Phil Wilson, Interim Executive Commissioner

Request for Applications (RFA)

For

Women's Health Program:

Breast and Cervical Cancer Services

RFA No. HHS0007351

Date of Release: April 10, 2020
Responses Due: May 21, 2020 by 2 p.m. Central Time

NIGP Class/Item Code:

924-16 Course Development Services, Instructional and Training
948-26 Cytology Screening Services
948-43 Health Information Services
948-51 Imaging and Diagnostic Services
948-55 Medical and Laboratory Services, Non-Physician
948-74 Professional Medical Services: Physicians, Pharmacists, and All Specialties

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 ***6***
2.1 Program Background 6
2.2 Grant Award and Term 6
2.2.1 Available Funding 6
2.2.2 Fee-for-Service Funding 7
2.2.3 BCCS Matching Funds Requirement 7
2.2.4 Grant Term 7
2.3 Eligible Respondents 8
2.4 Program Requirements 9
2.4.1 Project Design 10
2.4.2 Covered Services and Activities 12
2.5 Award Consideration 13
2.6 Performance Measures 14
2.7 Prohibitions 14
2.8 Standards 15
2.9 Data Use Agreement 16
2.10 No Guarantee of Volume, Usage or Compensation 16
Article III. Administrative Information ***17***
3.1 Schedule of Events 17
3.2 Changes, Amendment or Modification to Solicitation 17
3.3 Irregularities 17
3.4 Inquiries 18
3.4.1 Sole Point of Contact 18
3.4.2 Prohibited Communications 18
3.4.3 Questions 18
3.4.4 Clarification Request Made By Respondent 19
3.4.5 Responses 19
3.4.6 Respondent Webinar 19
3.5 Solicitation Response Composition 19
3.5.1 Generally 19
3.5.2 Submission in Separate Parts 20
3.6 Solicitation Response Submission and Delivery 20
3.6.1 Deadline 20
3.6.2 Labeling 20
3.6.3 Delivery 21
3.6.4 Alterations, Modifications, and Withdrawals 21
Article IV. Solicitation Response, Evaluation, and Award Process ***22***
4.1 Generally 22
4.2 Eligibility Screening 22
4.3 Evaluation 22
4.4 Final Selection 22

4.5 Negotiation and Award 23
4.6 Questions or Requests for Clarification By the System Agency 24
Article V. Narrative Proposal 24
5.1 Narrative Proposal 24
5.1.1 Project Work Plan 24
Article VI. Required Respondent Information 24
6.1 Administrative Entity Information 24
6.2 Litigation and Contract History 24
6.3 Conflicts 25
6.4 Affirmations and Certifications 25
Article VII. Expenditure Proposal 26
7.1 Forms to be Completed 26
7.1.1 Cost Proposal 26
7.2 Match Requirement For Breast and Cervical Cancer Services 27
Article VIII. General Terms and Conditions 28
8.1 General Conditions 28
8.1.1 Costs Incurred 28
8.1.2 Contract Responsibility 29
8.1.3 Public Information Act - Respondent Requirements Regarding Disclosure 29
8.1.4 News Releases 31
8.1.5 Additional Information 31
8.2 Insurance and Bonding 31
Article IX. Submission Checklist 33
Article X. List of Attachments, Exhibits, and Forms 35

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), **Breast and Cervical Cancer Services (**BCCS**).**

The BCCS program provides women with low incomes access to quality breast and cervical cancer screening and diagnostic services which positively impact their health and well-being. BCCS intends to increase access to screening, diagnostics and/ or treatment services. BCCS 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 award, Respondents must execute **Exhibit A, Affirmations and Solicitation Acceptance v 1.5**, **Exhibit B, Assurances Non-Construction Programs, Exhibit C, Certification Regarding Lobbying**, **Exhibit D, Data Use Agreement v 8.5** (signature only required if there are subcontractors), **Exhibit D-1, DUA v. 8.5 Governmental Entity Version** (signature only required if there are subcontractors) and **Exhibit D-2, DUA Attachment 2: Security and Privacy Inquiry (SPI) Form** of this Solicitation and provide all other required information and documentation as set forth in this Solicitation.

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:

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

Separate complete application packages must be submitted for each RFA.

1.2 DEFINITIONS

Refer to **Exhibit F, HHSC Uniform Terms and Conditions – Grant v2.16.1** and **Exhibit G, 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 person that meets the eligibility criteria for the applicable program(s) and receives services through the applicable grant-supported Project.

"Culturally-Competent" means the ability of an individual or organization to interact effectively with people of different cultures. This includes using knowledge of culturally based values, traditions, customs, language, and behavior to plan, implement, and evaluate service activities.

"Evidence-Based Programs" means those interventions and activities that evaluations have shown to be effective at addressing a particular outcome.

"Key Personnel" means a Respondent organization's Project contact, fiscal contact, and Executive Director and/or any other key stakeholders in the Proposed 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" and used interchangeably throughout the document.

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

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

"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," "Contactor," "Grantee," or "Grant Recipient."

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

1.3 AUTHORITY

HHSC is requesting applications for the Breast and Cervical Cancer Program. Program authorization is from 42 U.S.C. §300k, *et seq.*; and Texas Government Code §531.0201. Program rules are found at 25 Texas Administrative Code (TAC) Chapter 61, Subchapter C.

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 provide 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.

BCCS provides and/or assures the provision of breast and/or cervical cancer screening; diagnostic and support services including tracking, follow-up, and patient navigation; and individual Client education services. BCCS allows the provision of diagnostic services and Successful Respondents must ensure the program's focus supports cancer screening consistent with the funding's intent.

Program requirements also include: 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 and follow-up. The BCCS program oversees the coordination of a Client's services from screening through diagnosis, if clinically warranted.

All Successful Respondents must have an established referral relationship and sub-contract with a qualified provider of each service that the Successful Respondent does not provide.

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

Federal Medicaid law gives states the option to provide Medicaid assistance to women who were screened through the Centers for Disease Control and Prevention's (CDC) National Breast and Cervical Cancer Early Detection Program (NBCCEDP) and found to have breast or cervical cancer.

2.2 GRANT AWARD AND TERM

2.2.1 Available Funding

BCCS services are funded by a federal CDC cooperative agreement, federal TANF to Title XX funds, and State General Revenue. The anticipated total amount of funding available for this procurement is **$10,181,799** 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 this source 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 contract if funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or agencies, amendment of the appropriations act, health and human services agency consolidations or any other disruption of current appropriations.

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 BCCS Med-IT for direct clinical care services provided to Clients, which will then be paid by HHSC.

Service codes are located in **Attachment B, BCCS Billing Guideline**.

2.2.3 BCCS Matching Funds Requirement

Matching is calculated based on the federal award amount and is comprised of contractor contributions proposed to support anticipated costs of the Project during a specific budget period (confirmation of the existence of funding is supplied by the contractor via their quarterly match report). The contractor must be able to account separately for stewardship of the federal funding and for any required matching; it is subject to monitoring, oversight, and audit. More information may be found in ~~**Section 7.2, Indirect Costs** of the RFA and~~ **Attachment B, BCCS Billing Guideline**.

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 contract is contingent upon the availability of funds and the satisfactory performance of the contractor 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 Solicitation, 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 private or public~~nonprofit~~ 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.

   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) website at https://sam.gov/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 contract 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.

B. 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/.

NOTE: Respondent may be exempted from the Medicaid provider requirement when providing breast and cervical cancer services if the exemption requirements of Title 25, Texas Administrative Code § 61.33 are met and the exception is approved by HHSC.

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

D. Respondent must ensure **Form A, Breast and Cervical Cancer Services (BCCS) Program Certification** is completed in its entirety at the time of applications 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.

E. 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 the application.

F. 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 provider 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 Women's Health Program BCCS 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 in Texas. Covered services may be selected individually or within a group selection as outlined in **Section 2.4.2, Covered Services and Activities.**

B. Eligible target population must meet the assigned Client eligibility requirements outlined in **Attachment A, Women's Health Program Policy and Procedure Manual**. For an individual to receive BCCS services, three (3) general criteria must be met:

1. Gross household income at or below 200 percent of the adopted Federal Poverty Level (FPL);
2. Applicant is a Texas resident; and
3. Without access to programs/benefits providing the same services.

Other Eligibility Factors

- Undocumented applicants who meet the general eligibility criteria are program eligible.
- Applicant must meet age-specific eligibility criteria for screening and diagnostic services.
- Applicants may be dual-eligible for programs providing the same or similar services, such as Healthy Texas Women and/or the Family Planning Program. In such cases, individual agencies should determine the best use of funds to meet Client needs and maintain program requirements. However, Clients with a primary need of cancer screening should be enrolled in BCCS.
- Applicants with access to preventive (screening) services whose coverage is insufficient for diagnostic workup are considered underinsured and may be enrolled for services.

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

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

Successful applications will be responsible for working within the counties in their approved service areas and with target populations and within their approved Project plan that details how programs will meet program goals and obligations.

2.4.1 Project Design

Applicants must design a Project that provides access to health services to enable eligible women experiencing health needs to secure and maintain safe and accessible quality breast and cervical cancer screening and diagnostic 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. Be time-limited in nature and designed to address grant funding expiring and sustainability;
   3. Enhance systems and local processes to make it easier for people to transition to, from, and between services;
   4. Address barriers to ensure services are accessible to people regardless of setting or location; and
   5. 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 must 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 thirty (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, as determined by the medical provider;
   10. Manage funds to ensure established Clients continuity of care throughout the 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, found in **Attachment A, Women's Health Program Policy and Procedure Manual.**
   15. Bill services appropriately through Med-IT;
   16. Effectively communicate and document information related to health care needs with next steps available to Client;
   17. Establish a system for monitoring abnormal screening or diagnostic results and/ or a Client who has initiated patient navigation services
   18. Establish outreach and education plan for the community; and

19. 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 BCCS:
   1. Accept referrals for breast and cervical cancer services, funds permitting;
   2. Provide follow-up and navigation of Clients with abnormal screening or diagnostic results;
   3. Assist eligible Clients in applying for Medicaid for Breast and Cervical Cancer (MBCC), including eligible Clients diagnosed outside the BCCS program;
   4. Make a Good Faith Effort to obtain treatment for Clients with a pre-cancerous or cancerous breast or cervical diagnosis who do not meet the eligibility criteria for BCCS Cervical Dysplasia and/or MBCC;
   5. Communicate with team members within your organization regarding program requirements of the BCCS program;
   6. Provide and document monitoring and oversight of subcontractors and subcontracted services to ensure compliance with BCCS policies and standards;
   7. Screening services;
   8. Clinical breast examination;
   9. Mammogram;
   10. Pelvic examination and Pap test;
   11. Diagnostic services;
   12. Cervical dysplasia management and treatment; and
   13. If necessary, assistance completing the MBCC application

B. **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.

C. **Patient Navigation Services.** Patient navigation is a strategy aimed to reduce disparities by helping women overcome those barriers. Patient navigation is defined as individualized assistance provided to women to help overcome barriers and facilitate timely access to quality screening and diagnostic services, as well as initiation of timely treatment services for those diagnosed with cancer. These services include:
   1. A written assessment of the Client's barriers to cancer screening, diagnostic services, and initiation of cancer treatment;
   2. Client education and support;

3. Resolution of Client barriers (e.g., transportation, translation services);
4. Client tracking and follow-up to monitor progress in completing screening, diagnostic testing, and initiating cancer treatment;
5. Given the centrality of the Client-navigator relationship, patient navigation must include a minimum of two, but preferably more, contacts with the Client;
6. Collection of data to evaluate the primary outcomes of patient navigation: Client adherence to cancer screening, diagnostic testing, and treatment initiation. Clients lost to follow-up should also be tracked.

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, Outreach and Inreach.** To provide inreach, outreach, and education to the community, each grantee must establish a comprehensive inreach, outreach, and education plan. This plan will include the determination of the priority population, a recruitment work plan, inreach and outreach methods, and an evaluation of the effectiveness of recruitment strategies.

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

G. **Follow-up and Continuity of Care.** These services include tracking pending provider and Client results to ensure: pending results are reviewed and documented in 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 v 1.5** 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, **Form B, BCCS Administrative Packet**;
~~1.~~
2. Program Narrative, **Form C, BCCS Program Narrative**;
3. Cost Proposal, **Form D, BCCS Budget** and required financial statements.
4. Exhibits that require submission (not exhibits that are for awareness and information purposes).

Respondents who submit an Application Package containing exceptions to any component of the RFA, including any revisions or amendments thereto, are highly discouraged to be considered for award. HHSC will not consider any exceptions submitted separately from a

Response or after the Application due date. Applicants must submit exceptions in **Exhibit E, Exceptions**.

2.6 PERFORMANCE MEASURES

In alignment with the HHSC Business Plan, WHP encourages use of 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 F, HHSC Uniform Terms and Conditions – Grant v2.16.1** and **Exhibit G, HHSC Special Conditions v 1.1-Grants**. Some of the 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. Financial Reconciliation Report (FRR)	No later than 60 calendar days after the end of the contract term, 30 calendar days after the last pay file is run, whichever is later.
B. Fee-for-Service Claims Submission	Within 30 calendar days of service provision.
C. Promotion/Outreach Plan	45 calendar days after the grant execution date
D. Breast and Cervical Cancer Federal Match Report	30 calendar days after the end of each quarter.
E. Clinical Performance Measures	Monthly

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 **and** match. State and federal funds and resources may **not** be used as match for this grant. 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. Statewide Projects;
M. Any other prohibition imposed by federal, state, or local law; and
N. 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 C, 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 ten (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 D, Data Use Agreement, v 8.5**, **Exhibit D-1, DUA v. 8.5 Governmental Entity Version** (if applicable), and **Exhibit D-2, DUA 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	April 10, 2020
Respondent Webinar (optional)	April 17, 2020 at 10:00AM
Deadline for Submitting Questions	April 22, 2020 at 5:00PM
Estimated Date Answers to Questions Posted	April 28, 2020
Deadline for submission of Solicitation Responses [NOTE: Responses must be RECEIVED by HHSC by the deadline.]	May 21, 2020 at 2:00 PM
Anticipated Notice of Award	August 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 Texas eGrants website and HHS 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 Texas eGrants website and HHS Grants website.

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 on the Texas eGrants website and HHS Grants website. It is the responsibility of Respondent to periodically check the Texas eGrants website and HHS Grants website 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 Sole 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 Sole 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 (Sole Point of Contact). 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:	Kristen Thatcher
Title:	PCS Grants Specialist
Address:	1100 W. 49th Street, Austin, TX 78756
Phone:	512-406-2596
Email:	Kristen.Thatcher@hhsc.state.tx.us

However, if expressly directed in writing by the Sole Point of Contact, Respondent may communicate with another designated System Agency representative, e.g., during contract negotiations, if any.

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 Sole 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 Sole 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; and
F. Question

Note: Questions or other written requests for clarification must be received by the Sole Point of Contact by the deadline set forth in Section 3.1, Schedule of Events 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. The 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 Sole Point of Contact for updated responses. The 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 Webinar

The System Agency will conduct an **optional** pre-submittal respondent webinar on April 17, 2020 at 10:00AM Central Time. Respondents may register for the Respondent webinar using the following link. The Respondent webinar is **optional**. https://attendee.gotowebinar.com/register/7463206059193218571.

3.5 SOLICITATION RESPONSE COMPOSITION

3.5.1 Generally

All applications must be:

1. Clearly legible;
2. Sequentially page-numbered and include the respondents name at the top of each page;
3. Organized in the sequence outlined in **Article IX** - Submission Checklist;
4. In Arial or Times New Roman font, size 12 or larger for normal text, no less than size 10 for tables, graphs, and appendices;
5. 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;
6. Correctly identified with the RFA number and submittal deadline;

7. Responsive to all RFA requirements; and
8. 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 Submission in Separate Parts

A. Administrative Information Packet, including all forms;
B. Program Narrative, including all forms;
C. Cost Proposal, including all forms and financial statements;
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," "Copy," and "Public Information Copy" (if applicable) are outlined in **Article IX**.

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.:	HHS0007351
SOLICITATION NAME:	Breast and Cervical Cancer Services
SOLICITATION RESPONSE DEADLINE:	May 21, 2020 by 2:00 p.m. Central Time
PURCHASER'S NAME:	Kristen Thatcher
RESPONDENT'S NAME:	Respondent'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. The System Agency will not be responsible for any technical issues that result in late delivery, inappropriately identified documents, or other submission error that may lead to disqualification (including substantive or administrative) or nonreceipt of the Respondent's application.

3.6.3 Delivery

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

Submission Option #1: Respondent shall submit the following on three USB drives – One (1) labeled "Original," One (1) labeled "Copy," and One (1) labeled "Public Information Copy" (if applicable) - to the mailing address identified in this section:

a. Each USB must contain one file named "Original Proposal" that contains the Respondent's entire proposal in searchable portable document format (PDF).

b. In accordance with Section 8.1.3, the "Public Information Copy" must contain the Respondent's entire proposal in searchable PDF, if applicable.

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

HHSC Procurement and Contracting Services (PCS)
Bid Room
Attn: Kristen Thatcher
1100 W. 49th Street, 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: (1) withdraw its Solicitation Response by submitting a written request to the Point of Contact identified in **Section 3.4.1**; or (2) modify its Solicitation Response by submitting a written amendment to the Point of Contact identified in **Section 3.4.1**. The System Agency may request Solicitation Response Modifications at any time.

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 2.3, Eligible Respondents**.

4.3 EVALUATION

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

A. Local Need and Access to Care-15%;
B. Program Design-55%;
C. Applicant Ability to Execute-20%;
D. Program 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 H, Evaluation Score Tool**, as stated in **Section 4.3, Evaluation**. 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, and cost-effectiveness, and other relevant factors.

4.5 NEGOTIATION AND AWARD

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

A. The award period,
B. The final award amount, and
C. The grant contract 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 contract 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 contract resulting from this RFA will be funded on a **fee-for-service** basis, and only to the extent the Grantee commits, uses, and reports state funds and required matched funds within each expenditure and match reporting period.

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 contract with any Applicant whose award is posted.

4.6 QUESTIONS OR REQUESTS FOR CLARIFICATION BY THE SYSTEM AGENCY

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

ARTICLE V. NARRATIVE PROPOSAL

5.1 NARRATIVE PROPOSAL

5.1.1 Project Work Plan

Using **Form C, BCCS 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 B, BCCS Administrative 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 B, BCCS Administrative 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 B, BCCS Administrative 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 greater than $1 million dollars 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 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 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 support to Texans.

6.4 AFFIRMATIONS AND CERTIFICATIONS

Respondent must complete and return all following listed forms and exhibits. All Exhibits and Forms are listed in **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 D, BCCS Budget.** Respondent must utilize the HHSC template provided in **Form D, BCCS Budget,** and **identify costs to be requested from HHSC and costs to be matched**. 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 C, BCCS 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 and costs to be matched for the initial grant funding period. Respondents proposing in-kind match must specify the sources of in-kind funding.
   4. Support costs with narrative descriptions that outline the need for the requested cost and a calculation demonstrating how the cost was determined.

~~B. **Form E, Health and Human Services 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.~~B. 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, **Form D, BCCS Budget,** 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 effect given to whichever provision imposes the more stringent requirement in the event of a conflict.

Costs included in the **Form D, BCCS Budget** 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 E, Health and Human Services 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 the 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 Applicant does not have one of the options listed above, then Applicant may be eligible for the ten (10) percent de minimis rate or an indirect cost rate. HHSC will contact applicable Respondents after grant award to complete the ICR process.~~

7.2~~3~~ MATCH REQUIREMENT FOR BREAST AND CERVICAL CANCER SERVICES

BCCS recipient financial participation is required for this program in accordance with the authorizing legislation. Section 1502. [3001] (a) and (b)(1), (2), and (3) of the Public Health Service (PHS) Act, as amended, requires matching funds from non-Federal sources in an amount not less than one dollar for every three dollars of Federal funds awarded under this program. Matching funds must be sufficiently documented per UGMS and Title 2, Part 200, §200.306 of the Code of Federal Regulations.

Respondents may also designate as State/Tribal/Territorial/Pacific Island Jurisdiction matching funds any non-Federal amounts spent pursuant to Title XIX of the Social Security Act for the screening and case management of women for breast and cervical cancers.

Matching funds may not include: (1) payment for treatment services or the donation of treatment services; (2) services assisted or subsidized by the Federal government; or (3) the indirect or overhead costs of an organization. All costs used to satisfy the matching requirements must be documented by the Respondent and will be subject to audit.

Each BCCS funding awardee must dedicate matching funds to BCCS services. Matching funds may be provided through local philanthropic, private, or city or county funds, pooled or braided funds from partner organizations, donated resources, or in-kind contributions committed specifically for the Proposed Project. State or federal funds, including Cancer Prevention Research Institute of Texas (CPRIT) may not be used as match.

Respondents must include in their application how they propose to match federal CDC funds. For every three dollars ($3.00) in federal CDC funds requested, Respondent must identify one dollar ($1.00) of qualified non-federal or non-state match as identified in **Form D, BCCS Budget**.

The value of donated materials, professional services, and volunteer time is to be calculated in accordance with Section .24, Subpart C, of UGMS. To certify matching funds in the proposal in attached **Form D, BCCS Budget**, Respondents must include:

1. For cash contributions:
    a. 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**
    b. Copies of cancelled donor checks or bank statement showing the transfer of funds by wire or receipt of credit card payments.

2. For donated or discounted materials or services (in kind): a commitment of resources and their retail value described on the donor's letterhead.

3. For donated professional services: a commitment of resources and their retail value described on the donor's letterhead.

4. 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.

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 contract or to pay any costs incurred by a Respondent in the preparation of a response to this Solicitation. The System Agency is not liable for any costs incurred by a Respondent prior to issuance of or entering into a formal

agreement, contract, or purchase order. Costs of developing Solicitation Responses, preparing for or participating in oral presentations and site visits, or any other similar expenses incurred by a Respondent are entirely the responsibility of the Respondent, and will not be reimbursed in any manner by the State of Texas.

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 - Respondent Requirements Regarding Disclosure

Proposals and contracts are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Other legal authority also requires System Agency to post contracts and proposals on its public website and to provide such information to the Legislative Budget Board for posting on its public website.

Under the PIA, certain information is protected from public release. If Respondent asserts that information provided in its Solicitation Response is exempt from disclosure under the PIA, Respondent must:

a. **Mark Original Proposal:**

   1. Mark the Original Proposal, on the top of the front page, the words "CONTAINS CONFIDENTIAL INFORMATION" in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font or larger); and

   2. Identify, adjacent to each portion of the Solicitation Response that Respondent claims is exempt from public disclosure, the claimed exemption from disclosure (NOTE: no redactions are to be made in the Original Proposal);

b. **Certify in Original Proposal - Affirmations and Solicitation Acceptance (attached as Exhibit A to this Solicitation):**

   Certify, in the designated section of the Affirmations and Solicitation Acceptance, Respondent's confidential information assertion and the filing of its Public Information Act Copy; and

c. **Submit Public Information Act Copy of Proposal:**

   Submit a separate "Public Information Act Copy" of the Original Proposal (in addition to the original and all copies otherwise required under the provisions of this Solicitation). The Public Information Act Copy must meet the following requirements:

1. The copy must be clearly marked as "Public Information Act Copy" on the front page in large, bold, capitalized letters (the size of, or equivalent to, 12-point Times New Roman font or larger);
2. Each portion Respondent claims is exempt from public disclosure must be redacted (blacked out); and
3. Respondent must identify, adjacent to each redaction, the claimed exemption from disclosure. Each identification provided as required in Subsection (c) of this section must be identical to those set forth in the Original Proposal as required in Subsection (a)(2), above. The only difference in required markings and information between the Original Proposal and the "Public Information Act Copy" of the proposal will be redactions - which can only be included in the "Public Information Act Copy." There must be no redactions in the Original Proposal.

By submitting a response to this Solicitation, Respondent agrees that, if Respondent does not mark the Original Proposal, provide the required certification in the Affirmations and Solicitation Acceptance, and submit the Public Information Act Copy, Respondent's proposal will be considered to be public information that may be released to the public in any manner including, but not limited to, in accordance with the Public Information Act, posted on the System Agency's public website, and posted on the Legislative Budget Board's public website.

If any or all Respondents submit partial, but not complete, information suggesting inclusion of confidential information and failure to comply with the requirements set forth in this section, System Agency, in its sole discretion and in any solicitation, reserves the right to (1) disqualify all Respondents that fail to fully comply with the requirements set forth in this section, or (2) to offer all Respondents that fail to fully comply with the requirements set forth in this section additional time to comply.

Respondent should not submit a Public Information Act Copy indicating that the entire proposal is exempt from disclosure. Merely making a blanket claim that the entire proposal is protected from disclosure because it contains any amount of confidential, proprietary, trade secret, or privileged information is not acceptable, and may make the entire proposal subject to release under the PIA.

Proposals should not be marked or asserted as copyrighted material. If Respondent asserts a copyright to any portion of its proposal, by submitting a proposal, Respondent agrees to reproduction and posting on public websites by the State of Texas, including the System Agency and all other state agencies, without cost or liability.

The System Agency will strictly adhere to the requirements of the PIA regarding the disclosure of public information. As a result, by participating in this solicitation process, Respondent acknowledges that all information, documentation, and other materials submitted in the proposal in response to this Solicitation may be subject to public disclosure under the PIA. The System Agency does not have authority to agree that any information submitted will not be subject to disclosure. Disclosure is governed by the PIA and by rulings of the Office of the Texas Attorney General. 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. The System Agency assumes no obligation or responsibility relating to the disclosure or nondisclosure of information submitted by Respondents.

For more information concerning the types of information that may be withheld under the PIA or questions about the PIA, please refer to the Public Information Act Handbook published by the Office of the Texas Attorney General or contact the attorney general's Open Government Hotline at (512) 478-OPEN (6736) or toll-free at (877) 673-6839 (877-OPEN TEX). To access the Public Information Act Handbook, please visit the attorney general's website at http://www.texasattorneygeneral.gov.

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 contract requirements. By submitting a proposal, a Respondent generally releases from liability and waives all claims against any party providing HHSC information about the Respondent. 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 I, 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 of the 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 I, 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 I, 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 in order to be considered responsive. Any Solicitation Response received without these requisite documents may be deemed nonresponsive and may not be considered for contract award.

Original Solicitation Response Package

The Solicitation Package must include the "Original" Solicitation Response in **electronic-copy** consisting of the four parts described in detail below, each under separate cover but packaged together and clearly labeled "Original" on each.

1. **Administrative Information (Form A & B)**
   a. Form B: BCCS Administrative Packet* (Excel document including eight tabs below)____
      1. Respondent Information _____
      2. Counties Served _____
      3. Covered Services _____
      4. Governing Body _____
      5. Agency Information & Litigation History _____
      6. Financial Management & Administration Questionnaire _____
      7. Clinic List _____
      8. Project Summary _____

   *Please assure Form B is submitted in Excel format, NOT PDF, except for signature pages which can be in PDF. _____ _____
   b. _____

2. **Narrative Proposal (Form C)** **(Section 5.1.1)**
   a. Form C: BCCS Program Narrative _____

3. **Cost Proposal (template included)** **(Section 7.1.1)**
   a. Form D: BCCS Budget* _____
   ~~b. Form E: HHS Indirect Cost Rate (ICR) Questionnaire (if applicable)~~ _____
   c. Required Financial Statements _____

   *Please assure Form D is submitted in Excel format, NOT PDF, except for signature pages which can be in PDF. _____ _____

4. **Applicable Exhibits (to be included in Solicitation Package)** **(Section 6.4)**
   a. Exhibit A: Affirmations and Solicitation Acceptance v 1.5 _____
   b. Exhibit B: Assurances Non-Construction Programs _____
   c. Exhibit C: Certification Regarding Lobbying _____
   d. Exhibit D: Data Use Agreement v 8.5 _____

e. Exhibit D-1: DUA v. 8.5 Governmental Entity Version (if applicable) _____
f. Exhibit D-2: DUA Attachment 2: Security Privacy Inquiry (SPI) Form _____
g. Exhibit E: Exceptions _____
h. Exhibit J: FFATA Certification

5. Signed Addendums, if applicable _____

Copies of Solicitation Response Package

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

- **_1_** Electronic copy of **Administrative Information**
- **_1_** Electronic copy of **Narrative Proposal**
- **_1_** Electronic copy of **Cost~~Expenditure~~ Proposal**
- **_1_** Electronic copy of **Applicable Exhibits**
- **_1_** Electronic copy of **Signed Addendums (if applicable)**

Public Information Copy of Solicitation Response Package (if applicable)

If the Respondent asserts that information provided in its Solicitation Response is exempt from disclosure under the Public Information Act, as detailed in **Section 8.3.1, Public Information Act**, please provide the following number of **electronic** copies (all clearly labeled as "Public Information Act Copy") in addition to the electronic-copy "Original" Solicitation Response and electronic-copy "Copy" Solicitation Response. Electronic copies must be submitted on a USB Drive and separated by folders.

- **_1_** Electronic copy of **Administrative Information**
- **_1_** Electronic copy of **Narrative Proposal**
- **_1_** Electronic copy of **Cost~~Expenditure~~ Proposal**
- **_1_** Electronic copy of **Applicable Exhibits**
- **_1_** Electronic copy of **Signed Addendums (if applicable)**

ARTICLE X. LIST OF ATTACHMENTS, EXHIBITS, AND FORMS

Attachments
Attachment A, Women's Health Program Policy and Procedure Manual
Attachment B, BCCS Billing Guideline

Exhibits
Exhibit A, Affirmations and Solicitations Acceptance, v. 1.5
Exhibit B, Assurances Non-Construction Programs
Exhibit C, Certification Regarding Lobbying
Exhibit D, Data Use Agreement (DUA) v. 8.5 (return a signed copy only if using subcontractors under this award)
Exhibit D-1, DUA v. 8.5 Governmental Entity Version (if applicable - return a signed copy only if using subcontractors under this award)
Exhibit D-2, DUA Attachment 2: Security and Privacy Inquiry (SPI) Form
Exhibit E, Exceptions
Exhibit F, HHSC Uniform Terms and Conditions - Grant version 2.16.1 (For information purposes, not to be returned)
Exhibit G, HHSC Special Conditions Version 1.1 (For information purposes, not to be returned)
Exhibit H, Evaluation Score Tool (For information purposes, not to be returned)
Exhibit I, Insurance Coverage Required (For information purposes, not to be returned)
Exhibit J, Federal Funding Accountability and Transparency Act (FFATA) Certification

Forms
Form A, BCCS Program Certification
Form B, BCCS Administrative Packet
Form C, BCCS Program Narrative
Form D, BCCS Budget
Form E, HHS Indirect Cost Rate (ICR) Questionnaire (Form E is no longer required as of Addendum 1 for HHS0007351)