



Kyle L. Janek, M.D., Executive Commissioner

**Request for Proposals (RFP)
For**

**Animal Friendly Grants
Zoonosis Control Branch**

RFP No. 537-16-138566

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TABLE OF CONTENTS

PROPOSAL INFORMATION.....4

I.	INTRODUCTION AND DEFINITIONS	4
A.	Eligible Respondents.....	9
B.	Term of Contract	10
C.	Use of Funds	11
D.	Schedule of Events	12
II.	PROGRAM INFORMATION	12
A.	General Purpose and Program Goals – Scope of Work	12
B.	Program Background.....	12
C.	Legal Authority.....	12
D.	Project Development.....	13
E.	Program Requirements.....	13
III.	PROCUREMENT REQUIREMENTS	15
A.	RFP Point of Contact	15
B.	Proposal Due Date	16
C.	Submission.....	16
IV.	PROPOSAL SCREENING AND EVALUATION	17
A.	Screening Process	17
B.	Evaluation Process	18
C.	Evaluation Criteria.....	18
D.	Selection, Negotiation, and Award.....	19
V.	DSHS ADMINISTRATIVE INFORMATION.....	20
A.	Rejection of Proposals.....	20
B.	Right to Amend or Withdraw RFP	20
C.	Authority to Bind DSHS	20
D.	Financial and Administrative Requirements	20
E.	Contracting with Subcontractors.....	22
F.	DSHS Historically Utilized Business Participation	22
G.	Contract Information.....	23
H.	Contract Award Protest Procedures	23

CONTENT AND PREPARATION.....24

VI.	PROPOSAL CONTENT	24
A.	Instructions for Preparation	24
B.	Confidential Information.....	24
C.	Table of Contents.....	25
VII.	BLANK FORMS AND INSTRUCTIONS	26
	FORM A: FACE PAGE.....	27
	FORM A: FACE PAGE INSTRUCTIONS	29
	FORM B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST.....	30
	FORM C: CONTACT PERSON INFORMATION	31
	FORM D: ADMINISTRATIVE INFORMATION	32
	FORM D-1: GOVERNMENTAL ENTITY.....	36
	FORM D-2: NONPROFIT OR FOR-PROFIT ENTITY	37
	FORM E: EXCEPTIONS FORM	38

FORM F: RESPONDENT BACKGROUND40
 FORM G: ASSESSMENT NARRATIVE41
 FORM G: ASSESSMENT NARRATIVE GUIDELINES.....42
 FORM H: PERFORMANCE MEASURES.....44
 FORM H: PERFORMANCE MEASURES GUIDELINES45
 FORM J: CHILD SUPPORT CERTIFICATION.....46
 FORM K: FINANCIAL MANAGEMENT AND ADMINISTRATION47
 QUESTIONNAIRE47

APPENDICES.....52

APPENDIX A: BUDGET SECTION52
 APPENDIX B: DSHS ASSURANCES AND CERTIFICATIONS53
 APPENDIX E: PROGRAM SPECIFIC APPENDICES59

I. INTRODUCTION AND DEFINITIONS

The Health and Human Services Commission (HHSC) on behalf of the Department of State Health Services (DSHS or Department) **Zoonosis Control Branch** (Program) announces the expected availability of Animal Friendly funding for the State Fiscal year (FY) 2016. This funding is for Spay and Neuter Projects, and to make grants eligible for organizations that sterilize dogs and cats owned by the general public at no or minimal cost. This Request for Proposal (RFP) is not limited to this source of funding if other sources become available for this Project.

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. **If web links in this document do not open, copy and paste them into your internet browser window.**

PLEASE READ ALL MATERIALS BEFORE PREPARING THE PROPOSAL.

Definitions

Appendix – Additional information and/or forms that are available at the end 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. ***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 contract renewal will have its own budget period.

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.).

Contractor – An individual, organization, or entity that contracts with DSHS to provide services and/or goods. This includes (but is not limited to) vendors, sub-recipients, and grantees.

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 by which contractors are reimbursed for allowable costs incurred up to the total award amount specified in the contract. Costs must be incurred in carrying out approved activities, and must be 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 Chapter 20, Subchapter C, §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.

General Provisions – Basic provisions that are essential in administering the contract, which include assurances required by law, compliance requirements, applicable federal and state statutes and circulars, financial management standards, records and reporting requirements, funding contingency, sanctions, and terms and conditions of payment.

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.

Procurement and Contracting Services Division (PCS) - Central contracting unit within HHSC that is responsible for statewide procurements and their certifications. PCS oversees, coordinates, and assists the Divisions with procurement needs, issues competitive procurements, finalizes development, and executes contracts. PCS maintains the official contract file from procurement to contract closeout.

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 PCS on procurements.

Program Attachment – An attachment to the 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 Income - Gross income generated by a DSHS contract supported activity or earned as a direct result of the contract agreement during the Program Attachment period. Program income includes, but is not limited to, fees for services performed or income from the sale of items fabricated under the contract agreement, proceeds from the sale of tangible personal or real property, usage or rental fees, sale of services such as laboratory tests, computer time, and patent or copyright royalties. Program income also includes interest earned in excess of \$250 per year on advances for Program Attachments funded by state funds.

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 DSHS (or 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. The scope of work is a document written in the early stages of procurement to explain what DSHS plans to purchase.

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.

Statement of Work – The part of the contract that describes the 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.

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 – A type of contractor or subcontractor that provides services, and goods, if any, that assist in, but are not the primary means of, carrying out the DSHS-funded Program. Under a vendor contract, the vendor will have few if any administrative requirements. (For example, a vendor might be required only to submit a summary report of services delivered and an invoice.) A vendor generally will deliver services to DSHS-funded clients in the same manner the vendor would deliver those services to its non-DSHS-funded clients.

A vendor contractor generally has most of the following characteristics: a) provides goods and services within normal business operations, b) provides similar goods and services to many different purchasers, c) operates in a competitive environment, d) is not subject to compliance requirements of the federal or state program, e) provides goods and services that are ancillary to the operation of the program. Note: Characteristics a, b, c, and d do not apply to vendor contractors that are universities.

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 established 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 Vendor ID No. 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.

Program Specific Definitions

Local Non-profit Veterinary Medical Association (VMA) – An organization set up by and comprised of several volunteer veterinarians in their immediate region for the purpose of presenting continuing education, planning group activities, or discussing issues common to their professional field.

Non-profit Organization – A private non-profit, tax-exempt corporation, association or organization under the Internal Revenue Code 26 United State Code §501 (c) (3).

Owner – A person which feeds, shelters, harbors, and has possession or control of an animal or responsibility to control an animal.

Releasing Agency – A public or private animal pound, shelter, or humane organization. The term does not include an individual who occasionally renders human assistance or shelter in the individual's home to a dog or cat.

Sterilization – The surgical removal of the reproductive organs of a dog or cat or the use of nonsurgical methods and technologies approved by the United States Food and Drug Administration or the United States Department of Agriculture to permanently render the animal unable to reproduce.

A. Eligible Respondents

Eligible respondents include 1) a private (for-profit or non-profit), entity or public releasing agency (animal shelter); 2) an organization that is qualified as a charitable organization under Internal Revenue Code Section 501(c) (3), that has animal welfare or sterilizing of dogs and cats owned by the general public at no or minimal cost as its primary purpose; or 3) a local non-profit veterinary medical association.

Eligible respondents must comply with the criteria listed below:

1. If applicable, organizations submitting a request for proposal must agree that they are in compliance with Texas Health and Safety Code §828.002, "Requirements for Adoption", and §828.003, "Sterilization Agreement."
2. 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.
3. Respondent must have a Texas business 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.
4. Respondent must be in good standing with the U.S. Internal Revenue Service.
5. Respondent is not eligible to apply for funds under this RFP if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.
6. Respondent may not be eligible 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.
7. Respondent's staff members, including the executive director, must not serve as voting members on their employer's governing board.
8. In compliance with Comptroller of Public Accounts and Texas Procurement and Support Services 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 DSHS, regardless of the funding source, if a name match is found on any of the following lists:

- a) 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://www.sam.gov/portal/public/SAM>

- b) The Office of Inspector General (OIG) List of Excluded Individuals/Entities Search– State – <https://oig.hhsc.state.tx.us/Exclusions/search.aspx>; and
- c) Texas Comptroller of Public Accounts (CPA) Debarment List located at http://www.window.state.tx.us/procurement/prog/vendor_performance/debarred/. If this web link does not open, copy and paste to your internet browser window.

9. Respondents **must be** listed on the following list if they are Professional Corporations, Professional Associations, Texas Corporations, and/or Texas Limited Partnership Companies. Secretary of State (SOS) at <https://direct.sos.state.tx.us/acct/acct-login.asp>.

10. Contractor must have access to or maintain a computer, e-mail, and the internet throughout the contract period.

Except as expressly provided in A.2. above, 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 term will begin on or about **08/31/2015**, and will be made for a 12-month budget period. This contract may be renewed up to one (1) **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.

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

The amount available for funding is subject to continued consumer support of the Animal Friendly Program through purchases of Animal Friendly car license plates, gifts, grants, donations, and legislative appropriations. The amounts below may be greater or less than the amount estimated in this RFP.

In Fiscal Year 2016, approximately \$200,000.00 is expected to be available. 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.

One (1) grant award per project period will be awarded per agency for the sterilization of dogs and/or cats in a minimum of \$1,000.00 and a maximum of \$20,000.00 per contract period. These minimums and maximums may increase or decrease at the sole discretion of DSHS. The maximum amount awarded per agency for the total life of the contract is \$60,000.

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, contractual services, and other direct surgical costs for the sterilization, as allowed in the budget.

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

Funds must be used to:

1. Sterilize dogs and cats owned by the general public at no or minimal costs;
2. Pay for expendable veterinary surgical supplies only; and
3. Pay for veterinary personnel.

Funds must not be used to:

1. Subsidize releasing agency adoption spay/neuter programs;
2. Perform veterinary services other than sterilization; and
3. Fund programs that do not operate within the State of Texas.

Provider shall ensure that any fees or co-pays (Program Income), charged to pet owner for sterilization services funded by the Animal Friendly Program, shall do so on a pre-determined schedule. The provider must include the proposed fee schedule with their application (as specified and requested in Form G: ASSESSMENT NARRATIVE), and it will be reviewed by DSHS prior to award. Grant funds are only to be used for veterinary personnel and expendable surgical supplies.

Program Income is income resulting from fees collected, for services rendered by a contractor that are wholly or partially funded by a DSHS Program Attachment.

Program Income must be accounted for in the contractor's general ledger in a unique revenue account(s) specific to each DSHS Program Attachment activity. It must be spent on the same Program Attachment activities during the period in which it was generated and it may not be carried forward to the succeeding contract term. Program income not expended in the contract term in which it is earned must be remitted to DSHS. DSHS share of program income must be expended prior to requesting reimbursement for the current Program Attachment's award amount.

D. Schedule of Events

1. Issue the RFP by posting to the Electronic State Business Daily (ESBD)	12/19/2014
2. Deadline for Submitting Questions	01/06/2015
3. Post Answers to Questions to the ESBD	01/12/2015
4. Deadline for Submission of Proposals	02/19/2015
5. Post Tentative Awards to the ESBD	05/15/2015
6. Contract Negotiations	06/03/2015
7. Post Final Awards to the ESBD	06/08/2015
8. Mail/Email Contract(s) to Awarded Respondent(s) for Signature	06/15/2015
10. Anticipated Contract Begin Date	08/31/2015

DSHS reserves the right to change the dates shown above without notice. It is the responsibility of the respondent to check the ESBD throughout the RFP process for changes and/or updates to this RFP.

II. PROGRAM INFORMATION

A. General Purpose and Program Goals – Scope of Work

In an effort to reduce pet overpopulation, Animal Friendly Program funds will be made available for community based programs which sterilize dogs and cats owned by the general public at no or minimal cost.

B. Program Background

Due to pet overpopulation in Texas, over half a million animals are euthanized annually at cost of over \$20 million dollars. These figures do not include animals that are abandoned and die from starvation, disease, or trauma. Stray animals represent public health threats through a variety of diseases such as rabies, toxoplasmosis, plague, and parasitic infections. Failure to sterilize pets is irrefutably a major cause of pet overpopulation. The cost of the sterilization is considered prohibitive to many pet owners. As a response to these problems, the 75th Texas Legislature designated that funds derived from the sale of Animal Friendly license plates are to be used for sterilization programs.

C. Legal Authority

DSHS is authorized to enter into contracts through Texas Health and Safety Code Chapter 1001. This project is authorized under, and governed by Texas Health and Safety Code, §828.014, Dog and Cat Sterilization and Title 25 Texas Administrative Code §169.102, Department of State Health Services Animal Friendly Account.

D. Project Development

1. Application includes a method to report the number, species, and sex of animals sterilized (as referenced in Exhibit 1 – QUARTERLY PERFORMANCE MEASURE REPORT);
2. Application specifies how the general public will be made aware of the availability of low-cost sterilization;
3. Applicant has a written non-discrimination policy in place to ensure that no person is discriminated against on the grounds of race, color, religion, sex, national origin, age or disability;
4. Application documents the intent and ability of the applicant to communicate and collaborate with the local health departments, animal control agencies, animal welfare agencies, veterinary organizations, human services organizations, schools, and churches;
5. Application demonstrates a low cost for sterilization on a per animal basis, thereby maximizing the number of animals, which can be sterilized; and
6. Application includes general marketing plan and specific methods of outreach to the low-income pet owner community.

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>. Reimbursements for such activities are limited by the terms of the contract.

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

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.

All selected applicants are required to conduct project activities in accordance with the Veterinary Licensing Act and the Rules of Professional Conduct. To obtain a copy, contact the Texas State Board of Veterinary Medical Examiners, Website: www.tbvme.state.tx.us

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 ***Donna Ockletree*** unless otherwise delegated by the PCS Manager. All communications concerning this RFP must be submitted by email (preferred), mail, hand-delivery, or fax to:

Mailing Address for Regular Mail:

Donna Ockletree, Procurement Project Manager

Ref: RFP# **537-16-138566**

Procurement and Contracting Services Division MC 2020

Health and Human Services Commission

4405 North Lamar Blvd.

Austin, Texas 78756

Physical Address for Overnight Mail or hand-delivery:

Donna Ockletree, Procurement Project Manager

Ref: RFP# **537-16-138566**

Procurement and Contracting Services Division MC 2020

Health and Human Services Commission

4405 North Lamar Blvd.

Austin, Texas 78756

Phone and Fax Numbers:

512/206-4787 phone

512/206-4605 fax

PCS Email: donna.ockletree@hhsc.state.tx.us

Other employees and representatives of HHSC or 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 **2:00 P.M. Central Time (CT)**. 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. CT on the date specified in Section I D. Schedule of Events.

Below are steps to navigate the ESBD 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 ESBD 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 **537-16-138566**.
 - 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.

PCS 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. PCS 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. CT on the date specified in Section I. D. Schedule of Events.

C. Submission

The original proposal, **1** additional copy, and **1** electronic version 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. HHSC will not accept proposals by fax or email.**

If a proposal is sent by overnight mail or hand-delivered to the HHSC 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.** This is the only official date and time stamp accepted as verification of receipt.

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 HHSC 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. HHSC may make exceptions only for natural disasters or catastrophes in the affected area as determined by HHSC. The respondent must submit to the RFP contact proper documentation that reflects the

above exceptions before HHSC 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, HHSC 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 HHSC 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. Historically Underutilized Business (HUB) subcontracting plan that meets HUB requirements is included. **Note to All Respondents: Texas law provides that a proposal submitted in response to this RFP that does not contain a HUB subcontracting plan is non-responsive, in accordance with Texas Government Code § 2161.252.**
4. 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 HHSC.
5. Respondent is prohibited from submitting more than one proposal in response to this RFP.

In conducting the screening process, HHSC 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.

HHSC reserves the right to waive irregularities that HHSC 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 4 teams of 3 people using the standard evaluation criteria and scoring values as outlined below. In addition, past performance may be used as evaluation criteria if there are quantitative performance measures available.

In the event an item of non-compliance appears in a significant number of proposals, suggesting a possible lack of clarity in the RFP, HHSC 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

The proposal sections will be weighted as follows:

Proposal Components
FORM F: Respondent Background
FORM G: SECTION I. Assessment Narrative – Target Area
FORM G: SECTION II. Assessment Narrative – Strategy for Marketing
FORM G: SECTION III. Assessment Narrative – Coordination and Collaboration
Form G: SECTION IV. Assessment Narrative – Target Cost Estimate
Total

D. Selection, Negotiation, and Award

Funding awards will be based on evaluation scores, availability of funds, and the best interest of the State in providing services under this RFP.

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, terms, conditions, or certifications in the RFP or attachments, addendums, or revisions to the RFP or General Provisions, sought by the respondent must be specifically detailed in writing by the respondent on Form E: Exception 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 respondent's proposal or at a later date.

PCS will post to the ESBD a list of respondents whose proposals are selected for **tentative** award and negotiation. 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 tentative award is posted.

Once the award decisions are made, HHSC will oversee negotiating contracts to obtain the needed client services within the framework of the goals of the Zoonosis Control Branch and available funds. As funds are never unlimited, it is expected that the applicants (s) selected for contract awards may be asked to revise the budgets of their proposals in order to achieve the Zoonosis Control Branch goals within available funding limits. This process is commonly referred to as contract negotiation. Once the contract negotiation process is complete, the DSHS Zoonosis Control Branch initiates the development of a contract.

PCS will post to the ESBD a list of respondents whose proposals are selected for **final** award after negotiation. 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.

V. DSHS ADMINISTRATIVE INFORMATION

A. Rejection of Proposals

1. PCS 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 PCS's review through contact with any Commissioner or staff member of PCS or other Texas Health and Human Services agency will result in rejection of the proposal.
3. Any material misrepresentation in a proposal submitted to PCS 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

PCS 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 PCS is administratively final. Amendment or notice of withdrawal of the RFP will be posted to the ESBD. It is the sole responsibility of the respondent to check the ESBD throughout the RFP process for changes and/or updates to this RFP.

C. Authority to Bind DSHS

For the purposes of this RFP, the only individuals who may legally commit DSHS to the expenditure of public funds under the contract are the Commissioner of DSHS, Assistant Commissioner, Chief Financial Officer or Chief Operating Officer, PCS Director, or the employee designated to act in place of one of those employees through commissioner's directive relating to line of authority, CD-2005.02. 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 ESBD 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 its 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.

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 maintain a financial management system that meets federal and state standards for expending and accounting for funds received under an award. Documents and records must be maintained that 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. 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.

Additional requirements on basic accounting and financial management systems are found in DSHS General Provisions, Allowable Costs and Audit Requirements and the DSHS Contractor Financial Procedures Manual. Copies of the procedures manual are available online at <http://www.dshs.state.tx.us/contracts/cfpm.shtm>. OMB Circulars may be found at <http://www.whitehouse.gov/omb/circulars>. 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/files/state-grants/UGMS062004.doc>

E. Contracting with Subcontractors

The selected respondent **may not** enter into contracts with subcontractors.

F. DSHS Historically Utilized Business Participation

In accordance with Texas Government Code §2161.252, a proposal that does not contain a HUB Subcontracting Plan (HSP) Attachment (see Appendix C) is non-responsive and will be rejected without further evaluation. In addition, if HHSC determines that the HSP was not developed in good faith, it will reject the proposal for failing to comply with material RFP specifications.

1. Introduction

DSHS is committed to promoting full and equal business opportunities for businesses in state contracting in accordance with the goals specified in the State of Texas Disparity Study. HHSC encourages the use of Historically Underutilized Businesses (HUBs) through race, ethnic and gender-neutral means. DSHS has adopted administrative rules relating to HUBs, and a Policy on the Utilization of HUBs, which is located on DSHS's website.

Pursuant to Texas Government Code §2161.181 and §2161.182, and DSHS's HUB policy and rules, DSHS is required to make a good faith effort to increase HUB participation in its contracts. DSHS may accomplish the goal of increased HUB participation by contracting directly with HUBs or indirectly through subcontracting opportunities.

2. DSHS's Administrative Rules

Because the estimated value of the solicitation or resulting contract is less than \$100,000, respondents are not required to submit a **HUB Subcontracting Plan** with their proposal at the time of submission. If subcontractors are used in the delivery of the goods and/or services, the awarded contractor(s) is requested to submit monthly progress reports, in the prescribed format, to HHSC's HUB Program Office. When applicable, the reports should include a narrative description of the contractor's good faith efforts and accomplishments, and financial information reflecting payments to all subcontractors, including HUBs.

In the event the respondent's offer to the procurement exceeds the \$100,000 threshold, the respondent will make a "Good Faith Effort" to comply with the HUB requirements through the development and submission of the **HUB Subcontracting Plan** with the bid response prior to bid submission.

During the term of the original contract, HHSC and the awarded contractor(s) may have the opportunity to modify its arrangement, which may require a new scope of work through an amendment, renewal, or extension of the contract. As a result, the amendment, renewal, or extension of the contract may potentially increase the contract value to equal or exceed \$100,000. As applicable and in accordance with statute and the HUB rules, the HHSC HUB Program Office may review the proposed amendment, renewal, or extension for potential

subcontracting opportunities and for the inclusion of the **HUB Subcontracting Plan**.

G. Contract Information

DSHS will monitor contractors' expenditures. A contractor's budget may be subject to a decrease for the remainder of the budget period if expenditure percentages are below the amount projected and determined by DSHS. Vacant positions existing after ninety (90) days may result in a decrease in funds. DSHS reserves the right to adjust the funding allocation to contractors pursuant to the terms of the contract.

H. Contract Award Protest Procedures

[Texas Administrative Code, Title 1, Part 15, Chapter 392, Subchapter C](#) outlines HHSC's respondent protest procedures.

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 1 additional copy 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 Universal Serial Bus (USB) 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 requested information may be excepted 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. Exceptions Form
- Form F. Respondent Background
- Form G. Assessment Narrative
- Form H. Performance Measures
- Form J. Child Support Certification
- Form K. Financial Management and Administration Questionnaire
- Appendix A. Budget – Budget Section forms and instructions are posted separately on ESBD
- Appendix E. Program Specific Appendices

VII. BLANK FORMS AND INSTRUCTIONS



Department of State Health Services

FORM A: FACE PAGE

Proposal for Financial Assistance 537-16-138566

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 9-digit zip code):		Check if address change <input type="checkbox"/>
3) PAYEE Name and Mailing Address, including 9-digit zip code (if different from above):		Check if address change <input type="checkbox"/>
4) DUNS Number (9-digit) required if receiving federal funds:		
5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit):		
*The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.		
6) TYPE OF ENTITY (check all that apply):		
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> Federally Qualified Health Centers
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private
	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____
*If incorporated, provide 10-digit charter number assigned by Secretary of State: _____		
7) PROPOSED BUDGET PERIOD:	Start Date: <u>8/31/2015</u>	End Date: 8/30/2016
8) COUNTIES SERVED BY PROJECT:		
9) AMOUNT OF FUNDING REQUESTED:	11) PROJECT CONTACT PERSON	
10) PROJECTED EXPENDITURES	Name: Phone: Fax: Email:	
Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondent's <u>current fiscal year</u> (excluding amount requested in line 9 above)? **		
Yes <input type="checkbox"/> No <input type="checkbox"/>	12) FINANCIAL OFFICER	
**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.	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 B: 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	Check if change <input type="checkbox"/>	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name:		

Title:
Phone:
Fax:
Email:

15) DATE

FORM A: FACE PAGE INSTRUCTIONS

This form provides basic information about the respondent and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms 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 9-digit zip code.
- 3) PAYEE NAME AND MAILING ADDRESS - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address, including 9-digit zip code, if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) DUNS Number – 9- digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. . This number is required if receiving ANY federal funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER OR SOCIAL SECURITY NUMBER - Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The respondent acknowledges, understands and agrees the respondent's choice to use a social security number as its vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 6) TYPE OF ENTITY - Check the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> and/or the Texas State Comptroller at https://fmxcpa.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. [To be completed by RFP developer]
- 8) COUNTIES SERVED BY PROJECT - Enter the proposed counties served by the project. [If service area is pre-determined, to be completed by RFP developer]
- 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 B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST

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	Exceptions Form - completed and included (with supplemental documentation attached if required)	<input type="checkbox"/>		
F	Respondent Background - included	<input type="checkbox"/>		
G	Assessment Narrative – included	<input type="checkbox"/>		
H	Performance Measures - included	<input type="checkbox"/>		
J	Child Support Form [required – applies to for-profit entities only]	<input type="checkbox"/>		<input type="checkbox"/>
K	Financial Management and Administration Questionnaire	<input type="checkbox"/>		<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 C	HUB Subcontracting Plan	<input type="checkbox"/>		<input type="checkbox"/>
APPENDIX E	Program Specific Appendices - signed and included	<input type="checkbox"/>		<input type="checkbox"/>

Do not return the DSHS Assurances and Certifications.

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

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 complete Form D-1.

- 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 complete Form D-2.

- 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 formation 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.

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 or Health and Human Services Commission (HHSC) 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 DSHS or HHSC (within the last 24 months)?

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 DSHS or HHSC?

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 DSHS or HHSC 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. 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.)

11. 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.

12. 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 2261.053?

YES NO

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

13. 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)

If 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.

ALL ADDITIONAL PAGES REQUIRED BY RESPONSES TO FORM D, SHOULD BE INSERTED HERE.

FORM D-1: GOVERNMENTAL ENTITY

Authorized Officials

Legal Business

Name of _____

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

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

FORM D-2: NONPROFIT OR FOR-PROFIT ENTITY

Board of Directors and Principal Officers

Legal Business

Name of _____

Include the full names (last, first, middle), addresses, telephone numbers, and titles of members of the Board of Directors or any other principal officers. Indicate the office/title held by each member (e.g. chairperson, president, vice-president, treasurer, etc.). In addition, if entity is a for-profit, include the full names and addresses for each person who owns five percent (5%) or more of the stock.

Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
<hr/>	
Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
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Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
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Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____
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Name: _____	Mailing Address (incl. street, city, county, state, & zip): _____
Title: _____	_____
Phone: _____ Ext. _____	_____
Fax: _____	_____
Email: _____	_____

FORM E: EXCEPTIONS FORM

RFP #537-16-138566

This is the approved format for the respondent to: (1) state that no exceptions are being made to the requirements, terms, conditions, or certifications in the RFP or attachments, addendums, or revisions to the RFP or General Provisions, or (2) list all exceptions to any requirements, terms conditions, certifications or deliverables in the RFP or General Provisions.

Respondent must submit this form with their response.

Instructions:

- If no exceptions are being requested to any issue of the RFP, respondent must check the 'no exception' box below and leave the table blank.
- If exceptions are being requested, use the table below and fill in all columns for each exception.
- Ensure the RFP section number and page number 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 and/or general provisions.
- 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.
- Add more table lines as necessary.
- If more space for explanations or alternatives is reasonably needed, list the exception on this form and reference the attached page(s) – Ensure each attached page clearly identifies the line item it refers to.
- Any alternatives may also be embedded in the proposal narrative as appropriate to make the narrative clear, but in the proposal narrative the exception must be noted with the line item number on this form.

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

FORM E: EXCEPTIONS FORM

RFP #537-16-138566

TABLE OF EXCEPTIONS

Exception No.	RFP Section No. and Page No. or no. of term or condition in the general provisions to which exception is requested	Full description of exception requested or reference to exact location of full description if found elsewhere in proposal and/or general provisions.	State if the exception is part of a proposal deliverable with a clear citation to the deliverable	Explanation of why the exception is being proposed and any proposed alternatives to the issue
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
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16.				
17.				
18.				
19.				
20.				

FORM F: 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. Response should include a workable plan to provide sterilization of dogs and cats for the general public at minimal or no cost.

Respondent must include program budget information and the organization's ability to effectively administer the sterilization program, which may include ability to keep a separate bank account for this program and/or financial management tools available. A maximum of **2** additional pages may be attached if needed.

FORM G: ASSESSMENT NARRATIVE

Multiple data sources and assessments exist for many communities. Respondent is encouraged to use these resources when completing this form. Address each of the assessment activities (see ASSESSMENT NARRATIVE Guidelines) associated with the services proposed in this proposal. Attach a copy of your proposed fee schedule per Section IV: Target Cost Estimate. A maximum of **five (5)** additional pages may be attached if needed.

FORM G: ASSESSMENT NARRATIVE GUIDELINES

Multiple data sources and assessments exist for many communities. Respondent is encouraged to use these resources when completing this form. Specifically address each of the assessment activities listed below associated with the services proposed in this proposal. The required assessment items include:

SECTION I. Target Area:

1. Are there low cost spay/neuter services in your target area? Yes No
2. Describe the target area and identify client base population to be served;
 - a. Where is your client base?
 - o List county(ies), city(ies)
 - o What is the total population of all target areas to be served?
 - b. Average Client base Income:
 - o What is the average per capita income for all areas targeted?
 - o What is the average poverty level percentage for all areas targeted?
 - o What is the average percent unemployed for all areas targeted?

Use this URL for all bullets above:

<http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

SECTION II. Strategy for Marketing:

3. Describe what you will do to achieve the project's objective.

Provide a complete and detailed description of your outreach/marketing strategies for getting the word out about your organization's spay and neuter project. Include any outreach to low-income pet owners if that is part of the strategy.

Possible mediums or activities for the outreach/marketing strategies are:

- radio
- TV
- newspapers
- mail-outs
- phone calls
- flyers
- posters
- using social media sites
- targeting various age groups by speaking at local schools, local church groups
- targeting various cultures by providing flyers or ads in different languages
- provide outreach to educate on the benefits of spaying and neutering pets
- work with local animal control officers to encourage them to tell the public about the

spay/neuter program

SECTION III. Coordination and Collaboration:

4. Describe your history and experience in Coordination and Collaboration of Activities:

a. Do you collaborate with others in your community? Yes No

Examples: Local VMAs/veterinarians

Shelters

Humane organizations

Rescue groups

Schools

Local governmental agencies

Churches

b. List the names of community partners you have worked with.

c. Describe your recent coordination and collaborative efforts and the successes or outcomes with each of your community partners.

SECTION IV. Target Cost Estimate:

5. Cost estimate:

a. What is your cost for each of the following procedures? (If you will be using multiple contracted veterinarians, please calculate the average cost.)

- o Per dog spay
- o Per dog neuter
- o Per cat spay
- o Per cat neuter

b. What is the cost in your target area for each of the following procedures? (If your target area includes multiple counties/cities, please calculate the average cost for all areas.)

- o Per dog spay
- o Per dog neuter
- o Per cat spay
- o Per cat neuter

Funds must be used to:

- o Sterilize dogs and cats owned by the general public at no or minimal costs;
- o Pay for expendable veterinary surgical supplies only; and
- o Pay for veterinary personnel

Written justification will be required on any charges greater than 25% of cost estimate submitted with the B-13 Form.

FORM H: 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. A maximum of **2** additional pages may be attached if needed.

FORM H: 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.

Respondent agrees to supply quarterly interim reports and a final summary report upon completion of the funded project. These Performance Measures are reported quarterly after the work has been performed. Reports will be submitted utilizing the template provided in this RFP as Exhibit 1- QUARTERLY PERFORMANCE MEASURE REPORT. Reports shall be submitted by e-mail to: The.vet@dshs.state.tx.us

These reports shall include:

The names and Texas license numbers of veterinarians performing sterilizations under this project;

The total amount of DSHS grant funds spent on the project during this time period; and

Outcome:

- 90% of sterilized pets are returned to owners. Utilize Exhibit 1 to report the number of pets returned to owners.

Outputs:

- # of dogs neutered
- # of dogs spayed
- # of cats neutered
- # of cats spayed

Efficiency Output:

- Average cost for dog neuter
- Average cost for dog spay
- Average cost for cat neuter
- Average cost for cat spay

After award, contractor must estimate and submit the number of sterilizations the contractor will perform during the contract term.

Contractor must not lapse more than 5% of the total awarded contract amount. DSHS Program will monitor Contractor's expenditures on a quarterly basis. If projected expenditures are below the total contract amount, Contractor's budget may be subject to a decrease for the remainder of the Program Attachment term.



FORM J: CHILD SUPPORT CERTIFICATION (REQUIRED –
Applies to For-Profit Entities Only)

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: _____

2. Does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each DSHS contract/program attachment?

YES NO

3. Does your accounting system provide for the recording of expenditures for each program attachment by the budget cost categories shown in the proposed budget?

YES NO

4. Does your accounting system provide for the segregation of direct and indirect expenses and the allocation of indirect costs?

YES NO

5. Are time records (e.g., time sheets) maintained for all employees where their actual time/effort is recorded and specifically identified to a particular cost objective?

YES NO

6. Is the employees' time/effort that is recorded on the time record the source/basis of the calculation of salary/wage costs recorded in the general ledger for each cost objective?

YES NO

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: _____

APPENDICES

APPENDIX A: BUDGET SECTION

Detailed budget category forms, general information, and instructions are located on the ESD at: <http://esbd.cpa.state.tx.us/>

Respondent must insert budget section here.

APPENDIX B: 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. As the prospective participant, and any of the prospective participant's principals (collectively, participants):
 - A. are not presently disqualified, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency; in accordance with 2CFR Parts 376 and 180 (parts A-I), and 45 CFR Part 76 (or comparable federal regulation);
 - 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: PROGRAM SPECIFIC APPENDICES

Exhibit 1 Quarterly Performance Measure Report Template
Exhibit 2 Client Information Template

Name & TX license # _____

Add additional sheets as needed.

EXHIBIT 2- CLIENT INFORMATION
ZOONOSIS CONTROL PROGRAM ANIMAL FRIENDLY GRANT
DSHS CONTRACT NO:
Contract Term: August 31, 2015 through August 30, 2016

A separate application must be completed for each animal being sterilized. Successful applicants for the grant may use this form as a template or may require additional information from their clients.

Client last name: _____ First name: _____

Address: _____

City: _____ State: _____

Home phone: _____ Work phone: _____

Animal name: _____ Species: _____ Sex: _____

Breed: _____ Color: _____

Completed by:

Print Name: _____

Signature: _____

Date Sterilization was Performed: _____

Name of Veterinarian: _____

Dollar Amount _____

CMU Submission 101414