Phil Wilson, Interim Executive Commissioner

Request for Applications (RFA)
For

Women's Health Program:

Family Planning Program

RFA No. HHS0007346

Date of Release: March 27, 2020
Responses Due: May 7, 2020 by 2:00 p.m.

NIGP Class/Item Code:

952-42 Family Planning
948-47 Health Care Center Services
948-48 Health Care Services (Not Otherwise Classified)
918-88 Quality Assurance and Control Consulting
924-16 Course Development Services, Instructional and Training
948-26 Cytology Screening Services
948-55 Medical and Laboratory Services, Non-Physician
948-74 Professional Medical Services: Physicians, Pharmacists, and All Specialties
948-81 Radiation Therapy Treatment Services

Table of Contents

Article I. Executive Summary, Definitions, and Authority ***4***
1.1 Executive Summary 4
1.2 Definitions 4
1.3 Authority 5
Article II. Scope of Grant Award ***5***
2.1 Program Background 5
2.2 Grant Award and Term 6
2.2.1 Available Funding 6
2.2.2 Fee-for-Service Funding 6
2.2.3 Cost Reimbursement Funding 7
2.2.4 Grant Term 8
2.3 Eligible Respondents 9
2.4 Program Requirements 10
2.4.1 Project Design 11
2.4.2 Covered Services and Activities 12
2.5 Award Consideration 14
2.6 Performance Measures 14
2.7 Prohibitions 15
2.8 Standards 16
2.9 Data Use Agreement 17
2.10 No Guarantee of Volume, Usage or Compensation 17
Article III. Administrative Information ***17***
3.1 Schedule of Events 17
3.2 Changes, Amendment or Modification to Solicitation 18
3.3 Irregularities 18
3.4 Inquiries 18
3.4.1 Point of Contact 18
3.4.2 Prohibited Communications 19
3.4.3 Questions 19
3.4.4 Clarification request made by Respondent 20
3.4.5 Responses 20
3.4.6 Respondent Conference 20
3.5 Solicitation Response Composition 20
3.5.1 Generally 20
3.5.2 Submission in Separate Parts 21
3.6 Solicitation Response Submission and Delivery 21
3.6.1 Deadline 21
3.6.2 Labeling 21
3.6.3 Delivery 22
3.6.4 Alterations, Modifications, and Withdrawals 22
Article IV. Solicitation Response Evaluation and Award Process ***22***
4.1 Generally 22

4.2 Eligibility Screening 23
4.3 Evaluation 23
4.4 Final Selection 23
4.5 Negotiation and Award 23
4.5 Questions or Requests for Clarification By the System Agency 24
Article V. Narrative Proposal 25
5.1 Narrative Proposal 25
5.1.1 Project Work Plan 25
Article VI. Required Respondent Information 25
6.1 Administrative Entity Information 25
6.2 Litigation and contract history 25
6.3 Conflicts 26
6.4 Affirmations and Certifications 26
Article VII. Expenditure Proposal 26
7.1 Forms to be Completed 26
7.1.1 Cost Proposal 27
7.2 Indirect Costs 28
Article VIII. General Terms and Conditions 28
8.1 General Conditions 28
8.1.1 Costs Incurred 28
8.1.2 Contract Responsibility 28
8.1.3 Public Information Act 28
8.1.4 News Releases 30
8.1.5 Additional Information 30
8.2 Insurance and Bonding 30
Article IX. Submission Checklist 32
Article X. List of Attachments, Exhibits, and Forms 33

ARTICLE I. EXECUTIVE SUMMARY, DEFINITIONS, AND AUTHORITY

1.1 EXECUTIVE SUMMARY

The State of Texas, by and through the Health and Human Services Commission (HHSC), seeks qualified Respondents to solicit applications to be considered for funding through the **Women's Health Programs** (WHP), **Family Planning Program** (FPP).

The Family Planning Program provides comprehensive family planning services to reduce unintended pregnancies, positively affect future pregnancies, and improve the health status of women and men. FPP intends to increase access to screening, diagnostics and/ or treatment services. FPP requires successful program management, eligibility determination, initiation of or referral to treatment if clinically indicated, quality management, professional development, recruitment including public education and outreach and data collection, including tracking, referrals, follow-up and continuity of care.

To be considered for an award, Applicants must sign and submit to HHSC **Exhibit A, Affirmations and Solicitation Acceptance v1.5**, **Exhibit D, Assurances Non-Construction Programs, Exhibit E, Certification Regarding Lobbying, Exhibit F, Data Use Agreement v.8.5 , and Exhibit F-1, Attachment 2: Security and Privacy Inquiry Form (SPI),** and provide all other required information and documentation as set forth in this RFA.

Please be advised that Respondents may submit applications and be considered for award under one or more of the following RFAs under the Women's Health Program:

A. RFA No. HHS0007345 - Healthy Texas Women
B. RFA No. HHS0007346 - Family Planning Program
C. RFA No. HHS0007351 - Breast and Cervical Cancer Services

Separate complete application packages must be submitted for each RFA.

1.2 DEFINITIONS

Refer to **Exhibit B**, **HHSC Uniform Terms and Conditions-Grant v2.16.1 and Exhibit C, HHSC Special Conditions v 1.1-Grants** 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 Respondent."

"Client" means a member of the population to be served through the Proposed Project a person that meets the eligibility criteria for the applicable program(s) and receives services through the applicable grant-supported project.

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

"Respondent" means the entity responding to this Solicitation. May also be referred to as "Applicant" or "Grantee" and used interchangeably throughout the document.

"Successful Respondent" means an organization that receives a grant award resulting from this RFA. May also be referred to as "Respondent, ""Awarded Respondent," "Sub-recipient" or "Grant Recipient."

"System Agency" means the Texas Health and Human Services Commission, its officers, employees or authorized agents.

1.3 AUTHORITY

A. HHSC is requesting applications for the Family Planning Program (FPP). Program authorization is from Texas Government Code §531.0201, §531.0025 and Program administrative rules are in Texas Administrative Code (TAC), Title 1, Part 15, Chapter 382, Subchapter B.

ARTICLE II. SCOPE OF GRANT AWARD

2.1 PROGRAM BACKGROUND

Improving the health of women, mothers and children is critical to the future of Texas; the HHSC and WHP provides a continuum of care through an array of women's health and family planning related services.

These services consist of providing low-income Texas women access to safe and reliable services at no cost including screening, diagnostic, follow-up services, appropriate

referrals, along with, public information and education programs. Services also consist of access to health and family planning services to avert unintended pregnancies, positively affect the outcome of future pregnancies and the health and well-being of women and their families.

Please refer to **Attachment A, Women's Health Program Policy and Procedure Manual** for program-specific guidelines.

2.2 GRANT AWARD AND TERM

2.2.1 Available Funding

FPP services are funded by State General Revenue and federal TANF to Title XX funds. The anticipated total amount of funding available for this procurement is **$42,318,807** per state fiscal year during the grant term. It is HHSC's intention to make multiple awards through this solicitation to support selected programs. Funds allocated in subsequent grant terms may be more or less than the amount awarded for the initial term, at the discretion of HHSC.

Grant cost reimbursement awards may be used to fund personnel, fringe benefits, staff travel, contractual services, equipment, supplies, other direct costs, and indirect costs per state and federal requirements and in accordance with provisions outlined in this RFA. All proposed costs must be reasonable, allocable, and allowable.

Grant fee-for-service awards are used to fund covered direct care services as outlined in the **Attachment A, Women's Health Program Policy and Procedure Manual**.

Grants awarded under this RFA and any anticipated renewals are contingent upon the continued availability of funding. HHSC reserves the right to reallocate funds to prevent underutilization in the event HHSC determines, in its sole discretion, that a Respondent cannot reasonably utilize all funds awarded. This RFA is not limited to these sources of funding if other sources of funding become available for these programs.

HHSC reserves the right to alter, amend, or withdraw this RFA at any time prior to the execution of a Grant if funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or agencies, amendment of the appropriations act, health and human services agency consolidations or any other disruption of current appropriations.

Requests for funding may not be fully funded to ensure that funds are available for the broadest possible array of communities and programs.

2.2.2 Fee-for-Service Funding

The fee-for-service payment method is based on the approved service code used with acceptable submission of all required documentation, forms, and/or reports. Grant recipients will be reimbursed using the fee-for-service reimbursement method by submitting claims to the Texas Medicaid Healthcare Partnership (TMHP) for direct clinical care services provided to Clients, which will then be paid by HHSC.

The *Texas Medicaid Provider & Procedure Manual* (TMPPM) includes information related to HHSC FPP fee-for-service program claims submission. In addition, Medicaid bulletins and Remittance and Status (R&S) banner messages provide up-to-date claims filing and payment information. The R&S banner messages, and the TMPPM are all available on the TMHP website. Service codes are located on the TMHP website.

Fee-for-service claims are processed by TMHP. The following services are covered under FPP:

A. Annual family planning and preventive healthcare visit;
B. Pregnancy testing and counseling;
C. Contraceptive services, all methods except elective abortion and emergency contraception, including necessary follow-up and surveillance; and
D. Certain health screening and diagnostic services, as indicated:
    1. Screening and diagnosis of cervical cancer
    2. Limited treatment of cervical dysplasia
    3. Breast cancer screening and diagnosis
    4. Screening and treatment for sexually transmitted diseases and infections (STD/STI)
    5. HIV screening
    6. Limited prenatal care services
    7. Recommended immunizations
    8. Screening for postpartum depression
    9. Diabetes screening
    10. Hypertension screening
    11. Screening for elevated cholesterol
    12. Preconception health (e.g. screening for obesity, smoking, and mental health)

2.2.3 Cost Reimbursement Funding

HHSC FPP cost reimbursement program funding is used for support services that enhance services provided by the contractor to a client under FPP. Support services include, but are not limited to:

A. Assisting eligible women with enrollment into the HTW program;
B. Staff development and training related to FPP program service delivery;
C. Client and community based educational activities related to the FPP; and
D. Purchasing LARC devices such as, IUDs and contraceptive implants.

Costs may be assessed against any of the following categories the Successful Respondent identifies during their budget development process:

A. personnel,
B. fringe benefits,
C. travel,
D. equipment and supplies,
E. contractual,
F. other, and
G. indirect costs.

NOTE: Indirect costs are 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.

Reimbursement is requested by using a purchase voucher and supporting schedule. Vouchers and supporting documentation must be submitted monthly within 30 calendar days following the end of the month in which the costs were incurred.

The cost reimbursement payment method is based on an approved budget and submission of expense reimbursement request. Respondents are required to finance upfront operational costs and request reimbursement for costs incurred. Payments are made by HHSC to reimburse the Respondents for actual cash disbursements in accordance with supporting documentation. The cost reimbursement amount requested may not exceed twenty-five (25) percent of Respondent's total proposed funding request and ultimately, its funding award.

No more than five (5) percent of the cost reimbursement payments will be received under this Grant for expenses related to performing administrative functions derived from subcontracting the terms of the grant. Administrative functions include, but are not limited to, the Successful Respondent's personnel costs for provision of oversight and technical assistance related to contracting with a subcontractor, monitoring subcontractor performance, and all other related general and administrative expenses for administration of the subcontract, such as related fringe, rent, and office supplies.

2.2.4 Grant Term

The initial grant funding period for this grant will be twelve (12) months. It is anticipated that the grant funding period will begin September 1, 2020 through August 31, 2021. The grant may be extended for two (2) additional two (2) year periods at HHSC's sole

discretion. Continued funding of a grant is contingent upon the availability of funds and the satisfactory performance of the Successful Respondent during the prior budget period. Funding may vary and is subject to change each renewal period. 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 RESPONDENTS

In order to be considered for a grant award as a result of this RFA, an Applicant must meet all the eligibility requirements below at time of Application submission:

A. To be eligible for an award as a result of this RFA, an applicant must:
   1. Be established as a legal entity;
   2. Have a physical business address in Texas, located within the proposed service area;
   3. Have the authority to do business in the state of Texas;
   4. Not have an exclusion record in the System for Award Management; and
   5. Be either:
      a. A public or private organization;
      b. A faith-based organization;
      c. A governmental entity as defined by Texas Government Code Chapter 771; or
      d. A local government as defined by Texas Government Code, Chapter 791.

B. Additionally, Successful Respondents must meet and comply with the criteria listed below prior to grant execution and continue to meet and comply with criteria through the grant term:
   1. Respondent shall not be debarred, suspended, or otherwise excluded or ineligible for participation in federal or state assistance programs.
   2. As part of the pre-compliance check for responsiveness to this RFA, HHSC will perform a check for debarment/suspension through the federal System for Award Management (SAM) and the Texas Comptroller of Public Accounts (CPA). In compliance with CPA rules, HHSC will conduct a name search of all Grantees during the grant award phase using the websites listed in this section. A Respondent will be considered ineligible to contract with HHSC, regardless of funding source, if a name match is found on any of the following lists:
      a. CPA list of Vendors Debarred from doing business with the State of Texas;
      b. CPA Franchise Tax Account Status (for status of good standing);
      c. CPA Divestment Statute Lists:
         i. List of companies that boycott Israel;
         ii. List of Scrutinized Companies with Ties to Sudan;
         iii. List of Scrutinized Companies with Ties to Iran;
         iv. List of Designated Foreign Terrorist Organizations; and
         v. List of Scrutinized Companies with Ties to Foreign Terrorist Organizations; and

d. The Office of the Inspector General List of Excluded Individuals/Entities.

3. Applicant must have demonstrated financial history to fund activities and to cover project costs prior to receiving reimbursement. Respondent may not be eligible for award if audit reports or financial statements submitted with the application identify concerns regarding the future viability of the Respondent, material non-compliance, or material weaknesses that are not satisfactorily addressed, as determined by HHSC.

C. Respondent must be a Medicaid provider with a Texas Provider Identifier ("TPI") number. The TPI provided as part of the Respondent's Application must be for the organization itself, and not for individual providers associated with the organization. The Applicant must have the approved Medicaid enrollment notification letter with the Application. Respondents can learn more about the Texas Medicaid Provider Enrollment process by referring to the TMHP website: http://www.tmhp.com/.

D. Respondent's staff members, including the executive director, must not serve as voting members on Respondent's governing board.

E. Respondent must ensure that **Form E, Family Planning Program Certification** is completed in its entirety at the time of Application and must annually certify that they do not perform or promote elective abortions and do not affiliate with any entity that does, as directed by HHSC, and for each program with TMHP and HHSC.

F. Respondent must have a Medical Director that holds a valid and current medical license to practice in the State of Texas and submit supporting documentation with Application.

G. Respondents must meet the above requirements throughout the entirety of the Application process and, if chosen for grant award, must continue to meet them through the entirety of the grant funding period. If HHSC determines that a health-care provider fails to comply, HHSC may disqualify the Successful Respondent from providing Services. 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 grant award.

2.4 PROGRAM REQUIREMENTS

Applications submitted for consideration under the Family Planning Program RFA, must:

A. Be submitted by an Applicant seeking to serve target populations with approved covered service selection that seeks to improve the health and well-being of low-income women and families in Texas. Covered services may be selected individually or within a group selection as outlined in **Section 2.4.2.**

B. Eligible target population must meet the assigned client eligibility requirements outlined in the **Attachment A, Women's Health Program Policy and Procedure Manual** . Eligible individuals must be:

1. Females and males age 64 years and younger;
2. Texas residents. Residency is self-declared. Successful Respondents may require residency verification, but such verification should not jeopardize delivery of services;
3. At or under two hundred and fifty (250) percent of the federal poverty level (FPL). Successful Respondents must require income verification. If the methods used for income verification jeopardize the individual's right to confidentiality or impose a barrier to receipt of services, the Successful Respondent must waive this requirement. Reasons for waiving verification of income must be noted in the individual record.
4. For un-emancipated, unmarried individuals under 18 years of age, if parental consent is required for the receipt of services, per Section 32 of the Texas Family Code, the family's income must be considered in determining the charge for the service.
5. If parental consent is not required to provide services to an individual under 18 years of age, per Section 32 of the Texas Family Code, only the individual's income is used to assess eligibility, not the income of other family members. In this case, the minor's own income is applied, and the size of the family should be recorded as one.
6. If a barrier to receiving FPP services exists, the Successful Respondent may waive the requirement, including the requirements listed above, and approve full eligibility.

C. Implement the program funded under this procurement and achieve the targeted goals and objectives of the RFA.

To meet the mission and objectives of the RFA solicitation, Respondents must follow federal and state guidelines, including requirements outlined in **Attachment A, Women's Health Program Policy and Procedure Manual.**

2.4.1 Project Design

Applicants must design a project that provides access to health services to enable eligible women and men experiencing health needs to secure and maintain safe and accessible quality screening and diagnostic services, comprehensive family planning, and/ or other women's health services.

A. Applicants are encouraged to emphasize the following components in the design of their projects. Projects must:
   1. Use a collaborative approach to maximize existing community resources and avoid duplication of effort;
   2. Enhance systems and local processes to make it easier for people to transition to, from, and between services;
   3. Address barriers to ensure services are accessible to people regardless of setting or location; and

4. Promote improvement and positively impact health and well-being through coordinated service delivery.

B. To be effective, services and activities provided or made available as part of the Proposed Project should have policies and procedures in place and include with the application as an attachment that:
   1. Delineate the timely provision of services;
   2. Deem Client eligibility and service provision as soon as possible and no later than 30 calendar days from initial request;
   3. Require staff to assess and prioritize Client needs;
   4. Implement with model fidelity to an evidence-based program or based upon best available research;
   5. Plan in partnership with the person and are inclusive;
   6. Provide in an environment that is most appropriate and based on a person's preference including reasonable clinic/reception wait times that are not a barrier to care;
   7. Provide referral sources for Clients that cannot be served or receive a specific service;
   8. Are culturally and linguistically sensitive;
   9. Tailor services to a person's unique strengths and needs;
   10. Manage funds to ensure established Clients continuity of care throughout budget year;
   11. Continue to provide services to established Clients after allocated funds are expended;
   12. Have processes to identify and eliminate possible barriers to care;
   13. Do not deny services due to inability to pay;
   14. Have appropriate key personnel and required staff to meet the medical and health needs of Clients;
   15. Bill services appropriately and timely through TMHP;
   16. Effectively communicate and document information related to health care needs with next steps available to Client;
   17. Establish outreach and education plan for the community; and
   18. Outline successful delivery of direct clinical services to Clients

By submitting an Application under this RFA, the Applicant certifies that Applicant has or will have at time of grant award services, policies, or procedures that conform with the requirements in this section as applicable. HHSC, in its sole discretion, may request to review relevant documentation during the project period as necessary to ensure program fidelity.

2.4.2 Covered Services and Activities

Proposed projects may include funding an array of covered services. Proposed projects must include the Applicant's selection of proposed covered services including the provision of, or provision of immediate access to, the following:

A. The following services are covered under FPP:
   1. Annual family planning and preventive healthcare visit;
   2. Pregnancy testing and counseling;
   3. Contraceptive services, all methods except elective abortion and emergency contraception, including necessary follow-up and surveillance;
   4. Certain health screening and diagnostic services, as indicated:
      a. Screening and diagnosis of cervical cancer;
      b. Limited treatment of cervical dysplasia;
      c. Screening and treatment for sexually transmitted diseases and infections (STD/STI);
      d. HIV screening;
      e. Limited prenatal care services;
      f. Recommended immunizations;
      g. Screening for postpartum depression;
      h. Diabetes screening;
      i. Hypertension screening;
      j. Screening for elevated cholesterol; or
      k. Preconception health (e.g. screening for obesity, smoking, and mental health)

B. **Pharmacy Services**. HHSC expects that FPP Clients will leave family planning clinic appointments with their desired contraceptive method. To facilitate immediate Client access to contraceptive services, Successful Respondents must provide certain pharmaceutical services (including contraceptive methods and related medications) to family planning Clients at each FPP-funded clinic site. Each FPP clinic site must maintain an adequate supply and variety of drugs and devices on-site to effectively manage the contraceptive needs of its patients.

   Successful Respondents must have a minimum Class D pharmacy license at each FPP clinic site or be able to provide immediate Client access to contraceptive methods and related medications through a written and signed vendor agreement with a pharmacy or pharmacies of the Successful Respondent's choice.

C. **Counseling and Education Services**. Enables the Client to understand the range of available services and how to access them, to make informed decisions, to reduce personal health risk, and to understand the importance of recommended tests, health promotion, and disease prevention strategies.

D. **Data Collection, Reporting and Performance.** These are requirements that:
   1. Identify financial reconciliation for fee for service and/ or cost reimbursement;
   2. Clinical Performance Measures; and
   3. Temporary Assistance to Needy Families (TANF) services if applicable

E. **Program Promotion and Outreach.** The Successful Respondent shall have an annual plan to inform the public of the purpose of the program and available services, enhance community understanding of its objectives, disseminate basic family planning and

women's health care knowledge, enlist community support and recruit potential FPP Clients. The annual plan should be based on a community needs assessment and contain an evaluation strategy.

F. **Eligibility Services.** This service includes determining eligibility utilizing approved screening forms and assessed on an annual basis.

G. **Follow-up and Continuity of Care.** This service includes tracking pending provider and Client results to ensure: pending results are reviewed and documented in the Client record; Clients are informed promptly of test results; provision of timely follow-up; compliance with recommended care; return visits; follow-up on missed appointments; and compliance with all applicable state and local laws for disease reporting, includes referral documentation and referral provider.

2.5 AWARD CONSIDERATION

To be considered for award, Applicants must execute **Exhibit A, Affirmations and Solicitation Acceptance v1.5** of this solicitation and provide all other required information and documentation set for on this solicitation.

A. In developing a response to this RFA, all Applicants must complete and submit the following information as described in **Articles V, VI, VII, and IX** by the required deadline in **Section 3.1, Schedule of Events**:
   1. Administrative Information;
   2. Program Narrative, **Form B, Family Planning Program Narrative;**
   3. Cost Proposal and Project Budget; and
   4. Exhibits that require submission (not exhibits that are for awareness and information purposes).

B. Respondents who submit Application Packages containing exceptions to any component of the RFA, including any revisions or amendments thereto, are highly discouraged from being considered for award. HHSC will not consider any exceptions submitted separately from a Response or after the Application due date.

2.6 PERFORMANCE MEASURES

In alignment with the HHSC Business Plan, WHP encourages use evidence-based practices and best available research in providing and delivering women's health services.

Grantees will:

A. Track and measure implementation progress and performance using HHSC-approved performance measures and HHSC-approved reporting formats; and

B. Agree to implement Project activities at quality levels consistent with industry standard and practice.

HHSC monitors performance of grants awarded resulting from this solicitation and noncompliance with performance requirements will be addressed per **Exhibit B, HHSC Uniform Terms and Conditions- Grant V 2.16.1 and Exhibit C, HHSC Special Conditions V 1.1 Grants**. Specific performance measures are included in the reports table below. HHSC will determine details including frequency, format, and submission method for each of the following reporting requirements:

REPORT	FREQUENCY
A. State of Texas HHSC Purchase Voucher and Supporting Schedule for HHSC Purchase Voucher (**Form B-13**) refer to **Attachment A, Women's Health Program Policy Handbook.**	Last business day of the month following the month in which expenses were incurred or services provided.
B. Financial Status Report (FSR)	Within 30 calendar days after the end of each quarter. Final FSR is due 45 calendar days after the end of the Grant term.
C. Financial Reconciliation Report (FRR)	No later than 60 calendar days after Grant term.
D. Fee-for-Service Claims Submission	Within 95 calendar days from date of service or date of 3rd party insurance EOB form. Within 45 calendar days after the end of the Grant term.
E. Promotion/Outreach Plan	45 calendar days after the grant start date.
F. Promotion/Outreach Annual Report	45 calendar days after the end of the grant period.

All Applicants receiving awards from this solicitation must submit these reports timely and accurately throughout the grant term, regardless of project progress or expenditure status, to report on progress and implementation.

2.7 PROHIBITIONS

Prohibitions apply to awarded funds. 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. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel or where pre-approved for working events;
H. Membership dues for individuals;
I. Any expense or service that is readily available at no cost to the grant project;
J. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
K. Fundraising;
L. Any other prohibition imposed by federal, state, or local law; and
M. The acquisition or construction of facilities.

2.8 STANDARDS

Respondents 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, including **Exhibit E, Certification Regarding Lobbying**.

Respondents 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. Respondent must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the grant 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 Respondent 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.

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

2.9 DATA USE AGREEMENT

By entering into a Grant Agreement with HHSC as a result of this Solicitation, Respondent agrees to be bound by the terms of the Data Use Agreement attached as **Exhibit F, Data Use Agreement, v 8.5 and F-1 , Attachment 2: Security and Privacy Inquiry (SPI) Form.**

2.10 NO GUARANTEE OF VOLUME, USAGE OR COMPENSATION

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

HHSC reserves the right to cancel, make partial award, or decline to award a Grant 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 Successful Respondent. Any additional funding or future funding may require submission of an application through a subsequent RFA.

ARTICLE III. ADMINISTRATIVE INFORMATION

3.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME

Solicitation Release Date	March 27, 2020
Pre- Application Webinar Respondent Conference (optional)	April 3, 2020 at 11:00 AM
Deadline for Submitting Questions	April 8, 2020 at 5:00 PM
Answers to Questions Posted	April 20, 2020
Deadline for submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the deadline.]	May 7, 2020 at 2:00 PM
Anticipated Notice of Award	July 2020
Anticipated Grant 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 HHSC Grants website. 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 HHS Grants website.

3.2 CHANGES, AMENDMENT OR MODIFICATION TO SOLICITATION

HHSC reserves the right to change, amend or modify any provision of this Solicitation, or to withdraw this Solicitation, at any time prior to award, if it is in the best interest of HHSC and will post such on the HHSC Grants and Texas.gov eGrants websites. It is the responsibility of Respondent to periodically check the websites to ensure full compliance with the requirements of this Solicitation. Any dates listed after the Solicitation Response deadline will occur at the discretion of HHSC and may occur earlier or later than scheduled without notification on the HHSC Grants and Texas.gov eGrants websites.

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 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:	Purchaser
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 responded 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

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

<u>Note</u>: 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 after the deadline. Please provide entity name, address, phone number; fax number, e-mail address, and name of contact person when submitting questions.

3.4.4 Clarification request made by Respondent

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

3.4.5 Responses

Responses to questions or other written requests for clarification will be posted on the HHS Grants website. System Agency reserves the right to amend answers prior to the deadline of Solicitation Responses. Amended answers will be posted on the HHS Grants website. It is Respondent's responsibility to check the HHS Grants website or contact the Point of Contact for updated responses. System Agency also reserves the right to provide a single consolidated response of all similar questions in any manner at the System Agency's sole discretion.

3.4.6 Respondent Conference

HHSC and the System Agency will conduct an optional pre-submittal Respondent Webinar on April 3, 2020 at 11:00 A.M. Applicants may register using the following link below.
https://attendee.gotowebinar.com/register/3606556874008027659

3.5 SOLICITATION RESPONSE COMPOSITION

3.5.1 Generally

All Applications must be:

A. Clearly legible;
B. Sequentially page-numbered and include the Respondent's name at the top of each page;
C. Organized in the sequence outlined in **Article IX - Submission Checklist**;
D. In Arial or Times New Roman font, size 12 or larger for normal text, no less than size 10 for tables, graphs, and appendices;
E. Blank forms provided in the Attachments must be used (electronic reproduction of the forms is acceptable; however, all forms must be identical to the original form(s) provided); do not change the font used on forms provided;
F. All forms must be returned in the original format. Do not convert required forms to PDF.

G. Correctly identified with the RFA number and submittal deadline;
H. Responsive to all RFA requirements; and
I. Signed by an authorized official in each place a signature is needed.

3.5.2 Submission in Separate Parts

A. Administrative Information Packet, including all forms
B. Program Narrative, including all forms
C. Cost Proposal
D. Required Exhibits, Forms; and
E. Signed Addendums, if applicable

Electronic submissions must be separated by electronic medium used for submission (i.e. flash drive).

The entire Solicitation Response – all separated electronic copies – must then be submitted in one package to HHSC at the address listed in **Section 3.6.3, Delivery**. The number of copies and directions for submitting an "Original" and "Copies" are outlined in **Article IX-Submission Checklist**.

3.6 SOLICITATION RESPONSE SUBMISSION AND DELIVERY

3.6.1 Deadline

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

3.6.2 Labeling

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

SOLICITATION NO	HHS0007346
SOLICITATION NAME:	HHSC HDIS Family Planning
RESPONSE DEADLINE:	May 7, 2020 at 2:00 p.m.
PURCHASER'S NAME:	Carolyn R. DeBoer
APPLICANTS'S NAME:	_____

HHSC will not be held responsible for any Solicitation Response that is mishandled prior to receipt by the HHSC. It is Applicant's responsibility to mark appropriately and deliver the Solicitation Response to the HHSC 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 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:

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 St. MC 2020 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, an Applicant may:

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

ARTICLE IV. SOLICITATION RESPONSE EVALUATION AND AWARD PROCESS

4.1 GENERALLY

A two-step selection process will be used:

A. Eligibility screening; and
B. Evaluation based upon specific selection criteria

4.2 ELIGIBILITY SCREENING

Applications will be reviewed for eligibility. All complete Solicitation Responses meeting the minimum qualifications will move to the Evaluation stage. Minimum qualifications are:

A. Solicitation Response is received by published deadline;
B. Solicitation Response is complete and includes required attachments per **Article IX** Submission Checklist;
C. Solicitation Response is signed by an Authorized Representative; and
D. Applicant must meet criteria listed in **Section 4.3, Evaluation**.

4.3 EVALUATION

Solicitation Responses will be evaluated and scored in accordance with the factors required by program criteria in this RFA using **Exhibit G, Evaluation Score Tool by the evaluation committee**.

A. Local Need and Access to Care-15%
B. Program Design-55%
C. Applicant Ability to Execute-20%
D. Project Costs-10%

4.4 FINAL SELECTION

HHSC intends on making multiple awards. After initial screening for eligibility, Application completeness and initial scoring of the elements listed above in **Section 4.3**, **Evaluation** the evaluation committee will look at all eligible Respondents to determine which proposals should be awarded to Respondents, using the evaluation criteria noted in **Exhibit G, Evaluation Score Tool,** as stated in Section 4.3. The evaluation 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, cost-effectiveness, and other relevant factors.

4.5 NEGOTIATION AND AWARD

Before executing grants, HHSC may enter into negotiations with each Successful Applicant to determine:

A. The award period,
B. The final award amount, and

C. The grant terms.

The negotiation phase involves direct contact between the Apparent Awardee and HHSC representatives via phone and/or email. During negotiations, Apparent Awardees may expect in-depth discussions of the Response and Proposed Project, and requests for clarification or additional detail regarding the Response and Proposed Project.

Final funding amounts and grant provisions are determined at the sole discretion of HHSC staff.

HHSC will notify each Successful Applicant of its selection to receive an award. The dollar amount awarded to each Apparent Awardee depends on the:

A. Available funding,
B. Response merit and scope,
C. Selection Committee recommendations, and
D. Executive Commissioner or designee decision.

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

Each grant resulting from this RFA will be funded on a **cost-reimbursement and/or fee-for-service** basis.

Reimbursement is made only for allowable and reported expenses the Grantee incurs within the grant term for support services as listed in **Section 2.2.3, Cost Reimbursement Funding**.

Under the cost-reimbursement method, the Grantee must initially pay for Proposed Project activities using its own funds. HHSC then issues reimbursement payments to the Grantee monthly for reported actual cash disbursements supported by adequate documentation.

Not all Applicants deemed eligible to receive funds are assured of receiving Awards. HHSC will post to the HHS Grants website and may publicly announce Applicants whose Applications are selected for award. Neither activity constitutes HHSC agreement with all terms of any Response and does not bind HHSC to enter into a grant with any Applicant whose award is posted.

4.5 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.

ARTICLE V. NARRATIVE PROPOSAL

5.1 NARRATIVE PROPOSAL

5.1.1 Project Work Plan

Using **Form B, Family Planning Program Narrative**, attached to this RFA, Respondents will describe all proposed services, processes, and methodologies for meeting all components described in **Article II**, **Scope of Grant Award**, including the Respondent's approach to meeting the timeline.

Respondent should identify all tasks to be performed, including all project activities, to take place during the grant funding period. Respondent will also include all documents requested as part of completing Forms to demonstrate fulfilling **Article II, Scope of Grant Award** requirements

ARTICLE VI. REQUIRED RESPONDENT INFORMATION

6.1 ADMINISTRATIVE ENTITY INFORMATION

Using **Form A, Family Planning Administrative Information Packet**, Applicants must provide satisfactory evidence of its ability to manage and coordinate the Proposed Project and types of activities described in this Solicitation.

6.2 LITIGATION AND CONTRACT HISTORY

Applicant must:

A. Include complete disclosures of any alleged or significant contractual failures using **Form A, Family Planning Administrative Information Packet.**
B. Disclose any civil or criminal litigation or investigation pending over the last five (5) years involving Applicant or in which Applicant has been judged guilty or liable.
C. Failure to comply with terms of this provision may disqualify Applicant.
   HHSC may reject a Response based upon Applicant's prior history, including current or former business formation, with the State of Texas or with any other party that demonstrates, without limitation:
   1. Unsatisfactory performance,
   2. Adversarial or contentious demeanor, or
   3. Significant failure(s) to meet contractual obligations.

6.3 CONFLICTS

The Applicant must, using **Form A, Family Planning Administrative Information Packet:**

A. Certify it has no personal or business interests that may present conflict(s) of interest with respect to the RFA and any resulting grant award or agreement.
B. Disclose all potential conflicts of interest.
C. Describe measures it will take to ensure there will be no actual conflict of interest and that its fairness, independence and objectivity will be maintained.
D. Include any activities of affiliated or parent organizations and individuals who may be assigned to the Grant.

HHSC will determine to what extent, if any, a potential conflict of interest can be mitigated and managed during the grant term. Failure to identify actual and potential conflicts of interest may result in disqualification of an Application Package or grant termination.

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

To maximize state resources and reduce duplication of effort, HHSC, at its discretion, may require the Applicant to disclose information regarding application for, or award of, state, federal, and/or local grant funding by the applicant, partner, or community organization within the past two (2) years to provide services and supports to Texans.

6.4 AFFIRMATIONS AND CERTIFICATIONS

Respondent must complete and return all following listed exhibits. All Exhibits and Forms are listed **Article IX, Submission Checklist** and **Article X, List of Attachments, Exhibits and Forms.**

ARTICLE VII. EXPENDITURE PROPOSAL

7.1 FORMS TO BE COMPLETED

7.1.1 Cost Proposal

Respondent must identify costs to be requested from HHSC using the following forms:

A. **Form C, Women's Health Programs- Family Planning Budget.** The budget 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 and incorporated into the grant resulting from this RFA are deemed rejected by HHSC. Utilizing this form to create the budget, Respondents must:
   1. Ensure costs identified support and align with program requirements as listed in this RFA in **Article II, Scope of Grant Award** and with the Respondent's **Form B, Family Planning Program Narrative**;
   2. Demonstrate project costs are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements. 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; and
   3. Identify costs to be requested from HHSC.
   4. Support costs with narrative descriptions that outline the need for the requested cost and a calculation demonstrating how the cost was arrived determined.
B. **Form D, Health and Human Services System, Indirect Cost Rate (ICR) Questionnaire.** This form includes an assessment designed to approve an Indirect Cost Rate, or Federally Approved Cost Allocation Plan for HHS System grants.
C. Respondent must submit their own Financial Statement submission.
   1. Financial statements for the most recently completed fiscal year or a period of 12 months; and,
   2. Most recently audited financial report (within the past two years) including all supplements or most recent completed Single Audit.

Respondents must demonstrate that project costs outlined 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. 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 given to whichever provision imposes the more stringent requirement in the event of a conflict.

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

7.2 INDIRECT COSTS

As referenced in **Section 7.1. Forms to Be Completed, Subsection B**, all Respondents are required to complete and submit **Form D, Health and Human and Services Systems Indirect Cost Rate (ICR) Questionnaire,** along with the required supporting documentation, with the Respondent's Solicitation Response. This questionnaire will initiate the use and approval of an indirect cost rate for System Agency grants. HHS will recognize the following pre-approved Indirect Cost Rates:

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

If the Respondent does not have one of the options listed above, then Respondent may be eligible for the ten (10) percent de minimis or an indirect cost rate. HHSC will contact applicable Respondents after grant award to complete the ICR process.

ARTICLE VIII. GENERAL TERMS AND CONDITIONS

8.1 GENERAL CONDITIONS

8.1.1 Costs Incurred

Respondents understand that issuance of this Solicitation in no way constitutes a commitment by any System Agency to award a grant 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, grant, 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 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 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. Applicants 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.

Amendments to the PIA passed during the 86th Legislative Session, specifically make "contracting information" public information that must be disclosed in response to a public information request unless otherwise excepted by the Act. Tex. Gov't Code §§ 552.003(7), 552.0222.

In addition, pursuant to Texas Government Code Section 2261.253(a), HHSC is required to post executed contracts and the associated solicitation documents on the agency website. Contract documents posted to the web may include the Solicitation Response of any Respondent receiving a Contract.

HHSC does not have authority to agree that any information submitted will not be subject to disclosure. Disclosure is governed by the PIA. Respondents are advised to consult with their legal counsel concerning disclosure issues resulting from this process and to take precautions to safeguard trade secrets and proprietary or otherwise confidential information. If it is necessary for Respondent to include proprietary or confidential information (which may include, but is not limited to, trade secrets or privileged information), Respondent must clearly mark in bold red letters the term "CONFIDENTIAL" using at least 14-point font, on that specific part or page of the submittal which Respondent believes to be confidential. All submittals and parts of submittals that are not marked confidential will be automatically considered to be public information. Should trade secrets or proprietary or otherwise confidential information be included in the submitted electronic copy, the content should be marked in the same manner as the original as stated above.

In addition, Respondent should mark the medium with the word "CONFIDENTIAL." If HHSC receives a public information request seeking information marked by Respondent as confidential, Respondent will receive notice of the request as required by the Texas Public Information Act.

If HHSC receives a public information request for submittals and parts of submittals that are not marked confidential, the information will be disclosed to the public as required by the Texas Public Information Act. Note that pricing is not generally considered confidential under the Texas Public Information Act. Merely making a blanket claim that the entire Solicitation Response is protected from disclosure because it contains any amount of proprietary or confidential information is not acceptable and may make the entire Solicitation Response subject to release under 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 III, Administrative Information**.

8.1.5 Additional Information

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

8.2 INSURANCE AND BONDING

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

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

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

Grantee shall provide and maintain all insurance coverage with the minimum amounts described throughout the life of the grant.

Failure to maintain insurance coverage, as required, is grounds for suspension of work for cause. Grantee shall deliver to HHSC true and complete copies of certificates and corresponding policy endorsements upon award.

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

The insurance and insurance limits required in **Exhibit H, Insurance Coverage Required** shall not be deemed as a limitation on Grantee's liability under the indemnities granted to HHSC in the Grant.

The insurance coverage and limits established in **Exhibit H, Insurance Coverage Required** shall not be interpreted as any representation or warranty that the insurance coverage and limits necessarily will be adequate to protect Grantee.

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

ARTICLE IX. SUBMISSION CHECKLIST

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

F. **Form A, Administrative Information Packet (Excel document including six tabs):**
   1. Respondent Information _____
   2. Counties Served _____
   3. Governing Body _____
   4. Agency Information & Litigation History _____
   5. Fiscal Management & Administrative Controls _____
   6. Project Summary _____

G. **Form B, Program Narrative** _____

H. **Cost Proposal including:**
   1. Form C: Family Planning Program Budget _____
   2. Form D: HHS Indirect Cost Rate (ICR) Questionnaire _____
   3. Required Financial Statements _____

I. **Required Exhibits** (to be included in Solicitation Package) **(Section 6.4, Affirmations and Certifications)**
   1. Exhibit A: Applicant Affirmations and Solicitations Acceptance _____
   2. Exhibit D: Assurances - Non-Construction Programs _____
   3. Exhibit E: Certification Regarding Lobbying _____
   4. Exhibit F: Data Use Agreement _____
   5. Exhibit F-1, Attachment 2 Data Use Agreement Security Privacy Information (SPI)_____
   6. Exhibit F-2, Data Use Agreement, Governmental Entity Version (if applicable) _____

J. **Signed Addendums, if applicable** _____

Electronic Copy of Solicitation Response Package

Respondent will provide one (1) **electronic** copy per **Section 3.5.2, Submission in Separate Parts**.

ARTICLE X. LIST OF ATTACHMENTS, EXHIBITS, AND FORMS

EXHIBITS:

Exhibit A, Affirmations and Solicitations Acceptance, v. 1.5
Exhibit B, UTCs - Grant version 2.16.1 (For information purposes, not to be returned)
Exhibit C, HHSC Special Conditions - Grant (For information purposes, not to be returned)
Exhibit D, Assurances Non- Construction Programs
Exhibit E, Certification Regarding Lobbying
Exhibit F, DUA v. 8.5 (return a signed only if using subcontractors under this award)
Exhibit F-1, Attachment 2, Security & Privacy Inquiry (SPI) Form
Exhibit F-2, DUA v. 8.5 Governmental Entity Version (if applicable)
Exhibit G, Evaluation Score Tool (For information purposes, not to be returned)
Exhibit H, Insurance Requirements

FORMS:

Form A, Family Planning Administrative Information Packet
Form B, Family Planning Program Narrative
Form C, Family Planning Budget
Form D, HHS Indirect Cost Rate (ICR) Questionnaire
Form E, Family Planning Program Certification
Form F, Federal Funding Accountability and Transparency Act (FFATA) Certification