



Charles Smith, Executive Commissioner

**Request for Applications (RFA)
For
Statewide Hospital Preparedness Program (HPP)**

RFA No. 537-7-0131

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ARTICLE I. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 EXECUTIVE SUMMARY

The State of Texas, by and through the Department of State Health Services (“DSHS”), announces this Request for Application (“RFA”) to provide Hospital Preparedness Program (“HPP”) services to build and maintain prepared healthcare systems, advance the development and maturation of healthcare coalitions, strengthen regional coordination, and ensure the healthcare system can maintain operations and surge to provide acute medical care during all hazards and emergencies in accordance with the specifications contained in this RFA.

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

1.2 DEFINITIONS

Refer to **Exhibit B, HHSC Grantee Uniform Terms and Conditions** for additional definitions. Additionally, as used in this Solicitation, unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

"Addendum" – means a written clarification or revision to this Solicitation issued by the System Agency.

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

"Backfill Cost" – A backfill cost is defined as the straight-time salary, benefits, and overtime of replacement personnel who perform the regular duties of the regularly assigned personnel while the regularly assigned personnel is performing eligible emergency work, training, or exercises.

"Budget Period" – The duration of the budget. Each contract renewal will have a specific budget period.

"Capacity and capability" – The respondent’s ability to evaluate, implement, manage, and support, the four (4) healthcare preparedness capabilities and the appropriate skills to fiscally manage, monitor, and provide technical assistance to the Healthcare Coalition(s).

"Emergency Medical Task Force (EMTF)" – Regional medical response capacity that can respond to local, regional, and statewide disasters with an acute health care component. EMTF components include: Ambulance Strike Teams (AST), Mobile Medical Units (MMU), Ambulance Bus (AmBus) Teams, Registered Nurse Strike Teams (NST), Medical Incident Support Teams (MIST), Ambulance Staging Manager (ASM) Teams, Infectious Disease Response Units (IDRU), Texas Mass Fatality Operations Response Teams (TMORT), and professional medical support staff for clinical and other services. The map of the EMTF regions is available in **Appendix 1**.

"Emergency Support Function" (ESF-8) – Public Health and Medical Services - provides the mechanism for coordinated assistance to supplement State, tribal, regional, and/or local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated response, and/or during a developing potential health and medical emergency.

"ESBD" – means the Electronic State Business Daily, the electronic marketplace where State of Texas contract opportunities over \$25,000 are posted. The ESBD may currently be accessed at <http://esbd.cpa.state.tx.us/>.

"Grantees" – within this RFA, Grantees are DSHS disaster preparedness partners who are awarded a contract to provide hospital preparedness program services in their awarded EMTF region(s).

"Health and Human Services Commission" or "HHSC" – means the administrative agency established under Chapter 531, Texas Government Code or its designee.

"Healthcare Coalition" (HCC) – A group of individual healthcare organizations (e.g., hospitals, clinics, nursing homes, etc.) and relevant partner organizations (e.g., emergency management, public health, utilities, etc.) in a defined geographic location. In Texas, the geographic boundaries of the HCCs align with the 22 trauma service areas. HCCs serve as a multi-agency coordination group that supports emergency management and Emergency Support Function Public Health and Medical Services Annex ESF-8.

"HUB" – means Historically Underutilized Business, as defined by Chapter 2161 of the Texas Government Code.

"HUB subcontracting plan" or "HSP"

Written documentation regarding the use of sub-contractors, which is required to be submitted with all responses to state agency contracts with an expected value of \$100,000 or more where subcontracting opportunities have been determined by the state agency to be probable. The HUB subcontracting plan subsequently becomes a provision of the awarded contract, and shall be monitored for compliance by the state agency during the term of the contract.

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

"Major Renovation" (as defined by the U.S. Health and Human Services (HHS) Administration for Children and Families) – (1) structural changes to the foundation, roof, floor, exterior or load-bearing walls of a facility, or the extension of a facility to increase its floor area; or (2) extensive alteration of a facility such as to significantly change its function and purpose, even if such renovation does not include any structural change. Any improvement or upgrade to a facility which is not specified under this definition of major renovation may be considered a minor renovation and may be allowable under applicable regulations and cost principles.

"Match" – The portion of total DSHS Contract costs or total program commitments not borne by federal or state government which may be cash or in-kind contributions, or a combination of both. Additional information and requirements on match are found in the Department of State Health Services (DSHS) Contractor Financial Procedures Manual (CFPM) available on line at: <http://www.dshs.texas.gov/contracts/docs/CFPM-9-01-2014-version-for-posting.doc>. Currently the match requirement is met by the DSHS. At the discretion of the DSHS, the requirement may become the responsibility of the awarded grantee.

"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 Procurement Contracting Services (PCS) on procurements.

"Programmatic Monitoring" – a formal and systematic process for ensuring services are being delivered or performed as required by the contract. The monitoring process will provide critical performance information so issues or concerns can be identified and addressed. In programmatic monitoring, service-related information is reviewed for compliance with process and outcome expectations as identified in standards and rules specified in the contract. Monitoring processes will include a review of the grantee’s service delivery system to determine consistency with contract requirements including outputs, outcomes, quality, and effectiveness of the program.

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

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

"Regional Health and Medical Operations Center (RHMOCC)" – the ESF-8 coordination point supporting Disaster Districts within the state. Geographical boundaries and

numbering match the Health Service Regions (HSRs). RHMOCs are coordinated by the Health Service Regions and may be adjusted in size and composition depending on the magnitude and complexity of the disaster. Public health and medical partners comprising the RHMOCs may include HPP providers, local mental health authorities, EMTF coordinators, and other Texas Health and Human Services (HHS) agencies.

"Respondent" – means the entity responding to this Solicitation. May also be referred to as "Applicant."

"Scope of Work" – A description of the services and/or goods, if any, for each service type, to be performed/delivered 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 services/goods DSHS intends to purchase from the Grantee.

"Solicitation" – means this Request for Applications including any Exhibits and Addenda, if any.

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

"Statement of Work" – The section of the contract which describes the services and/or goods to be delivered by the DSHS grantee specifying the type, level and quality of service, that directly relates to program objectives.

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

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

"System Agency" – means the Texas Department of State Health Services (DSHS), its officers, employees or authorized agents.

"Trauma Service Area (TSA)" – Geographic regions of the State of Texas, adopted by the Texas Board of Health in January 1992, which are used to manage the statewide emergency medical services (EMS) and trauma care system. There are twenty-two TSA regions in Texas. The maps of the TSA regions is available in **Appendix 2**.

"Work Plan" – A written plan describing how services will be delivered to the eligible population, including 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. Details from the work plan must be approved by DSHS and incorporated in the contract.

1.3 AUTHORITY

The System Agency is requesting applications under Chapter 531, 771, 791, or 2155 of the Texas Government Code.

Hospital Preparedness Program Funding is authorized under Section 319C-2 of the Public Health Service (PHS) Act, as amended.

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ARTICLE II. SCOPE OF GRANT AWARD

2.1 PROGRAM BACKGROUND

The U.S. Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response (ASPR) Hospital Preparedness Program (HPP) provides leadership and funding through cooperative agreements to States and territories, to improve surge capacity and enhance community and healthcare system preparedness for emergencies and disasters. The HPP builds and maintains prepared healthcare systems, advances the development and maturation of healthcare coalitions, strengthens regional coordination, and ensures the healthcare system can maintain operations and surge to provide acute medical care during all emergencies and disasters. A prepared healthcare system is capable of “responding” to events, based on risks, threats and vulnerabilities that are identified using a process that allows for input from multiple stakeholders and takes into account a variety of data sources.

HPP sub-recipient Grantees under this RFA will support the preparedness planning efforts of the State by identifying gaps in preparedness, determining specific priorities, developing plans for building and sustaining health care preparedness capabilities, and implementing those plans, thereby establishing a more resilient and better prepared healthcare community. Services are to be fully accessible, well-suited to the unique needs of each Trauma Service Area (TSA) region within the awarded Emergency Medical Task Force (EMTF) region(s), and fully integrated into a comprehensive system of related all hazards preparedness activities in the EMTF region(s).

HPP Applicants must apply for and may be awarded at least one of three potential Funding Opportunities available through this RFA: (1) Healthcare Coalitions and Emergency Medical Task Force; (2) State Coordinating Organization; and (3) Texas Disaster Medical System (TDMS) Steering Committee Support.

2.2 GRANT AWARD AND TERM

2.2.1 Available Funding

It is anticipated that the total amount of funding available through this RFA in Federal Fiscal Year 2017 will be **TWELVE MILLION FIVE HUNDRED NINETY-SEVEN THOUSAND FIVE HUNDRED SEVENTY-TWO DOLLARS (\$12,597,572.00)** and it is DSHS' intention to make multiple awards. It is anticipated that funding shall be divided amongst the three Funding Opportunities as follows:

Funding Opportunity	Anticipated Funding Available for FFY 2017
#1: Healthcare Coalitions and Emergency Medical Task Force	\$12,432,304 - See Appendix 7 for estimated funding by TSA Region

#2: State Coordinating Organization	\$115,268.00
#3: Texas Disaster Medical System (TDMS) Steering Committee Support	\$50,000.00 - As permitted by grant requirements and applicable law, additional funding may be available for travel reimbursements for members of the TDMS Steering Committee that are not DSHS employees.

Funding awarded will be based on the merit and scope of the application and other considerations and is at the sole discretion of DSHS. Large requests for state funding may not be fully funded in order to ensure that funds are available for the broadest possible array of communities and programs.

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

2.2.2 Grant Term

It is anticipated that the initial grant funding period for this five-year grant will begin **July 1, 2017**, and end **June 30, 2018**, subject to review for renewal on an annual basis. Reimbursement will only be made for those allowable expenses that occur within the term of the grant. No pre-award spending will be allowed.

2.3 ELIGIBLE APPLICANTS

Eligible Applicants include governmental, non-governmental, not-for-profit organizations, for-profit entities, associations, public and or private entities. **Individuals are not eligible to apply.** In order to be awarded a contract as a result of this RFA, an Applicant must meet the following minimum qualifications:

1. Applicant 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 RFA.
2. Applicant must be headquartered within the state of Texas.
3. Applicant must be in good standing with the U.S. Internal Revenue Service.
4. Applicant 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>.

5. Applicant must have a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier.
6. Applicant's organization must be registered with the System for Award Management (SAM) at <https://www.sam.gov/portal/public/SAM/>. Applicant must maintain the registration with current information until a financial report is submitted or the final payment is received, whichever is later.
7. Applicant is not eligible to apply for funds under this RFA if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.
8. Applicant 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 grantee, material non-compliance, or material weaknesses that are not satisfactorily addressed, as determined by DSHS.
9. Applicant's staff members, including the executive director, must not serve as voting members on their employer's governing board.
10. Applicants for Funding Opportunity #1 must submit a letter from their governing entity (Board of Directors, County Judge, Commissioners' Court, etc.) affirming their commitment to deploy HPP/EMTF assets for either mutual aid or upon request of DSHS within and external to their awarded EMTF region(s) during a mass casualty incident, significant regional event or incident, statewide disaster, pandemic response, or any other event that requires surge activities. Failure to submit letter affirming this commitment will disqualify the application in total.
11. 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.

An Applicant is not considered eligible to contract with DSHS if a name match is found on any of the following lists:

- a) The [Excluded Parties List System](https://www.epls.gov/) (EPLS) – Federal at <https://www.epls.gov/>;
- 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.

Except as expressly provided above, Applicant is not considered eligible to apply unless the applicant meets the eligibility conditions to the stated criteria listed above at the time the proposal is submitted. Applicant 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 applicant's eligibility to compete for the contract award.

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2.4 PROGRAM REQUIREMENTS

Successful Applicants will be awarded at least one of three Funding Opportunities available through this RFA: (1) Healthcare Coalitions and Emergency Medical Task Force; (2) State Coordinating Organization; and (3) Texas Disaster Medical System (TDMS) Steering Committee Support. Grantee shall comply with all applicable regulations, standards and guidelines applicable to the Funding Opportunity.

Grantees will be provided with a list of required deliverables in the resulting contract for each year of the award, but may be asked to submit additional information outside of the listed deliverables.

Some deliverables may ask the Grantee to project or plan for dates beyond the resulting contract term. These requests are for planning purposes only, and will not obligate the Grantee to undertake those activities outside of their contract term.

Grantees will be subject to fund holds or sanctions for deliverables and other contract requirements that are late, incomplete, or do not meet the prescribed standards laid out by the Program.

2.4.1 FUNDING OPPORTUNITY #1: HEALTHCARE COALITIONS AND EMERGENCY MEDICAL TASK FORCE

DSHS will select up to eight (8) Applicants to perform activities to support regional HPP implementation, including but not limited to sustaining regional HCCs; providing administrative support and project management of the regional EMTFs; and assisting DSHS HPP in the administration, planning, and evaluation of services. Grantees shall perform activities in support of the DSHS and the Cooperative Agreement from the ASPR HPP and the Centers for Disease Control and Prevention (CDC) FFY 2017 Cooperative Agreement.

A. **Capabilities:** Grantee's HPP activities must focus on the implementation of all required Capabilities. The *2017-2022 Health Care Preparedness and Response Capabilities* are as follows:

1. **Foundation for Health Care and Medical Readiness** – Goal: The Community has a sustainable HCC that can identify hazards and risks and prioritize and address gaps through planning, training, exercising, and acquiring resources.
2. **Health Care and Medical Response Coordination** – Goal: Healthcare organizations, HCCs, and their jurisdictions collaborate to share and analyze information, manage resources, and coordinate strategies to deliver acute medical care to all populations during emergencies and planned events.
3. **Continuity of Health Care Service Delivery** – Goal: Healthcare organizations, with support from HCCs, provide uninterrupted medical care to all populations in the face of damaged or disabled healthcare infrastructure. Healthcare workers are

well-trained, well-educated, and well-equipped to care for patients during emergencies. Simultaneous response and recovery operations result in a return to normal or improved operations.

4. **Medical Surge** – Goal: Healthcare organizations – including hospitals, Emergency Medical Services (EMS) providers, and other out of hospital providers – deliver timely and efficient care to their patients even when the demand for healthcare services exceeds available supply.

The *2017-2022 Health Care Preparedness and Response Capabilities* document (see **Appendix 3**) outlines the high-level objectives that the nation’s health care delivery system, including HCCs and individual health care organizations, should undertake to prepare for, respond to, and recover from emergencies. These Capabilities illustrate the range of preparedness and response activities that, if conducted, represent the ideal state of readiness in the United States.

B. Healthcare Coalitions (HCCs):

1. Grantee will use awarded funding to build and sustain the Capabilities through the mechanism of regional HCCs. The HCCs in Texas align with the 22 TSA regions (see TSA map in **Appendix 2**). The goals of the HCCs include, but are not limited to, convening governmental jurisdictions, communities, health and emergency response systems, and other ESF-8 partners to plan for preventing, protecting against, responding to, mitigating, and rapidly recovering from emergencies and disasters through planning, training, exercising, and the acquisition of appropriate equipment and supplies.
2. Grantee, through the HCCs in their EMTF region(s), will ensure federal preparedness funds are directed to priority areas within each TSA region by identifying gaps, determining priorities, and developing plans for building and sustaining the preparedness capabilities.
3. Grantee must demonstrate measurable and sustainable progress toward achieving all the Capabilities over the five-year project period. In addition, Grantee must also ensure activities and programs meet the needs of at-risk individuals in their awarded EMTF region(s).
4. Grantee will have at least one 100% HPP-funded full-time staff person assigned to support each TSA region within their awarded EMTF region(s). Staff assigned to support a specific TSA will commit no less than 80% of their time to projects specific to that TSA. Grantee will maintain an office within each TSA region they represent for staff assigned to that TSA region to work from.
5. Grantee is required to attend, in-person, the Texas HPP Grantee and Joint HPP-Public Health Emergency Preparedness (PHEP) meetings scheduled and facilitated by DSHS within the contract term as well as other meetings as directed by DSHS.

6. In order to ensure the DSHS Health Service Region (HSR) Medical Directors and Preparedness and Response Managers (PARM) have situational awareness for ongoing Healthcare System Preparedness activities within the HSR, the HPP Grantee will regularly communicate with the Regional Medical Director, PARM, or their designee to discuss the status of HPP activities. The frequency of the HSR and HPP Grantee communications will be determined by mutual agreement and documented in writing.
7. Grantee will plan for sustainment of operations in adverse situations. The Grantee must develop and submit a Continuity of Operations Plan (COOP) for their organization, which will, at a minimum, include how Grantee will maintain administrative operations during a disaster, manage operations in instances of turnover, and build redundancy into their organization in order to handle unexpected loss of staff or facilities. The COOP must be reviewed and approved in writing by DSHS.
8. Grantee will participate in regular hospital bed availability reporting events. This will include real-world events or periodic drills. The current bed reporting categories can be found in **Appendix 4**.
9. The Grantee will provide staff to support the RHMOC during an activation. Grantee will support the RHMOC(s) virtually or in-person, at the discretion of the RHMOC director(s). If the Grantee's awarded EMTF region(s) overlaps with multiple HSRs, or if the grantee is awarded more than one EMTF region, they may be called upon to support more than one RHMOC at a time.
10. Grantee will be accessible at all times (24/7) for emergency or disaster-related needs. Upon award, Grantee will provide DSHS with contact information for no fewer than two individuals who can be reached 24 hours a day, and maintain current and redundant contacts in EMResource.
11. Grantee will complete other activities as set forth in the resulting contract.

C. Emergency Medical Task Force (EMTF):

1. Grantee will provide administrative support and project management for the state standardization of the Texas EMTF. EMTF components include:
 - a) Ambulance Strike Teams (AST);
 - b) Medical Ambulance Buses (AmBus) and associated personnel;
 - c) Mobile Medical Units (MMU);
 - d) Registered Nurse Strike Teams (NST);
 - e) Medical Incident Support Teams (MIST);
 - f) Ambulance Staging Manager Teams (ASM);
 - g) Infectious Disease Response Units (IDRU);
 - h) Texas Mass Fatality Operations Response Teams (TMORT); and
 - i) Professional medical support staff for clinical and other services.

Further information about each EMTF component is available in [Appendix 5](#).

2. Grantee will ensure that each EMTF region develops and executes memorandums of agreement (MOAs) which will enable the Grantee to:
 - a) Roster and staff five ASTs. An AST is comprised of five staffed ambulances and a staffed command vehicle.
 - b) Staff and house each AmBus located in their EMTF region.
 - c) Roster a minimum of five NSTs. A NST is a team of five nurses and a strike team leader.
 - d) Staff one MMU, as directed by DSHS. And
 - e) Roster and staff a MIST, ASM, and IDRU as directed by DSHS.

Some EMTF regions may be unable to fully roster the above components from emergency medical services and other providers within their EMTF region(s). In those instances, the EMTF region must have an MOA with an adjacent EMTF region to provide adequate staffing/resources to fulfill the above requirements.

3. Grantee will be responsible for developing an exercise program that includes annual functional or full-scale exercises for each of the EMTF components.
4. Grantee may be awarded one or more of the eight EMTF regions in Texas, and will have a coordinator who is committed full-time to the EMTF program for each EMTF region awarded. Grantee will maintain an office for each assigned EMTF coordinator that are physically located within the EMTF region they support.
5. Grantee is required to participate in 100%, and attend in-person at least 75%, of EMTF strategic governance, EMTF operational governance, and workgroup meetings and calls.
6. DSHS has resources such as ventilators, bariatric wheelchairs and cots, and other supplies and equipment which are pre-positioned regionally with Grantees to expedite deployment of the assets during disaster response. Some assets, such as AmBuses, may be housed with an EMS provider within an EMTF region. The Grantee will maintain these resources in deployable condition and will utilize resources purchased by DSHS or with HPP funds allocated to their EMTF region(s) to support local responses within their awarded EMTF region(s). Upon award the Grantee will develop and maintain a mutual aid plan for the awarded EMTF region(s) describing how and when the EMTF resources will be utilized for local response activities within the region separate from a state response. The Grantee may deploy these resources in support of local (non-state) response activities within the awarded EMTF region; however, non-state activation reimbursement will only be considered on a case by case basis.
7. Grantee will be prepared for disaster response activation at any time, day, or night, including weekends and holidays. DSHS, via e-mail or fax, will issue mission tasks to Grantee's primary point of contact for EMTF. Grantee will, upon

award, provide DSHS with after hours and weekend contact information for the primary point of contact.

8. Grantee will complete other activities as set forth in the resulting contract.

2.4.2. FUNDING OPPORTUNITY #2: STATE COORDINATING ORGANIZATION (SCO)

DSHS will select one of the successful Funding Opportunity #1 Applicants to serve as the SCO for the Statewide EMTF System. The SCO is responsible for providing overall coordination and oversight to the unique components of the EMTF System, as directed by DSHS. Grantee serving as the SCO shall provide the following program activities:

- A. Grantee will maintain situational awareness and response readiness status of the EMTF System components and assets across the State. Grantee will update and maintain resource typing guidelines for all EMTF assets.
- B. Grantee will provide technical assistance, training, and support to regional EMTF coordinators as necessary.
- C. Grantee will plan and facilitate EMTF strategic governance and EMTF operational governance meetings and calls, including scheduling, coordinating meeting locations, and handling other logistics needs such as food orders, and purchases of relevant supplies and materials.
- D. Grantee will provide administrative support for the EMTF strategic governance and EMTF operational governance meetings and calls, including developing and distributing the agendas, producing meeting minutes, maintaining the committee member distribution and notification lists, documenting workgroup activities, sending electronic meeting invitations, and providing other support identified by the workgroup.
- E. Grantee will represent the EMTF System in the TDMS Steering Committee meetings and workgroups.
- F. Grantee will provide overall coordination and oversight to unique components of the EMTF System, as requested by DSHS. This will include, but is not limited to, IDR, TMORT, air ambulance contractors, and/or other current and emerging needs.
- G. Grantee will support the State Medical Operations Center (SMOC) during an activation. Grantee will support the SMOC virtually or in-person, at the discretion of the SMOC director.
- H. Activation may occur at any time, day, or night, including weekends and holidays. The Grantee serving as the SCO must be accessible at all times (24/7) for emergency or disaster-related needs. Grantee will, upon award, provide DSHS with after hours and weekend contact information for the primary point of contact for SCO activities.
- I. Grantee will complete other activities as set forth in the resulting contract.

2.4.3. FUNDING OPPORTUNITY #3: TEXAS DISASTER MEDICAL SYSTEMS (TDMS) STEERING COMMITTEE SUPPORT

DSHS shall select one successful Applicant to support the administrative and logistical needs of the TDMS Steering Committee. The TDMS is the framework for integration of all public health and medical preparedness initiatives and resources with respect to ESF-8 functions. The TDMS Steering Committee is a standing advisory committee to the DSHS Health Emergency Preparedness and Response Section (HEPRS) which advises and makes recommendations related to TDMS. Applicants may be considered for funding opportunity #3 even if they do not apply for the other two opportunities.

The scope of the TDMS Steering Committee is to provide input for consideration and implementation by DSHS. To accomplish coordinated HSR and/or State Response in support of an incident that exceeds the ESF-8 capabilities of local jurisdictions, the input may include: providing guidelines; establishing protocols; developing concepts; identifying tasks; listing responsibilities; and providing resource management information.

More information about the TDMS and the TDMS Steering Committee may be found at www.tdms.org. The TDMS Overview Document may be viewed in **Appendix 6**.

The TDMS Grantee will provide the following program activities:

- A. Grantee will designate a TDMS Steering Committee Project Director. The Project Director will report to the TDMS Steering Committee Co-Chairs. The Co-Chairs are the Director and Deputy Director of DSHS HEPRS.
- B. Grantee will support the logistical needs of the TDMS Steering Committee, including scheduling up to six (6) meetings per annum, coordinating meeting locations, managing travel reimbursements for non-DSHS committee members (as funding allows), and handling other logistical needs such as food orders, and purchases of relevant supplies and materials.
- C. Grantee will provide administrative support for the committee, including developing and distributing the agenda, producing meeting minutes, maintaining the committee member distribution and notification lists, documenting workgroup activities, sending electronic meeting invitations, and providing other support identified by the TDMS Steering Committee and DSHS HEPRS leadership.
- D. Grantee will complete an annual assessment of the Texas EMTF program and develop a plan to address the gaps.
- E. Grantee will provide to DSHS an annual summary report to show TDMS accomplishments and recommendations.
- F. Grantee will work with DSHS to ensure appropriate use of the TDMS logo and to document where and how the logo has been used.

G. Grantee will complete other activities as set forth in the resulting contract.

2.5. USE OF FUNDS

Funds are awarded for the purpose specifically defined in this RFA and must not be used for any other purpose.

Indirect cost reimbursement is restricted to not more than twenty percent (20%) of the total award. Respondent must submit the most current accepted Cost Allocation Plan on file with their proposal. If Respondent has an approved indirect cost rate, the certificate from your cognizant agency must be included with your submission.

Indirect costs include general administration and general expenses such as salaries and expenses of executive directors/officers, personnel administration and accounting; depreciation or use allowances on buildings and equipment; and costs of operating and maintaining facilities (*i.e. costs associated with maintenance, repairs, insurance, rent, utilities, and depreciation on facilities*). Staff captured in the indirect cost category may also charge direct time with prior approval.

No individual salary funded by this program will be reimbursed in an amount greater than \$96,000. Each year of the project following the first year this amount will be increased by the annual statewide cost of living adjustment (COLA) obtained from the Texas Comptroller. Additionally, total personnel cost (direct cost & indirect cost salaries) requested as part of this RFA must be approved by DSHS at the time of contract budget negotiations. Personnel salaries must be based on job descriptions, education, work experience, skills, and the work to be performed, and must be reasonable and justifiable for the TSA region(s) for which the funding is allocated. DSHS will have the final determination on all costs including allowable personnel costs. DSHS reserves the right to make any modifications or changes deemed necessary to ensure continuity of operations.

2.6. HPP FUNDING RESTRICTIONS

Funding restrictions, which apply to both Grantees and their agents and subcontractors, must be taken into account while writing the budget. Restrictions are as follows:

- A. None of the funds awarded to these programs may be used to pay the salary of an individual at a rate in excess of \$96,000 per year.
- B. Grantee cannot use funds for fund raising activities or lobbying.
- C. Grantee cannot use funds for research.
- D. Grantee cannot use funds for construction or major renovations.
- E. Grantee cannot use funds for clinical care.
- F. Grantee cannot use funds for reimbursement of pre-award costs.
- G. Grantee may supplement but not supplant existing state or federal funds for

activities described in the budget.

- H. The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- I. Grantee may not use funds for backfilling cost for staff, including healthcare personnel for exercises.
- J. Grantee cannot use funds to support stand-alone, single-facility exercises.
- K. Grantee may not use HPP funds for the payment or reimbursement of mileage from staff residence to the staff member's routine duty station.
- L. Grantee may not use funds to employ individuals who also work for an organization that receives funds or benefits from the HPP.
- M. Grantee may not use funds to fund the salaries of their elected and/or appointed Board of Directors and Executive Board Members.
- N. Grantee must treat funds generated by funds and resources as program income, and must report that income to DSHS. Program income must be expended on HPP activities during the budget period in which it is earned. Reasonable HPP membership dues may be established in consultation with DSHS and will be considered program income (including for purposes of salary restrictions). Membership dues collected by the Grantee's organization for purposes other than HPP will not be considered Program Income. Grantee cannot require HPP HCC member to pay membership fees as a condition of receiving HPP funds and/or resources, or as a requirement to be eligible for reimbursement for HPP related expenditures.
- O. Grantee may not receive payment or reimbursement of costs for response activities when a state mission assignment has not been issued. State mission assignments will be issued when local and/or regional resources, including HPP/EMTF grantee resources, are not sufficient to meet the needs of the response; and
- P. Grantee may not receive payment or reimbursement of costs for DSHS assets, held by the Grantee, that are deployed in a response outside of the costs associated with deploying and demobilizing the assets under a state mission assignment, and the costs of restoring the asset to deployable condition. Any DSHS assets lost or destroyed during deployment will be reported to DSHS.
- Q. Grantee may not use an answering service for after-hours calls from DSHS. DSHS must be provided with direct contact information for appropriate after-hours contacts.

Funding restrictions are subject to change based on the HPP Funding Opportunity Announcement (FOA) or at the discretion of DSHS.

2.7. LETTER OF INTENT

Applicants planning to respond to this RFA must submit a letter of intent (LOI) to submit an application no later than 2:00 PM CT on the date reflected in Section 3.1, Schedule of Events. The Letter of Intent must be on the Respondent's business letterhead using the template provided in **Appendix 8** of this RFA. The letter must be received by the deadline indicated in Section 3.1 via emailed scanned image, mail, or hand-delivery to the RFA Point of Contact set forth in Section 3.4.1. Respondent shall mark "RFA # 537-7-0131/CPS/HOSP-" on the envelope. Failure to submit the LOI in accordance with this Section will disqualify the application from competition.

NOTE: Submission of a LOI does not obligate the party to submit an application in the event the party decides not to participate in this RFA process.

2.8. PERFORMANCE MEASURES

DSHS will monitor the performance of contracts awarded under this RFA. All services and deliverables under the contract shall be provided at an acceptable quality level and in a manner consistent with acceptable industry standards, custom, and practice.

2.9. STANDARDS

Grantees must comply with the requirements applicable to this funding source cited in the *Uniform Administrative Requirements, Cost Principles, and Audit Requirements* for Federal Awards (2 CFR 200); the *Texas Administrative Code* (1 TAC Chapter 3), as applicable; the *Uniform Grant Management Standards (UGMS)*, and all statutes, requirements, and guidelines applicable to this funding.

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

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

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

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

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

2.10. NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION

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

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

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

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ARTICLE III. ADMINISTRATIVE INFORMATION

3.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Solicitation Release Date	November 16, 2016
Deadline for Submitting Questions to be addressed during the Respondent Conference Call (optional)	December 2, 2016 by 2:00 p.m. Central Time
Respondent Conference Call	December 7, 2016 at 10:00AM
Deadline for Submitting Letter Of Intent	December 12, 2016 by 4:00 p.m. Central Time
Deadline for Submitting Questions	December 14, 2016 by 4:00 p.m. Central Time
Answers to Questions Posted	December 21, 2016 by 4:00 p.m. Central Time
Deadline for submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the deadline.]	January 20, 2017 by 2:00 p.m. Central Time
Anticipated Notice of Award	April 19, 2017
Anticipated Contract Start Date	July 1, 2017

Note: These dates are a tentative schedule of events. The System Agency reserves the right to modify these dates at any time upon notice posted to the ESBD. Any dates listed after the Solicitation Response deadline will occur at the discretion of the System Agency and may occur earlier or later than scheduled without notification on the ESBD.

3.2 CHANGES, AMENDMENT OR MODIFICATION TO SOLICITATION

The System Agency reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of the System Agency and will post such on the ESBD. It is the responsibility of Respondent to periodically check the ESBD to ensure full compliance with the requirements of this Solicitation.

3.3 IRREGULARITIES

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

3.4 INQUIRIES

3.4.1 Point of Contact

All requests, questions or other communication about this Solicitation shall be made in writing to the HHSC Procurement and Contracting Services (PCS), addressed to the person listed below. All communications between Respondents and other System Agency staff members concerning the Solicitation are strictly prohibited. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

Name: Laura Steadman, CTPM, C.P.M.
Title: Procurement Project Manager
Address: 1100 W. 49th Street, Mail Code 2020
Phone: 512-406-2546
Email: laura.steadman@hhsc.state.tx.us

3.4.2 Prohibited Communications

All communications between Respondents and other System Agency staff members concerning the Solicitation are strictly prohibited. On issuance of this Solicitation, except for the written inquiries described in Section 3.4.3, the System Agency, its representative(s), or partners will not answer any questions or otherwise discuss the contents of this Solicitation with any potential Respondent or their representative(s). This restriction does not preclude discussions between affected parties for the purposes of conducting business unrelated to this Solicitation. **Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.**

3.4.3 Questions

The System Agency will allow written questions and requests for clarification of this Solicitation. Questions must be submitted in writing and sent by U.S. First class mail or email to the Point of Contact listed in Section 3.4.1 above. Respondents' names will be removed from questions in any responses released. Questions shall be submitted in the following format. Submissions that deviate from this format may not be accepted:

- A. Identifying Solicitation number
- B. Section Number
- C. Paragraph Number
- D. Page Number
- E. Text of passage being questioned
- F. Question

Note: Questions or other written requests for clarification must be received by the Point of Contact by the deadline set forth in Section 3.1 above. However, the System

Agency, at its sole discretion, may respond to questions or other written requests received by the Point of Contact after the deadline. Please provide entity name, address, phone number; fax number, e-mail address, and name of contact person when submitting questions.

3.4.4 Clarification from Respondent

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

3.4.5 Responses

Responses to questions or other written requests for clarification may be posted on the ESBD. The System Agency reserves the right to amend answers prior to the deadline of Solicitation Responses. Amended answers may be posted on the ESBD. It is Respondent's responsibility to check the ESBD or contact the Point of Contact for updated responses. The System Agency also reserves the right to decline to answer any question or questions or to provide a single consolidated response of all questions they choose to answer in any manner at the System Agencies sole discretion.

3.4.6 Respondent Conference Call

The System Agency will conduct an **optional** pre-submittal respondent conference call / online meeting on December 7, 2016 at 10:00 AM Central Time. Respondents may call into the conference by dialing (877) 226-9790 and entering passcode 4111422. Respondents may also join the online meeting from any computer, tablet or smartphone at the following link: <https://global.gotomeeting.com/join/306264813>. If this is your first online meeting with GoToMeeting, go to <http://help.citrix.com/getready> to get ready and set up.

Respondents may submit questions to be addressed during the conference. Questions must be submitted in writing to the PCS point of contact listed in Section 3.4.1 and must be received by December 2, 2016 no later than 2:00pm CT. The respondent conference is **optional**.

3.5 SOLICITATION RESPONSE COMPOSITION

3.5.1 Generally

All Applications must be:

- Clearly legible;
- Sequentially page-numbered and include the respondents name at the top of each page;
- Organized in the sequence outlined in **Article VII** - Submission Checklist;

- In Arial or Times New Roman font, size 12 or larger for normal text, no less than size 10 for tables, graphs, and appendices;
- Blank forms provided in the Attachments must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
- Correctly identified with the RFA number and submittal deadline;
- Responsive to all RFA requirements; and
- Signed in ink by an authorized official in each place a signature is needed (copies must be signed but need not bear an original signature).

3.5.2. Submission in Separate Parts

Applicants must separate paper document into parts as follows:

1. Business Proposal, including all forms;
2. Applicable Exhibits and Required Forms.

Hard copy original documents must be separated by parts. Electronic submissions must be separated by electronic medium used for submission (i.e. flash drive).

The entire Solicitation Response – all separated paper documents and electronic copies – must then be submitted in one package to DSHS at the address listed in Section 3.6.

3.6 SOLICITATION RESPONSE SUBMISSION AND DELIVERY

3.6.1 Deadline

Solicitation Responses must be received at the address in **Section 3.6.3** time-stamped by the System Agency no later than the date and time specified in **Section 3.1**.

3.6.2 Labeling

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

<u>SOLICITATION NO.:</u>	537-7-0131
<u>SOLICITATION NAME:</u>	Hospital Preparedness Program
<u>SOLICITATION RESPONSE DEADLINE:</u>	January 20, 2017

The System Agency will not be held responsible for any Solicitation Response that is mishandled prior to receipt by the System Agency. It is Respondent's responsibility to mark appropriately and deliver the Solicitation Response to the System Agency by the specified date and time.

3.6.3 Delivery

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

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

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

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

3.6.4 Alterations, Modifications, and Withdrawals

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

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**ARTICLE IV. SOLICITATION RESPONSE EVALUATION AND AWARD
PROCESS**

4.1 GENERALLY

A three-step selection process will be used as follows:

- A. Eligibility screening;
- B. Evaluation based upon specific selection criteria;
- C. Final Selection based upon State priorities.

4.2 ELIGIBILITY SCREENING

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

4.3 EVALUATION

Applications will be evaluated and scored in accordance with **Section 4.3.1**, and other factors deemed relevant by DSHS.

4.3.1 Specific Selection Criteria

Each Funding Opportunity included in the Respondent’s application will be evaluated separately and as detailed below. The application review committee will first review and make tentative selections for Funding Opportunity #1. To be eligible for consideration for Funding Opportunity #2 the respondent must be tentatively awarded an EMTF region under Funding Opportunity #1. Respondents may apply and be considered for Funding Opportunity #3 even if they do not apply for Funding Opportunities #1 or #2.

The proposal components will be weighted as follows:

Funding Opportunity #1

HCC and EMTF

Proposal Components*	Value Points
Organization Background	12
Knowledge/Experience	14
Project Work Plan	40
Deliverables Plan	16

Financial Management & Administration Questionnaire	<i>14</i>
EXHIBIT I: Budget Template(s) (All forms)	<i>4</i>
Total	100

*Other documents in the Business Proposal will be used to determine applicant eligibility.

Funding Opportunity #2

State Coordinating Organization

Proposal Components	Value Points
Organization Background	<i>10</i>
Project Work Plan	<i>40</i>
Deliverables Plan	<i>45</i>
EXHIBIT I: Budget Template (All forms)	<i>5</i>
Total	100

Funding Opportunity #3

Texas Disaster Medical System (TDMS) Steering Committee Support

Proposal Components*	Value Points
Background and Experience	<i>40</i>
Project Work Plan	<i>50</i>
EXHIBIT I: Budget Template (All forms)	<i>10</i>
Total	100

*Other documents in the Business Proposal will be used to determine applicant eligibility.

4.4 FINAL SELECTION, NEGOTIATION AND AWARD

DSHS intends on making multiple awards. After initial screening for eligibility, application completeness, and initial scoring of the elements listed above in **Section 4.3.1**, a selection committee will look at all eligible applicants to determine which proposals should be awarded in order to most effectively accomplish state priorities. The PCS Point of Contact will recommend grant awards to be made to the HHSC Executive Commissioner, who will make the final award approval.

Funding awards will be based on each funding opportunity evaluation score, geographic distribution across the state, *availability of funds*, cost-effectiveness, and the best interest of the State in providing services under this RFA.

Successful Respondents are expected to achieve a score of at least **75 points each for all Funding Opportunities**.

Applications with a score less than indicated above may not be considered. Not all respondents who are deemed eligible to receive funds are assured of receiving an award.

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

DSHS will evaluate and score in the following order due to eligibility requirements:

1. Funding Opportunity #1 – The highest scoring application per EMTF Region will be named a tentative award finalist for contract negotiations. DSHS reserves the right to name tentative award finalists based on the best application scores and the best interest and/or best value to the State of Texas. DSHS will also take into consideration gaps in service/coverage when selecting awardees.
2. Funding Opportunity #2 – Respondent applying for Opportunity # 2 will not be eligible for consideration unless the Respondent is selected by DSHS as a final awardee for Opportunity #1. In the event a tentative awardee is not named as EMTF SCO, DSHS reserves the right to negotiate with a Respondent to serve as the EMTF SCO based on the best interest and/or best value to the State of Texas.
3. Funding Opportunity #3 – Will be evaluated and scored independently of #1 and #2. A Respondent may be selected under all three funding opportunities but may also be selected only for #3 even if they do not apply for or are awarded under Funding Opportunities #1 or #2.

In the event applications from multiple Respondents proposed for the same EMTF Region or set of EMTF Regions, EMTF - SCO, or TDMS Steering Committee result in identical scores, DSHS will also consider past performance on similar projects and qualifications of key project personnel, including without limitation a demonstrated understanding of:

- Demonstrated success managing HPP, EMTF, TDMS, or other similar projects;
- Past fiscal issues, including, but not limited to, payment holds or sanctions, under any DSHS/HHSC contract; and
- Missing, late, incomplete, or insufficient deliverables under the HPP contract.

After the application evaluation process is completed and tentative awardees are selected, the terms of the contract shall be finalized through negotiations between DSHS and the selected Respondent(s). The Contract will be developed from information contained in this RFA and the ASPR Funding Opportunity Announcement (FOA).

During the contract negotiation period, DSHS will confirm specific standards and performance criteria to be met during the contract period. These standards and performance criteria will be based on the requirements and activities described in this RFA. These standards and performance criteria will ensure the Grantee maintains an acceptable level of performance throughout the contract period. These standards and performance criteria may be modified as necessary by DSHS during the contract term to accommodate new program directions and necessary changes that may arise.

4.4.1 NEGOTIATION AND AWARD

The negotiation phase will involve direct contact between the successful Applicant and DSHS representatives via phone and/or email. During negotiations, successful Applicants may expect:

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

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

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

Any exceptions to the requirements, terms, conditions, or certifications in the RFA or attachments, addendums, or revisions to the RFA or General Provisions, sought by the Applicant must be specifically detailed in writing by the Applicant on Exhibit C: Exception Form in this proposal and submitted to DSHS for consideration. DSHS will accept or reject each

proposed exception. DSHS will not consider exceptions submitted separately from the Applicant's proposal or at a later date.

DSHS will post to the ESBD Website and may publicly announce a list of Applicants who's Applications are selected for final award. This posting does not constitute DSHS' agreement with all the terms of any Applicant's proposal and does not bind DSHS to enter into a contract with any Applicant whose award is posted.

4.6 QUESTIONS OR REQUESTS FOR CLARIFICATION BY THE SYSTEM AGENCY

The System Agency reserves the right to ask questions or request clarification from any Respondent at any time during the application process.

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ARTICLE V. BUSINESS PROPOSAL

5.1 BUSINESS PROPOSAL

Utilizing the Forms attached to this RFA, Respondents will describe the proposed services, processes, and methodologies for meeting all components described in **Article II**. Respondent should identify all tasks to be performed, including all project activities, to take place during the grant funding period. Respondent will also include all documents requested as part of completing Forms to demonstrate fulfilling **Article II** requirements.

A. The Business Proposal for **Funding Opportunity #1** must include the following sections:

- Section 1: Organization Background
- Section 2: Knowledge and Experience
- Section 3: Project Work Plan for Funding Opportunity #1 (Provide responses for both the Healthcare Coalition and EMTF sections. Complete Project Work Plan for each EMTF Region applying for)
- Section 4: Deliverables Plan for Funding Opportunity #1, see **Exhibit E** (Applicant must submit an Exhibit E for each EMTF Region it is applying for)
- Section 5: Financial Management & Admin Questionnaire **Form P-1** located in the Forms Section
- Section 6: Budget Template(s) for Funding Opportunity #1, see **Exhibit I** (Applicant must submit a budget for each EMTF Region(s) it is applying for as well as a budget for each TSA region within the EMTF Region(s))
- Section 7: Required Certifications Letter, see **Exhibit A**
- Section 8: Cost Allocation Plan (CAP) (Applicant must submit the organization's most current CAP), if applicable
- Section 9: Indirect Cost Rate Certificate (Applicant must submit its cognizant agency approved certificate), if applicable
- Section 10: Financial Statement (Applicant must submit current financial statements **and** most recent audited financial report (within the past two years) including all supplements, management discussions and analysis, and actuarial opinions, and other documents as applicable)
- Section 11: Required Forms listed in the **Article VIII** Submission Checklist
- Section 12: Letter affirming commitment to deploy HPP/EMTF assets for mutual aid and state-directed responses. Letter should be from governing entity (Board of Directors, County Judge, Commissioners' Court, etc.) affirming organization's commitment to deploy assets during a mass casualty event, significant regional event or incident, statewide disaster, pandemic response or any other event that requires surge capability. Failure to submit letter

affirming this commitment to deploy HPP/EMTF regions outside your awarded region(s) will disqualify the application in total.

Each of these Sections is further described below.

Section 1 – Organization Background

In this section, provide an overview of the organization which includes the following information. A maximum of six additional pages may be attached if needed.

- A. Provide the legal names of the Respondent; any affiliations; the organization's overall purpose or mission statement; and a brief history of the organization's accomplishments related to healthcare systems preparedness, including activities related to the Emergency Medical Task Force (EMTF).
- B. Provide at least two 24/7 emergency contacts, telephone numbers, and cell phone numbers available to DSHS and emergency response partners during the term of the contracting period. The use of an answering service is not acceptable.
- C. Describe the organizational structure, such as board of directors, officers, advisory groups, and/or committees.
- D. Describe the organization's role and experience in the development of healthcare coalitions and related preparedness activities.
- E. Describe the organization's role and experience in the development of the EMTF including related preparedness activities.

Section 2 – Knowledge and Experience

In this section please limit responses to the following questions to the EMTF region for which the organization is submitting this application, even if applying for multiple regions. A maximum of six additional pages may be attached if needed.

- A. Provide a brief synopsis of the TSA regions within the EMTF region the organization is applying to serve and include:
 - 1. Geographic information (urban/rural, physical environment, etc.);
 - 2. General demographic data (age, gender, ethnicity, languages, etc.);
 - 3. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.); and
 - 4. General description of hazards, vulnerabilities, and at-risk populations.
- B. Describe the current healthcare system including:
 - 1. Geographic service area;
 - 2. Characteristics of the existing healthcare system;

3. Existing healthcare gaps as related to disaster preparedness; and
 4. Characteristics of the existing emergency medical response system.
- C. Describe the Respondent's history and experience with disaster preparedness planning and response, including coordinating with organizations and agencies within the TSA regions of the EMTF region the Respondent is applying to serve. Organizations and agencies within that region may include public health agencies, medical facilities (public, private, and government), long-term care facilities, mental health facilities, Emergency Medical Services providers, local and state emergency management, Councils of Government, and other first responder agencies and health care agencies.

Section 3 – Project Work Plan

Healthcare Coalitions

Responses to this section must demonstrate the applicant has the planning and organizational skills and resources to accomplish the *2017-2022 Health Care Preparedness and Response Capabilities* (which may be referenced in **Appendix 3**). The Performance Measures of the revised capabilities have not yet been finalized, so responses should refer to the objectives and activities outlined in the Capabilities. A maximum of twenty additional pages may be attached if needed. If applying for multiple TSA regions, please be sure any variance across regions is clearly stated.

- A. Grantee will enhance the existing coalition in accordance with the *2017-2022 Health Care Preparedness and Response Capabilities*.
1. For each of the four Health Care Preparedness Capabilities (Foundations for Health Care and Medical Readiness, Health Care and Medical Response Coordination, Continuity of Health Care Service Delivery, and Medical Surge), describe:
 - a) What activities/projects the organization will undertake during the five-year project period to advance preparedness in the awarded TSA regions.
 - b) What technical assistance the organization anticipates providing to coalition members, including the provision of training and guidance.
 - c) The gaps in resources and potential barriers to improving healthcare systems preparedness and successfully addressing the objectives and activities.
 2. Activities and allocations of funds within the TSA regions should be based on the most recent TSA region-wide Hazard Vulnerability Analysis (HVA) and the Health Care Preparedness Capabilities. Describe the process and the priorities the Coalitions

will use to utilize these resources to annually allocate funds to the Capabilities.

3. Describe the process, tasks and systems that the organization will use to annually monitor and assess progress on the four capabilities and their associated objectives and activities.
- B. Coalitions should include a diverse range of stakeholders – not just hospitals and EMS providers but also non-acute care medical and public health partners and governmental partners such as emergency management.
1. Describe how the organization will engage a broad range of stakeholders in the coalition, including member recruitment and retention. How will the organization keep coalition members engaged over the five-year project period?
 2. Describe the process by which the organization will facilitate and execute subrecipient agreements with coalition members. What will be the duration of the subrecipient agreements?
 3. Describe the organization’s plan for monitoring the program performance of subrecipients, especially those receiving or hosting HPP/EMTF assets?
- C. Grantees will support the preparedness needs of healthcare coalitions in multiple TSA regions, including planning, training, exercising, and the purchase of supplies. If the Respondent is applying for multiple EMTF regions, explain how the organization will address the following across multiple EMTF regions.
1. Describe how the organization will support healthcare organizations in the coalitions with planning and gap analysis needs, including facility-specific Hazards Vulnerability Analyses (HVAs), developing or refining emergency plans, continuity of operations plans, and the like.
 2. Describe how the organization will undertake planning and gap analysis on a TSA region-wide basis, for example the completion of a TSA region-wide HVA or plans for addressing widespread gaps.
 3. Describe the process by which the organization will identify needs and prepare TSA region-wide multi-year training and exercise plans (MYTEPs).
 4. Describe how the organization will develop a progressive exercise program and align the exercise program to relevant regulatory and accreditation requirements within the awarded TSA regions to benefit coalition members across the five year performance period.

- D. Describe how the healthcare coalition and the HPP Grantee will support the local ESF-8 lead agency and DSHS for emergency operations planning and response efforts for health and medical emergencies, including supporting local medical operations centers (MOCs) and RHMOCs.

Emergency Medical Task Force

- A. Describe how the organization will manage the preparedness needs of the EMTF. Please describe:
1. How the organization will maintain EMTF assets, including plans for where to stage and/or store the assets.
 2. How the organization will recruit and roster personnel for the required EMTF components.
 3. How the organization will coordinate with the State Coordinating Organization (SCO) and other regional EMTF leads.
- B. If the Respondent is applying for multiple EMTF regions, describe how the organization will support the preparedness needs of multiple EMTFs. Please describe:
1. How the organization will maintain EMTF assets, including plans for where to stage and/or store the assets.
 2. How the organization will recruit and roster personnel for the required EMTF components.
 3. How the organization will coordinate with the State Coordinating Organization (SCO) and other regional EMTF leads.
- C. Describe how the organization will manage the response needs of the EMTF. Please describe:
1. How the organization will mobilize and deploy EMTF supplies and equipment.
 2. How the organization will manage a call-down of rostered personnel for a rapid deployment.
 3. How the organization will coordinate with the SCO and other regional EMTF leads during a response.
- D. If the Respondent is applying for multiple EMTF regions, describe how the organization will support the preparedness needs of multiple EMTFs. Please describe:

1. How the organization will mobilize and deploy EMTF supplies and equipment.
2. How the organization will manage a call-down of rostered personnel for a rapid deployment.
3. How the organization will coordinate with the SCO and other regional EMTF leads during a response.

E. Describe the process, tasks, and systems the organization will use to annually monitor and assess the EMTF.

Section 4 – Deliverables Plan for Funding Opportunity #1

Complete the attached, expandable worksheet found in **Exhibit E**

Section 5 - Financial Management

Complete the attached Financial Management and Administration Questionnaire found in **Form P-1**

Section 6 - Budget

Complete the attached Budget Form found in **Exhibit I**

Section 7 - Required Certifications Letter

Complete the attached certification letter in **Exhibit A**

Section 8 - Cost Allocation Plan

Respondent Provides

Section 9 - Indirect Cost Rate Certificate

Respondent Provides

Section 10 - Financial Statement

Respondent Provides

Section 11 - Required Forms

Letter affirming commitment to deploy HPP/EMTF assets for mutual aid and state-directed responses.

Respondent Provides

B. The Business Proposal for Funding Opportunity #2

The Business Proposal for **Funding Opportunity #2** must include the following sections:

(Note that only those selected as tentative Awardees under Funding Opportunity #1 are eligible for consideration for Funding Opportunity #2) Respondent need only attach addition details for Sections 2, 3, and 4 below:

- Section 1: Organization Background (Evaluation score for Organization Background submitted for **Funding Opportunity #1** will be utilized)
- Section 2: Project Work Plan for Funding Opportunity #2
- Section 3: Deliverables Plan for Funding Opportunity #2 attached **Exhibit F**
- Section 4: Budget Template for Funding Opportunity #2 attached **Exhibit I**

Section 2 Is further described below.

Section 2 - Project Work Plan for Funding Opportunity #2

Applicant must submit a maximum of six additional pages describing the following:

- A. Describe, in detail, how your organization will provide direction to and coordinate EMTF activities across the state, including fostering standardization across the EMTF program.
- B. Describe in detail the process your organization will have in place to ensure the eight (8) EMTF Region Leads meet established performance measures. How will your organization monitor performance?
- C. Describe how your organization will manage the response needs of the EMTF. Please describe:
 - 1. How your organization will mobilize and deploy EMTF supplies and equipment.
 - 2. How your organization will coordinate with the eight regional EMTF leads and the State Medical Operations Center (SMOC).

C. The Business Proposal for Funding Opportunity #3

The Business Proposal for Funding Opportunity #3 must include the following sections:

- Section 1: Background and Experience for Funding Opportunity #3
- Section 2: Project Work Plan for Funding Opportunity #3
- Section 3: Budget Template for Funding Opportunity #3 attached **Exhibit I**
- Section 4: Cost Allocation Plan (Submit your organizations most current CAP), if applicable
- Section 5: Required Certifications Letter - attached **Exhibit A**
- Section 6: Indirect Cost Rate Certificate (Submit your cognizant agency approved certificate), if applicable

Section 7: Financial Statement (Submit current financial statements and most recent audited financial report (within the past two years) including all supplements, management discussions and analysis, and actuarial opinions, and other documents as applicable).

Sections 1 and 2 are further described below.

Section 1 - Background and Experience for Funding Opportunity #3

- A. Provide the legal names of the Respondent; any affiliations; and the organization's overall purpose or mission statement.
- B. Describe the organization's experience in facilitating workgroups, advisory boards, or similar groups.
- C. Describe the organization's experience with ESF-8 activities and projects. Provide specific examples of the organization's prior work on public health and medical preparedness planning and response coordination, if appropriate.
- D. Describe the organization's experience in managing logistics for meetings and other events.

Section 2 - Project Work Plan

Applicant must submit a maximum of twelve additional pages describing the following:

- A. Describe in detail how the organization will organize, support, and sustain the TDMS Steering Committee.
 - 1. Describe the plan to schedule and support six meetings, including the reimbursement for travel expenses for non-DSHS committee members and administrative support for the committee. Include any barriers the organization has to managing the logistics (i.e. need to obtain spending authorization, etc.).
 - 2. Describe how the organization will provide project management support to the TDMS Steering Committee, including agenda and meeting note development, communications to Committee members, facilitation of Committee meetings, and other activities as identified by DSHS and/or the TDMS Steering Committee.
 - 3. Describe how the organization will encourage active participation of TDMS Steering Committee members throughout the duration of the project period.
- B. Describe how the organization and the selected TDMS Project Director will collaborate with the TDMS Co-Chairs.

- C. Describe how the organization will coordinate updates and revisions to the TDMS Overview document and other documents as determined by DSHS and/or the TDMS Steering Committee.

- D. Describe the process by which your organization will prepare the annual TDMS report, which will highlight TDMS accomplishments and recommendations.

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ARTICLE VI. REQUIRED RESPONDENT INFORMATION

6.1 ADMINISTRATIVE ENTITY INFORMATION

Respondent must provide satisfactory evidence of its ability to manage and coordinate the types of activities described in this Solicitation. As a part of the Solicitation Response requested in **Article III**, Respondent must provide the following information utilizing the Forms attached to this RFA.

6.2 LITIGATION AND CONTRACT HISTORY

Respondent must include in its Solicitation Response, included in attached **Form B**, a complete disclosure of any alleged or significant contractual failures.

In addition, Respondent must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Respondent or in which Respondent has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Respondent.

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

6.3 CONFLICTS

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

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

6.4 AFFIRMATIONS AND CERTIFICATIONS

Respondent must complete and return all of the following listed forms and exhibits. Exhibits are listed following **Article VIII**.

- A. **Exhibit A**, Required Certification Letter
- B. **Exhibit C**, Exceptions Form (if applicable)
- C. **Exhibit D**, Affirmations and Solicitations Acceptance

6.5 HUB PARTICIPATION

If a successful Respondent chooses to contract for goods and services using the funding awarded in this grant, HHSC encourages the Respondent to use HUBs to provide those goods and services where possible. Applications received in response to this RFA will be reviewed by the HUB Program Office to determine if any subcontracting opportunities exist. If a determination is made by the HUB program office that there is a probability for subcontracting opportunities, the HUB Program Office will work with the respondent (applicant) to complete the respondent's HUB Subcontracting Plan (HSP) for inclusion as a part of the final grant award contract.

REMAINDER OF PAGE INTENTIONALLY LEFT BLANK.

ARTICLE VII. GENERAL TERMS AND CONDITIONS

7.1 GENERAL CONDITIONS

7.1.1 Costs Incurred

Respondents understand that issuance of this Solicitation in no way constitutes a commitment by any System Agency to award a contract or to pay any costs incurred by a Respondent in the preparation of a response to this Solicitation. The System Agency is not liable for any costs incurred by a Respondent prior to issuance of or entering into a formal agreement, contract, or purchase order. Costs of developing Solicitation Responses, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by a Respondent are entirely the responsibility of the Respondent, and will not be reimbursed in any manner by the State of Texas.

7.1.2 Contract Responsibility

The System agency will look solely to Respondent for the performance of all contractual obligations that may result from an award based on this Solicitation. Respondent shall not be relieved of its obligations for any nonperformance by its subcontractors.

7.1.3 Public Information Act

Solicitation Responses are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Subject to the PIA, certain information may be protected from public release. Respondents who wish to protect portions of the Solicitation Response from public disclosure should familiarize themselves with this law. Information pertaining to the Solicitation will be withheld or released only in accordance with the PIA.

7.1.4 News Releases

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

7.1.4 Additional Information

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

ARTICLE VIII. SUBMISSION CHECKLIST

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

Original Solicitation Response Package

The Solicitation Package must include the "Original" Solicitation Response in **hard-copy** consisting of the four parts described in detail below, each under separate cover but packaged together and clearly labeled "Original" on each and five (5) additional hard copies marked "Copy".

1. Administrative Information

- a. Face Page (Form A) _____
- b. Entity Information and Contract History (Form B) _____
- c. Governmental Entity (if applicable) (Form B-1) _____
- d. Nonprofit Entity (if applicable) (Form B-2) _____

2. Business Proposal

Business Proposal- Funding Opportunity #1

- a. Business Proposal for Funding Opp. #1 (Sections 1, 2 & 3) _____
- b. Deliverables Plan for Funding Opp. #1 (Exhibit E) _____
- c. Financial Management and Admin Questionnaire (Form P-1) _____
- d. Budget(s) for Funding Opp. #1 (Exhibit I) _____
- e. Required Cert. Letter. (Exhibit A) _____
- f. Cost Allocation Plan _____
- g. Indirect Cost Rate _____
- h. Company Financial Statement _____
- i. Letter affirming commitment to deploy HPP/EMTF assets _____

Business Proposal- Funding Opportunity #2

- a. Project Work Plan for Funding Opp. #2 _____
- b. Deliverables Plan for Funding Opp. #2 (Exhibit F) _____
- c. Budget for Funding Opp. #2 (Exhibit I) _____

Business Proposal- Funding Opportunity #3

- j. Business Proposal for Funding Opp. #3 (Section 1 & 2) _____
- k. Financial Management and Admin Questionnaire (Form P-1) _____
- l. Budget for Funding Opp. #3 (Exhibit I) _____
- m. Required Cert. Letter. (Exhibit A) _____
- n. Cost Rate _____
- o. Company Financial Statement _____

3. Applicable Exhibits (to be included in Solicitation Package)

- a. Exceptions Form (if applicable) (Exhibit C) _____
- b. Affirmations and Solicitations Acceptance (Exhibit D) _____

Copies of Solicitation Response Package

Respondent will provide two (2) **electronic** copies (all clearly labeled as "copy") in addition to the hard-copy "Original" Solicitation Response. Electronic copies must be submitted on a USB Drive and separated by folders.

Respondent must submit one (1) original hard copy Business Proposal and Required Respondent Information (see Articles VIII Checklist) and an original Cost Proposal marked "Original" and five (5) additional hard copies marked "Copy". Also, two (2) digital copies of the Business Proposal and Required Respondent Information document in searchable portable document format (.pdf) on USB flash drives, compatible with Microsoft Office 2013.

Respondent must also submit one (1) original, hard copy in a separate envelope of the Cost Proposal and five (5) copies. Also, two (2) digital copies in **Excel format** with active formulas on a USB flash drive.










The Original paper copies must include all required documents. Failure to submit all required documents in required format(s) may result in disqualification of the Solicitation Response without further consideration. A Respondent must prepare a Solicitation Response that clearly and concisely represents its qualifications and capabilities under this Solicitation.

The System Agency, in its sole discretion, may reject any and all proposals or portions thereof.









LIST OF REQUIRED FORMS TO THIS RFA:

Form	Title	Document	Return with Application
Form A	Face Page	Attached to this document	Yes
Form B	Entity Information and Contract History	Attached to this document	Yes
Form B-1	Governmental Entity	Attached to this document	If Applicable
Form B-2	Nonprofit Entity	Attached to this document	If Applicable
Form P-1	Financial Management and Administration	Attached to this document	Yes

LIST OF EXHIBITS TO THIS RFA:

Exhibit	Title	Document	Return with Application
Exhibit A	Required Certifications Letter	 Exhibit A Required Certification Letter.pdf	Yes
Exhibit B	Grantee Uniform Terms and Conditions, version 2.12	 Exhibit B Grantee UTC v2.12.pdf	No
Exhibit C	Exceptions Form	 Exhibit C - EXCEPTIONS.doc	Yes (if applicable)
Exhibit D	Affirmations and Solicitations Acceptance	 Exhibit D Affirmations and So	Yes
Exhibit E	Deliverables Plan Funding Opportunity #1	 Exhibit E - Deliverables Plan Fu	Yes
Exhibit F	Deliverables Plan Funding Opportunity #2 (Complete only if applying for Funding Opportunity #2)	 Exhibit F - Deliverables Plan Fu	Yes (If applying for Funding Op 2)
Exhibit G	Budget Template Instructions	 Exhibit G - BUDGET INSTRUCTIONS.xls	No
Exhibit I	Budget Template	 Exhibit I - BUDGET TEMPLATE.xls	Yes
Exhibit J	HHSC Terms and Conditions	 PCS 111 Terms and Conditions.pdf	No

LIST OF APPENDICES TO THIS RFA:

Appendix	Title	Document
Appendix 1	EMTF Region Map	 Appendix 1 - EMTF Region Map.docx
Appendix 2	TSA Region Map	 Appendix 2 - TSA Regions Map.pptx
Appendix 3	<i>2017-2022 Health Care Preparedness and Response Capabilities</i>	 Appendix 3- Healthcare Prepared
Appendix 4	Bed Reporting Categories	 Appendix 4 - Bed Reporting Categories
Appendix 5	EMTF Components	 Appendix 5 - EMTF Components.docx
Appendix 6	TDMS Overview	 Appendix 6-TDMS Overview October 2017
Appendix 7	Estimated Available Funding	 Appendix 7 - Estimated Available
Appendix 8	Letter of Intent	 Appendix 8 - Letter of Intent.docx

FORM A: FACE PAGE

This form requests basic information about the Applicant 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.

APPLICANT INFORMATION		
1) LEGAL BUSINESS NAME:		
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code):		
3) PHYSICAL Address Information (include mailing address, street, city, county, state and 9-digit zip code) if different from MAILING address:		
4) PAYEE Name and Mailing Address, including 9-digit zip code (if different from MAILING or PHYSICAL addresses):		
5) DUNS Number (9-digit):		
6) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number* (9-digit):		
<i>*The Applicant acknowledges, understands and agrees that the Applicant'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>		
7) TYPE OF ENTITY:		
<input type="checkbox"/> Local governmental entity:	OR	<input type="checkbox"/> Nonprofit organization
<input type="checkbox"/> City		
<input type="checkbox"/> County		
<input type="checkbox"/> Other, describe		
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>		

8) PROPOSED GRANT FUNDING PERIOD:

Start Date:

End Date:

9) AMOUNT OF FUNDING REQUESTED:

Total Project Cost:

Total State Funding Request:

Total Matching to be Certified:

10) PROJECT CONTACT PERSON:

Name:

Title:

Phone:

Fax:

Email:

11) FISCAL CONTACT PERSON:

Name:

Title:

Phone:

Fax:

Email:

12) PROJECTED FUNDING:

Does Applicant's projected federal expenditures exceed \$750,000, or its projected state expenditures exceed \$750,000, for Applicant's current fiscal year (excluding amount requested in line 9 above)? **

Yes No

***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.*

The facts affirmed by me in this proposal are truthful and I warrant the Applicant is in compliance with the assurances and certifications contained in **Appendix A - Affirmations and Solicitation Acceptance (see Attachment)**. 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 Applicant and I (the person signing below) am authorized to represent the Applicant.

13) SIGNATURE OF AUTHORIZED REPRESENTATIVE

Name:

Title:

Phone:

Fax:

Email:

Date

FORM A: FACE PAGE INSTRUCTIONS

*This form provides basic information about the Applicant and the proposed project 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 Applicant's response are truthful and the Applicant is in compliance with the assurances and certifications contained in **Appendix A - Affirmations and Solicitation Acceptance** 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 Applicant's proposal.*

- 1) **LEGAL BUSINESS NAME** - Enter the legal name of the Applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the Applicant's complete mailing address, city, county, state, and 9-digit zip code.
- 3) **PHYSICAL ADDRESS INFORMATION** - Enter the Applicant's complete physical address, city, county, state, and 9-digit zip code.
- 4) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with Applicant to receive payment for services rendered by Applicant 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 Applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 5) **DUNS Number** – 9- digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. This number can be obtained at: <http://fedgov.dnb.com/webform>
- 6) **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 Applicant acknowledges, understands and agrees the Applicant'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.
- 7) **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://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf.

If a Non-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.
- 8) **PROPOSED GRANT FUNDING PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFA.
- 9) **AMOUNT OF FUNDING REQUESTED** - Enter the total project cost, the amount of funding requested from HHSC, and the total projected matching funds. Respondents are

ultimately required to match state awarded funding with a dollar for dollar match. This amount must match information provided in the Expenditure Proposal.

- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and email address of the person responsible for the proposed project.
- 11) **FINANCIAL CONTACT PERSON** - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.
- 12) **PROJECTED FUNDING** - If Applicant's projected federal expenditures exceed \$750,000 or its projected state expenditures exceed \$750,000 for Applicant's current fiscal year, Applicant must arrange for a financial compliance audit (Single Audit).
- 13) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the Applicant must sign and date in this area. Enter the name, title, phone, fax, and email address of the person authorized to represent the Applicant.

FORM B: ENTITY INFORMATION AND CONTRACT HISTORY

*This form provides information regarding identification and contract history of the Applicant, 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.

Identifying Information

1. The Applicant must attach the following information:

If a Governmental Entity complete Form B-1.

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

If a Nonprofit Entity complete Form B-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.).

2. Is Applicant a nonprofit organization?

YES NO

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

FORM B: ENTITY INFORMATION AND CONTRACT AND LITIGATION HISTORY
continued

Conflict of Interest and Contract and Litigation History

The Applicant must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFA. Examples of potential conflicts include an existing or potential business or personal relationship between the Applicant, its principal, or any affiliate or subcontractor, with 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 RFA. Similarly, any existing or potential personal or business relationship between the Applicant, the principals, or any affiliate or subcontractor, with any employee of 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 HHSC that a conflict of interest exists, the Applicant may be disqualified from further consideration for the award of a contract.

Pursuant to Texas Government Code Section 2155.004, an Applicant is ineligible to receive an award under this RFA if the bid includes financial participation with the Applicant by a person who received compensation from HHSC to participate in preparing the specifications or the RFA on which the bid is based.

- 3. Does anyone in the Applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFA?**

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 Health and Human Services Commission (HHSC) for participating in the preparation of the specifications or documentation for this RFA participate financially with Applicant as a result of an award under this RFA?**

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 RFA 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 Applicant current or former employees of 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 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 Applicant's executive management, project management, governing board or principal officers been employed by 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 Applicant 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 Applicant or any member of Applicant'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 Applicant 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 Applicant had a contract with HHSC within the past 24 months?

YES NO

If YES, list the HHSC contract and attachment number(s):

HHSC Contract Number(s)

14. Respondent must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Respondent or in which Respondent has been judged guilty or liable. Failure to comply with the terms of this may disqualify the Respondent.

15. At its discretion, HHSC may require the Respondent to disclose information regarding the application for or award of state, federal, and/or local grant funding by the Respondent or Community Collaborative member organization within the past two (2) years to provide mental health care services and treatment to veterans and their families. Respondent may elect to disclose this information as part of the application.

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

**FORM B-1: GOVERNMENTAL ENTITY
Authorized Officials**

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

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

FORM B-2: NONPROFIT ENTITY
Board of Directors and Principal Officers

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.).

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

P-1: FINANCIAL MANAGEMENT AND ADMINISTRATION QUESTIONNAIRE

ACCOUNTING SYSTEM

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

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

Answer each of the following questions with either a “yes” or “no” answer by checking the respective box. Provide additional information when applicable.

- 1. Is your accounting system organized to allow an auditor to trace financial report balances through the general ledger and other summary ledgers/journals to each detail accounting transaction and supporting source documentation?**
 YES NO
- 2. Does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each HHSC 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. Has the respondent been placed on payment hold during the previous three (3) years during the management of a contract?

YES NO

If YES, indicate the reason for such action, the duration of the payment hold and provide what if any corrective action was required to be removed from payment hold.

14. Has the respondent been placed in sanctions (accelerated monitoring) during the previous three (3) years during the management of a contract?

YES NO

If YES, indicate the reason for such action, the duration of the sanctions and provide what if any corrective action was required to be removed from sanction status.

15. Does your organization stay current with payments of its accounts payable, payroll taxes and other liabilities, loans, taxes, etc.?

YES NO

16. As program income is to be used for program purposes, are there procedures and controls to ensure proper use, accountability, and allocation?

YES NO

17. Do you have written personnel policies?

YES NO

18. Does your policy require individual daily time and attendance records for personnel (part-time, full-time, and/or in-kind volunteers)?

YES NO

19. 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

20. Do you have written job descriptions with set salary levels for each employee?

YES NO

21. Do you have on file authorizations covering rates of pay, withholding and deductions for each employee?

YES NO

22. Describe the respondent's financial system capability of accounting for expenditures and program income for each grant or contract.

(One point for each item)

1. Captures costs by project (cost objective) in the general ledger;
2. Time and effort reporting system tracks personnel costs by project (cost objective);
3. All applications (e.g. payroll, accounts payable, etc.) are integrated into the financial management system general ledger; and
4. Expenditure records (e.g. general ledger subaccounts) are at least as detailed as the cost categories indicated in the approved budget.

Score _____

23. Describe the respondent's financial system capability of generating reports that will be required under the DSHS contract, such as monthly B-13 vouchers, monthly supporting documentation (expenditure reporting), quarterly Financial Status Reports.

(One point for each item)

1. Reports are integrated with the financial management system;
2. Reports are reconciled with general ledger account balances; and
3. Reports revenue and expenditures separately by project (cost objective).

Score _____

24. Describe the respondent's financial management and accounting system capability of maintaining records that permit the tracing of transactions from source documents to postings in the general ledger.

(One point for each item)

1. Maintains retrievable documentation for each and every transaction;
2. Recordable transaction are evidenced by a source document; and
Accounting system has controls to make sure that all transactions are fully captured.

Score _____

25. List and describe the title, level of knowledge and experience of each staff member or responsible party within your organization responsible for financial management functions and describe the segregation of duties among these staff members to ensure effective internal control.

Chief Financial Officer (CFO) or equivalent position –

Experience in oversight and management of all financial functions including –

1. Executing, managing and tracking all accounting functions for the company;
2. Preparing and reconciling monthly financial statements on timely basis;
3. Responsible for GL accounts maintenance and analysis;
4. Responsible for all banking transactions and reconciliations; and
5. Supervision of all fiscal reporting, contract reviews, and contract renewals.

10 or more years' experience (3 points)

2 to 10 years' experience (1 points)

1. Experienced in ensuring financial compliance with federal and state grant requirements.

10 or more years' experience (3 points)

2 to 10 years' experience (1 points)

Score _____

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:

Signature: _____

Name:

Title: