



TEXAS

Health and Human Services

Phil Wilson, Acting Executive Commissioner

**Request for Applications
for
Title V Maternal and Child Health
Fee-for-Service Program for Region 11**

RFA No. HHS0006876

**Date of Release: May 20, 2020
Responses Due: June 17, 2020 by 2:00PM CST**

Class/Item Codes:
948-74 Professional Medical Services: Physicians, Pharmacists,
and All Specialties

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ARTICLE I. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 EXECUTIVE SUMMARY

The Health and Human Services Commission (**HHSC**), for and on behalf of its Office of Primary and Specialty Health (**OPSH**), announces the availability of funding for Child Health and Dental (**CHD**) and Prenatal Medical and Dental (**PMD**) services under the Title V Maternal and Child Health Fee-for-Service Program (the **Program**). Successful Respondents will deliver prenatal, child health, and dental services to eligible Clients for HHSC Region 11 in accordance with the specifications in this Request for Applications (**RFA**) and in compliance with applicable federal and state laws, regulations, and policies.

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

1.2 DEFINITIONS

Refer to **Exhibit B, HHSC Grantee Uniform Terms and Conditions** and **Exhibits K and L, Draft Title V Prenatal and Dental Contract and Draft HHSC Title V Child Health and Dental Contract for Region 11** (collectively the, **Title V Maternal and Child Health Contracts**) for additional definitions. Additionally, as used in this Solicitation, unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

“Addendum” means a written clarification or revision to this Solicitation issued by HHSC.

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

“Client” means a member of the target population to be served by the Respondent’s organization. For the purposes of this grant, a client is an eligible individual receiving Child Health and Dental (**CHD**) or Prenatal Medical and Dental (**PMD**) services.

“Fee for Service” means payment mechanism for services that are reimbursed on an agreed rate per unit of service.

“Fiscal Year” means the State of Texas fiscal year from September 1 through August 31 of each year. This is not to be confused with federal fiscal year or federal grant project periods.

“Federal Fiscal Year” means the federal fiscal year from October 1 through September 30 of each year.

“Grant Agreement” means an agreement between the Company and a Participant that sets forth the terms, conditions and limitations applicable to a Grant.

“HHS Grants Website” means the website where HHSC announces the availability of grant funds. The HHS Grants website may currently be accessed at: [HHS Texas Grants](#)

“Key Personnel” means a Respondent organization's Project Contact, Fiscal Contact, and Executive Director and/or any other key stakeholders in the Proposed Project.

“Program” means the Title V Maternal and Child Health Fee-for-Services Program as defined in [Texas Administrative Code \(TAC\) Title 25, Part 1, Chapter 37, Subchapter A](#).

“Project” means the work and activities for which grant funding is awarded and information is provided as part of the response to this Solicitation. During the open application period and before selection of grant recipients are made, the Project will be known as the Proposed Project.

“Respondent” means the entity responding to this Solicitation. May also be referred to as “Applicant.”

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

“Successful Respondent” means an organization that receives a grant award as a result of this RFA. May also be referred to as “Grantee,” “Awarded Applicant,” “Subrecipient” or “Grant Recipient.”

“Texas.gov eGrants” means the website where state of Texas grant opportunities are posted and may currently be accessed at: [Texas eGrants](#)

1.3 AUTHORITY

HHSC is requesting applications under [Title V of the Social Security Act \(1935\), 42 United State Code \(USC\) Chapter 7, Subchapter V \(1981\), 42 Code of Federal Regulations \(CFR\) Chapter 1, Part 51a, TAC Title 25, Part 1, Chapter 37, Subchapter A](#), and in accordance with [Texas Government Code Chapter 531](#).

ARTICLE II. SCOPE OF GRANT AWARD

2.1 PROGRAM BACKGROUND

The Program is funded by the Title V Maternal and Child Health Services (**MCH**) Block Grant (**Title V** or **Title V Block Grant**) and provides services to further improve the health of mothers, women of childbearing age, infants, children, adolescents, and children residing in Texas with special health care needs (**CSHCN**). Program services may include, but are not limited to, comprehensive care for women before, during and after pregnancy and childbirth. Providing preventative and primary care services for infants, children, and adolescents and providing comprehensive care for CSHCN.

Eligible Clients must have a gross family income at or below 185% of the adopted Federal Poverty Level (**FPL**), must be Texas residents, and must not be eligible for Medicaid, Children's Health Insurance Program (**CHIP**), or other programs/benefits providing the same services. A client receiving CHIP benefits may become eligible for Title V when CHIP benefits are exhausted.

Child health services include preventive and primary child health care for children and adolescents from birth through the 21st year. Additionally, case management services are provided to children from birth to one year through Title V Children and Pregnant Women (**Title V CPW**) case management. Services include screening and eligibility determination, direct clinical services, laboratory services, and appropriate referrals as necessary.

Child dental services include preventive and primary dental care for children and adolescents from birth through the 21st year. Services include screening and eligibility determination, direct dental services, and appropriate referrals as necessary.

Prenatal medical services include direct health care services to pregnant women of all ages. Services includes screening and eligibility determination, direct clinical services, laboratory services, Title V CPW case management, and appropriate referrals as necessary. Providers may provide prenatal care and bill Title V up to 60 calendar days for prenatal care services and a maximum of two case management contacts (for contractors that are approved to provide case management) for women who are in the process of applying for and enrolling in the CHIP Perinatal Program. Providers are required to inform, encourage, and assist pregnant women in the CHIP Perinatal Program application process.

Prenatal dental services include dental services to pregnant women of all ages up to three months post-partum. A maximum of two clinical prenatal care visits will be allowed for women who are in the process of applying for and enrolling in the CHIP Perinatal Program. Services include screening and eligibility determination, dental services, and appropriate referrals as necessary.

2.2 GRANT AWARD AND TERM

2.2.1 Available Funding

The total amount of state and federal funding available for the Title V Maternal and Child Health grant for HHSC Region 11 is **\$190,083.00 dollars** for Fiscal Year 2021 and it is HHSC's intention to make multiple awards/one award. Fiscal Year 2021, which will be allocated as \$22,047.00 for Child Health and Child Dental Services and \$168,036.00 for Prenatal Medical and Prenatal Dental Services for HHSC Region 11.

Any grant funds awarded under this RFA must be used for the specific purpose set forth herein and shall not be used for any other purpose. Funds must not be used to supplant local, state, or federal funds.

Title V services are reimbursed on a fee-for-service basis based on a prescribed set of Current Procedural Terminology (CPT) codes, and/or a prescribed set of Current Dental Terminology (CDT) codes, and reimbursement rates.

2.2.2 Grant Term

It is anticipated that the grant funding period awarded under this Solicitation will begin September 1, 2020 and terminate August 31, 2021, with the CHD services being funded from September 1, 2020 through August 31, 2021, and the PMD services being funded from September 1, 2020 through August 31, 2021. Subject to the availability of funds, HHSC, at its sole discretion, may extend this Grant Agreement for any period(s) of time, provided the Grant Agreement term, including all extensions or renewals, does not exceed five years.

Notwithstanding the limitation in the preceding paragraph, HHSC, at its sole discretion, also may extend the Grant Agreement beyond five years as necessary to ensure continuity of service, for purposes of transition, or as otherwise determined by HHSC to serve the best interest of the State under this grant program.

Reimbursement will only be made for those allowable expenses that occur within the term of the grant. No pre-award costs outside the approved grant term will be eligible for fee-for-service payment.

2.3 ELIGIBLE APPLICANTS

In order to be awarded a contract as a result of this RFA, a Respondent must be a public or private nonprofit, governmental entity, or for-profit entity. Respondents must comply with all the requirements outlined in **Article II, Scope of Grant Award** of this solicitation and must meet the following eligibility conditions:

- A. Respondent must be a governmental entity (health department, hospital district, university medical center, and other state or local agency), a federally qualified health center, or a nonprofit entity.
- B. Respondent must be a Medicaid provider or provide evidence with its Application that a Medicaid application has been submitted to obtain a Texas Provider Identifier (**TPI**) number. The Medicaid number provided must be for the organization itself, and not for individual providers associated with the organization.
- C. Respondent must be established as an appropriate legal entity 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 this RFA.
- D. Respondent must have a Texas address. A post office box may be used when the RFA is submitted, but the Respondent must conduct business at a physical location in Texas prior to the date that the contract is awarded.
- E. Respondent must not be debarred, suspended, or otherwise excluded or ineligible for participation in federal or state assistance programs.
- F. Respondent's staff members, including the executive director, must not serve as voting members on Respondent's governing board.
- G. In compliance with the Texas Comptroller of Public Accounts' (**CPA**) Statewide Procurement Division rules, a name search will be conducted using the websites listed in this section prior to the development of a contract. A Respondent is not considered eligible to contract with HHSC, regardless of the funding source, if a name match is found on any of the following lists:
 - 1. The General Services Administration's (**GSA**) System for Award Management (**SAM**) for parties excluded from receiving federal contracts, certain subcontracts and from certain types of federal financial and non-financial assistance and benefits: <https://sam.gov/SAM/>;
 - 2. The Office of Inspector General (**OIG**) List of Excluded Individuals/Entities Search: <https://oig.hhsc.state.tx.us/Exclusions/search.aspx>; and
 - 3. The CPA Debarment List: https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/debarred-vendors.php?_ga=1.174613857.2106378599.1474983658. If this web link does not open, copy and paste to your internet browser window.

Respondents must meet these requirements throughout the entirety of the application process and, if chosen for grant award, must continue to meet them through the entirety of the grant funding period. HHSC 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.

2.4 PROGRAM REQUIREMENTS

To meet the mission and objectives of Title V Maternal and Child Health Respondents must be in compliance with all Program requirements as set forth within this RFA and **Exhibits K and L, Title V Maternal and Child Health Contracts**, which are attached and incorporated by reference hereto.

2.5 SCOPE

HHSC seeks qualified Respondents to provide Program services in HHSC Region 11.

Successful Respondents shall provide services that improve the health of mothers, women of childbearing age, infants, children, adolescents, and children residing in Texas with CSHCN or other applicable services, to eligible low-income individuals, as authorized by TAC Title 25, Part 1, Chapter 37, Subchapter A.

Successful Respondents shall develop and implement policies and procedures to ensure that all Clients complete an Application for Program services, and that eligibility is determined according to eligibility requirements as outlined in TAC Title 25, Part 1, Chapter 37, Subchapter A. Services shall be offered to eligible Clients within HHSC Region 11. Grantees will be expected to ensure the quality of services by monitoring performance and identifying opportunities for improvement.

For a detailed description of contractually required Program services see **Exhibits K and L, Title V Maternal and Child Health Contracts**.

2.5.1 Expenditure Proposal

In attached **Forms Q-1 through R**, Respondents must:

- a. Demonstrate all projected services outlined in the Expenditure Proposal captured in Forms Q-1, Q-2, and R are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.
- b. Identify Services Category costs to be requested from HHSC.
- c. Utilize the HHSC template provided as Form Q-1, Form Q-2 and Form R and per the instructions outlined in **Article VII, Expenditure Proposal**.

2.6 PERFORMANCE MEASURES

HHSC will monitor the performance of contracts awarded under this RFA. All services and deliverables under the Grant Agreement shall be provided at an acceptable quality level and in a manner consistent with acceptable industry standard, custom, and practice. Successful Respondent(s) shall ensure services are provided at least at the level established for OPSH approved minimum goals and outcomes. Successful Respondent(s) shall report on minimum goals and outcomes in accordance with Section 2 (pg. 5) of **Attachment A to Exhibits K and L, the Title V Maternal and Child Health Contracts**.

Performance will be measured using data obtained from **Attachment A to Exhibits K and L, the Title V Maternal and Child Health Contracts**, and the following forms: Forms and *Form Q-1*: Title V Child Health & Child Dental Ceiling Request and Performance Measures and *Form Q-2*: Title V Prenatal Medical Dental Ceiling Request and Performance Measures as applicable.

Specifically, performance will be measured based on the following:

- a. The unduplicated number of Clients served by Respondent during the applicable budget period.
- b. The average cost per Client for each proposed service during the applicable Budget period.
- c. The outcomes of providing services and supports as part of the proposed Project. Respondents will be required to demonstrate the effectiveness of clinical services provided by conducting pre and post-assessments with Clients and ensuring satisfaction questionnaires are completed by Clients who received services as part of the Program.

2.7 PROHIBITIONS

MCH Title V Block Grant funds may not be used for cash payments to intended recipients of health services; for in-patient services except as permitted by 42 U.S.C. §704, as amended; for purchase or improvement of land, buildings, or major medical equipment; for satisfying any requirement for the expenditure of non-federal funds as a condition for the receipt of federal funds; or for payment for any item or service (other than an emergency item or service) furnished by or provided at the medical direction or prescription of an individual or entity that is excluded from participation in certain federal programs (*see*, 42 U.S.C. §704).

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

- a. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;

- b. Lobbying;
- c. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- d. Vehicles or equipment for government agencies that are for general agency use and/or do not have a clear nexus to terrorism prevention, interdiction, and disruption (i.e. mobile data terminals, body cameras, in-car video systems, or radar units, etc. for officers assigned to routine patrol);
- e. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
- f. Admission fees or tickets to any amusement park, recreational activity or sporting event;
- g. Promotional gifts;
- h. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel or where pre-approved for working events;
- i. Membership dues for individuals;
- j. Any expense or service that is readily available at no cost to the grant project;
- k. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
- l. Fundraising;
- m. Statewide projects;
- n. Any other prohibition imposed by federal, state, or local law; and
- o. The acquisition or construction of facilities.

2.8 STANDARDS

Grantees must comply with the requirements applicable to this funding source cited in the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (2 CFR 200); the *Uniform Grant Management Standards (UGMS)*, and all statutes, requirements, and guidelines applicable to this funding.

Grantees 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 HHSC Civil Rights Office website at: <http://www.hhs.state.tx.us/about/HHS/CivilRights.shtml>.

Upon request, a Grantee must provide the HHSC Civil Rights Office with copies of all the Grantee's civil rights policies and procedures. Grantees must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the Grant

Agreement no more than ten calendar days after receipt of the complaint. Notice must be directed to:

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

A Grantee must ensure that its policies do not have the effect of excluding or limiting the participation of persons in the Grantee'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.

Grantees 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.

2.9 DATA USE AGREEMENT

By entering into a Grant Agreement with HHSC as a result of this Solicitation, Respondent agrees to be bound by the terms of the Data Use Agreement (DUA) attached as **Exhibit C: Data Use Agreement, C-1: Privacy Inquiry Information (SPI), C-2: Governmental Data Use Agreement, (if applicable), C-3: Local City and County Entities Data Use Agreement (if applicable).**

2.10 NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION

HHSC makes no guarantee of volume, usage, or total compensation to be paid to any Respondent under any awarded grant agreement, if any, resulting from this Solicitation, any awarded Grant Agreement is subject to appropriations and the continuing availability of funds.

HHSC reserves the right to cancel, make partial award, or decline to award a Grant Agreement under this Solicitation at any time at its sole discretion.

There should be no expectation of additional or continued funding on the part of the Grant Recipient. Any additional funding or future funding may require submission of an application through a subsequent RFA.

ARTICLE III. ADMINISTRATIVE INFORMATION

3.1 SCHEDULE OF EVENTS

| EVENT | DATE/TIME |
|--|---------------------------|
| Solicitation Release Date | May 20, 2020 |
| Deadline for Submitting Questions | May 27, 2020 @ 2:00PM CST |
| Tentative Date Answers to Questions Posted | June 3, 2020 |
| Deadline for Submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the deadline.] | June 17, 2020@2:00PM CST |
| Anticipated Notice of Award | August 15, 2020 |
| Anticipated Grant Start Date | September 1, 2020 |

Note: These dates are a tentative schedule of events. HHSC reserves the right to modify these dates at any time upon notice posted to the [HHS Grants website](#). Any dates listed after the Solicitation Response deadline will occur at the discretion of HHSC and may occur earlier or later than scheduled without notification on the [HHS Grants website](#).

3.2 CHANGES, AMENDMENT, OR MODIFICATION TO SOLICITATION

HHSC reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of HHSC and will post on the [HHS Grants website](#) and [Texas eGrants website](#). It is the responsibility of Respondent to periodically check the [HHS Grants website](#) and [Texas eGrants website](#) to ensure full compliance with the requirements of this Solicitation.

3.3 IRREGULARITIES

Any irregularities or lack of clarity in this Solicitation should be brought to the attention of the Sole Point of Contact listed in **Section 3.4.1, Sole Point of Contact** as soon as possible so corrective Addenda may be furnished to prospective Respondents.

3.4 INQUIRIES

3.4.1 Sole Point of Contact

All requests, questions or other communication about this Solicitation shall be made in writing to HHSC's Point of Contact addressed to the person listed below (**Section 3.4.1, Sole Point of Contact**). All communications between Respondents and other HHSC staff

members concerning the Solicitation are strictly prohibited, unless noted elsewhere in this RFA. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

Name: Jennifer Kim, CTCD, CTCM
Title: Contract Specialist V - Grants
Address: 1101 West 49th Street; MC2020
Austin, Texas 78759
Email: jennifer.kim@hhsc.state.tx.us

However, if expressly directed in writing by Section 3.4.1, Sole Point of Contact, Respondent may communicate with another designated HHSC representative, e.g., during contract negotiations, if any.

3.4.2 Prohibited Communications

All communications between Respondents and other HHSC staff members concerning the Solicitation may not be relied upon and responded should send all questions or other communications to the Sole Point of Contact. This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

3.4.3 Questions

HHSC will allow written questions and requests for clarification of this Solicitation. Questions must be submitted by email to **Section 3.4.1, Sole Point of Contact** above. Respondents' names will be removed from questions in any responses released. Questions shall be submitted in the following format. Submissions that deviate from this format may not be accepted:

- a. Identifying Solicitation number;
- b. Section number;
- c. Paragraph number;
- d. Page number;
- e. Text of passage being questioned; and
- f. Question.

Note: Questions or other written requests for clarification must be received by the Sole Point of Contact by the deadline set forth in Section 3.1, Schedule of Events above. However, HHSC, at its sole discretion, may respond to questions or other written requests received after the deadline. Please provide entity name, address,

phone number, fax number, e-mail address, and name of contact person when submitting questions.

3.4.4 Clarification Request Made by Respondent

Respondents must notify the Sole Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specifications, omission or other error in the Solicitation in the manner and by the deadline for submitting questions.

3.4.5 Responses

Responses to questions or other written requests for clarification will be posted on the [HHS Grants website](#) and [Texas eGrants website](#). HHSC reserves the right to amend answers prior to the deadline for submission of Solicitation Responses. Amended answers will be posted on the [HHS Grants website](#). It is Respondent's responsibility to check the [HHS Grants website](#). HHSC also reserves the right to provide a single consolidated response of all similar questions in any manner at the HHSC's sole discretion.

3.5 SOLICITATION RESPONSE COMPOSITION

All Applications must be:

- a. Clearly legible;
- b. Sequentially page-numbered and include the respondents name at the top of each page;
- c. Organized in the sequence outlined in **Article IX, Submission Checklist**;
- d. In Arial or Times New Roman font, size 12 or larger for normal text, no less than size 10 for tables, graphs, and appendices;
- e. Blank forms provided in the Attachments 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;
- f. Correctly identified with the RFA number and submittal deadline;
- g. Responsive to all RFA requirements; and
- h. Signed by an authorized official in each place a signature is needed (copies must be signed but need not bear an original signature). Electronically transmitted signatures will be deemed originals for all purposes relating to this Solicitation and any resulting contract(s).

3.6 SOLICITATION RESPONSE SUBMISSION AND DELIVERY

3.6.1 Deadline

Solicitation Responses must be received at the address in **Section 3.6.3, Delivery or through the Online Bid Room** time-stamped by HHSC no later than the date and time specified in **Section 3.1, Schedule of Events**.

3.6.2 Labeling

Solicitation Responses shall be placed in a sealed box and clearly labeled as follows:

| | |
|---------------------------------|--|
| SOLICITATION NO.: | HHS0006876 |
| SOLICITATION NAME: | Title V Maternal and Child Health Region 11 |
| SOLICITATION RESPONSE DEADLINE: | June 17, 2020 @ 2:00PM CST |
| PURCHASER NAME: | Jennifer Kim |
| RESPONDENT'S NAME: | _____ |

HHSC will not be held responsible for any Solicitation Response that is mishandled prior to receipt by HHSC. It is Respondent's responsibility to mark appropriately and deliver the Solicitation Response to HHSC by the specified date and time. HHSC will not be responsible for any technical issues that result in late delivery, inappropriately identified documents, or other submission error that may lead to disqualification (including substantive or administrative) or nonreceipt of the Respondent's Application.

3.6.3 Delivery

Respondent must correctly deliver Solicitation Responses by one of the methods below. Solicitation Responses submitted by any other method (e.g. facsimile, telephone, email) will **NOT** be considered.

Submission Option #1: Respondent shall submit the following through the Online Bid Room utilizing the procedures in **Exhibit N, HHS Online Bid Room**:

- a. One file named "Original Proposal" that contains the Respondent's entire proposal in searchable portable document format (PDF).
- b. In accordance with **Section 8.1.3, Public Information Act**, one file named "Public Information Copy" that contains the Respondent's entire proposal in searchable PDF, if applicable.

Submission Option #2: Respondent shall submit the following on two USB drives – One (1) labeled "Original" and One (1) labeled "Copy"- to the mailing address identified in this section:

- a. Each USB must contain one file named “Original Proposal” that contains the Respondent’s entire proposal in searchable portable document format (PDF).
- b. In accordance with **Section 8.1.3, Public Information Act**, one file named “Public Information Copy” that contains the Respondent’s entire proposal in searchable PDF, if applicable.

To be delivered by U.S. Postal Service, overnight or express mail, or hand delivery to:

HHSC Procurement and Contracting Services (PCS)
Attn: Bid Coordinator
1100 W. 49th Street, MC 2020
Service Building (Building S)
Austin, Texas 78756

Note: All Solicitation Responses become the property of HHSC after submission and will not be returned to Respondent.

3.6.4 Alterations, Modifications, and Withdrawals

Prior to the Solicitation submission deadline, a Respondent may: (1) withdraw its Solicitation Response by submitting a written request to the Sole Point of Contact identified in **Section 3.4.1, Sole Point of Contact**; or (2) modify its Solicitation Response by submitting a written amendment to the Sole Point of Contact identified in **Section 3.4.1, Sole Point of Contact**. HHSC may request Solicitation Response Modifications at any time.

ARTICLE IV. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS

4.1 GENERALLY

Those Respondents making it through the initial review process may be invited to submit clarifying information as applicable and to participate in a negotiation process which will determine final selection. The specific dollar amount awarded to each Successful Respondent will depend upon the merit and scope of the Application and negotiations. Funded amounts may differ from those requested. Not all Respondents who are deemed eligible to receive funds are assured of receiving an award.

The final funding amount and the provisions of the Grant Agreement will be determined at the sole discretion of HHSC.

A three-step selection process will be used:

- a. Eligibility screening;
- b. Evaluation based upon specific selection criteria; and
- c. Final Selection based upon State priorities.

4.2 ELIGIBILITY SCREENING

Applications will be reviewed for minimum qualifications and completeness. All complete applications meeting the minimum qualifications will move to the Evaluation stage.

4.3 EVALUATION

Applications will be evaluated and scored in accordance with the factors required by **Exhibit H, Evaluation Tool Template**, and other factors deemed relevant by HHSC.

4.3.1 Specific Selection Criteria

Grant Applications shall be evaluated based upon:

Grant Applications shall be evaluated based upon the following criteria and weights. See also, **Exhibit H, Evaluation Tool**.

- A. Respondent Readiness (**20%**);
- B. Respondent Background, including previous experience with grants and contracts (**30%**);
- A. Assessment Narrative (**10%**);
- B. Service Delivery Plan (**30%**); and
- C. Expenditure Request and Performance Measures (**10%**).

4.4 FINAL SELECTION

HHSC intends on making multiple awards. After initial screening for eligibility, Application completeness, and initial scoring of the elements listed above in **Section 4.3**, a selection committee will look at all eligible applicants to determine which proposals should be awarded in order to most effectively accomplish state priorities. The selection committee will recommend grant awards to be made to the HHSC Executive Commissioner, who will make the final award approval.

HHSC will make all final funding decisions based on eligibility, geographic distribution across the state, state priorities, reasonableness, availability of funding, and cost-effectiveness.

4.5 NEGOTIATION AND AWARD

The specific dollar amount awarded to each Successful Respondent will depend upon the merit and scope of the Application, the recommendation of the selection committee, and the decision of the Executive Commissioner. Not all Applicants who are deemed eligible to receive funds are assured of receiving an award.

The negotiation phase will involve direct contact between the Successful Respondent and HHSC representatives via phone and/or email. During negotiations, Successful Respondents may expect:

- a. An in-depth discussion of the submitted proposal and budget; and
- b. Requests from HHSC for clarification or additional detail regarding submitted Application.

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

HHSC may announce tentative or apparent grant recipients once the Executive Commissioner has given approval to initiate negotiation and execute contracts.

Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addendums, or revisions to the RFA or UTC, sought by the Applicant must be specifically detailed in writing by the Applicant on Exhibit G, Exceptions Form in this proposal and submitted to HHSC for consideration. HHSC will accept or reject each proposed exception. HHSC will not consider exceptions submitted separately from the Applicant's proposal or at a later date.

HHSC will post to the [HHS Grants website](#) and [Texas eGrants website](#) and may publicly announce a list of Applicants whose Applications are selected for final award. This posting does not constitute HHSC's agreement with all the terms of any Applicant's proposal and does not bind HHSC to enter into a contract with any Applicant whose award is posted.

4.6 QUESTIONS OR REQUESTS FOR CLARIFICATION BY HHSC

HHSC reserves the right to ask questions or request clarification from any Respondent at any time during the Application process.

ARTICLE V. NARRATIVE PROPOSAL

5.1 NARRATIVE PROPOSAL

5.1.1 Executive Summary

Provide a high-level overview of the Respondent's approach to meeting the RFA's requirements. The summary must demonstrate an understanding of the goals and objectives of the grant.

5.1.2 Project Work Plan

Utilizing **Forms A through R**, Respondents will describe the proposed services, processes, and methodologies for meeting all components described in **Article II, Scope of Grant Award**, including the Respondent's approach to meeting the timeline and associated milestones. Respondent should identify all tasks to be performed, including all Project activities, to take place during the grant funding period. Respondent will also include all documents requested as part of completing Forms to demonstrate fulfilling **Article II, Scope of Grant Award** requirements.

ARTICLE VI. REQUIRED RESPONDENT INFORMATION

6.1 ADMINISTRATIVE ENTITY INFORMATION

Respondent must provide satisfactory evidence of its ability to manage and coordinate the types of activities described in this Solicitation. As a part of the Solicitation Response requested in **Article III, Administrative Information**, Respondent must provide the required exhibits in **Article IX, Submission Checklist**.

6.2 LITIGATION AND CONTRACT HISTORY

Respondent must include in its Solicitation Response a complete disclosure of any alleged or significant contractual failures.

In addition, Respondent must disclose any civil or criminal litigation or investigation pending over the last five years that involves Respondent or in which Respondent has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Respondent.

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

6.3 CONFLICTS

Respondent must certify that it does not have any personal or business interests that present a conflict of interest with respect to the RFA and any resulting contract. Additionally, if applicable, the respondent must disclose all potential conflicts of interest. The respondent must describe the measures it will take to ensure that there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained. HHSC will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the term of the contract. Failure to identify actual and potential conflicts of interest may result in disqualification of a Solicitation Response or termination of a contract.

Please include any activities of affiliated or parent organizations and individuals who may be assigned to this Grant Agreement, if any.

Additionally, pursuant to Section 2252.908 of the Texas Government Code, a Successful Respondent awarded a Grant Agreement with a value of \$1 million dollars or more or awarded a Grant Agreement that would require the Successful Respondent to register as a lobbyist under Texas Government Code Chapter 305 must submit a disclosure of interested parties to the state agency at the time the business entity submits the signed contract. Rules and filing instructions may be found on the Texas Ethics Commissions public website and additional instructions will be given by HHSC to Successful Respondents.

6.4 GRANT APPLICATION DISCLOSURE

In an effort to maximize state resources and reduce duplication of effort, HHSC, at its discretion, may require the Respondent to disclose information regarding the Application for or award of state, federal, and/or local grant funding by the Respondent or Community Collaborative member organization within the past two years to provide Program services.

6.5 AFFIRMATIONS, CERTIFICATIONS, AND EXHIBITS

Respondent must complete and return all of the following affirmations, assurances, certifications, and exhibits. A complete list of exhibits is included as **Article IX, List of Exhibits, Attachments, and Forms**.

- a. **Exhibit A, Affirmations and Solicitation Acceptance v.1.6;**
- b. **Exhibit C, Data Use Agreement v.8.5;** (If applicable-return a signed copy only if using subcontracts under this award)
- c. **Exhibit C-1, Security and Privacy Inquiry (SPI) Form**
- d. **Exhibit C-2, DUA Governmental Entity; v.8.5** (If applicable-return a signed copy only if using subcontracts under this award)
- e. **Exhibit C-3, DUA Local and County Entity; v. TACCHO** (if applicable)
- f. **Exhibit D, Federal Certification Regarding Lobbying;**
- g. **Exhibit E, Federal Assurances – Non-Construction Form;**
- h. **Exhibit F, Federal Funding Accountability and Transparency Act (FFATA) Certification**
- i. **Exhibit G, Exceptions Form** (if applicable)

6.6 HUB

If a successful Respondent chooses to subcontract for goods and services using the funding awarded in this grant, HHSC encourages the Respondent to use HUBs to provide those goods and services where possible.

ARTICLE VII. EXPENDITURE PROPOSAL

7.1 EXPENDITURE PROPOSAL

Attached **Forms Q-1 through R** of this RFA includes the templates for submitting the Expenditure Proposal. Respondents must complete these forms and place it in a separate, sealed package, clearly marked with the Respondent's name, the RFA number, and the RFA submission date.

Respondents must base their Expenditure Proposal on the Scope of Work described in **Article II, Scope of Grant Award**. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the Expenditure Proposal. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract resulting from this RFA are deemed rejected by HHSC.

Respondents must demonstrate that Project costs outlined in the Expenditure Proposal are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.

Respondent must utilize **Forms Q-1, Q-2 and R** and identify costs to be requested from HHSC and costs to be matched. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the Project.

Costs will be reviewed for compliance with UGMS and federal grant guidance found in 2 CFR Part 200, as modified by UGMS, with effect given to whichever provision imposes the more stringent requirement in the event of a conflict.

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

ARTICLE VIII. GENERAL TERMS AND CONDITIONS

8.1 GENERAL CONDITIONS

8.1.1 Costs Incurred

Respondents understand that issuance of this Solicitation in no way constitutes a commitment by HHSC or any HHS system agency to award a contract or to pay any costs incurred by a Respondent in the preparation of a response to this Solicitation. HHSC is not liable for any costs incurred by a Respondent prior to issuance of or entering into a formal agreement, contract, or purchase order. Costs of developing Solicitation Responses, preparing for or participating in oral presentations and site visits, or any other similar

expenses incurred by a Respondent are entirely the responsibility of the Respondent, and will not be reimbursed in any manner by the State of Texas.

8.1.2 Grant Agreement Responsibility

HHSC will look solely to Respondent for the performance of all contractual obligations that may result from an award based on this Solicitation. Respondent shall not be relieved of its obligations for any nonperformance by its contractors/subrecipients.

8.1.3 Public Information Act - Respondent Requirements Regarding Disclosure

Proposals and contracts are subject to the Texas Public Information Act (**PIA**), *Texas Government Code* Chapter 552, and may be disclosed to the public upon request. Other legal authority also requires HHSC to post contracts and proposals on its public website and to provide such information to the Legislative Budget Board for posting on its public website.

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

- a. Mark Original Proposal:
 1. Mark the Original Proposal, on the top of the front page, the words “**CONTAINS CONFIDENTIAL INFORMATION**” in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font or larger); and
 2. Identify, adjacent to each portion of the Solicitation Response that Respondent claims is exempt from public disclosure, the claimed exemption from disclosure (*NOTE: no redactions are to be made in the Original Proposal*);
- b. Certify in Original Proposal - Affirmations and Solicitation Acceptance (attached as **Exhibit A** to this Solicitation):

Certify, in the designated section of the Affirmations and Solicitation Acceptance, Respondent’s confidential information assertion and the filing of its Public Information Act Copy; and
- c. Submit Public Information Act Copy of Proposal:

Submit a separate “**Public Information Act Copy**” of the Original Proposal (in addition to the original and all copies otherwise required under the provisions of this Solicitation). The Public Information Act Copy must meet the following requirements:

 1. The copy must be clearly marked as “**Public Information Act Copy**” on the front page in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font or larger);
 2. Each portion Respondent claims is exempt from public disclosure must be redacted (blacked out); and

3. Respondent must identify, adjacent to each redaction, the claimed exemption from disclosure. Each identification provided as required in Subsection (c) of this section must be identical to those set forth in the Original Proposal as required in Subsection (a)(2), above. The only difference in required markings and information between the Original Proposal and the “Public Information Act Copy” of the proposal will be redactions - which can only be included in the “Public Information Act Copy.” There must be no redactions in the Original Proposal.

By submitting a response to this Solicitation, Respondent agrees that, if Respondent does not mark the Original Proposal, provide the required certification in the Affirmations and Solicitation Acceptance, and submit the Public Information Act Copy, Respondent’s proposal will be considered to be public information that may be released to the public in any manner including, but not limited to, in accordance with the Public Information Act, posted on HHSC’s public website, and posted on the Legislative Budget Board’s public website.

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

Respondent should not submit a Public Information Act Copy indicating that the entire proposal is exempt from disclosure. Merely making a blanket claim that the entire proposal is protected from disclosure because it contains any amount of confidential, proprietary, trade secret, or privileged information is not acceptable, and may make the entire proposal subject to release under the PIA.

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

HHSC will strictly adhere to the requirements of the PIA regarding the disclosure of public information. As a result, by participating in this solicitation process, Respondent acknowledges that all information, documentation, and other materials submitted in the proposal in response to this Solicitation may be subject to public disclosure under the PIA. HHSC does not have authority to agree that any information submitted will not be subject to disclosure. Disclosure is governed by the PIA and by rulings of the Office of the Texas Attorney General. Respondents are advised to consult with their legal counsel concerning disclosure issues resulting from this process and to take precautions to safeguard trade secrets and proprietary or otherwise confidential information. HHSC assumes no obligation or responsibility relating to the disclosure or nondisclosure of information submitted by Respondents.

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

8.1.4 Respondent Waiver – Intellectual Property

Submission of any document to any HHS agency in response to this Solicitation constitutes an irrevocable waiver, and agreement by the submitting party to fully indemnify the State of Texas, HHSC from, any claim of infringement by HHSC regarding the intellectual property rights of the submitting party or any third party for any materials submitted to HHS by the submitting party.

8.1.5 News Releases

Prior to final award a Respondent may not issue a press release or provide any information for public consumption regarding its participation in the procurement. Requests should be directed to the HHSC Sole Point of Contact identified in **Article III, Administrative Information**.

8.1.6 Additional Information

By submitting a proposal, the Respondent grants HHSC the right to obtain information from any lawful source regarding the respondent's and its directors', officers', and employees': (1) past business history, practices, and conduct; (2) ability to supply the goods and services; and (3) ability to comply with contract requirements. By submitting a proposal, a Respondent generally releases from liability and waives all claims against any party providing HHSC information about the Respondent. HHSC may take such information into consideration in evaluating proposals.

8.2 INSURANCE

Grant Recipient shall carry insurance in the types and amounts indicated in **Exhibit M, Insurance Coverage Required** for the duration of the Grant Agreement. The insurance shall be evidenced by delivery to HHSC of certificates of insurance executed by the insurer or its authorized agent stating coverages, limits, expiration dates and compliance with all applicable required provisions.

Upon request, Owner, and/or its agents, shall be entitled to receive without expense, copies of the policies and all endorsements.

Grant Recipient shall update all expired policies prior to submission for monthly payment. Failure to update policies shall be reason for withholding of payment until renewal is provided to HHSC.

Grant Recipient shall provide and maintain all insurance coverage with the minimum amounts described throughout the life of the contract.

Failure to maintain insurance coverage, as required, is grounds for suspension of work for cause.

Grant Recipient shall deliver to HHSC true and complete copies of certificates and corresponding policy endorsements upon award.

Failure of HHSC to demand such certificates or other evidence of Grant Recipient's full compliance with these insurance requirements or failure of HHSC to identify a deficiency in compliance from the evidence provided shall not be construed as a waiver of Grant Recipient's obligation to maintain such insurance.

The insurance and insurance limits required in **Exhibit M** shall not be deemed as a limitation on Grant Recipient's liability under the indemnities granted to HHSC in the Grant Agreement.

The insurance coverage and limits established in **Exhibit M** shall not be interpreted as any representation or warranty that the insurance coverage and limits necessarily will be adequate to protect Grant Recipient.

Coverage shall be written on an occurrence basis by companies authorized and admitted doing business in the state of Texas and rated A or better by A.M. Best Company or similar rating company or otherwise acceptable to HHSC.

ARTICLE IX. SUBMISSION CHECKLIST

This checklist is provided for Respondent's convenience only and identifies documents that are requested in this Solicitation in order to be considered responsive. Any Solicitation Response received without these requisite documents may be deemed nonresponsive and may not be considered for contract award.

Original Solicitation Response Package

The Solicitation Package must include the Solicitation Response in one of the approved submission methods identified in **Section 3.6, Solicitation Response Submission and Delivery**.

1. Administrative Information (Forms A and C-2)

- 1. Form A: Face Page _____
- 2. Form B: Administrative Information _____
- 3. Form C-1: Governmental Entity (if applicable) _____
- 4. Form C-2: Nonprofit Entity or For-Profit Entity (if applicable) _____

2. Narrative Proposal Forms (Forms D through O)

A. Forms to be completed by all Respondents (Forms D through I)

- 1. Form D: Respondent Background _____
- 2. Form E: Assessment Narrative _____
- 3. Form F: Respondent Site Readiness _____
- 4. Form G: Title V Clinic Sites _____
- 5. Form H: Title V Fee for Services Program Assurances _____

B. Forms to be completed by Respondents providing Child Health and/or Child Dental Services (Forms J through M)

- 6. Form I: Title V Child Health and Child Dental Services, Texas Counties and Regions _____
- 7. Form J: Contact Person Information – Title V Child Health Services _____
- 8. Form K: Contact Person Information – Title V Child Dental Services _____
- 9. Form L: Service Delivery Plan for Child Health & Child Dental Services _____

C. Forms to be completed by Respondents providing Prenatal Medical and/or Prenatal Dental Services (Forms N through Q)

- 10. Form M: Title V Prenatal Medical & Prenatal Dental Services, Texas Counties and Regions _____
- 11. Form N: Contact Person Information – Title V Prenatal Medical Services _____

- 12. Form O: Contact Person Information – Title V Prenatal Dental Services _____
- 13. Form P: Service Delivery Plan for Prenatal Medical & Prenatal Dental Services _____

3. Expenditure Request and Performance Measures (Forms Q-1 through S)

- Form Q-1: Title V Child Health & Dental Ceiling Request and Performance Measures _____
- Form Q-2: Title V Prenatal Medical & Prenatal Dental Ceiling Request and Performance Measures _____
- Form R: Title V Subrecipient/Subcontractor Information _____

4. Applicable Exhibits (to be included in Solicitation Package) (Section 6.5)

- 1. Exhibit A, Affirmations and Acceptance 1.6 _____
- 2. Exhibit C, Data Use Agreement v.8.5 _____
- 3. Exhibit C-1, Security and Privacy Inquiry (SPI) Form _____
- 4. Exhibit C-2, Data Use Agreement-Governmental Entity v.8.5 _____
- 5. Exhibit C-3, Data Use Agreement-Local & County Health _____
- 6. Exhibit D, Federal Certification Regarding Lobbying _____
- 7. Exhibit E- Federally Required Assurances and Certifications _____
- 8. Exhibit F- Federal Funding Accountability and Transparency Act (FFATA) Certification _____
- 9. Exhibit G - Exceptions Form, if applicable _____

Files to be provided

2 One (1) labeled “Original” and One (1) labeled “Copy”.

1 One file named “Public Information Copy” that contains the Respondent’s entire proposal in searchable PDF, if applicable.

ARTICLE X. LIST OF EXHIBITS, ATTACHMENTS, AND FORMS

Exhibits:

- Exhibit A: Affirmations and Solicitation Acceptance v.1.6
- Exhibit B: HHSC Uniform Terms and Conditions – Grant Version 2.16.1 (For information purposes, not to be returned)
- Exhibit B-1: HHSC Title V Supplemental Conditions v.1.0 (for information purposes, not to be returned)
- Exhibit B-2: Additional Provisions v.1.0 (for information purposes, not to be returned)
- Exhibit C: Texas HHS System Data Use Agreement v.8.5 (Return a signed copy only if using subcontracts under this award)
- Exhibit C-1: Security and Privacy Inquiry (SPI) Form v.8.5
- Exhibit C-2: DUA Governmental Entity v.8.5 (If applicable-return a signed copy only if using subcontracts under this award)
- Exhibit C-3: DUA Local City and County Entities v. TACCHO (If applicable)
- Exhibit D: Federal Certification Regarding Lobbying
- Exhibit E: Federal Assurances - Non-Construction Programs
- Exhibit F: Federal Funding Accountability and Transparency Act (FFATA) Certification
- Exhibit G: Exceptions, (if applicable)
- Exhibit H: Evaluation Tool Template – Title V (for information purposes, not to be returned)
- Exhibit I: Policies and Procedures Manual FY 17 (for information purposes, not to be returned)
- Exhibit J: HHSC Regional Coverage Map for a view of counties within Region 11 (for information purposes, not to be returned)
- Exhibit K: HHSC Title V Child Health and Dental Contract (PDF)
- Exhibit L: HHSC Title V Prenatal Medical and Dental Contract (PDF)
- Exhibit M: General Insurance Requirements (for information purpose, not to be returned)
- Exhibit N: Online Bid Room Instructions (for information purpose, not to be returned)

Forms:

- Form A: Face Page
- Form B: Administrative Information
- Form C-1: Governmental Entity -Authorized Officials
- Form C-2: Non-Profit or For-Profit Entity – Board of Directors and Principal Officers
- Form D: Respondent Background
- Form E: Assessment Narrative
- Form F: Respondent Site Readiness
- Form G: Title V Clinic Sites
- Form H: Title V Fee for Service Program Assurances
- Form I: Title V Child Health & Child Dental Services Texas County & Regions List
- Form J: Contact Person Information – Title V Child Health Services
- Form K: Contact Person Information – Title V Child Dental Services
- Form L: Service Delivery Plan for Child Health & Child Dental Services

Form M: Title V Prenatal Medical & Prenatal Dental Services Texas County & Regions List

Form N: Contact Person Information – Title V Prenatal Medical Services

Form O: Contact Person Information – Title V Prenatal Dental Services

Form P: Service Delivery Plan – Prenatal Medical & Prenatal Dental Services

Form Q-1: Title V Child Health & Child Dental Ceiling Request and Performance Measures

Form Q-2: Title V Prenatal Medical & Prenatal Dental Ceiling Request and Performance Measures

Form R: Title V Subrecipient/Subcontractor Information

Attachments:

Attachment A: Title V Services and Reimbursement Rates