



TEXAS

Health and Human Services

Dr. Courtney N. Phillips, Executive Commissioner

**Request for Applications (RFA)
For**

**Recovery Support Services for Community-Based Organization
(RSS/CBO) and Treatment Organization (RSS/TO)**

RFA No. HHS0001305

Date of Release: October 11, 2019

Responses Due: November 8, 2019 @ 2:00 p.m.

Class/Item Code:

952-05 Alcohol and Drug Detoxification, Including Rehabilitation

952-06 Alcohol and Drug Prevention

952-07 Alcohol and Drug Testing Services

952-15 Case Management

952-21 Counseling Services

952-59- Human Services (Not Otherwise Classified)

952-85- Support Services

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ARTICLE 1. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 EXECUTIVE SUMMARY

The State of Texas, by and through the Health and Human Services Commission (HHSC or State), Medical and Social Services (MSS) Intellectual and Developmental Disabilities (IDD) and Behavioral Health Services announces the expected availability of grant funds for State Fiscal Year (SFY) 2021 to enhance the recovery environment in Texas by funding Substance Use recovery support services, in a variety of organizational settings.

This Request for Applications (RFA) will reflect the Substance Abuse and Mental Health Services Administration (SAMHSA) priority for states to develop a Recovery-Oriented System of Care (ROSC), adhere to SAMSHA's definition of recovery, and the definition of recovery support services. In developing a response to this RFA, the Respondent is encouraged to demonstrate how it currently provides or will provide recovery support services. Successful Respondents will be required to align their service-orientation with a recovery-oriented approach by supporting the development, enhancement and expansion of recovery support services with peer run Recovery Community Organizations (RCO) throughout the state.

HHSC will make funds available for organizations to deliver substance use recovery support services to help facilitate entry of individuals into the recovery process, prevent relapse, and promote sustained recovery from substances statewide. It is expected that eligible Respondents have the demonstrated experience, expertise, and infrastructure to perform the work outlined in this RFA.

The goal of this RFA is to encourage Respondents to develop an expanded array of services within the treatment modality, to offer long-term engagement, recovery support services at pre- and post-treatment to engage and assist individuals with initiation and sustaining recovery from substance use and co-occurring substance use. This RFA is intended to ensure an informed recovery-oriented system of care in Texas for persons with substance use and co-occurring disorders. Successful Respondents providing treatment services will be required to align their service-orientation by supporting the development of recovery support services addressing this goal.

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

1.2 DEFINITIONS

Refer to **Exhibit B, HHSC Uniform Terms and Conditions - Grant, v. 2.16.1, Exhibit C, Assurances-Non-Construction Programs, Exhibit C-1, Certification Regarding Lobbying**. Additionally, as used in this Solicitation, unless the context clearly indicates otherwise, the following terms and conditions have the meanings assigned below:

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

“Apparent Awardee” - 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."

“Budget” – A financial schedule documented in the contract that describes how funds will be used and/or describes the basis for reimbursement for the provision of contracted services. The type of budget for services under the RFA will be categorical (line item).

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

“Categorical Budget” – A line item financial schedule with defined expense categories documented in the program attachment that describes how funds will be used and/or the basis for reimbursement of the provision of contracted services.

“Certified Peer Recovery Coach” (CPRC): A person who is actively and authentically engaged in a recovery pathway. A CPRC exhibits a new perspective on life that has been gained through their recovery. A CPRC can share their own experience in a way that is helpful to those with whom they work. The CPRC role differs from a counselor, therapist, 12-step sponsor, or spiritual advisor through the nature of the relationship between the coach and the coachee. A CPRC has attended and completed the state approved 46-hour PRC training which includes 16 hours of Ethics, 10 hours of Recovery Support, 10 hours of Advocacy and 10 hours of mentoring and has completed 500 hours of volunteer or paid work experience specific to the Peer Recovery Services (PRS) domains along with 25 hours of supervised practicum specific to the PRS domains. Supervision must be provided by an organization’s documented and qualified supervisory staff per job description

“Clinical Management for Behavioral Health Services (CMBHS)” - HHSC’s web-based clinical record-keeping system for state-contracted community mental health and substance abuse service providers.

“Co-Occurring Disorders” - refers to an individual having co-existing mental health and substance use disorders. There are a number of other terms that have been used to describe individuals in this category as well, including: dually diagnosed, mentally ill chemical abusers, mentally ill substance abusers.

“Community Based Organization (CBO)” - An organization with experience providing recovery support services to individuals in recovery from substance use disorders. Eligible organizations include Outreach, Screening, Assessment, and Referral (OSAR) providers, and other community-based organizations that otherwise meet the eligibility criteria as a recovery support services organization (RSSO), as set forth in this RFP.

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

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

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

“Cultural Diversity and Inclusion” - developing a recovery community peer support services program that is inclusive of various groups and that honors differing routes to recovery, including medication-assisted recovery.

“Direct Recovery Support Services” - consists of peer-to-peer recovery coaching contacts, either face to face, or by telephone. These may be individual sessions or group sessions led by peers and dealing with recovery issues of participants.

“Due Date” - Established deadline for submission of a document or deliverable.

“Effective Date” – The date the contract term begins.

“Fiscal Year” – State fiscal year is from September 1 through August 31 of each year. The Federal fiscal year is from October 1 through September 30 of each year. This is not to be confused with Federal grant project periods.

“Formal Participants” - individuals in recovery who enroll for direct recovery support services including peer coaching. These direct recovery support participants may also receive indirect recovery support services such as housing or mental health services.

“Health and Human Services Commission” or “HHSC” - the administrative agency established under Chapter 531, Texas Government Code or its designee.

“HUB” - Historically Underutilized Business, as defined by Chapter 2161 of the Texas Government Code.

“Incentive” – an enticement to motivate or encourage an individual to continue their path to recovery

“Indirect Recovery Support Services” - address other life needs of an individual in recovery such as housing, health care, and employment.

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

and maintaining facilities. [“Informal Participants”](#) - individuals in recovery who may participate in program services on an occasional, one-time, or informal basis, but are not “signed up” for ongoing services.

[“Informal Recovery Support Services”](#) - less structured services such as providing used clothing, hosting sober social activities, and drop-in centers.

[“Key Personnel”](#) - a Respondent organization's Project Contact, Fiscal Contact, and Executive Director and/or any other key stakeholders in the Proposed Project.

[“Leadership Development”](#) - building leadership among members of the recovery community so that they are able to guide and direct the service program and deliver support services to their peers.

[“Long-term Engagement”](#) Working with a participant for at least 12 months or longer. Participants who are enrolled in long-term Recovery Coaching will develop an individualized Recovery Plan and provide regular Recovery Check-Ups.

[“Match”](#) – The portion of project costs not paid by Federal funds (unless otherwise authorized by Federal statute)

[“Memorandum of Understanding \(MOU\)”](#) - A document signed by all participating organizations that defines the responsibilities of each party in an agreement, provides the scope and authority of the agreement, clarifies terms and outlines compliance issues.

[“Outcome Measures”](#) means to provide data on the short-term changes in the participants’ knowledge, attitude, beliefs, or actual behavior, to determine whether the goals of recovery support services have been met based on an established baseline status for each participant.

[“Participant”](#) - an individual who receives or has received substance abuse recovery support services. This may also include significant other, family members and allies who are receiving services.

[“Participatory Process”](#) - involves the recovery community in project design and implementation, so that recovery community members identify their own strengths and needs, and design and deliver peer services to address them.

[“Peer”](#) - an individual who shares the experience of addiction and recovery, either directly or as a family member or significant other.

[“Peer Advisory Council”](#) – Comprised of individuals in recovery and their families who have opportunities to advise and/or make organizational decisions related to the overall recovery-orientation of the organization (e.g. program design, program evaluation).

[“Peer Recovery Coach”](#) – see [Certified Peer Recovery Coach](#)

“Peer-to-Peer Recovery Support Services” - recovery support services designed and delivered by peers to assist others in or seeking recovery, and/or their family members and significant other(s), to initiate and/or sustain recovery from substance use disorders and closely related consequences.

“Person-Centered” - recovery support services that directly focus upon the need, preferences and strengths of the individual.

“Process Measures” - measures designed to explore the extent to which services are being delivered in the manner that the organization originally proposed and to assess the services being provided. Process measures are specific to the kinds of services and supports that are provided.

“Project” - 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.

“Recovery” defined by SAMSHA as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

“Recovery Community Organization (RCO)” – Organization comprised of and led primarily by individuals in recovery from substance use or co-occurring substance use. These organizations directly provide recovery support services. RCOs are independent organizations with non-profit status.

“Recovery Coach” - See Certified Peer Recovery Coach

“Recovery Coaching” - a one-on-one relationship in which a peer leader encourages, motivates, and supports a peer who is seeking to establish or strengthen his or her recovery.

“Recovery Support Services (RSS)” - non-clinical services that assist individuals and families who are affected by history or current use of alcohol and other drugs which may include co-occurring use of other substances. RSS’s include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness. These services may be and may be provided prior to, during, and after treatment, and also may be provided as separate and distinct services, to individuals and families who desire and need them.

“Recovery Plan” - a self-directed plan that is completed by the individual in recovery, rather than a staff person. In addition to devising the plan, the individual is responsible for the development, revision, and implementation of their recovery plans each week, month or phase. Although the primary responsibility is placed on the individual to complete and implement their recovery planning process, peer recovery coaches may participate and assist in an important guiding and "teaching" role in the planning and monitoring process.

“Relapse Prevention” - services that include identifying a participant’s current stage of recovery and establishing a recovery plan to identify and manage the relapse warning signs.

“Respondent” - 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 obtained as a result of a solicitation for a project period. The scope of work is a document written in the early stages of procurement to explain what HHSC intends to purchase.

“Solicitation” - this Request for Applications including any Exhibits and Addenda, if any.

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

“Staff” – All members of the recovery community-based organization who contribute their time to provide services for the welfare of participants.

“Stakeholder” – An individual, organization, constituent group, or other entity that has an interest in and will be affected by a proposed grant project.

“Statement of Work” – The part of the contract that describes the services and/or goods to be delivered by the HHSC contractor specifying the type, level and quality of service, that directly relate to program objectives.

“Strength-Based”- focuses upon the assets, strengths, resources and resiliencies of the individual, family and community rather than emphasizing needs, deficits, and pathologies.

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

“Supervision” - the process of watching and directing what someone does or how something is done.

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

“System Agency” - the Health and Human Services Commission, its officers, employees or authorized agents.

“Transportation” - services provided to that allows individuals to access substance abuse treatment and recovery support-related appointments and activities.

“Treatment Organization” - a licensed substance use disorder treatment program that incorporates peer coaching services and provides other recovery support services.

“Volunteer” - a peer, 18 years of age or older, who provides recovery services at a recovery community-based organization without financial compensation.

“Volunteering” - carrying out tasks and/or provide services for participants in a recovery community-based organization without financial compensation.

“Walk-In” - a participant who arrives without a reservation or arrives unannounced.

[“Work Plan”](#) – A plan that describes how services will be delivered to the eligible population that includes specifics such as the types of participants who will receive services, who will be responsible for the work, timelines for completion of activities, and how services will be evaluated when complete. To be an enforceable part of the contract, details from the work plan must be approved by HHSC and incorporated in the contract.

1.3 AUTHORITY

The System Agency is requesting applications under Section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Services (PHS) Act, which established the Substance Abuse Prevention and Treatment Block Grant (SABG) Program; and Texas Government Code Chapters 531, to the extent applicable.

ARTICLE 2. SCOPE OF GRANT AWARD

2.1 PROGRAM BACKGROUND

Within the addiction recovery movement, individuals in recovery and their family members, addiction treatment organizations, addiction researchers, and system administrators, uniformly advocate for sweeping changes in the way services are developed and delivered to individuals with severe alcohol and other drug problems. For the purpose of this RFA, the focus population for funded services includes individuals, their family members, significant others, and supportive allies, who are affected by the use and/or consequences of alcohol and other drugs, which may include co-occurring use of other substances, mental, and primary health conditions. This population may include men; women; pregnant women and/or women with children; individuals with criminal justice involvement; individuals who are homeless; individuals with Human Immunodeficiency Virus (HIV) or Acquired Immune Deficiency Syndrome (AIDS); and older adults, who are experiencing problems relative to substance use. Funding from the Substance Abuse and Mental Health Administrations block grant funds will allow the HHSC to expand its treatment efforts that promote recovery.

In recent years, there has been a significant shift in the addiction field in the understanding of what it means to recover from a substance use disorder (SUD). Spurred by emerging research and the experiences of individuals in recovery, the field is moving away from an acute care model of brief treatment episodes focused on stabilization to a long-term, sustained recovery model which encompasses the whole health and well-being of individuals. This approach requires a transformation in practice and policy at the local, state, and national level. Recovery-Oriented Systems of Care (ROSC) are the framework for a long-term systems transformation. The transformation process extends beyond the treatment system to other community organizations that support individuals and families impacted by alcohol and other drugs. The development of additional capacity at the state and local levels for implementation of peer recovery supports are vital to responding to this crisis, particularly within agencies that have not typically offered recovery supports.

2.1.1 Recovery-Oriented Values and Principles

For the purpose of this RFA, Respondents should consider the following recovery-oriented values and principles and strive to ensure that their proposed service design reflects them. Each application must outline the type of services that will be provided to support recovery and the (re)establishment of a life in the community. The described services must reflect key pillars of recovery-oriented services and supports. These are:

- A. **Choice and Self Determination:** The successful Respondent will provide all participants the opportunity to select from a menu of recovery services **Exhibit D, Types of Recovery Support Services** that correspond with their personal interests and recovery goals. Participants will have opportunities to revise their selections to reflect their evolving preferences and goals. Recovery plans will reflect goals in several major life domains (**See Exhibit F, Life Domains**) and will be developed in collaboration with the individuals being served.
- B. **Community Integration:** Recovery involves a process of (re)joining and (re)building a life in the community. Participation in community activities and receiving support related to community integration has been positively correlated with recovery and should constitute a primary objective for successful Respondents. Respondent organizations not only must encourage, but assist, participants to identify and connect with a community-based resources and supports that can assist them to achieve their goals and (re)build their lives in their community.
- C. **Peer Culture:** Peer-to-peer supports have proven effective in promoting recovery, conveying hope, and motivating participants to pursue positive change. Successful Respondents will demonstrate how they have and will continue to infuse their service environment with a peer support culture and leadership. This will include hiring recovery coaches, mobilizing peer volunteers, forming peer advisory councils, integrating peer support groups, and other peer-run services, etc.
- D. **Family Inclusion:** Family inclusion requires the active participation of recovering individuals' family members and other key supporters at all levels of the service process. Participants shall be afforded the opportunity to define their "families" broadly to include biological relatives, significant others, and other supportive allies. Based on the preference of the individuals receiving services, family members and allies will be invited to participate in service planning and offered education and support.
- E. **Continuity of Care:** Respondent shall ensure and engage in recovery-oriented services that individuals are connected to a range of continuing support services beyond receiving treatment services.
- F. **Partnership-Consultant Relationships:** In a recovery-oriented system, relationships with participants focus more on collaboration and less on hierarchy. Services are designed to empower participants to direct their own recovery.
- G. **Culturally and Linguistically Competent:** Culturally competent systems recognize that culture counts. There is an understanding that world views, beliefs, and customs are different and can impact the extent to which individual's access or engage in services. As a result, they can have a significant influence on recovery outcomes. Successful Respondents will demonstrate that they understand and will address the varying cultural needs of the populations that they serve through their service design, staffing, and organizational policies.

2.1.2 Service Array

Recovery Support Services encompass a wide array of non-clinical services and supports that help individuals to initiate and sustain their recovery. Four types of support have been identified and are described below. **Exhibit D – Types of Recovery Support** for further details.

- A. Emotional - Demonstrate empathy, caring, or concern to bolster a person's self-esteem, hope and confidence.
- B. Informational - Share knowledge and information and/or provide life or vocational skills training.
- C. Instrumental - Provide concrete assistance to help others accomplish tasks that are connected to (re)building their life in their community.
- D. Affiliation - Facilitate contact with other individuals to promote learning of social and recreational skills, create community, and acquire a sense of belonging.

The services that Respondents provide should be based on the needs of the target population in the Respondent's community and should build on the capabilities and strengths of the Respondent and staff.

2.2 GRANT AWARD AND TERM

2.2.1 Available Funding

The total amount of state funding available for the Recovery Support Services grant is **FOUR MILLION FOUR HUNDRED THOUSAND DOLLARS (\$4,400,000)**. It is HHSC's intention to make multiple awards. The specific dollar amount awarded to each successful Respondent depends upon the merit and scope of the proposal and other best value considerations. This decision is at the sole discretion of HHSC. HHSC will award Respondents as either a RSS-TO or RSS-CBO. Existing RSS-RCO contractors, if submitting a response to this RFA, will be awarded as a RSS-CBO.

Grant awards made by HHSC to Successful Respondents must be matched by, at least, five percent (5%) by qualifying local private or public, city, or county government funds. Match **will not** be made with funds originating from state or federal sources.

Grants awarded as a result of this RFA will be funded on a cost reimbursement basis. 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, supplies, other direct costs, and indirect costs, and recovery services such as transportation are allowed in the budget. Funds must not be used to supplant local, state, or federal funds. If Respondent is applying in multiple HHS Regions, a complete and separate RFA proposal is required for each Region. **Exhibit E, Map of HHS Health Regions**, documents the regions on Texas.

2.2.2 Grant Term

Initial contract term is anticipated to begin September 1, 2020 through August 31, 2021. It is anticipated there will be four (4) renewals to the awarded contracts:

1. September 1, 2021 through August 31, 2022
2. September 1, 2022 through August 31, 2023
3. September 1, 2023 through August 31, 2024

4. September 1, 2024 through August 31, 2025

The number of renewals and funding levels are subject to change based on availability of funds.

2.3 ELIGIBLE APPLICANTS

Eligible Respondents include public or private non-profit 501(c) (3) entities. All Respondents must comply with the criteria listed below under this RFA at the time the proposal is submitted.

To be awarded a contract as a result of this RFA, a Respondent:

- A. 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.
- B. Must have a Texas address. A post office box may be used when the proposal is submitted, but the Respondent must conduct business at a physical location in the Texas region where services are to be provided prior to the date that the contract is awarded.
- C. Must be in good standing with the United States Internal Revenue Service.
- D. Is not eligible to apply for funds under this RFA and is ineligible if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.
- E. Must not have staff members, including the executive director, that serve as voting members on their employer's governing board.
- F. Must continue to meet the eligibility conditions throughout the selection and funding process. HHSC expressly reserves the right to review and analyze the documentation submitted and to request additional documentation and determine the Respondent's eligibility to compete for the contract award.

2.4 PROGRAM REQUIREMENTS

2.4.1 Administrative Requirements

To meet the mission and objectives of the Recovery Support Services grant, Respondents must provide substance use Recovery Support Services, as follows:

- A. Annually review and update the mission statement to ensure that recovery principles and values continue to promote sustained recovery and wellness.
- B. Submit required reports to HHSC-funded evaluation contractor in the HHSC-approved format.
- C. Ensure appropriate staff participate in HHSC webinars, conference calls, and trainings at the specified dates, times, and locations as required by HHSC.
- D. Work with HHSC staff to transform Respondent's organization from a traditional treatment setting to a recovery-oriented setting.
- E. Work with HHSC staff to increase collaboration between Respondent's treatment staff and Recovery Coaches to improve Participant outcomes.
- F. Ensure Recovery Coaches have access to transportation, funds, flexible work schedules, organization purchased cell phones, and other resources to work with participants outside of the organizational setting and in local communities.
- G. Ensure organization purchased cell phones are used only for job-related purposes.
- H. Respondent shall form a Peer Advisory Council (PAC).

Respondent will:

1. Ensure PAC is comprised primarily of participants in recovery, their family

- members, and supportive allies;
- 2. Ensure PAC is involved with program design, program evaluation (e.g. conducting participant surveys, interviews and focus groups), and has opportunities to advise organization leadership and/or make decisions related to the overall recovery-orientation of the organization; and,
 - Ensure PAC meets, at least, one time per month.
- I. Establish and maintain working linkages through Memoranda of Understanding (MOUs) with a resource network of community and social service agencies serving or having an interest in the target population. MOUs will encourage networking, coordination, and referrals to help address the needs of the Participants, their families, and supportive allies.
- J. Ensure MOUs are signed by all parties within 60 days of the contract start date.
- K. Maintain copies of the signed MOUs on file for HHSC review upon request. All MOUs will include:
 - 1. Partnership vision;
 - 2. Purpose and concept;
 - 3. Partnership goals and desired outcomes;
 - 4. Description of participating organizations;
 - 5. Methods of partnership roles and responsibilities;
 - 6. The addressing of the non-duplication of services;
 - 7. Signatures by both parties;
 - 8. Beginning and end dates;
 - 9. An annual review; and
 - 10. At a minimum, MOUs should be established with the following local entities:
 - a. HHSC-funded substance use treatment providers;
 - b. Community-Based Organizations;
 - c. Recovery Community Organizations (if available in area);
 - d. Local Mental Health Authorities (LMHAs) and Local Behavioral Health Authorities (LBHAs); and
 - e. Other community social service agencies that may provide support services to Participants.
- L. Ensure relationships between clinical staff and recovery staff are mutually respectful and supportive.
- M. Ensure the organization has the technological capacity and staff capability to use technology related to entering reporting data in the HHSC approved electronic record.
- N. Maintain all documents that require Participant, staff, or volunteer signatures in the Participants' physical record and have available for review by HHSC staff.
- O. Develop and maintain written policies and procedures for employees and volunteers who work directly or indirectly with Participants, family members, and supportive allies and have available for review by HHSC staff.
- P. Maintain current written policies and procedures on file and have available for review by HHSC staff.
- Q. Ensure Respondent's policies and procedures address Participant safety and ensure all activities with Participants, family members, and supportive allies are conducted in a respectful, non-threatening, non-judgmental, and confidential manner.
- R. Report information fairly, professionally, and accurately when providing recovery services, documenting services, contacts, and when communicating with other professionals, HHSC staff, and community-based organizations.
- S. Ensure the organizations' policies and procedures are consistent with recovery

- processes.
- T. Ensure that General Supplies will not exceed \$750.00 per fiscal term of the Contract.
 - U. Respondent may use donated health and wellness support services, and donated or contributed funds for document assistance, or personal care items as Match for this Contract.

2.4.2 Service Delivery Requirements

Respondent will:

- A. Comply with all applicable rules adopted by HHSC related to substance use services and published in Health Services Title 25 of the Texas Administrative Code (TAC), including the following Chapters:
 - 1. Chapter 441 - General Provisions
 - 2. Chapter 442 - Investigations and Hearings
- B. Ensure the following recovery-oriented values and principles in the organization's service delivery:

2.4.3 Choice and Self Determination

Respondent will:

- A. Provide Participants the opportunity to select from a menu of supports (refer to Attachment B, Types of Recovery Support Services) and services that correspond with their personal interests and recovery goals.
- B. Ensure recovery plans are self-directed, participant-driven, and reflect goals in multiple life domains. HHSC may provide technical assistance, upon request. **Refer to Exhibit F: Life Domains.**
- C. Acknowledge an individual's choice for their own pathway to recovery.
- D. Ensure that Participants have a choice in selecting their Recovery Coach.

2.4.4 Community Integration

Respondent will:

- A. Implement an assessment process for Participants that explores the multiple life domains and assesses the strengths, challenges, and goals, not just their substance use history. HHSC may provide technical assistance, upon request. **Refer to Exhibit F: Life Domains.**
 - 1. Provide Participants the opportunity to be involved in community activities and receive support related to community integration that is associated with recovery.
 - 2. Work with Participants to identify and connect with community-based resources and supports that will assist in achieving their personal goals and rebuilding their lives within their community.
 - 3. Ensure each Participant has a recovery plan that outlines both their personal goals and next steps for rebuilding their life in the community and sustaining their recovery.
 - 4. Ensure Recovery Coaches meet with Participants in various community settings to decrease their dependency on the Respondent and increase their connection to local community supports.

2.4.5 Peer Culture

Respondent will:

- A. Offer an array of Recovery Support Services to establish and maintain recovery through the use of peer-support and peer-leadership in the following approaches:
 - 1. Hiring Recovery Coaches;
 - 2. Mobilizing peer volunteers;
 - 3. Facilitating Focus Groups;
 - 4. Participation in Story Telling Opportunities;
 - 5. Providing peer support groups; and
 - 6. Other peer-run activities required by HHSC.
- B. Ensure volunteers do not maintain an RSS caseload, but rather supplement and support efforts of Recovery Coaches.

2.4.6 Family Inclusion

Respondent will:

- A. Ensure Participants have the right to define their “families” broadly to include biological relatives, significant others, and other supportive allies.
- B. Ensure Participants receive Recovery Support Services and will ensure family members and supportive allies are invited to participate in recovery planning activities and are offered education and support.

2.4.7 Continuity of Care

Respondent will:

- A. Ensure and engage in recovery-oriented services connected to a range of continuing support services beyond receiving treatment services.
- B. Ensure continuing support plans are developed early in the treatment episode and recovery coaches are an integrated part of the development, initiation, and follow-through process.
- C. Ensure recovery coaches stay connected to participants by utilizing a combination of communication strategies that includes telephone, assertive outreach, and face-to-face meetings.
- D. Individualize the intensity of need that participants require over time (preferably three times per week within the first 30-90 days).
- E. Not terminate services with participants when they experience a lapse in abstinence, but continue to engage them, identify challenges to maintain recovery, and re-adjust their recovery plan.

2.4.8 Partnership-Counselor Relationships

Respondent will:

- A. Ensure Participants direct their own recovery by collaborating with treatment clinicians and community of support members to develop an action-based recovery plan.
- B. Ensure Recovery Coaches are integrated into the service delivery team and there are collaborative team meetings with Participants receiving RSS to establish coordinated services.
- C. Ensure counselors and Recovery Coaches share treatment and recovery plans with one another and collaborate together on next steps for the Participants being served.

2.4.9 Culturally and Linguistically Competent

Respondent will:

- A. Provide services in a both a culturally, and developmentally appropriate manner for Participants, family members, and supportive allies.
- B. Ensure organizational policies reflect the culture, behaviors, values, and language of the population served.

2.4.10 Promote Recovery Coach Self-Care

- A. Respondent will promote Recovery Coach Self Care. Recovery Self-Care will be supported through supervision, staff recognition, recovery cafés, and group check-ins.
- B. Implement a process to support a Recovery Coach who is struggling with their recovery.
- C. Provide a wide array of non-clinical services and supports to help Participants initiate and sustain their recovery using the following types of recovery supports: Emotional, Informational, Instrumental, and Affiliation. HHSC may provide technical assistance, upon request. **(Refer to Exhibit D: Types of Recovery Support.)**
- D. Post the days and hours of operation at all building sites and entrances.
- E. Ensure that Recovery Coaches are available five days-per-week and that they provide flexible hours based on the needs of individuals seeking services (For example, Recovery Coaches might connect with participants during non-business hours.)
- F. Ensure that emergency support is available after-hours and during weekends via telephone support by Recovery Coaches. Respondent will post telephone support information at all building entrances.
- G. Provide flexible hours of services based on the needs of individuals seeking services.
- H. Maintain a current recovery resource directory for staff to provide to participants containing current information to include: location, contact information, services offered, days and hours of operation, and eligibility criteria.
- I. Use recovery-oriented, person-first language and service delivery that reflects recovery.
- J. Perform 12-month follow-up interview on all participants enrolled in recovery services.
- K. Ensure all Participant surveys are available in both Spanish and English formats and in other languages as determined by the Respondent for the needs of the population being served and keep all completed Participant surveys on file for HHSC review.

2.5 SCOPE

2.5.1 Staffing and Staff Competencies

Respondent will:

- A. Ensure when hiring Recovery Coaches, recovery peers, and volunteers they demonstrate the following traits:
 - 1. Ability to establish empathy with an individual;
 - 2. Ability to work with diverse populations and cultural backgrounds;
 - 3. Comfortable with working independently in community settings;
 - 4. Ability to focus on and reinforce positive strengths and behaviors;

5. A high level of energy and commitment;
 6. Acceptance of extremely flexible working hours;
 7. Open attitude towards pathways to recovery; and
 8. Strong and stable personal program of recovery (minimum of one year in recovery is preferred).
- B. Ensure Recovery Coaches, both paid and volunteer, are:
 1. Provided opportunities for leadership development;
 2. Provided peer leadership training on topics such as:
 - a. Goal setting and developing strategies;
 - b. Conflict resolution;
 - c. Conducting focus groups;
 - d. Consensus building;
 - e. Group facilitation skills; and
 - f. Cultural diversity.
 - C. Ensure the supervisors of Recovery Coaches support their coaches in understanding:
 1. Boundary setting (personal, financial, emotional, ethical, and sexual);
 2. Maintaining confidentiality;
 3. The role of a Recovery Coach;
 4. How to respond to complaints; and
 5. How to Assist Recovery Coaches in Managing their participant caseload.
 - D. Ensure recovery supervisors have been trained to match the participant's intensity of need as described in this document in Section 2.4.2 Service Delivery Requirements and Section 2.4.7 Continuity of Care.
 - E. Ensure Recovery Coaches, recovery peers, and volunteers have access to continuing education in advocacy, mentoring, recovery support and ethical responsibility.
 - F. Ensure that staff who conduct and/or enter participant data into the HHSC approved electronic record will have attended the HHSC data entry training or have completed their data entry training via webinar.
 - G. Document completion of data entry training in employee's folder and have available for review by HHSC.
 - H. Include Recovery Coaches, recovery peers, and volunteers providing recovery services in clinical, treatment and general staff meetings, and in trainings on topics that are relevant to their work (e.g. cultural competence, motivational strategies, trauma-informed services).
 - I. Ensure Recovery Coaches, recovery peers, and volunteers have received training on the following:
 1. Community resources for social support;
 2. Resources for food, clothing, shelter, and other basic needs and how to access;
 3. Resources for mental health care and how to access;
 4. Mutual aid recovery groups, their functions, values and beliefs and how to access; and
 5. Faith-based organizations and how to access.
 - J. Include Recovery Coaches, recovery peers, and volunteers in staff orientation and continuing education trainings provided to staff.
 - K. Maintain documentation of Continuing Education Units (CEUs) on employees and volunteers in their personnel file and make available for HHSC review upon request.
 - L. Have written job descriptions for employees and volunteers maintained in their personnel file and make available for HHSC review.
 - M. Ensure that staff job descriptions will include, but will not be limited to:

1. Job duties and responsibilities;
2. Required qualifications;
3. Job supports (weekly support and feedback sessions with experienced Peer Coaches);
and
4. Required trainings.

2.5.2 Guidance on Incentives and Alternative Activities

If an incentive or alternative activity is not described within this Contract, Respondent will contact HHSC staff for prior approval before implementation of the activity.

- A. Incentives are allowable under this Contract. An incentive can be given to a Participant to encourage participation and to Participant at the 12-month follow-up of being enrolled in the program.
- B. Total amount of incentives will not exceed \$3,000 for each fiscal term of this Contract.
- C. Incentives may be in the form of retail gift or service cards not to exceed more than \$100/per Participant for the contract term;
- D. Respondent may provide up to \$450.00 of assistance per Participant, per contract term in obtaining:
 1. suitable housing, such as transitional housing, sober housing, or affordable housing.
 2. moving fees, rental deposits.
- E. Respondent may provide up to \$250.00 of assistance per Participant, per contract term in paying:
 1. for utilities.
 2. for transportation. This includes bus passes, rails, and taxi.
- F. Respondent may use incentive funds for social activities to promote peer support and connectivity, with written pre-approval from HHSC, such as:
 - a. purchase movie to show at Respondent's site;
 - b. bowling;
 - c. disc jockey (DJ) for in-house celebration.

2.5.3 Reporting Requirements

Respondent will:

- A. Meet all data reporting requirements as established by HHSC.
- B. Submit all other reporting requirements, not submitted in CMBHS, to the [HHSC SubstanceAbuse.Contracts@hhsc.state.tx.us](mailto:HHSCSubstanceAbuse.Contracts@hhsc.state.tx.us), unless otherwise noted on the Submission Schedule Table.
- C. Document and report all specified recovery activities and services in the HHSC CMBHS system as directed by HHSC in accordance with this Contract, unless otherwise directed by HHSC.
- D. Access CMBHS to enter data and information into required forms for completion and submission, in accordance with instructions and frequency identified on the form.
- E. Complete the following forms in CMBHS as designated by HHSC:
 1. Client Profile, Open Case, and RSS Pre-Enrollment Form when participant starts to consider long term coaching. The RSS Pre-Enrollment Form may remain in draft status for up to 6 months.

2. RSS Enrollment Form, when participant has committed to long term coaching and complete within 14 days of Assessment of Recovery Capital Initial Form placed in closed complete status.
 3. RSS Recovery Plan, when participant has committed to long term coaching and within 14 days of RSS Enrollment Form being place in closed complete status. Revisions as needed, based on individual's recovery needs.
 4. RSS Engagement Status, reported monthly from date of RSS Enrollment.
 5. Recovery Check-up Form, at 12 months from RSS Enrollment date; or more frequently if needed.
 6. Assessment of Recovery Capital Scale (RCS) Form, within 14 days from date individual has decided to commit to long-term coaching as documented on the RSS Pre-Enrollment Form and at 12 months from RSS Enrollment date or more frequently.
- F. Use the HHSC approved electronic record to report the monthly recovery activity summaries by the 10th day of the month following the monthly reporting period.
- G. Use CMBHS to conduct and document interviews for participants receiving individual recovery coaching at enrollment into the program's recovery coaching services.

2.6 MATCH

Funds may be provided through local public or private, city or county funds, pooled or braided funds from partner organizations, donated resources, or in-kind contributions committed specifically for the proposed project. Match **will not** be made with funds originating from state or federal sources.

Respondents are not required to certify matching funds as part of the application process. However, state awards must be matched on at least a dollar for dollar basis by the grant recipient and no state funding will be released prior to an equivalent amount of match certified by the grantee to HHSC. **Preference may be given to Respondents who certify higher levels of the required match as part of their application (e.g., an applicant who certifies 90% of the required match may receive preference over and applicant who certifies 10% of the required match).**

The value of donated materials, professional services, and volunteer time is to be calculated in accordance with Section .24, Subpart C, Post-Award Requirements, Matching or Cost Sharing of UGMS. To certify matching funds in the application in attached **Form G, Expenditure Proposal.**

Respondents must:

A. For cash contributions:

1. A letter from the donor to the Respondent demonstrating the donor's intent to meet the Respondent's match; a written resolution or consent from the Respondent's governing board or senior official that the donation obtained by the Respondent will meet the Respondent's match; **or** the donor's notation on a check reflecting the purpose of the donation; **and**
2. Copies of cancelled donor checks or bank statement showing the transfer of funds by wire or receipt of credit card payments.

B. For donated or discounted materials or services: a commitment of resources and their retail value described on the donor's letterhead.

- C. For donated professional services: a commitment of resources and their retail value described on the donor’s letterhead.
- D. For volunteer labor: a signed letter of commitment from the Respondent’s governing board or senior official outlining the number of volunteers, the number of volunteer hours, volunteer activity description, and the rate at which volunteer labor will be valued. Volunteer labor to be provided to a Respondent by individuals will be valued at rates consistent with those ordinarily paid for similar work in the Respondent’s organization. If the Respondent does not have employees performing similar work, the rates will be consistent with those ordinarily paid by other employers for similar work in the same labor market.

2.7 PERFORMANCE MEASURES

HHSC 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 standard, custom, and practice. (Examples of performance measures- As described in **Section X.X**, Respondents must estimate the number of clients to be served and the number of services to be provided, as well as identify outcomes anticipated as a result of providing services and supports as part of the proposed project. Also described in **Section X.X**, Respondents will be required to demonstrate the effectiveness of clinical services provided by conducting pre- and post-assessments with clients and ensuring satisfaction questionnaires are completed clients who received services as part of the project.)

Respondent agrees, if awarded, that performance measures will be used to assess, in part, the Respondent’s effectiveness in providing the services described. The proposed target levels of performance may be negotiated and agreed upon by Respondent and HHSC. Respondent will complete **Form F, Performance Measures and Goals** as defined in **Exhibit G, Performance Measures Definitions and Reporting** and submit with response to this RFA.

RSS -	Sept- Nov	Dec- Feb	Mar- May	Jun- Aug	TOTAL
Number of participants formally enrolled in long-term Recovery Coaching					
Number of new/unduplicated participants who received any type of direct recovery services					
Number of new/unduplicated participants who received any type of indirect recovery services					
Number of new/unduplicated participants who received any type of education services					
Number of participants who completed a 12-month follow-up interview					

Number of participants who have reduced and/or maintained abstinence at 12-month Follow-up interview					
Number of participants involved in recovery activities during the past 30 days at 12-month Follow-up interview					
Number of participants who demonstrate increased Assessment of Recovery Capital total scores at 12-month Follow-up					

2.8 PROHIBITIONS

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

- A. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- B. Lobbying;
- C. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- D. Vehicles or equipment for government agencies that are for general agency use and/or do not have a clear nexus to terrorism prevention, interdiction, and disruption (i.e. mobile data terminals, body cameras, in-car video systems, or radar units, etc. for officers assigned to routine patrol);
- E. Weapons, ammunition, tracked armored vehicles, weaponized vehicles or explosives (exceptions may be granted when explosives are used for bomb squad training);
- F. Admission fees or tickets to any amusement park, recreational activity or sporting event;
- G. Promotional gifts;
- H. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel or where pre-approved for working events;
- I. Membership dues for individuals;
- J. Any expense or service that is readily available at no cost to the grant project;
- K. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
- L. Fundraising;
- M. Any other prohibition imposed by federal, state, or local law; and
- N. The acquisition or construction of facilities.

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 *Uniform Grant Management Standards (UGMS)*, and all statutes, requirements, and guidelines applicable to this funding.

Grantees are required to conduct Project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the HHSC Civil Rights Office website at: <https://hhs.texas.gov/about-hhs/your-rights/civil-rights-office>

Upon request, a Respondent must provide the HHSC Civil Rights Office with copies of all the Respondent's civil rights policies and procedures. Respondents 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 Respondent'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.

Respondents 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 DATA USE AGREEMENT

By entering into a Grant Agreement with the System Agency as a result of this Solicitation, Respondent agrees to be bound by the terms of the Data Use Agreement attached as **Exhibit H, Data Use Agreement** and **Exhibit H Attachment 2, HHSC DUA SPI**.

2.11 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 HHSC 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.

ARTICLE 3. ADMINISTRATIVE INFORMATION

3.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Solicitation Release Date	October 11, 2019
Pre-Submittal Webinar https://attendee.gotowebinar.com/register/2935187374402020365	October 21, 2019
Deadline for Submitting Questions	October 25, 2019 @ 5:00 p.m.
Estimated Deadline for Posting Questions & Answers	October 30, 2019
Deadline for submission of Solicitation Responses [NOTE: Responses must be <u>RECEIVED</u> by HHSC by the deadline.]	November 8, 2019 at 2:00 p.m.
Anticipated Notice of Award	May 2020
Anticipated Contract Start Date	September 1, 2020

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](#), [HHSC Grants](#), and [Texas.gov eGrants](#) websites. 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](#), [HHSC Grants](#), and [Texas.gov eGrants](#) websites.

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](#), [HHSC Grants](#), and [Texas.gov eGrants](#) websites. It is the responsibility of the Respondent to periodically check the [ESBD](#) and [HHSC Grants](#) websites 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 System Agency's Point of Contact addressed to the person listed below. All communications between Respondents and other System Agency's staff members concerning the Solicitation are strictly prohibited, unless noted elsewhere in this RFA.

Failure to comply with these requirements may result in disqualification of Respondent's Solicitation Response.

Name: Carolyn R. DeBoer, CTCD, CTCM
Title: Procurement Project Manager
Address: 1100 West 49th Street, Austin, TX 78756
Phone: 512-406-2447
Email: Carolyn.Deboer@hhsc.state.tx.us

3.4.2 Prohibited Communications

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

3.4.3 Questions

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

3.4.4 Clarification request made by Respondent

Respondents must notify the 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](#) and [HHSC Grants](#) websites. HHSC reserves the right to amend answers prior to the deadline of Solicitation Responses. Amended answers may be posted on the [ESBD](#) and [HHSC Grants](#) websites. It is the Respondent's responsibility to check the [ESBD](#) or contact the Point of Contact for updated responses and [HHSC Grants](#) websites. 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 HHSC sole discretion.

3.4.6 Respondent Conference

The System Agency will conduct an **optional** pre-submittal respondent conference by webinar on October 21, 2019 at 11:00 a.m. Respondents will need to register for the webinar using weblink.

<https://attendee.gotowebinar.com/register/2935187374402020365>

3.5 SOLICITATION RESPONSE COMPOSITION

3.5.1 General Instructions

All Applications must be:

- A. Clearly legible;
- B. Sequentially page-numbered and include the respondents name at the top of each page;
- C. Organized in the sequence outlined in **Article 9 - Submission Checklist**;
- D. In Arial or Times New Roman font, size 12 or larger for normal text, no less than size 10 for tables, graphs, and appendices;
- E. Blank forms provided in the Attachments must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
- F. Correctly identified with the RFA number and submittal deadline;
- G. Responsive to all RFA requirements; and
- H. Signed by an authorized official in each place a signature is needed (copies must be signed but need not bear an original signature).
- I. Page is defined as front only print. A paper with print on front and back is considered two pages.
- J. Signed 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 Required to Complete for Performance and Goals

In developing applications in response to this RFA, Respondents will be required to complete attached **Form A, Respondent Information (Face Page), Form B-1, Governmental Entity, Form B-2 Non-Profit or For-Profit, Form C, RSS Background and Experience, Form D, RSS Program Narrative, Form E, RSS Work Plan and Form F, Performance Measures and Goals** that will need to address the following goals:

- A. Align treatment services with a recovery-oriented approach.
- B. Develop a recovery-oriented workforce that can successfully integrate recovery support services and support individuals' efforts to initiate and sustain their recovery.
- C. Expand the availability and quality of recovery-oriented supports and services in treatment and community-based settings.
- D. Establish effective linkages between Respondent and treatment, peer-run recovery community organizations, and other community-based organizations.

3.5.3 Submission in Separate Parts

Paper documents (i.e. the original and all hard copies) 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 HHSC at the address listed in **Section 3.6.3**. The number of copies and directions for submitting an "Original" and "Copies" are outlined in **Article 9, Submission Checklist**.

- A. Administrative Information, including all forms;
- B. Narrative Proposal, including all forms;
- C. Expenditure Proposal; and
- D. Applicable Exhibits and Required Forms.

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:

SOLICITATION NO.: HHS0001305

SOLICITATION NAME: Recovery Support Services for Community-Based Organization and Treatment Organization (RSS/CBO-TO)

DEADLINE:

RESPONSE DEADLINE: November 8, 2019 @ 2:00 p.m.

PURCHASER'S NAME: Carolyn R. DeBoer

RESPONDENTS'S NAME: _____

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 in Section 3.1 Schedule of Events.

3.6.3 Delivery

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

U.S. Postal Service/Overnight/Express Mail/Hand Delivery
Health and Human Services Commission Procurement and Contracting Services Building ATTN: Response Coordinator 1100 W 49th. MC 2020 Service Building (Building S)

Austin, Texas 78756

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

3.6.4 Alterations, Modifications, and Withdrawals

Prior to the Solicitation submission deadline, a Respondent may:

- A. Withdraw its Solicitation Response by submitting a written request to the Point of Contact identified in **Section 3.4.1**; or
- B. Modify its Solicitation Response by submitting a written amendment to the Point of Contact identified in **Section 3.4.1**. The HHSC may request Solicitation Response Modifications at any time.

ARTICLE 4. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS

4.1 GENERALLY

A three-step selection process will be used:

- 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 eligibility requirements as stated in section 2.3 and completeness of response. All complete applications meeting the eligibility qualifications will move to the Evaluation stage.

4.3 EVALUATION

Solicitation Responses shall be evaluated in accordance with [Section 2155.144\(d\)](#) of the Texas Government Code and Texas Administrative Code [Title 1, Part 15, Chapter 391, Subchapter B, Rule §391.207](#). The System Agency shall not be obligated to accept the lowest priced Solicitation Response but will make an award to the Respondent that provides the Best Value to the State of Texas.

Applications will be evaluated and scored in accordance with the factors required by this procurement package using **Exhibit I, Evaluation Score Tool**.

4.3.1 Specific Selection Criteria

Grant applications shall be evaluated based upon:

- A. Background and Experience 35%
- B. Program Narrative 20%
- C. Work Plan 45%

4.4 FINAL SELECTION

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

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

4.5 NEGOTIATION AND AWARD

The specific dollar amount awarded to each successful Proposal will depend upon the merit and scope of the Proposal, the recommendation of the Selection Committee, and the decision of the Executive Commissioner. Not all Applicants who are deemed eligible to receive funds are assured of receiving an award.

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

- A. An in-depth discussion of the submitted application and budget; and
- B. Requests from HHSC 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 HHSC staff.

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

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

HHSC will post to the HHS website and may publicly announce a list of Applicants that are selected for final award. This posting does not constitute HHSC's agreement with all the terms of any Respondent's proposal and does not bind HHSC to enter into a contract with any Applicant whose award is posted.

4.6 QUESTIONS OR REQUESTS FOR CLARIFICATION BY THE HHSC

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

ARTICLE 5. NARRATIVE PROPOSAL

5.1 NARRATIVE PROPOSAL

5.1.1 Executive Summary

- A. Complete **Form C, RSS Background and Experience** by providing responses to all the questions, which are documented below for reference. The questions must remain in the form; the responses shall be entered after each question. The form with your responses shall not exceed five pages:
1. Number of years in operation;
 2. Advisory Council(s) (Names, Positions, years serving, qualifications): Provide the number of Advisory Council members in recovery.
 3. Prior 3-year funding sources and services provided with the funding;
- B. Describe your organization's efforts-to-date to provide training for staff in recovery-oriented service provision.
- C. Describe the extent to which a recovery-orientation and recovery support services are currently in place.

Note: This goes beyond having recovery principles written into mission statements, but instead looks for the presence of a recovery orientation in the ways services are delivered, the active involvement of peers and individuals in recovery, etc.

5.1.2 Program Narrative

- A. Complete **Form D, RSS Program Narrative** by describing the proposed programmatic services the Respondent plans to provide and to whom. This description must support all the business activities and requirements described in this RFA. The description must reflect a clear understanding of the work undertaken. The questions must remain in the form; the response shall be entered after each question. The form with your responses shall not exceed Four (4) pages.
- B. Describe the community your organization resides in:
1. Geographic boundaries (urban, rural, physical environment);
 2. General demographic data (age, gender, ethnicity, etc.);
 3. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.)
- C. Describe the Target Population:
1. Describe your target population;
 2. Geographic service area;

3. Characteristics of the target population (including demographic and socioeconomic data, health risk factors, and co-occurring mental health conditions); and
4. Current population served (characteristics, population data, numbers of clients served, types and numbers of services provided).

5.1.3 Project Work Plan

- A. Complete **Form E, RSS Work Plan** by describing the Respondents plan for service delivery to the target population in the proposed program service area for meeting all components described in **Article 2**. Respondent will also include all documents requested as part of completing Forms to demonstrate fulfilling **Article 2** requirements. The questions must remain in the form; the response shall be entered after each question. The response is limited to ten (10) pages not including attached job descriptions.
- B. Describe the services you are proposing to provide.
 1. Discuss the activities in your proposed design that will foster recovery.
 2. Identify how the key pillars of recovery-oriented services will be addressed:
 - a. Self-direction, empowerment and choice
 - b. Community integration
 - c. Peer culture and leadership
 - d. Family inclusion
 - e. Continuity of support
 - f. Partnership-consultant relationships
 - g. Cultural and linguistic competence
- C. Describe your organization's collaborative arrangements with the other organizations that will be required for your program to be successful and your plan to engage those organizations as partners.
- D. Describe how participants will be engaged in your program.
- E. Provide a job description for each position(s) assigned to meet the program requirements, including but not limited to the level of education (or life experience), experience, and background.
- F. Job descriptions include:
 1. associated tasks;
 2. education;
 3. experience;
 4. and percentage of time allocated to evaluation actives.

ARTICLE 6. 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 3**, Respondent must provide the following information described in Sections 6.2 through Sections 6.5 using **Form H, Administrative Information, Form I, Contact Person Information and Form J, Financial Management and Admin Questionnaire.**

6.2 LITIGATION AND CONTRACT HISTORY

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

In addition, Respondent must disclose any civil or criminal litigation or investigation pending over the last five (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 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.

Additionally, pursuant to Section 2252.908 of the Texas Government Code, a successful Respondent awarded a contract greater than \$1 million dollars, or that requires an action or vote of the governing body, must submit a Disclosure of Interested Parties to the state agency at the time the business entity submits the signed contract. Rules and filing instructions may be found on the Texas Ethics Commissions' public website and additional instructions will be given by The System Agency to successful Respondents.

6.4 GRANT APPLICATION DISCLOSURE

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

6.5 AFFIRMATIONS AND CERTIFICATIONS

Respondent must complete and return all of the following listed below as well as exhibits and forms listed in **Article 9 and 10**.

- A. Exhibit A, Affirmations and Solicitation Acceptance _____
- B. Exhibit C, Assurances Non-Construction Programs _____
- C. Exhibit C-1 Certification Regarding Lobbying _____
- D. Exhibit K Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification _____

ARTICLE 7. EXPENDITURE APPLICATION

7.1 EXPENDITURE APPLICATION

Attached **Form G, Expenditure Proposal** of this RFA includes the template for submitting the Expenditure Proposal. Respondents must complete this form and place it in a separate, sealed package, clearly marked with the respondent's name, the RFA number, and the RFA submission date.

7.1.1 Project Costs

In attached **Form G, Expenditure Proposal** Respondents must:

- A. Demonstrate project costs outlined in the Expenditure Proposal are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements.
- B. Identify costs to be requested from HHSC.
- C. Utilize the HHSC template provided as **Form G, Expenditure Proposal** and per the instructions outlined in Article 7 Expenditure Proposal.

Respondents must base their Expenditure Application on the Scope of Work described in **Article 2**. This section should include any business, economic, legal, programmatic, or practical assumptions that underlie the Expenditure Application. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified in writing using the **Exhibit J, Exceptions and Assumptions Form** and incorporated into the contract resulting from this RFA are deemed rejected by HHSC.

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

Respondent must utilize the HHSC template provided and identify costs to be requested from HHSC and costs to be matched. Costs must be broken out to a degree that is sufficient to determine if costs are reasonable, allowable, and necessary for the successful performance of the project.

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

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

Matching funds must also be identified in the Expenditure Application, including both anticipated matching funds and funds being certified in the application. Matching funds may be provided through local philanthropic, private, or city or county funds, pooled or braided funds from Collaborative partner organizations, donated resources, or in-kind contributions committed specifically for the proposed project. State or federal funds may not be used as match.

The value of donated materials, professional services, and volunteer time is to be calculated in accordance with Section .24, Subpart C, of UGMS.

7.2 INDIRECT COST RATE (ICR)

All Applicants are required to complete and submit **Form K, Indirect Cost Rate Agreement** information, along with the required supporting documentation. HHSC will recognize the following pre-approved Indirect Cost Rates:

- A. Federally Approved Cost Allocation Plan
- B. Federally Approved Indirect Cost Rate Agreement
- C. State of Texas Cognizant Agency Indirect Cost Rate

If the Grantee does not have one of the options listed above, then the Grantee may be eligible for the 10% de minimis or an indirect cost rate. If Grantee requests an indirect cost rate above the 10% de minimis, Grantee shall provide the Organizations Indirect Cost Rate Agreement. If the Agreement is not provided, Grantee is only eligible to budget the de minimis. The HHS System Contract Oversight and Support (COS) will outreach applicable Grantees after contract award to complete the ICR process. Applicants should respond the COS request timely to ensure that the ICR is issued as timely as possible.

ARTICLE 8. GENERAL TERMS AND CONDITIONS

8.1 GENERAL CONDITIONS

8.1.1 Costs Incurred

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

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

8.1.2 Contract Responsibility

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

8.1.3 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.

8.1.4 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 HHSC Point of Contact Identified in **Article 3**.

8.1.5 Additional Information

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

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ARTICLE 9. 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. If Respondent is applying in multiple Regions, a complete and separate RFA proposal is required for each Region.

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.

A. Respondent Information (Forms A through B-2)

- 1. Form A: Face Page (Respondent Information) _____
- 2. Form B-1: Governmental Entity (if applicable) _____
- 3. Form B-2: Nonprofit Entity (if applicable) _____

B. Narrative Application Forms (Forms C through J)

- 1. Form C: RSS Background and Experience _____
- 2. Form D: RSS Program Narrative _____
- 3. Form E: RSS Work Plan _____
- 4. Form F: Performance Measures and Goals _____
- 5. Form H: Administrative Information _____
- 6. Form I: Contact Person Information _____
- 7. Form J: Financial Management and Administration Questionnaire
Template _____

C. Expenditure Application (template included)

- 1. Form G: Expenditure Application Template (Submit in Excel Format) _____
- 2. Form K: Indirect Cost Rate _____
 - a. Federally Approved Cost Allocation Plan _____

- b. Federally Approved Indirect Cost Rate Agreement
- c. State of Texas Cognizant Agency Indirect Cost Rate

D. Applicable Exhibits and any Signed Addendums (to be included in Solicitation Package)

- 1. Exhibit A - Affirmations and Solicitation Acceptance _____
- 2. Exhibit C – Assurances Non-Construction _____
- 3. Exhibit C-1 – Certification Regarding Lobbying _____
- 4. Exhibit H- Data Use Agreement _____
- 5. Exhibit H Att 2- Security and Privacy Initial Inquiry Information _____
- 6. Exhibit K: Fiscal Federal Funding Accountability and Transparency Act (FFATA) Certification _____

Copies of Solicitation Response Package

Respondent will provide the following number of **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.

- 1 Electronic copy of **Respondent Information**
- 1 Electronic copy of **Narrative Application Forms**
- 1 Electronic copy of **Expenditure Application**
- 1 Electronic copy of **Applicable Exhibits and Addendums**

ARTICLE 10. EXHIBIT AND FORMS

EXHIBIT A: AFFIRMATIONS AND SOLICITATION ACCEPTANCE	SECTION 1.1, 6.5
EXHIBIT B: HHSC UNIFORM TERMS AND CONDITIONS Grant v.2.16.1	SECTION 1.2
EXHIBIT C: ASSURANCES NON-CONSTRUCTION PROGRAMS	SECTION 1.2,6.5
EXHIBIT C-1: CERTIFICATION REGARDING LOBBYING	SECTION 1.2,6.5
EXHIBIT D: TYPES OF RECOVERY SUPPORT SERVICES	SECTION 2.1.1,2.1.2, 2.4.10
EXHIBIT E: MAP OF HHS HEALTH REGIONS	SECTION 2.2.1
EXHIBIT F: LIFE DOMAINS	SECTION 2.1.1,2.4.3, 2.4.4,2.7
EXHIBIT G: PERFORMANCE MEASURES DEFINITIONS AND REPORTING	SECTION 2.7,7.1,7.1.1
EXHIBIT H: DATA USE AGREEMENT (DUA) EXHIBIT H ATTACHMENT 2: HHSC DUA SECURITY AND PRIVACY INITIAL INQUIRY (SPI)	SECTION 2.10
EXHIBIT I: EVALUATION SCORE TOOL	SECTION 4.3
EXHIBIT J: EXCEPTIONS AND ASSUMPTIONS	SECTION 4.5, 7.1.1
EXHIBIT K: FISCAL FEDERAL FUNDING ACCOUNTABILITY AND TRANSPARENCY ACT (FFATA) CERTIFICATION	SECTION 6.5
FORM A: RESPONDENT INFORMATION (FACE PAGE)	SECTION 3.5.2
FORM B: GOVERNMENT ENTITY	SECTION 3.5.2

FORM B-1: NON-PROFIT OR FOR-PROFIT	
FORM C: RSS BACKGROUND AND EXPERIENCE	SECTION 3.5.2,5.1.1
FORM D: RSS PROGRAM NARRATIVE	SECTION 3.5.2,5.1.2
FORM E: RSS WORKPLAN	SECTION 3.5.2,5.1.3
FORM F: PERFORMANCE MEASURES AND GOALS	SECTION 2.7,3.5.2
FORM G: EXPENDITURE PROPOSAL EXCEL FORMAT	SECTION 7.1
FORM H: ADMINISTRATIVE INFORMATION	SECTION 6.1
FORM I: CONTACT PERSON INFORMATION	SECTION 6.1
FORM J: FINANCIAL MANAGEMENT AND ADMINISTRATION QUESTIONNAIRE	SECTION 6.1
FORM K: INDIRECT COST RATE AGREEMENT	SECTION 7.2