: PERFORMANCE MEASURES

In the event a contract is awarded, respondent agrees that performance measures will be used to assess, in part, the respondent's effectiveness in providing the services described. Address all of the requirements (see PERFORMANCE MEASURES Guidelines) associated with the services proposed in this proposal. The proposed target levels of performance will be negotiated and agreed upon by respondent and DSHS if respondent is selected to negotiate a contract. A maximum of **2** additional pages may be attached if needed.

Part A

See PERFORMANCE MEASURES Guidelines

Part B

Include completed Selected CDC Community Evidence-Based Strategies for Obesity Prevention & Response Category behind performance measures.

FORM G: PERFORMANCE MEASURES GUIDELINES

Respondent must include the following performance measures in the proposal along with the proposed target levels of performance for each measure. The proposed target levels of performance and reporting frequency may be negotiated and agreed upon by respondent and DSHS if respondent is selected to negotiate a contract.

Part A

Respondents must write performance measures for its project objectives and proposed target levels of performance for each measure. The proposed measures and levels of performance will be negotiated and agreed upon by respondent and DSHS if respondent is selected to negotiate a contract.

Performance measures must be specific, measurable, time-phased, and feasible. Performance measures quantify outcomes and outputs, the number of such outputs to be performed, and the efficiency with which they will be performed. Performance measures also define the respondent's obligations in order to meet its contract requirements.

Performance measures are defined as outcome, output, efficiency, and explanatory measures. A well-written measure includes the following components: who will deliver the service(s) and their qualifications (as appropriate); a deliverable (a product or service and how much); a schedule/time frame; and a standard of performance. The following table provides a guide for developing the different types of performance measures:

Type	Measure	Example
Outcome	<i>measures the actual impact or public benefit of an entity's actions</i>	<i>% of clients rehabilitated % decline in inappropriate ER usage % decline in school absences</i>
Output or Process	<i>counts the goods/services provided</i>	<i># of clients served # of clinic sessions</i>
Efficiency	<i>measures the cost, unit cost, or productivity associated with a given outcome or output</i>	<i>average cost per client served average time per visit</i>
Explanatory	<i>shows the resources used to produce services and display factors that affect entity performance</i>	<i># of clients eligible for services # and type of health services presently available # of new partnerships developed</i>

Respondents must provide a minimum of five performance measures for this attachment. Please note that reviewers will use these performance measures to gain an understanding of the overall potential for success of a given applicant. Examples are provided below:

By end of Fiscal Year 20XX, Organization XYZ will have implemented a fruit and vegetable (farm) direct access program for employees.

By end of Fiscal Year 20XX, Community X will have created a comprehensive plan to increase the number walkable trails from 3 to 6 trails.

By end of Fiscal Year 20XX, 5 restaurants located in Community X will have been trained to implement Program Z to reduce portion sizes.

By end of Fiscal Year 20XX, will establish 3 school/community gardens with partner support as well as develop plans for the sustainment of the gardens.

FORM G: PERFORMANCE MEASURES GUIDELINES

Part B

SELECTED COMMUNITY STRATEGIES – Part B of Form G: Performance Measures: Respondents must select up to 2 of the following CDC Community Evidence-Based Strategies for Obesity Prevention as a focus and priority for the community.

- | | |
|---|-------------------------------------|
| CDC Community Evidence-Based Strategy/Strategies for Obesity Prevention | <input checked="" type="checkbox"/> |
| <i>STRATEGIES TO SUPPORT HEALTHY FOOD AND BEVERAGE CHOICES</i> | |
| Restrict availability of less healthy foods and beverages in public service venues | <input type="checkbox"/> |
| Institute smaller portion size options in public service venues | <input type="checkbox"/> |
| Limit advertisements of less healthy foods and beverages | <input type="checkbox"/> |
| Discourage consumption of sugar-sweetened beverages | <input type="checkbox"/> |
| STRATEGY TO ENCOURAGE BREASTFEEDING | <input type="checkbox"/> |
| Increase support for breastfeeding | <input type="checkbox"/> |
| <i>STRATEGIES TO ENCOURAGE PHYSICAL ACTIVITY OR LIMIT SEDENTARY ACTIVITY AMONG CHILDREN AND YOUTH</i> | |
| Require physical education in schools | <input type="checkbox"/> |
| Increase the amount of physical activity in physical education programs in schools | <input type="checkbox"/> |
| Increase opportunities for extracurricular physical activity | <input type="checkbox"/> |
| Reduce screen time in public service venues | <input type="checkbox"/> |
| <i>STRATEGIES TO CREATE SAFE COMMUNITIES THAT SUPPORT PHYSICAL ACTIVITY</i> | |
| Improve access to outdoor recreational facilities | <input type="checkbox"/> |
| Enhance infrastructure supporting bicycling | <input type="checkbox"/> |
| Enhance infrastructure supporting walking | <input type="checkbox"/> |
| Support locating schools within easy walking distance of residential areas | <input type="checkbox"/> |
| Improve access to public transportation | <input type="checkbox"/> |
| Zone for mixed-use development | <input type="checkbox"/> |
| Enhance personal safety in areas where persons are or could be physically active | <input type="checkbox"/> |
| Enhance traffic safety in areas where persons are or could be physically active | <input type="checkbox"/> |
| <i>STRATEGY TO ENCOURAGE COMMUNITIES TO ORGANIZE FOR CHANGE</i> | |
| Participate in community coalitions or partnerships to address obesity | <input type="checkbox"/> |

FORM H: WORK PLAN

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include timelines for accomplishments. Address the required elements (see WORK PLAN GUIDELINES) associated with the services proposed in this proposal. A maximum of 7 additional pages may be attached if needed.

FORM H: WORK PLAN GUIDELINES

Respondent must describe its plan for service delivery to the population in the proposed service area(s) and include time lines for accomplishments. The work plan must:

1. Summarize the proposed changes in policy and/or environments by using no more than two (2) of the CDC recommended strategies, in one or two evidence-based target areas, for obesity prevention to support healthy eating, physical activity, breastfeeding, or a combination. Also, summarize population to be served, location (counties to be served), etc. Address if and how you will serve individuals from counties outside your stated service area.

2.1. Describe delivery systems, workforce (attach organizational chart), policies, support systems (i.e., training, research, technical assistance, information, financial and administrative systems) and other infrastructure available to achieve service delivery and policy-making activities. What resources do you have to perform the services, who will deliver services and how will they be delivered?

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3.2. Describe how progress will be monitored, evaluated (data, participation rates, numbers reached, etc.) and assessed, who will be responsible for monitoring evaluation and reporting activities, and how often monitoring and evaluation activities will occur.

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4.3. 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.

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5.4. 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).

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FORM I: CHILD SUPPORT CERTIFICATION (REQUIRED)

Department of State Health Services

Child Support Certification

The Texas Family Code, §231.006, places certain restrictions on child support obligors. Contracts with governmental entities or nonprofit corporations are not subject to §231.006.

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

1. The contractor is: (check one)

- An individual or sole proprietor, or
- A business entity (corporation, partnership, joint venture, limited liability company, association, etc.)

2. The contractor certifies the following is a complete list of the names and social security numbers of either (A) the individual or sole proprietor who is the contractor or (B) each partner, shareholder, or owner with an ownership interest of at least 25% of the contractor/business entity: (attach additional sheet if necessary).

- (A) Printed Name: _____
Social Security Number: _____
- (B) Printed Name: _____
Social Security Number: _____

3. Under the Texas Family Code, §231.006, the contractor certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment withheld if this certification is inaccurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25%.

4. Printed Name of Contractor: _____
 Printed Name of Authorized Representative: _____
 Signing this Certification: _____
 Signature of Authorized Representative: _____
 Date: _____

FORM J: FINANCIAL MANAGEMENT AND ADMINISTRATION QUESTIONNAIRE

Name of Organization: _____

Introduction

By accepting an award from the Department of State Health Services (DSHS) your organization and the Board of Directors or other oversight authority accept responsibility for complying with the management and administration of programmatic, financial and reporting requirements of the award. Communication and coordination between the organization's program implementation and financial staff is essential for the success of the project being funded by the award. It is critical that staff responsible for the programmatic and accounting functions is aware of the financial and administrative requirements applicable to grants and subgrants. Key personnel within the organization should be identified and assigned responsibilities for the programmatic, financial and administrative requirements applicable to the DSHS award.

All DSHS contractors are required to have a financial management system in place that meets federal and state standards for expending and accounting for the funds received under the award. Documents and records must be maintained that identify the receipt and expenditure of funds separately for each DSHS Program Attachment. The system must be able to capture and report expenditures by the budget cost categories for each DSHS Program Attachment. This requires establishing within the chart of accounts and general ledger, a separate set of accounts for each Program Attachment. All financial reports should be prepared with information that comes directly from the organization's accounting system. There should be a reconciliation of the information that is reported to amounts recorded in the accounting system. In order to ensure the fiscal integrity of accounting records, the contractor must use an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger.

Additional information on requirements pertaining to accounting and financial management systems are found in the regulations listed under "Administrative Requirements" in the table below and the DSHS Contractor's Financial Procedures Manual. Copies of the manual are available online at: <http://www.dshs.state.tx.us/contracts/>

Financial and Administrative Requirements

All contractors must comply with applicable cost principles, audit requirements, and administrative requirements listed below: [Note - The Federal Office of Management and Budget (OMB) is in the process of relocating Circulars to Title 2 of the Code of Federal Regulations (CFR).]

Applicable Entity	Applicable Cost Principles	Audit Requirements	Administrative Requirements
State, Local and Tribal Governments	OMB Circular A-87	OMB Circular A-133 and Uniform Grants Management Standards (UGMS)	UGMS, OMB Circular A-102, and applicable Federal awarding agency common rule
Educational Institutions	OMB Circular A-21; and UGMS, as applicable	OMB Circular A-133	OMB Circular A-110 and applicable Federal awarding agency common rule; and UGMS, as applicable
Non-Profit Organizations	OMB Circular A-122	OMB Circular A-133 and UGMS	UGMS; OMB Circular A-110 and applicable Federal awarding agency common rule
For-profit Organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular.	48 CFR Part 31, Contract Cost Principles Procedures, or uniform cost accounting standards that comply with cost principles acceptable to the federal or state awarding agency	OMB Circular A-133 and UGMS	UGMS and applicable Federal awarding agency common rule

Internet links to laws and regulations applicable to the financial and administrative requirements of grants and sub grants are provided below.

Circulars (CFRs): http://www.whitehouse.gov/omb/grants/grants_circulars.html

Federal agency common rules: <http://www.whitehouse.gov/omb/grants/chart.html>

Code of Federal Regulations: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Uniform Grant Management Standards: <http://governor.state.tx.us/grants/what/>

Federal Department of Health and Human Services, Grants Policy Statement: <http://www.hhs.gov/grantsnet/adminis/gpd/>

ACCOUNTING SYSTEM

The type of accounting system often depends on the size of the organization. Briefly describe your organization's accounting system including:

- a) Is the accounting system computerized, manual or a combination of both;
- b) How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger;
- c) When do you close your general ledger (e.g., monthly by the 10th of the following month);
- d) How are transactions organized, maintained, and summarized in financial reports. If your accounting system is computerized, indicate the name/type.

GENERAL ADMINISTRATION & INTERNAL CONTROLS

1. **Is the staff who will be responsible for the financial management of the award generally familiar with the existing regulations and guidelines containing the cost principles and financial administrative requirements applicable to state and federal contracts/grants?**
 YES NO

2. **Does your organization have written accounting policies and procedures?**
 YES NO

3. **Are generally accepted accounting principles followed for separation of duties regarding receipts and deposit of funds and payment of goods and services?**
 YES NO

4. **Are procedures in place with adequate controls to ensure that receipts and disbursements are authorized and appropriately documented?**
 YES NO

5. **Are all disbursements approved prior to payment?**
 YES NO

6. **Is there any additional review or special approval required for checks exceeding a specific dollar amount?**
 YES NO

7. **Are there written procedures and internal controls established for the procurement of goods and services?**
 YES NO

8. **Do purchase orders/requisitions require specific approvals from authorized individuals in the requesting department?**
 YES NO

9. **Are supporting documents (invoices, receipts, approvals, receiving reports, canceled checks, etc.) maintained for each disbursement and on file for easy location and retrieval?**
 YES NO

10. Do supporting documents accompany checks for the check signer's signature?
- YES NO
11. Are supporting documents marked when paid to prevent reuse or duplication of payment?
- YES NO
12. Are invoices coded to identify allocation of payment by cost objective and sub-account?
- YES NO
13. Does your organization stay current with payments of its accounts payable, payroll taxes and other liabilities, loans, taxes, etc.?
- YES NO
14. As program income is to be used for program purposes, are there procedures and controls to ensure proper use, accountability, and allocation?
- YES NO
15. Do you have written personnel policies?
- YES NO
16. Does your policy require individual daily time and attendance records for personnel (part-time, full-time, and/or in-kind volunteers)?
- YES NO
17. Do procedures ensure that time and attendance reports can be specifically traced to costs recorded in the general ledger for each payroll period for each cost objective?
- YES NO
18. Do you have written job descriptions with set salary levels for each employee?
- YES NO
19. Do you have on file authorizations covering rates of pay, withholding and deductions for each employee?
- YES NO

The Financial Management and Administration Questionnaire must be signed by an authorized person who has either completed or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

Print Name: _____

Signature: _____

Title: _____

FORM K: EXCEPTIONS FORM (RFP# HPCDP/OBES-0445.1)

This is the approved format for the respondent to: (1) state that no exceptions are being made to the requirements, terms, conditions, or certification of the RFP or General Provisions, attachments, or addendums, or (2) list all exceptions to any requirement, term or condition, or certification of the RFP or General Provisions, attachments, or addendums in the proposal. Respondent must submit this form with their response.

Instructions:

- If no exceptions are being made to any issue of the RFP or General Provisions, respondent must check the 'no exception' box below.
- If exceptions are being requested, follow the instructions below.
- Ensure the RFP section number and page number, or section number of General Provision or the number of the term or condition of the issue is stated.
- Ensure each exception is described fully or by reference to the exact location within the proposal.
- Ensure it is stated whether the exception is part of a proposal deliverable with a clear citation to the deliverable.
- Provide an explanation of why the exception is being proposed, and any alternatives being proposed to the issue in the RFP or General Provisions.

If no exceptions are being made,
check this box and leave the
table below blank

FORM K: EXCEPTIONS FORM (RFP# HPCDP/OBES-0445.1)

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- If exceptions are being requested, follow the instructions below.
- Ensure the RFP section number and page number, or section number of General Provision or the number of the term or condition of the issue is stated.
- Ensure each exception is described fully or by reference to the exact location within the proposal.
- Ensure it is stated whether the exception is part of a proposal deliverable with a clear citation to the deliverable.
- Provide an explanation of why the exception is being proposed, and any alternatives being proposed to the issue in the RFP or General Provisions.

If no exceptions are being made, check this box and leave the table below blank

EXCEPTIONS:

For each exception requested, provide the following (attach additional pages as needed):

1. RFP Section Number and Page Number, section number of General Provisions or number of term or condition to which exception is requested.
2. Full description of exception requested or reference to exact location of full description if found elsewhere in proposal.
3. State if the exception is part of a proposal deliverable with a clear citation to the deliverable.
4. Explanation of why the exception is being proposed and any proposed alternatives to the issue

APPENDICES

APPENDIX A: BUDGET SECTION

Detailed budget category forms, general information, and instructions are located on the ESBD loaded as Package 2.

Respondent must insert budget section here.

APPENDIX B: EVIDENCE OF READINESS

**Legal Business Name
of Respondent:**

NOTE: Address each of the relevant components as outlined in the EVIDENCE OF READINESS GUIDELINES associated with the activities proposed in this attachment. A maximum of **three (3)** additional pages may be attached if needed.

APPENDIX B: EVIDENCE OF READINESS GUIDELINES

NOTE: Respondents must demonstrate evidence of community readiness, determined by an assessment of existing assets and capacity for implementing the proposed activities.

When filling out this form, the respondent is encouraged to:

- a) Review the bulleted list below of examples of “evidences of community capacity and readiness.” This list is not all-inclusive, rather it is intended to provide examples that may or may not apply to any given respondent’s proposed activities in this attachment.
- b) Assess their community to determine what “evidences of community capacity and readiness” are already in place and relevant to the focus area of the proposed project. For example, if the respondent is proposing to improve geographic availability of supermarkets in underserved areas, evidence of a coordinated school health program is not relevant.
- c) Provide a brief description of the “evidences of community capacity and readiness” found to be both already in place AND how they are relevant to the focus area of the project the respondent is seeking funds to support. Respondents are strongly encouraged to submit evidence that a plan for implementing the selected CDC Community Evidence-Based Strategies for Obesity Prevention has already been developed.

Examples of community “evidences of community capacity and readiness” include but are not limited to the following:

- Evidence that a plan has been developed for implementing the selected CDC Community Evidence-Based Strategy for Obesity Prevention as the focus of the attachment;
- Evidence that a dedicated staff person or dedicated duties are included in a job/position within the organization;
- Evidence of a master urban/transportation plan that includes supports for build environments;
- Evidence that a formal partnership or group (alliance, committee, council, coalition) is established around the selected CDC Community Evidence-Based Strategy for Obesity Prevention as the focus in this attachment;
- Evidence that a coordinated school health program has been adopted and implemented;
- Evidence that a school health advisory council is in place and active;
- Evidence of a WIC sponsored obesity project in a WIC clinic;
- Evidence of a promotora provider system;
- Projects demonstrating an effective, realistic plan to integrate proposed activities into the existing network of the community;
- Projects demonstrating a clear focus on sustainability beyond the cycle of this contract; or
- Projects that utilize existing community partnerships or networks to synergize community efforts.

Communities will vary as to the degree and number of existing “evidences of community capacity and readiness.” Respondents may include other relevant “evidences of community capacity and readiness” in place in their respective communities not included on the above list of examples. Please note: Respondents are cautioned to only include those “evidences of community capacity and readiness” that they can clearly demonstrate as already present in their given community, AND directly related to the proposed focus area of the attachment.

APPENDIX C: TEMPLATE FOR LETTER OF PARTICIPATION

I. Identifying Information

Name of Respondent
Location

II. Collaborator Information

Name of Collaborating Entity/Community Partner
Location
Printed Name and Title of Person Signing the Verification Section
Participating Activities

III. Verification

By my signature, I am verifying that our agency/entity/corporation is participating in the collaboration activities listed above.

Name

Date of Signature

APPENDIX C: LETTER OF PARTICIPATION GUIDELINES

The purpose of this form is to provide the respondent with a means to verify collaboration with community partners. This provides a streamlined, uniform instrument that makes individual letters unnecessary.

I. Identifying Information

Name of Respondent – Enter the agency or corporate name of the Respondent.

Location – Enter the location of where the obesity prevention project will take place. The city, county, or community where the project will take place will suffice. Note: the complete street address is not necessary.

II. Collaborator Information

Name of Collaborating Entity/Community Partner – Enter the agency or corporate name of the Collaborating Entity/Community Partner. If it is an individual instead of an agency, enter the name of the individual.

Location – Enter the location from which the Community Partner operates. The city, county or community name will suffice. Note: the complete street address is not necessary.

III. Verification

The person representing the Community Partner must sign this section and enter the date of his/her signature.

APPENDIX D: 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 will 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 and program income in a unique set of general ledger account numbers, permits preparation of reports required by the contract, 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 not supplant funds (i.e. use funds from a contract awarded as a result of this RFP to replace or substitute existing funding from other sources that also supports the activities that are the subject of the contract), but rather will use funds from the contract to supplement any existing funds currently available for any such activities;
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 ensure that no officer, employee, or member of the respondent's governing body or of the respondent's contractor will vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity (as defined in Texas Government Code Chapter 573) 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 continued 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, offered to give, nor intends to give, at any time hereafter any economic opportunity, present or future employment, gift, loan, gratuity, special discount, trip, favor, or service to any employee or official of DSHS or HHSC, in connection with this solicitation or procurement; does not have nor will 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 with limited English proficiency 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 Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the current Uniform Grant Management Standards (UGMS), issued by the Governor's Budget and Planning Office, applicable Office of Management and Budget Federal Circulars, and if applicable the Federal awarding agency Common Rule and U.S. Department of Health and Human Services Grants Policy Statements, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and federal references are available upon request;
15. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
16. 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;

17. 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;
18. Will not charge a fee or profit. A profit and/or fee are considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance program;
19. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;
20. In accordance with 2 CFR Part 376 and 180 (parts A-I), as the primary participant, and any of the primary participant's principals (collectively, participants):
 - A. are not presently disqualified, debarred, suspended, proposed for debarment, declared ineligible, or 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 private or public (federal, state, or local) transaction or contract under a private or public transaction; violation of federal or state antitrust statutes (including those proscribing price fixing between competitors, allocation of customers between competitors and bid rigging) or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or false claims, tax evasion, obstruction of justice, receiving stolen property or any other offense indicating a lack of business integrity or business honesty that seriously and directly affects the participant's present responsibility;
 - 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, Texas 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 the respondent will include, without modification, the certifications in subparagraphs A through E of this paragraph in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions;

21. 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 must 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 must be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients must 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 must be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure;

- 22. Is in good standing with the Internal Revenue Service on any debt owed;
- 23. 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;
- 24. Is in good standing with all state and/or federal departments or agencies that have a contracting relationship with the respondent;
- 25. Will comply with all statutes and standards of general applicability. It is Respondent's responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Respondent will 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 respondent, respondent will 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 (where applicable), 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 or CFR Part 15; 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; 11) Executive Order 13279 and 45 CFR Part 87 or 7 CFR Part 16 (regarding equal

treatment and opportunity for religious organizations; 12) DSHS Policy AA-5018, Non-discrimination Policies and Procedures for DSHS Programs; and 13) 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;

- 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) Federal Water Pollution Control Act, 33 USC §1251 et seq.; 10) Wild and Scenic Rivers Act of 1968 (16 U.S.C. § 1271 et seq.) related to protecting certain rivers

system; and 11) 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 state or federal requirements found in the Notice of Grant Award may be imposed on respondent;

- 26. 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;
- 27. 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. Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available, be subject to civil penalties.

APPENDIX E: VENDOR IDENTIFICATION

<u>VENDOR INFORMATION NEW or Update Information</u>																	
1a. Legal name of Other Party (OP) as it appears on documentation from IRS, Comptroller, or Secretary of State. This is the name that will appear on the contract document either as "Contractor" or by name. If using an assumed name, please attach documentation from Office of the Secretary of State or County Attorney.																	
1b. OP Address (Include Street and Mailing Addresses, City, County, State and Zip Code):																	
1c. PAYEE Name and Mailing Address (as it should appear on financial instruments and remittances):																	
1d. Federal Employer Identification No. [FEIN] (9 digit), name and Social Security Number (SSN), if individual, or State of Texas Comptroller Vendor Identification No. (14 digit). NOTE: Use of SSN may result in it becoming part of documents that are subject to the Public Information Act. DSHS will not redact SSN when releasing information to the public.																	
1e. Mail code , if known (3 digits):																	
2. TYPE OF ENTITY (enter appropriate letter in box): <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Is your entity certified as a HUB? <input type="checkbox"/> Yes <input type="checkbox"/> No <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">A. City or County (Governmental Entity)</td> <td style="width: 25%;">E. Texas Non-profit Corporation *</td> <td style="width: 25%;">I. Sole Proprietor</td> <td style="width: 25%;">M. Out-of-State Corp</td> </tr> <tr> <td>B. State Agency</td> <td>F. Texas For Profit Corporation*</td> <td>J. Individual</td> <td>N. Other ***</td> </tr> <tr> <td>C. State Institution of Higher Learning</td> <td>G. Professional Association*</td> <td>K. Partnership**</td> <td></td> </tr> <tr> <td>D. Other Political Subdivision</td> <td>H. Regular Association</td> <td>L. Limited Partnership**</td> <td></td> </tr> </table> <p>*Please provide 10-digit charter or file number assigned by the Secretary of State: _____</p> <p>** Please provide the name and SSN or FEIN of each partner. _____</p> <p>***If "Other", specify. _____</p>		A. City or County (Governmental Entity)	E. Texas Non-profit Corporation *	I. Sole Proprietor	M. Out-of-State Corp	B. State Agency	F. Texas For Profit Corporation*	J. Individual	N. Other ***	C. State Institution of Higher Learning	G. Professional Association*	K. Partnership**		D. Other Political Subdivision	H. Regular Association	L. Limited Partnership**	
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C. State Institution of Higher Learning	G. Professional Association*	K. Partnership**															
D. Other Political Subdivision	H. Regular Association	L. Limited Partnership**															
3a. Legal name of person or entity authorized to contract with Department of State Health Services.																	
3b. Typed Name & Title of Person Authorized to Sign Contracts :	3b. Telephone																
3c. Typed Name & Title of Contact Person (Contract Documents and Correspondence)	3c. Telephone																
3d. Contact Person's E-mail Address																	
4a. Signature of person <i>Authorized to Sign Contracts</i> :	4b. Date																

CSCU # EF29-12391 – Revised 10/14/2008