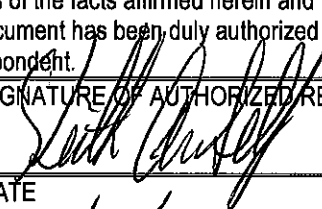


**Department of State Health Services**  
**FROM A: FACE PAGE PAGE 1**

**Proposal for Financial Assistance [ILA Number]**

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: <b>Collin County Health Care Services</b>	
2) MAILING Address Information: Include mailing address, street, city, county, state, and zip code): 825 N. McDonald, Ste. 130, McKinney, Texas 75069	Check if address change <input type="checkbox"/>
3) PAYEE Name and Mailing Address (if different from above): Collin County Auditor's Office, 2300 Bloomdale Rd., Suite 3100, McKinney, Texas 75071	Check if address change <input type="checkbox"/>
4) DUNS Number (9 digit) required if receiving American Recovery and Reinvestment Act of 2009 (ARRA) funds: NA	
5) Federal Tax ID no. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) of Social Security Number (9 digit): 756000873	
<i>*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.</i>	
6) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input checked="" type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input checked="" type="checkbox"/> Nonprofit Organization * <input type="checkbox"/> For Profit Organization** <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization
	<input type="checkbox"/> Faith Based (nonprofit Org) <input type="checkbox"/> Individual <input type="checkbox"/> Federally Qualified Health Centers <input type="checkbox"/> State Controlled Institution of Higher Learning
	<input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify):
*If incorporated, provide 10-digit charter number assigned by Secretary of State:	
7) PROPOSED BUDGET PERIOD: Start Date: September 1, 2012 End Date: August 31, 2013	
8) COUNTIES SERVED BY PROJECT: Collin	
9) AMOUNT OF FUNDING REQUESTED : <b>\$354,062.00</b>	11) PROJECT CONTACT PERSON
10) PROJECTED EXPENDITURES Does respondent's projected federal expenditures exceed \$500,000, or its projected state expenditures exceed \$500,000, for respondents current fiscal year (excluding amount requested in in line 9 above)?**  Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Name: Patsy Morris Phone: 972-548-5503 Fax: 972-548-5550 Email: pmorris@co.collin.tx.us
**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	12) FINANCIAL OFFICER Name: Jeff May Phone: 972-548-4641 Fax: 972-548-4751 Email: pmorris@co.collin.tx.us
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with assurances and certifications contained in	
APPENDIX A: DSHS Assurances and Certification. 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"/> Name: Keith Self Title: County Judge Phone: 972-548-4635 Fax: 972-548-4699 Email: Keith.self@co.collin.tx.us	14) SIGNATURE OF AUTHORIZED REPRESENTATIVE 
	15) DATE 4/5/12

**FORM B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST**

**Legal Business Name of**

**Respondent: Respondent:** Collin County Health Care Services

*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 checked="" type="checkbox"/>	1	
B	Proposal Table of Contents and Checklist – completed and included	<input checked="" type="checkbox"/>	2	
C	Contact Person Information – completed and included	<input checked="" type="checkbox"/>	3	
D	Job Descriptions (with supplemental documentation attached if required)	<input type="checkbox"/>	4	NA
E	Program Income Spending Page	<input checked="" type="checkbox"/>	5	
F	Assessment Narrative –included [optional]	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>
G	Performance Measures – included	<input type="checkbox"/>	6	<input checked="" type="checkbox"/>
H	Work Plan – included	<input type="checkbox"/>	6	NA
I	Budge Summary Form and Detail Pages	<input checked="" type="checkbox"/>	7-14	
Exhibit A	FY2013 Work Plan	<input checked="" type="checkbox"/>	15-24	
Appendix A	DSHS Assurance and Certifications	<input checked="" type="checkbox"/>	25-30	
Appendix B	Copy of Approved Indirect Rat – included (if applicable)	<input type="checkbox"/>		NA



Please insert job descriptions here for all positions listed on the Personnel Detail which were not listed last year. Also include any job description that was updated during fiscal year 2013.

**There have been no changes to the Personnel Classifications listed in last year's application, nor have any of the Job descriptions been changed.**

Projected amount of the DSHS share of Program Income (from page 30, Budget Summary, Line L, Row 1)  
\$ 45,233.00

Please forecast how DSHS' share of Program income will be used. This money is available for immunization activities in addition to contract funds. Throughout the year, LHDs are responsible for monitoring program income collections to assure that projections are being met prior to expending funds as described below. Use of these funds is subject to the same restrictions as apply to grant funds.

Cost Categories	Funds Projected	Purpose and Justification
A. Personnel	\$35,000.00	Offset expenditures for salaries for immunization staff
B. Fringe Benefits	\$ 10,233.00	Offset expenditures for fringes for immunization staff
C. Travel	\$	
D. Supplies	\$	
E. Contractual	\$	
F. Other	\$	
Total (DSHS Share Program Income)	\$45,233.00	

**Forms F-H** **PAGE 6**  
**Forms F-H are not applicable for this contract.**

# Regional Program Managers FY2013

## HEALTH SERVICE REGION 1

Keila Johnson  
Immunization Program Manager  
300 Victory Drive  
Box 60968, WTAMU Station  
Canyon, Texas 79016  
(806) 655-7151  
(806) 655-7159 – Fax

[Keila.Johnson@dshs.state.tx.us](mailto:Keila.Johnson@dshs.state.tx.us)

## HEALTH SERVICE REGION 7

Diane Romnes  
Immunization Program Manager  
2408 South 37th Street  
Temple, Texas 76504-7168  
(254) 778-6744  
(254) 771-2612 - Fax

[Diane.Romnes@dshs.state.tx.us](mailto:Diane.Romnes@dshs.state.tx.us)

## HEALTH SERVICE REGIONS 2 & 3

Cheryl Millican  
Immunization Program Manager  
1301 South Bowen Road, Suite 200  
Arlington, Texas 76013-2262  
(817) 264-4795  
(817) 264-4800 – Fax

[Cheryl.millican@dshs.state.tx.us](mailto:Cheryl.millican@dshs.state.tx.us)

## HEALTH SERVICE REGION 8

Laurie Henefey  
Immunization Program Manager  
2201 E. Main  
Uvalde, Texas 78801  
(830) 591-4386 Extension 213  
(830) 278-1831 - Fax

[Laurie.Henefey@dshs.state.tx.us](mailto:Laurie.Henefey@dshs.state.tx.us)

## HEALTH SERVICE REGIONS 4 & 5 NORTH

Toni Wright  
Immunization Program Manager  
1517 W. Front Street  
Tyler, Texas 75702  
(903) 533-5266  
(903) 533-9502 - Fax

[Toni.Wright@dshs.state.tx.us](mailto:Toni.Wright@dshs.state.tx.us)

## HEALTH SERVICE REGIONS 9 & 10

Racheal Porras  
Immunization Program Manager  
2301 N. Big Spring #300  
Midland, Texas 79705-7649  
(432) 683-9492  
(432) 571-4190 - Fax

[Racheal.porras@dshs.state.tx.us](mailto:Racheal.porras@dshs.state.tx.us)

## HEALTH SERVICE REGIONS 6 & 5 SOUTH

Kathleen Ingrando, RN, MS  
Immunization Program Manager  
5425 Polk, Suite J  
Houston, Texas 77023  
(713) 767-3411  
(713) 767-3889 - Fax

[Kathleen.ingrando@dshs.state.tx.us](mailto:Kathleen.ingrando@dshs.state.tx.us)

## HEALTH SERVICE REGION 11

Ana Ivette Nunez  
Immunization Program Manager  
601 W. Sesame Drive  
Harlingen, Texas 78550  
(956) 423-0130  
(956) 443-3216 - Fax

[Ivette.Nunez@dshs.state.tx.us](mailto:Ivette.Nunez@dshs.state.tx.us)

# FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Collin County Health Care Services

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$465,764	\$243,000			\$222,764	
B. Fringe Benefits	\$175,127	\$90,215			\$84,912	
C. Travel	\$1,267	\$1,267			\$0	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$4,248	\$650			\$3,598	
F. Contractual	\$15,000	\$15,000			\$0	
G. Other	\$3,930	\$3,930			\$0	
H. Total Direct Costs	\$665,336	\$354,062	\$0	\$0	\$311,274	\$0
I. Indirect Costs	\$0	\$0				
J. Total (Sum of H and I)	\$665,336	\$354,062	\$0	\$0	\$311,274	\$0
K. Program Income - Projected Earnings	\$85,000	\$45,233	\$0	\$0	\$39,767	\$0

**NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).**

Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Personnel	\$465,764	\$465,764	Fringe Benefits	\$175,127	\$175,127
Travel	\$1,267	\$1,267	Equipment	\$0	\$0
Supplies	\$4,248	\$4,248	Contractual	\$15,000	\$15,000
Other	\$3,930	\$3,930	Indirect Costs	\$0	\$0

**TOTAL FOR: Distribution Totals \$665,336 Budget Total \$665,336**

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

# FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

Collin County Health Care Services

<b>PERSONNEL</b>		Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed								
Program Sup/Manager - E	N	Provides program oversight & QA	1	RN License	\$5,057.76	12	\$60,693	
Immunization LVNs-E	N	Provides Imm. Svcs/daycare audits & Community Ed.	2	LVN License	\$3,721.00	12	\$89,304	
Immunization RN-E	N	Provides Imm Svcs. & Outreach	1	RN License	\$4,984.00	12	\$59,808	
Immunization RN-E	N	Provides Perinatal Hep B Svcs & Epi	1	RN License	\$3,562.75	12	\$42,753	
IPOS/Imm Trac Outreach Spec. E	N	Provides Imm Trac Svcs. & Provider Ed	2	NA	\$2,069.00	12	\$49,656	
VFC Spec. E	N	Provides Vaccine Accountability & Provider QA	1	NA	\$3,426.00	12	\$41,112	
Support Tech-E	N	Provides Immunization Cler. Sup	1	NA	\$2,146.00	12	\$25,752	
Imm Svcs Aide-E	N	Provides Clerical Sup. & Outreach	1	NA	\$2,291.00	12	\$27,492	
HC Coordinator-E	N	Provides Prog. Planning & Eval	0.25	NA	\$6,001.00	12	\$18,003	
Epidemiologist-E	N	Provides Surveillance	0.2	License	\$6,179.00	12	\$14,830	
Health Authority-E	N	Provides Clinic Supervision	0.05	License	\$17,062.00	12	\$10,237	
Support Tech-E	N	Provides Epidemiology Support	1	NA	\$2,177.00	12	\$26,124	
							\$0	
<b>TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS</b>								\$0
<b>SalaryWage Total</b>								<b>\$465,764</b>

## FRINGE BENEFITS

Itemize the elements of fringe benefits in the space below:

FICA/Medicare: 7.65%; Employee Ins.: \$8475.00 per year per employee; long-term disability: .367%; short term disability: \$2.25 per month per employee; retirement: 135; Supplemental Death benefit: .29%; Unemployment insurance: .50%

	Fringe Benefit Rate %	37.60%
--	-----------------------	--------

	<b>Fringe Benefits Total</b>	<b>\$175,127</b>
--	------------------------------	------------------

# FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

Collin County Health Care Services

Conference / Workshop / Travel Costs	Description of Conference/Workshop	Justification	Location City/State	Number of:		Travel Costs												
				Days	Employees													
	Immunization Meeting	Meeting in Austin regarding updates and changes in the immunization program (2 staff: mileage 500@.55=\$275; hotel \$100@3 nights=\$300; Food-\$30p/dx3days x 2 staff = \$120				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Mileage</td><td style="text-align: right;">\$275</td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td style="text-align: right;">\$120</td></tr> <tr><td>Lodging</td><td style="text-align: right;">\$300</td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td><b>Total</b></td><td style="text-align: right;"><b>\$695</b></td></tr> </table>	Mileage	\$275	Airfare		Meals	\$120	Lodging	\$300	Other Costs		<b>Total</b>	<b>\$695</b>
Mileage	\$275																	
Airfare																		
Meals	\$120																	
Lodging	\$300																	
Other Costs																		
<b>Total</b>	<b>\$695</b>																	
						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Mileage</td><td></td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td><b>Total</b></td><td style="text-align: right;"><b>\$0</b></td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs		<b>Total</b>	<b>\$0</b>
Mileage																		
Airfare																		
Meals																		
Lodging																		
Other Costs																		
<b>Total</b>	<b>\$0</b>																	
						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Mileage</td><td></td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td><b>Total</b></td><td style="text-align: right;"><b>\$0</b></td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs		<b>Total</b>	<b>\$0</b>
Mileage																		
Airfare																		
Meals																		
Lodging																		
Other Costs																		
<b>Total</b>	<b>\$0</b>																	
						<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>Mileage</td><td></td></tr> <tr><td>Airfare</td><td></td></tr> <tr><td>Meals</td><td></td></tr> <tr><td>Lodging</td><td></td></tr> <tr><td>Other Costs</td><td></td></tr> <tr><td><b>Total</b></td><td style="text-align: right;"><b>\$0</b></td></tr> </table>	Mileage		Airfare		Meals		Lodging		Other Costs		<b>Total</b>	<b>\$0</b>
Mileage																		
Airfare																		
Meals																		
Lodging																		
Other Costs																		
<b>Total</b>	<b>\$0</b>																	
<b>TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS</b>						<b>\$0</b>												

Total for Conference / Workshop Travel

\$695

**Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Vaccine Management-Site visits, follow-ups, vaccine transfers, vaccine pick-up	500	\$0.550	\$275		\$275
Regional Office Meetings (2)	240	\$0.550	\$132		\$132
Perinatal Hep B training for hospitals	300	\$0.550	\$165		\$165
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel

\$572

Other / Local Travel Costs: \$572

Conference / Workshop Travel Costs: \$695

Total Travel Costs: \$1,267

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

Revised: 7/6/2009





# FORM I-5: CONTRACTUAL Budget Category Detail Form

**Legal Name of Respondent:**

Collin County Health Care Services

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

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (i.e., Monthly, Hourly, Unit, Lump Sum)	# of Months, Hours, Units, etc.	RATE OF PAYMENT (i.e., hourly rate, unit rate, lump sum amount)	TOTAL
Plano Children's Clinic	Immunizations	Provides Immunizations to low-income children in the Plano area.	Unit	2,538	\$5.91	\$15,000
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
TOTAL FROM CONTRACTUAL SUPPLEMENTAL BUDGET SHEETS						\$0

**Total Amount Requested for CONTRACTUAL:**

\$15,000



**IMM/LOCALS**  
**DSHS Contract Number:**

**EXHIBIT A**

**Contractors are required to perform all activities of the annual Work Plan in compliance with all documents referenced in this Work Plan.**

**1. PROGRAM PLANNING AND EVALUATION**

**General Requirement 1A:** Implement a comprehensive immunization program. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities 1A:**

- Adhere to *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices* found at:  
<http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>
- Maintain current policies in compliance with the *DSHS Immunization Contractors Guide for Local Health Departments* and have them available to Contractor's staff.
- Maintain staffing levels to meet required activities of the contract.
- Lapse no more than 5% of total funded amount of the contract.
- Submit required tri-annual reports by January 30, May 30, and September 30 of each contract term.

**2. VACCINE MANAGEMENT**

([http://www.dshs.state.tx.us/immunize/tvfc/tvfc\\_manual.shtm](http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtm))

**General Requirement 2A:** Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5% in Contractor's clinics. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *TVFC Operations Manual*.

**Activity 2A:**

- Maintain storage and handling polices and procedures according to the *TVFC Operations Manual*.
- Ensure that appropriate Vaccine Management plan is in place at each clinic location and that it includes an updated *Emergency Contingency Plan*.

**General Requirement 2B:** Assist all other TVFC providers in local jurisdiction with maintaining appropriate vaccine stock levels. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *TVFC Operations Manual*.

**Activities 2B:**

- Evaluate maximum vaccine stock levels twice a year in **all** TVFC provider clinics under Contractor's jurisdiction and assess providers' inventories when visiting clinics. This activity will become part of the Electronic Vaccine Inventory (EVI)

system and local health departments will be advised if any assistance on this activity is needed.

- Review 100% of all vaccine orders, monthly biological reports, and monthly temperature logs for accuracy and to ensure that the vaccine supply requested is within established guidelines. Review may be done from a paper report or on the EVI system.
- If vaccine is available locally, conduct transfers and/or deliveries to support the TVFC providers requesting assistance.
- Educate and assist all TVFC providers with TVFC Provider Choice, as directed by DSHS
  - To avoid the appearance of impropriety, the LHD must not involve pharmaceutical manufacturer representative in provider choice trainings; or, the LHD must not take any other actions which appear to have a connection between activities sponsored under this contract and any other activities the LHD wishes to conduct on its own which would involve pharmaceutical manufacturer representatives giving presentations to providers.
- Offer provider updates, training and information as changes to vaccine management occurs.

### 3. REGISTRIES

(<http://www.dshs.state.tx.us/immunize/providers.shtm> and <http://www.dshs.state.tx.us/immunize/immtrac/default.shtm>)

**General Requirement 3A:** Effectively utilize ImmTrac (the DSHS on-line immunization registry) in Contractor's clinics. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

#### **Activities 3A:**

- Search for the client's immunization history at every client encounter.
- Review the client's record for vaccines due and overdue according to the CDC Recommended Schedules at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Report to ImmTrac all immunizations administered to children (younger than 18 years) and consented adults in Contractor's clinics, either directly into ImmTrac online or through TWICES.
- Update demographic information as needed.
- Follow recommended guidelines for obtaining and submitting ImmTrac consent forms according to the instructions found at [http://www.dshs.state.tx.us/immunize/docs/consent\\_guidelines.pdf](http://www.dshs.state.tx.us/immunize/docs/consent_guidelines.pdf).
- Implement changes to the consent process as directed by DSHS.
- Offer updated *Immunization History Report* to the client or client's parent or guardian at every client encounter.
- At every client encounter, compare all immunization histories (ImmTrac, TWICES, validated patient-held records, clinic medical record) and enter into ImmTrac or TWICES any historical immunizations not in ImmTrac.

**General Requirement 3B:** Work in good faith, and as described herein, to increase the number of children less than six years of age who participate in ImmTrac. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activity 3B:**

- Verbally, and with DSHS produced literature, inform parents presenting at Contractor's clinics about ImmTrac and the benefits of inclusion in ImmTrac.

**General Requirement 3C:** Work in good faith, and as specified herein, to ensure ImmTrac-registered private providers use ImmTrac effectively as defined in the *DSHS Immunization Contractors Guide for Local Health Departments*. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities 3C:**

- Provide orientation to all ImmTrac providers at least once a year and maintain documentation of all technical assistance provided (e.g. telephone logs).
- Explain and demonstrate the effective use of ImmTrac according to the instructions located in the *DSHS Immunization Contractors Guide for Local Health Departments*.
- Explain guidelines for obtaining and submitting ImmTrac consent forms according to the instructions found at [http://www.dshs.state.tx.us/immunize/docs/consent\\_guidelines.pdf](http://www.dshs.state.tx.us/immunize/docs/consent_guidelines.pdf).
- Conduct follow-up with registered ImmTrac providers who are inactive or not using ImmTrac effectively.

**General Requirement 3D:** Ensure that ImmTrac data, entered by Contractor's staff, is complete, current, and accurate. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities 3D:**

- Train Contractor's staff on ImmTrac data entry and quality standards.
- Update all demographic information, including address and telephone number, at every client encounter.

**4. PROVIDER QUALITY ASSURANCE**

([http://www.dshs.state.tx.us/immunize/tvfc/tvfc\\_manual.shtm](http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtm))

**General Requirement 4:** Complete site visit follow-up assigned by DSHS Austin or Health Service Region staff within prescribed timeframes outlined in the *TVFC Operations Manual*. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities 4:**

- Conduct site visit follow-up and submit results following the process described and within deadlines established in the *TVFC Operations Manual*.
- Conduct site visits in 100% of subcontracted entities as listed in the Inter-Local Application and non-Local Health Department WIC immunization clinics, if applicable.

**5. PERINATAL HEPATITIS B PREVENTION**

[\(http://www.dshs.state.tx.us/idcu/disease/hepatitis/hepatitis\\_b/perinatal/manual/\)](http://www.dshs.state.tx.us/idcu/disease/hepatitis/hepatitis_b/perinatal/manual/)

**General Requirement 5A:** Ensure all pregnant women are screened for hepatitis B surface antigen (HBsAg) and that all HBsAg-positive pregnant women are reported to DSHS. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments and Perinatal Hepatitis B Prevention Manual*.

**Activity 5A:**

- Develop a surveillance system that includes prenatal care providers, obstetrical care providers, family practitioners, and labor and delivery facilities to assure all HBsAg-positive pregnant women are reported to DSHS within one week of diagnosis.
- Educate prenatal care providers routinely to screen pregnant women for HBsAg status during each pregnancy, implement procedures for documenting HBsAg screening results in prenatal care records and forward original laboratory results to the delivery facility.
- Educate delivery hospitals to verify prenatal HBsAg test results of pregnant women on admission for delivery and test for HBsAg at delivery.

**General Requirement 5B:** Ensure that all infants born to HBsAg-positive women and women whose HBsAg status is unknown will receive the first dose of the hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments and Perinatal Hepatitis B Prevention Manual*.

**Activity 5B:**

- Assure all labor and delivery facilities develop standing orders and policies to administer the first dose of the hepatitis B vaccine and HBIG to at risk infants within 12 hours of birth
- Identify labor and delivery facilities that do not have standing orders and/or policies and educate providers to establish standing orders and policies to administer to at-risk infants the first dose of the hepatitis B vaccine and HBIG within 12 hours of birth
- Determine the number of newborns that do not receive the first dose of the hepatitis B vaccine and/or the hepatitis B immune globulin and work with those facilities to ensure all at-risk infants receive the hepatitis B vaccine series and hepatitis B immune globulin within 12 hours of birth
- Report to DSHS all infants born to HBsAg (+) women within fifteen (15) calendar days of the event.

**General Requirement 5C:** Ensure that 100% of the number of identified infants born to HBsAg-positive women will complete the hepatitis B vaccine series and post-vaccination serology (PVS) testing or staff will document appropriately if lost to follow-up. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments and Perinatal Hepatitis B Prevention Manual*.

**Activity 5C:**

- Administer or obtain from the provider or IMMTRAC the complete hepatitis B

vaccine series. Infants shall complete the hepatitis B vaccine series by 6 – 8 months of age if the infant receives a single antigen or Pediarix vaccine and by 15 months of age if the infant receives the Comvax series.

- Perform PVS testing or obtain from the provider or IMMTRAC PVS testing results to determine immunity against hepatitis B. Post vaccine serology testing shall be done by 9 – 15 months of age if the infant received a single antigen or Pediarix vaccine and by 18 months of age if the infant received the Comvax vaccine series.

**General Requirement 5D:** All reported HBsAg (+) mothers shall be interviewed and names and locating information of household contacts and sexual partners elicited for serologic testing. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

**Activity 5D:**

- Household contacts and sexual partners shall be identified for each reported HBsAg(+) mother
- Each identified contact and sexual partner shall be serologically tested to determine susceptibility status

**General Requirement 5E:** 80% of all susceptible household and sexual contacts to HBsAg-positive women will complete the hepatitis B vaccine series and post vaccine serology testing or staff will document appropriately if lost to follow-up. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

**Activity 5E:**

- Administer the hepatitis B vaccine series according to the Recommended Adult Immunization Schedule to susceptible household contacts and sexual partner or obtains vaccination data from the provider.
- Administer post vaccine serology testing 1 – 2 months after the last dose of the vaccine series to determine status or obtain PVS results from the provider.

## 6. EDUCATION, INFORMATION, TRAINING, AND COLLABORATIONS

(<http://www.dshs.state.tx.us/immunize/providers.shtm>)

**General Requirement 6A:** Conduct educational, promotional, and outreach activities for the general public to enhance immunization awareness, including distribution of DSHS-provided materials. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities 6A:**

- Contractor will provide vaccine and immunization education to target audiences and to the general public on the benefits of vaccination, the risk of vaccine-preventable diseases, staying on the ACIP Recommended Immunization Schedule(s) and the importance of not missing any vaccines.
- Inform and educate parents of infants, children, adolescents, adults (men and

women), grandparents, seniors, and healthcare providers and the general public about vaccines for all age groups and vaccine-preventable diseases. Information should include the importance and benefits of being fully vaccinated, vaccine recommendations, and the location(s) of community vaccination clinics.

- Conduct at least one monthly immunization education activity targeting one of the target groups.
- Document the activity with the number & type of participants, and evaluate activity by obtaining feedback from participants.
- Use national immunization observances as opportunities to conduct specific education and promotional activities to give emphasis to the importance and benefits of vaccines: National Infant Immunization Week (NIIW), National Immunization Month (NIM), National Adult Immunization Week (NAIW), and National Influenza Week (NIW).
- Develop and implement a written communications and customer service plan to assure customers receive consistent, correct immunization information and services in a courteous and friendly manner on a timely basis.
- Participate in special initiatives as directed by DSHS, such as the Dairy Queen Coupon project, the Hallmark Card Governor's Program, and others.
- Participate in statewide media campaigns by distributing DSHS-developed and produced public service announcements and materials to local television and radio stations, newspapers, parent publications, university newspapers, high school newspapers, and neighborhood newspapers.
- Promote [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com), the Immunization Branch's website, *The Upshot*, electronic newsletter, and the Vaccine Advisory, vaccine newsletter to providers in the Contractor's jurisdiction.
- Promote and distribute immunization literature for the public to TVFC providers and Contractor's clinics.
- Provide information to clients, families, and the general public on the purpose of ImmTrac, the benefits of ImmTrac participation, and the importance of maintaining a complete immunization history in ImmTrac.
- Inform the general public about the Texas Vaccines for Children (TVFC) program and the qualifications to participate in it.
- Distribute TVFC information and educational materials at venues where parents of TVFC-eligible children might frequent.
- Inform and highly recommend to the medical community and local providers within the Contractor's jurisdiction on the annual CDC *Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC)* training.

**General Requirement 6B:** Educate, inform, and train the medical community and local providers within Contractor's jurisdiction on Immunization activities listed below: Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities 6B:**

- Provide training on TVFC requirements and updates (as described in the *TVFC Operations Manual*) to TVFC providers annually at a minimum.
- Ensure that the TVFC providers have the most up-to-date, DSHS-produced immunization information in their offices.
- Provide training, information, and technical assistance to promote the effective use of ImmTrac by private providers (which includes education regarding the benefits of

ImmTrac participation).

- Educate private providers about the ImmTrac enrollment process and the statutory requirement to report immunizations.
- As directed by DSHS identify first responders and their immediate family in the community and inform them of the opportunity to be included in ImmTrac.
- Conduct educational training for hospital and health care providers within the Contractor's jurisdiction, to increase mandatory screening and reporting of HBsAg-positive women.
- Provide training on the prevention of Perinatal Hepatitis B to providers within the Contractor's jurisdiction.
- Educate physicians, laboratories, hospitals, schools, child-care staff, and other health providers on VPD reporting requirements.
- Educate and update providers on the most current Advisory Committee on Immunization Practices (ACIP) recommendations for all age groups, as well as on applicable regulatory vaccination requirements.
- Provide training relating to *Standards for Child and Adolescent Immunization Practices*, and *Standards for Adult Immunization Practices* (<http://www.cdc.gov/vaccines/pubs/pinkbook/> do we need to be specific child adult).
- Inform all private providers on the federal requirement that the most current Vaccine Information Statements (VIS) must be distributed to patients (<http://www.cdc.gov/vaccines/pubs/vis/default.htm>).
- Promote a health care workforce that is knowledgeable about vaccines, vaccine recommendations, vaccine safety, vaccine-preventable diseases, and the delivery of immunization services.
- Educate healthcare workers on the need to get themselves vaccinated.
- Provide information to community health care employers (hospitals, clinics, doctor's offices, long-term care facilities) about the importance of vaccination of health care workers.
- Educate private providers to send NIS surveys to the Contractor for research prior to returning the survey to CDC, if applicable.
- Coordinate educational and other activities with local WIC programs to assure that children participating in WIC are screened and referred to their "medical home" for vaccination using a documented immunization history in accordance with the *Standards for Child and Adolescent Immunization Practices* (<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-pediatric.pdf>).
- Offer educational opportunities to all WIC programs in the service area, including information about on-line and satellite-broadcast continuing education opportunities from the Centers for Disease Control and Prevention (CDC) Continuing Education web site (<http://www.cdc.gov/vaccines/ed/default.htm>).

**General Requirement 6C:** Conduct outreach to targeted groups for the promotion of best practices and special activities related to immunizations. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities 6C:**

- Conduct outreach (including, but not limited to, the specific outreach described in the *DSHS Immunization Contractors Guide for Local Health Departments*) to families of

children 19 to 35 months of age who are not up to date on their immunizations according to ImmTrac; locate additional immunization histories; and enter history data into ImmTrac.

- Collaborate with prenatal health care providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about ImmTrac and the benefits of participation. Includes the dissemination of DSHS educational materials as appropriate.
- Identify and contact families of children for whom ImmTrac consent has been granted but who do not have complete immunization records in ImmTrac.

**General Requirement 6D:** Conduct recruitment to increase the number of ImmTrac providers, TVFC providers, and Perinatal Hepatitis B providers. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities 6D:**

- Conduct recruitment activities as defined in the *TVFC Operations Manual* with providers on the DSHS-supplied provider recruitment list.
- Target adolescent health care providers for recruitment and emphasize adolescent vaccine requirements and recommendations.
- Recruit new private provider sites for ImmTrac.
- Participate with DSHS regional staff in recruitment of hospitals and providers conducting surveillance and reporting of Perinatal Hepatitis B.

**General Requirement 6E:** Establish collaborative efforts with appropriate community entities regarding promoting immunizations and the reduction of vaccine-preventable diseases. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities 6E:**

- Identify providers, hospitals, schools, child care facilities, social service agencies, and community groups involved in promoting immunizations and reducing vaccine-preventable diseases.
- List and maintain contact information of group members and collaborations and identify the best practices they are promoting.
- Maintain written agreements and updates of group members and collaborations. Document communications, group meetings and planning of activities that promote the Best Practices identified in contract agreement. Documents are to be accessible during site visits.
- Report new group members on the tri-annual report.

## 7. EPIDEMIOLOGY AND SURVEILLANCE

([http://www.dshs.state.tx.us/idcu/health/vaccine\\_preventable\\_diseases/resources/vpd\\_guide.pdf](http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/vpd_guide.pdf))

**General Requirement 7:** Investigate and document at least 90% of reportable suspected vaccine-preventable disease cases within thirty (30) days of notification in accordance with *DSHS Texas Vaccine-Preventable Disease Surveillance Guidelines*

([http://www.dshs.state.tx.us/idcu/health/vaccine\\_preventable\\_diseases/resources/vpd\\_guide.pdf](http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/vpd_guide.pdf)) and National Electronic Disease Surveillance System (NEDSS)). Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities 7:**

- Adhere to the *DSHS Vaccine-Preventable Disease (VPD) Surveillance Guidelines, NEDSS Data Entry Guidelines, and Epi Case Criteria Guide* (<https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/EpiCaseGuide.pdf>) in conducting this General Requirement and the associated activities.
- Complete all data entry into NEDSS Base System (NBS) following the *NBS Data Entry Guidelines*. ([https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/Data\\_Entry\\_Guidelines\\_2007.pdf](https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/Data_Entry_Guidelines_2007.pdf)).
- Verify and enter complete vaccination history in NBS on all VPD investigations with case status of confirmed or probable. Complete vaccination history should be assessed through ImmTrac, provider offices, school records, or patient records.
- Routinely review and follow up on all VPD laboratory reports received, including electronic lab reports (ELRs) sent from DSHS through NBS and Health Alert Network (HAN).
- Report on steps taken by Contractor to ensure the completeness of VPD reporting within Contractor's jurisdiction on triannual reports.
- All new VPD surveillance staff will attend Introduction to NBS training and complete the certification process in order to gain access to the NBS system.

**8. POPULATION ASSESSMENT**

(*Immunization Population Assessment Manual* available on line at [http://www.dshs.state.tx.us/immunize/docs/school/2010-2011\\_PopulationAssessmentManual.pdf](http://www.dshs.state.tx.us/immunize/docs/school/2010-2011_PopulationAssessmentManual.pdf) (Reference Stock No. 11-12550, Revised 09/10))

**General Requirement/Activity 8A:** When assigned by DSHS, complete 100% of child-care facility and Head Start center assessments and child care audits. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Population Assessment Manual*.

**General Requirement/Activity 8B:** When assigned by DSHS, complete 100% of public and private school assessments, retrospective surveys, and validation surveys. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Population Assessment Manual*.

**9. SERVICE DELIVERY**

**General Requirement 9:** Provide immunization services and ACIP-recommended vaccines in Contractor's clinics to children, adolescents and adults to maximize vaccine coverage levels within Contractor's jurisdiction. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health*

*Departments.*

**Activities 9:**

- Ensure that all ACIP-recommended vaccines are routinely available to eligible TVFC patients and that Adult Safety New vaccines are available to eligible adult patients.
- Recommend the simultaneous administration of all needed vaccines for the patient.
- Follow only medically supportable contraindications to vaccination.
- Verbally educate patients and parents/guardians about the benefits and risks of vaccination, and distribute DSHS educational materials as applicable as part of this conversation.
- Discuss, and attempt to schedule, the next immunization visit at each client encounter.
- Explain the benefits of a “medical home” and assist the parent/guardian in obtaining or identifying the child’s medical home.
- Use a Reminder/Recall system (manual, TWICES, ImmTrac, or other system).
- Establish “standing orders” for vaccination in Contractor’s clinics, consistent with legal requirements for standing order (including, but not limited to, those found in the Texas Medical Practice Act).
- Implement an employee immunization policy according to CDC recommendations in Contractor’s clinics.

**APPENDIX A: DSHS ASSURANCES AND CERTIFICATIONS**

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

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**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;

**PAGE 9b**

6. Will establish safeguards to prohibit employees from using their positions for a purpose that

constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;

7. Will ensure that no officer, employee, or member of the respondent's governing body or of the respondent's contractor will vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity (as defined in Texas Government Code Chapter 573) to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition does not prohibit the continued employment of a person who has been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;
8. Has not given, offered to give, nor intends to give, at any time hereafter any economic opportunity, present or future employment, gift, loan, gratuity, special discount, trip, favor, or service to any employee or official of DSHS or HHSC, in connection with this solicitation or procurement; does not have nor will it knowingly acquire any interest that would conflict in any manner with the performance of its obligations under any awarded contract that results from this RFP;
9. Will honor for 90 days after the proposal due date the technical and business terms contained in the proposal;
10. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;
11. Will not require a client with limited English proficiency to provide or pay for the services of a translator or interpreter;
12. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;
13. Will make every effort to avoid use of any persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client is advised that a free interpreter is available;
14. Will comply with the Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the current Uniform Grant Management Standards (UGMS), issued by the Governor's Budget and Planning Office, applicable Office of Management and Budget Federal Circulars, and if applicable the Federal awarding agency Common Rule and U.S. Department of Health and Human Services Grants Policy Statements, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and federal references are available upon request;
15. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;
16. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is

inaccurate;

17. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;
18. Will not charge a fee or profit. A profit and/or fee are considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance program;
19. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;
20. In accordance with 2 CFR Part 376 and 180 (parts A-I), as the primary participant, and any of the primary participant's principals (collectively, participants):
  - A. are not presently disqualified, debarred, suspended, proposed for debarment, declared ineligible, or excluded from covered transactions by any federal department or agency;
  - B. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a private or public (federal, state, or local) transaction or contract under a private or public transaction; violation of federal or state antitrust statutes (including those proscribing price fixing between competitors, allocation of customers between competitors and bid rigging) or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or false claims, tax evasion, obstruction of justice, receiving stolen property or any other offense indicating a lack of business integrity or business honesty that seriously and directly affects the participant's present responsibility;
  - C. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (B) of this certification;
  - D. have not within a 3-year period preceding this proposal/proposal had one or more public transactions (federal, state, or local) terminated for cause or default; and
  - E. has not (nor has its representative nor any person acting for the representative) (1) violated the antitrust laws codified by Chapter 15, Texas Business & Commercial Code , or the federal antitrust laws; or (2) directly or indirectly communicated the bid to a competitor or other person engaged in the same line of business.

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

The respondent agrees by submitting this proposal that the respondent will include, without modification, the certifications in subparagraphs A through E of this paragraph in all lower tier covered transactions (i.e., transactions with subgrantees and/or contractors) and in all solicitations for lower tier covered transactions;

## **PAGE 9d**

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:

## **PAGE 9e**

- 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;

## **PAGE 9f**

- 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.

# Regional Program Managers FY2013

## HEALTH SERVICE REGION 1

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## HEALTH SERVICE REGION 7

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## HEALTH SERVICE REGIONS 6 & 5 SOUTH

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## HEALTH SERVICE REGION 11

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# FORM I - 7 Indirect Costs

Legal Name of Respondent:

Collin County Health Care Services

Total amount of indirect costs allocable to the project:

Amount: \$0

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

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

RATE:  
BASE:

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

RATE:  
TYPE:  
BASE:

Certification of Indirect Costs.

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

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

GO TO PAGE 2 (below)

**Page 2, FORM I - 7 Indirect Costs**

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

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