Request for Proposals

Recovery Support Services

Mental Health & Substance Abuse Division

RFP #: SA/RSS-0578.1

Issued: September 27, 2013

Due: October 25, 2013 (2:00 p.m. CT)

Class/Item: 952.85

Client Services Contracting Unit (CSCU)

David L. Lakey, M.D. Commissioner
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I. INTRODUCTION

The Department of State Health Services (DSHS) Mental Health and Substance Abuse Division announces the expected availability of grant funds for State Fiscal Year (SFY) 2014 to provide substance abuse recovery support services. Services are being procured statewide.

This Request for Proposal (RFP) will reflect The Substance Abuse and Mental Health Services Administration and The Center for Substance Abuse Treatment's SAMHSA/CSAT priority for states to develop a Recovery-Oriented System of Care (ROSC). This RFP is being issued to enhance the recovery environment in Texas by funding substance abuse recovery support services, in a variety of organizational settings.

If respondent is proposing recovery services in multiple Regions, a complete and separate proposal will be required for each Region.

DSHS will make funds available statewide for organizations to deliver substance abuse recovery support services that help facilitate entry of individuals into the treatment process, prevent relapse, and promote sustained recovery from alcohol and drug use disorders statewide.

Three types of organizations are eligible to respond to this RFP. These include:

a. Organizations that provide treatment services for substance use disorders (TO);

b. Peer-run Recovery Community Organizations (RCOs); and

c. Other Community-Based Organizations (CBOs) that have a history of providing services to individuals and families affected by substance use disorders.

Respondents may apply only as one organizational type (For example, if the organization meets the definition of RCO and TO, it may apply either as an RCO or a TO, but may not apply as both). If a respondent is applying for multiple regions it may only apply as one (1) organization type for those regions.

Funding will be available for TOs, RCOs, and CBOs that will provide substance abuse recovery support services. It is expected that eligible respondents will have in place the demonstrated experience, expertise, and infrastructure to perform the work outlined in this RFP.

This RFP must adhere to the Substance Abuse and Mental Health Services Administration (SAMHSA) definition of recovery and the SAMHSA definition of recovery support services. In developing a response to this RFP, the respondent is encouraged to demonstrate how it currently provides, or will provide, a recovery framework that is consistent with ROSC principles.

This RFP contains the requirements that all respondents must meet, to be considered for funding under this RFP. Failure to comply with these requirements will result in disqualification of the respondent without further consideration. Each respondent is solely responsible for the preparation and submission of a proposal in accordance with instructions contained in this RFP.
Before completing the proposal, refer to the relevant program requirements provided in **SECTION II. PROGRAM INFORMATION.** Other sections within the RFP may contain additional instructions pertaining to unique program requirements set forth in legislation or regulations, etc.

**PLEASE READ ALL MATERIALS BEFORE PREPARING THE PROPOSAL**
A. Background and Purpose of the RFP

In 2010, DSHS initiated a process to transform the existing service delivery system for individuals with alcohol and other drug (AOD) problems into a recovery-oriented system of care (ROSC). In recent years, behavioral health systems around the country have initiated efforts to transform their service systems by realigning their policies, services, and structures to better promote recovery.

Within the addiction recovery movement, individuals in recovery and their family members, addiction treatment organizations, addiction researchers, and system administrators, uniformly advocate for sweeping changes in the way services are developed and delivered to individuals with severe alcohol and other drug problems.

B. Implications of the Recovery Movement for Addiction Treatment

While services provided under the current addiction treatment model have saved countless lives, there is compelling research which indicates that for many individuals with chronic and complex alcohol and other drug use (AOD) problems, treatment systems have not been as effective as they could be. On a national level, more than half of those admitted to treatment do not complete it, and 18 percent are administratively discharged due to relapse and other infractions that take place while they are receiving services (White, 2006). Research indicates that those who are least likely to complete treatment are not those who want it the least, but rather those who need it the most. They are the individuals with the most severe and complex problems; the fewest individual, family and community supports and assets; and the most severely disrupted lives (Stark, 1992; Meier et al., 2006; White, 2008).

In addition, treatment systems currently follow an acute care model that is characterized by brief treatment episodes that focus on helping individuals stabilize and achieve abstinence; however, research indicates that addiction is a chronic illness. An individual does not reach stability in alcoholism recovery (i.e., when the risk of future lifetime relapse drops below 15 percent) until he or she has attained four to five years of sustained remission (Dawson et al., 1989, Vaillant, 1996; Nathan & Skinstad, 1987; Jin et al., 1998; Dennis et al., 2007; Chutte et al., 2001). Despite the anecdotal and scientific evidence supporting the chronicity of addiction, those who are fortunate enough to complete treatment rarely receive continuing support. Only 1 in 5 adults receive continuing care in the United States (McKay, 2001). In recent years, several data sources have converged to document the types of services and supports that are effective in building healthy communities and promoting sustained recovery. Specifically, research indicates that sustained recovery is best facilitated when treatment services focus on developing strong therapeutic alliances, incorporate peer and community-based supports, address global health, promote life skills, include families and/or other significant allies, and adopt a chronic care approach to treatment (Barber et al., 2001; Meir eta al., 2006 Klein et al., 1998; McKay, 2005; Isaacson, 1991; White, 2008).

Recognition of the disparity between what is known about addiction and recovery and the ways in which service systems currently are configured has led to a paradigm shift
in addiction treatment systems. The emerging recovery paradigm represents a chronic care approach to addiction treatment in which services move beyond repeated episodes of stabilization to the assertive management of long-term recovery (White, 2008).

As a result, treatment services are much broader in scope in a recovery-oriented system of care. The focus moves beyond symptom reduction and helping individuals achieve abstinence, to assisting individuals to build individual, social, and community resources that promote long-term recovery. These resources are diverse and unique for each individual.

C. Implications of the Recovery Movement for Peer and Community-Based Services

In addition to transforming the treatment system, a recovery-oriented system of care is grounded in the belief that while recovery can be initiated in a treatment setting, it is maintained and sustained in the natural environment of a person’s community (White, 2008). Most addiction treatment services are institution-based. Service organizations have minimal contact with the natural environments of the individuals and families who use their services even though research demonstrates that the post-treatment family and social environments play significant roles in the long-term recovery process. These help to determine whether or not an individual will successfully sustain their recovery and rebuild their life in their community, or relapse and repeat the cycle into and out of treatment.

As such, greater attention is focused in a ROSC upon helping individuals create environmental contexts that will help them to sustain their recovery. DSHS recognizes that the transformation process extends beyond the treatment system to other community organizations that support individuals and families impacted by substance use disorders. As a result, this RFP focuses on embedding recovery support services into peer and community-based organizations in order to expand the recovery supports that are available to individuals in their natural community environments.

Promising practices related to recovery support services include recovery support centers, peer-run groups, recovery coaching, development and/or use of recovery homes and recovery schools, training around basic life skills such as financial management, parenting, employment and stress management; educational support; recovery check-ups, and assertive connections to mutual aid support groups. These complement a variety of other services and supports that assist individuals to sustain their recovery and build a meaningful life for themselves in their community.

D. Purpose of this RFP

Over the past three years, DSHS has hosted numerous ROSC forums across the state to engage stakeholders to develop a shared vision for a ROSC in Texas. This RFP is a result of the input and feedback of those stakeholders who advocated for 1) an increased focus on peer-support services in Texas, 2) an increased focus on aligning treatment services with a recovery-oriented approach, and 3) an increased focus on expanding the community supports available to assist individuals to successfully integrate into their communities.
Consistent with this vision, this RFP is intended to advance the development of a recovery-oriented system of care in Texas. Successful respondents who are Treatment providers will be required to align their service-orientation with the recovery-oriented approach described above by supporting the development, enhancement, and expansion of recovery support services with RCO’s and CBO’s throughout Texas.

**E. Values and Principles Embedded in this RFP**

DSHS is in the midst of an ongoing process with stakeholders to clarify the values and principles of Texas’ ROSC. For the purpose of this RFP, respondents should consider the following recovery-oriented values and principles, and strive to ensure that their proposed service design reflects them.

1. **Choice and Self Determination:** The successful respondent will provide all participants the opportunity to select from a menu of supports and services that correspond with their personal interests and recovery goals. Participants will have opportunities to revise their selections to reflect their evolving preferences and goals. Recovery plans and service plans will reflect goals in several major life domains and will be developed in collaboration with the individuals being served.

2. **Community Integration:** Recovery involves a process of (re)joining and (re)building a life in the community. Participation in community activities and receiving support related to community integration has been positively correlated with recovery and should constitute a primary objective for successful respondents. Treatment organizations and peer and community-based organizations not only must encourage, but assist participants to identify and connect with a broad spectrum of community-based resources and supports that can assist them to achieve their goals and (re)build their lives in their community.

3. **Peer Culture:** Peer to peer supports have proven effective in promoting recovery, conveying hope and motivating participants to pursue positive change. Successful respondents will demonstrate how they have and will continue to infuse their service milieu with a culture of peer support and leadership. This may include hiring recovery coaches, mobilizing peer volunteers, forming peer advisory councils, integrating peer support groups and other peer run services, etc.

4. **Family Inclusion:** Family inclusion requires the active participation of recovering individuals’ family members and other key supporters at all levels of the service process. Participants shall be afforded the opportunity to define their “families” broadly to include biological relatives, significant others and other supportive allies. Based on the preference of the individuals receiving services, family members and allies shall be invited to participate in service planning and offered education and support.

5. **Continuity of Care:** Recovery-oriented services ensure that individuals are connected to a range of continuing support services beyond a treatment episode.

6. **Partnership-Consultant Relationships:** In a recovery-oriented system, relationships with participants focus more on collaboration and less on hierarchy.
Services are designed to empower participants to direct their own recovery. This is reflected in collaborative treatment and service planning processes.

7. **Culturally and Linguistically Competent**: Culturally competent systems recognize that culture counts. There is an understanding that world views, beliefs, and customs are different and can impact the extent to which individuals access or engage in services. As a result, they can have a significant influence on recovery outcomes. Successful respondents will demonstrate that they understand and will address the varying cultural needs of the populations that they serve through their service design, staffing and organizational policies.

**F. Eligible Respondents**

An organization is not considered eligible to apply unless the respondent meets the eligibility conditions to the stated criteria listed at the time the proposal is submitted.

Eligible respondents include public or private non-profit 501(c)(3) entities. All respondents must comply with the criteria listed below under this RFP.

1. Respondent must be established as an appropriate legal entity as described in the paragraph above, under state statutes, and must have the authority and be in good standing to do business in Texas and to conduct the activities described in the RFP.

2. Respondent must be in good standing with the U.S. Internal Revenue Service.

3. Respondent is not eligible to apply for funds under this RFP if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs.

4. Respondent may not be eligible for contract award if audit reports or financial statements submitted with the proposal identify concerns regarding the future viability of the contractor, material non-compliance, or material weaknesses that are not satisfactorily addressed, as determined by DSHS.

5. Respondent’s staff members, including the executive director, must not serve as voting members on their employer’s governing board.

6. In compliance with Comptroller of Public Accounts and Texas Procurement and Support Services rules, a name search will be conducted using the websites listed in this section prior to the development of a contract.

7. A respondent is not considered eligible to contract with DSHS, regardless of the funding source, if a name match is found on any of the following lists:
   a) The General Services Administration’s (GSA) System for Award Management (SAM) for parties excluded from receiving federal contracts, certain subcontracts and from certain types of federal financial and non-financial assistance and benefits. [https://www.sam.gov/portal/public/SAM](https://www.sam.gov/portal/public/SAM)
   b) The Office of Inspector General (OIG) List of Excluded Individuals/Entities Search- State – [https://oig.hhsc.state.tx.us/Exclusions/search.aspx](https://oig.hhsc.state.tx.us/Exclusions/search.aspx); and
c) Texas Comptroller of Public Accounts (CPA) Debarment List located at http://www.window.state.tx.us/procurement/prog/vendor_performance/debarred/debarred_vendors_print.html. If this web link does not open, copy and paste to your internet browser window.

8. Respondents must be listed on the following if they are Professional Corporations, Professional Associations, Texas Corporations, and/or Texas Limited Partnership Companies. Secretary of State (SOS) at https://direct.sos.state.tx.us/acct/acct-login.asp.

Respondent is not considered eligible to apply unless the respondent meets the eligibility conditions to the stated criteria listed above at the time the proposal is submitted. Respondent must continue to meet these conditions throughout the selection and funding process. DSHS expressly reserves the right to review and analyze the documentation submitted and to request additional documentation, and determine the respondent’s eligibility to compete for the contract award.

G. Term of Contract

It is expected that the initial contract term will begin on or about December 1, 2013, and will terminate August 31, 2014, and will be made for a 9-month budget period. This contract may be renewed for up to four (4) one-year periods(s) at the sole discretion of DSHS. Continued funding of the contract in future years is contingent upon the availability of funds and the satisfactory performance of the contractor during the prior contract period. Funding amounts may vary and are subject to change with each renewal period. Funding may vary from year to year and is subject to change within each budget period.

DSHS reserves the right to alter, amend, or withdraw this RFP at any time prior to the execution of a contract if funds become unavailable through lack of appropriations, budget cuts, budget shortfalls, changing Department funding priorities, 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. If a contract has been fully executed and these circumstances arise, the provisions of the Termination Article in the contract General Provisions will apply.

All reports and documents developed as part of this RFP are the sole property of DSHS.

H. Use of Funds

In Fiscal Year 2014, approximately $4.5 million is expected to be available to fund Recovery Support Services statewide through the TOs, RCOs, and CBOs. If respondent is applying in multiple Regions, a complete and separate RFP proposal is required for each Region.

The specific dollar amount awarded to each successful respondent depends upon the merit and scope of the proposal and other best value considerations. This decision is at the sole discretion of DSHS. Funds are awarded for the purpose specifically defined in this RFP and must not be used for any other purpose. Funds may be used for
personnel, fringe benefits, staff travel, contractual services, equipment, supplies, other direct costs, and indirect costs, as allowed in the budget. Funds must not be used to supplant local, state, or federal funds.

Funds must not be used for unallowable use of funds. For more information see DSHS Contractors Financial Procedures Manual located at http://www.dshs.state.tx.us/contracts/cfpm.shtm.

I. Schedule of Events

1. Issue the RFP by posting to the Electronic State Business Daily (ESBD) 09/27/13
2. Pre-proposal Conference 10/07/13
3. Deadline for Submitting Questions (5:00 p.m. CT) 10/09/13
4. Post Answers to Questions on ESBD 10/15/13
5. Letter of Intent due (2:00 p.m. CT) REQUIRED 10/17/13
6. Deadline for Submission of Proposals (2:00p.m. CT) 10/25/13
7. Post Final Awards to the ESBD 11/26/13
8. Anticipated Contract Begin Date 12/01/13

DSHS reserves the right to change the dates shown above without notice.
II. PROGRAM INFORMATION

A. Program Requirements & Goals, Scope of Work, and Proposal Content
   1. If respondent is proposing services in multiple Regions, respondent must submit a complete and separate proposal for each Region.
   2. If a respondent is applying for multiple regions respondent may only apply as one (1) organization type for those regions.
   3. Respondents must indicate which type of organizational entity it is applying for:
      a. Recovery Community Organization (RCO)
      b. Treatment Organization (TO)
      c. Community-based Organization (CBO)

SCOPE OF WORK FOR ALL RESPONDENTS

A. Purpose
   To increase the prevalence and quality of long-term recovery from alcohol and other drug addiction by mobilizing recovery support services.

B. Goals
   1. Develop a recovery-oriented treatment workforce that can successfully integrate recovery support services and support individuals to both initiate and sustain their recovery.
   2. Expand the availability and quality of recovery-oriented supports and services in various parts of the community including treatment settings, peer-run recovery community organizations, and other community-based organizations.

C. Target ('Eligible') Population
   The primary target population for this program consists of individuals with a history of alcohol and/or drug problems, including co-occurring mental health disorders, who are in or seeking recovery, along with their family members and significant others.

D. Basic Program Requirements
   Each proposal must outline the type of services that will be provided to support recovery and the (re)establishment of a life in the community. The described services must reflect key pillars of recovery-oriented services and supports. These are:
   • Self-Direction, Empowerment and Choice
   • Community Integration
   • Peer Culture and Leadership
   • Family Inclusion
   • Continuity of Support
   • Partnership-Consultant Relationships
   • Cultural and Linguistic Competence

These pillars were described in the Introduction Section of this RFP. For additional information about how to operationalize these concepts, respondents are referred to the Philadelphia Practice Guidelines, which may be accessed at http://www.dbhids.org/practice-guidelines/ and also the book entitled, A Practical Guide to Recovery-Oriented Practice by
E. Service Array
Recovery Support Services encompass a wide array of non-clinical services and supports that help individuals to initiate and sustain their recovery.

Four types of support have been identified in the literature. These are described below.

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<th>Type of Support</th>
<th>Description</th>
<th>Service Examples</th>
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| Emotional       | Demonstrate empathy, caring, or concern to bolster a person’s self-esteem, hope and confidence | • Peer Mentoring  
• Recovery Coaching  
• Peer-led Support Groups |
| Informational   | Share knowledge and information and/or provide life or vocational skills training | • Parenting class  
• Job readiness training  
• Wellness seminars |
| Instrumental    | Provide concrete assistance to help others accomplish tasks that are connected to (re)building their life in their community | • Child Care  
• Transportation  
• Help accessing community health and social services  
• Housing Supports |
| Affiliational   | Facilitate contact with other individuals to promote learning of social and recreational skills, create community, and acquire a sense of belonging | • Recovery centers  
• Alcohol and drug free socialization opportunities |

Examples of the kinds of recovery support services that could be funded through this RFP include:
- Recovery Coaching
- Recovery Check-ups
- Peer-Support Groups and Mentoring
- Life Skills Classes
- Housing Supports (counseling sessions, education sessions, referrals, tenant/landlord mediation, sober housing, etc.)
- Employment Supports (career exploration, resume writing, interviewing skills, job/internship placements etc.)
- Education Supports (academic counseling, assistance with pursuit of a GED, academic tutoring, etc.)
- Civic Restoration (strategies for enhancing employment opportunities with a criminal record)
- Health and Wellness Supports (smoking cessation, chronic health management, assertive connections to primary care services, etc.)
- Child Care
- Transportation
- Volunteer Peer Mentors
- Parenting Classes

Larry Davidson and colleagues, Oxford University Press 2009, which can be purchased online.
• Faith-based Recovery Support Groups

Recovery coaching is one of the recovery support services identified above. Below are examples of the core-functions of recovery coaches.

• Assertive outreach to identify those in need of recovery
• Recovery capital needs assessment of individuals, families and communities
• Recovery education and coaching for individuals and families
• Community-level recovery education
• Recovery resource identification, mapping and development, including volunteer recruitment
• Assertive linkages to communities of recovery (support groups and support institutions)
• Recovery-focused life skills training aimed at full community participation
• Companionship and model of recovery lifestyle
• Problem solving to eliminate obstacles to recovery
• Recovery check-ups
• Peer-support groups

The above list does not include all of the possible recovery support services that respondents may provide. They are intended as examples of the kinds of services and supports that could be provided through this RFP. This RFP does not require respondents to offer every type of service. The services that respondents provide should be based on the most critical needs of the target population in the respondent’s community and should build on the capabilities and strengths of the respondent and staff. A goal of this RFP is to encourage respondents to develop an expanded array of services to effectively engage individuals with substance use disorders and to effectively assist them to sustain their recovery.

Current provision of one or more recovery support services will be considered as a demonstration of the respondent’s understanding, and commitment to incorporate these non-clinical services. In addition to describing the kinds of services and supports that currently are offered, the proposal should describe how those services will be expanded and/or enhanced. What will these additional resources enable the respondent to do or offer beyond its current array of services? How does the respondent anticipate that the individuals receiving the services will be impacted?

Individuals and their families who are impacted by substance abuse constitute target populations for the purposes of this RFP. There is no requirement to target any other population. However, in their response to this RFP, respondents may choose to prioritize a specialized population or populations. Specialized populations may include, but are not limited to, women; pregnant women and/or women with children; individuals with co-occurring disorders; adolescents; individuals with criminal justice involvement; individuals who are homeless; individuals with HIV or AIDS; older adults, etc.

Successful respondents who are awarded funding will be expected to comply with the following requirements:

F. Administrative Requirements

1. Unless otherwise noted, the respondent must document all specified activities and services as directed by DSHS in accordance with the contract and instructions provided through DSHS training.
2. The respondent must develop and maintain written policies and procedures for employees and volunteers who work directly or indirectly with participants.

3. The respondent’s policy and procedures must address participant safety and ensure that all activities with participants are conducted in a respectful, non-threatening, non-judgmental, and confidential manner. The respondent must maintain current policies and procedures on file and make them available for review by DSHS upon request.

4. The respondent’s administrative site must post the hours and days of operation at all building entrances.

5. The respondent must maintain documentation of continuing education units (CEUs) for paid staff in their personnel file, and make those available to DSHS for review.

6. The respondent must have written job descriptions for paid staff and volunteers maintained in their personnel files for DSHS review.

7. The respondent must maintain all documents that require participant or staff signatures in the participant’s physical record for review by DSHS.

8. The respondent must establish and maintain working linkages through Memorandums of Understanding (MOUs) with a resource network of community and social service agencies serving or having an interest in the target population. The MOUs must encourage networking, coordination, and referrals to help address the needs of the participants and/or families. The MOUs must be in place within 30 days of the start date of the contract. The respondent must maintain copies of the signed MOUs on file for DSHS review upon request.
   a. All MOUs must address the non-duplication of services.
   b. All MOUs must be signed by both parties, contain begin and end dates, and be renewed annually.
   c. At a minimum, the provider must have MOUs with the following entities in the provider’s service area:
      i. all DSHS-funded substance abuse treatment providers;
      ii. Local Mental Health Authorities (LMHAs); and
      iii. other community social service agencies that may provide support services to the participants of the program.

G. Program Design Requirements

1. The respondent must provide all services in a culturally, linguistically and developmentally appropriate manner for participants, families and significant others.

2. The respondent must maintain a resource directory on file that contains current information on indirect recovery support services that includes location, contact information, services offered, and eligibility criteria.

3. The respondent’s language and service delivery must reflect recovery. The respondent must ensure that staff uses the language of recovery in everyday conversations (e.g. hope, respect, high expectations, etc.) with participants, their families and significant others.

4. The respondent must offer an array of direct recovery support services that involve direct assistance to establish and maintain recovery.

H. Evaluation Requirements

1. Outcomes are an important part of all treatment services administered by DSHS. All programs approved through this RFP process will be subject to evaluation by DSHS. All awarded contracts will be subject to DSHS review throughout the course of their contract. By accepting the award under this RFP, respondents agree to comply with the evaluation requirements of DSHS. DSHS will establish a data reporting mechanism and
system and awardees must agree to supply all the required data necessary for the evaluation. Successful respondents will also be required to meet all data reporting requirements established by DSHS.

2. While DSHS will create a system to collect all of the contractor’s data, the proposal must specify how the respondent plans to submit data to DSHS. Specifically, respondents must indicate that they have the technological capacity as well as the staff capability to use technology related to entering data into a web-based data system that will be designed specifically for this initiative. If applicable, the respondent should provide evidence of prior successful data submissions to DSHS. Respondents are also asked to include a job description for each of the staff person(s) assigned to meet evaluation requirements, including but not limited to level of education, experience, background, and proportion of time assigned to evaluation activities. If the proposal includes existing or new position(s) to address evaluation activities, the position(s) are to be reflected in the budget (Budget Forms [Forms M-M10]) of the proposal.

3. The evaluation component designed by DSHS will consist of both outcome and process measures. The outcome component will assess the immediate effects that the program has on the individuals receiving the service. The purpose is to learn about short-term changes in participants’ knowledge, attitudes, beliefs, or actual behavior, and to determine whether the service goals are met. Baseline information will be collected on these measures when an individual begins to receive the recovery support services, and follow-up assessments will be carried out at 3, 6, 9, and 12-month intervals to measure change as a result of the services.

4. The individual outcome measures that have been identified include the following domains and indicators. The Outcome Measures listed below constitute an example of the information that DSHS will collect to measure program and performance outcomes. These measures are subject to change and do not comprise the entire array of measures that may be required of the awardee.

I. **Outcome Measures**

1. **Improving quality of life**
   a) During the past 3 months, where have you been living most of the time?
   b) If housed, select the appropriate category
      - Own/rent apartment room or house
      - Transitional home
      - Shelter
      - Sober house
      - Residential facility
   c) Are you currently enrolled in school or a job-training program?
   d) Are you currently employed?
   e) Do you have children?
   f) If yes,
      - Are any of your children living with someone else due to your substance use?
      - Has your relationship with your children improved over the past 3 months?
   g) Has your sense of hope and purpose increased during the past 30 days?

2. **Individual satisfaction with services**
   a) Have the services you have received met your needs and been helpful? Yes, No, Somewhat
   b) Do you believe that you have developed a positive connection with your provider?
   c) Do you believe that you can trust your provider?
d) Do you believe that you are learning the skills and knowledge to help you maintain long-term recovery?

3. **Improving community integration**
   a) In the past 3 months, how many times have you been arrested?
   b) How many nights have you spent in jail/prison?
   c) Are you involved in any volunteer activities in the community?

4. **Peer support and Social Relationships**
   a) Have you received any peer support services within the past three months?
      If yes, have those services been helpful? Yes? No? Somewhat?
   b) Do you believe that you have enough positive friendships/relationships to support your recovery goals? Yes? No? Somewhat?

5. **Achieving positive clinical outcomes.**
   a) During the past 30 days have you used alcohol or other drugs? Same as above
   b) If yes, how many days have you used the following?
      o Any alcohol
      o Illegal drugs
      o Prescription drugs
   c) During the past 30 days has your alcohol or drug use caused you to have emotional problems?
   d) How would you rate your overall health right now? Good, Not Good, Fair
   e) During the past 3 months did you receive treatment for:
      o Physical complaint
      o Mental or emotional difficulties
      o Alcohol or other drug use
   f) During the past 3 months did you require services in an Emergency Room

J. **Process Measures**
The process measures are designed to explore the extent to which services are being delivered in the manner that the respondent originally proposed and to assess the services being provided. The respondent must recruit and screen recovery coach applicants and other peer volunteer workers, and supervise them in their areas of work.
   1. Provide support to recovery coaches and other peer volunteers regarding their own sustained recovery; and
   2. Development dose (amount) of services being provided.
As the process measures are specific to the kinds of services and supports that are provided, DSHS will partner with the respondent to define process measures that are relevant to the respondent's project.

**Additional Requirements Related to Evaluation**
   1. Surveys will be available in both Spanish and English formats and in other languages as determined by the respondent and the needs of the population being served.
   2. The respondent must keep all participant surveys in a file for DSHS review.

K. **Requirements Related to Recovery Coach Development, Support, and Supervision**
For those respondents who intend to hire recovery coaches as a part of their service milieu, the following requirements must be met.

1. The respondent must conduct or participate in DSHS-approved training for new recovery coaches.
2. The respondent must ensure that recovery coaches and volunteers have access to continuing education in ethics, confidentiality, and boundary maintenance.
3. The respondent must recruit and screen recovery coach applicants and other peer volunteer workers, and supervise them in their areas of work. The respondent must support recovery coaches and other peer volunteers regarding their own sustained recovery and development.

L. Reporting Requirements
1. The respondent must submit all documents by the dates specified by DSHS. Documents must be sent to the Substance Abuse mailbox (SA mailbox) at SubstanceAbuse.Contracts@dshs.state.tx.us unless otherwise noted.
2. The respondent's duty to submit documents will survive the termination or expiration of the contract.
3. The respondent must submit Financial Status Reports (FSRs) in into the Clinical Management for Behavioral Health System (CMBHS) by the last business day of the month following the end of each quarter of the contract term. (The final FSR is due within 60 days after the contract end date).
4. The respondent must submit closeout documents in an annual report due 60 days after the contract end date.

M. Additional Requirements for Treatment Organizations
The scope of work outlined above applies to all respondents. In addition to the requirements cited, Treatment Organizations are expected to adhere to and incorporate additional recovery-oriented practices. The reason for this is that recovery support services cannot be integrated successfully into a treatment environment that is has not integrated a recovery-orientation into its entire service approach. As a result, treatment organizations who are awarded a contract through this RFP must agree to increase and ensure their staffs' understanding of recovery-oriented principles and integrate a recovery-oriented approach with all aspects of their service delivery and organizational structure. The specific requirements for treatment organizations fall into three categories; service delivery, organizational alignment, and workforce development. These are described below.

NOTE: Treatment organizations are not expected to conduct all or any of these recovery-oriented practices at the time that awards are made. Instead, successful respondents must agree to collaborate with DSHS to integrate their services and organizational structures over the course of the funding period. DSHS acknowledges that this process will take time and will provide support, technical assistance and coaching. Funded treatment organizations will agree fulfill the following requirements during the course of the funding period(s) for this program.

N. Service Delivery
With the support provided by DSHS via technical assistance and coaching, treatment organizations will:
• Learn and implement strength based assessment processes that expand the focus of the assessment beyond problem identification to identifying resources and goals across multiple life domains
• Learn and utilize person-centered planning principles to develop strength-based holistic recovery/service plans
• Integrate a variety of strategies to promote a culture of peer support and leadership within the organization and promote the equal engagement of paid peers as an integrated part of service teams
• Work with staff to shift from traditional hierarchical models of treatment to more collaborative partnership-based approaches
• Ensure that participants have access to a diverse menu of supports and services within the treatment environment from which they may select based upon their identified needs, goals, and preferences
• Identify mechanisms to increase the engagement and support to family members
• Focus on connecting participants to community resources and developing strong relationships with a wide array of community resources
• Shift from discharge planning to continuing support planning and develop mechanisms for post-treatment monitoring support and early intervention

O. Organizational Alignment
With the support provided via technical assistance and coaching, treatment organizations will:
• Identify policies and procedures that are not consistent with the recovery process and align them with a recovery orientation. For example, administrative discharges for relapse should be changed to identify ways to increase the engagement of the individual and the service plan should be adjusted to match the amount and type of support needed
• Ensure that there is an active peer leadership/advisory council in place in which individuals in recovery and their family members are involved with program design, program evaluation (e.g. conducting focus groups), and have opportunities to advise and or make organizational decisions related to the overall recovery-orientation of the organization
• Develop or revise mission statements to articulate a commitment to the concepts of a recovery-oriented and culturally competent approach

P. Workforce Development
• Ensure that peers have access to opportunities for leadership development
• Provide peers with informal volunteer opportunities within the organization
• Support supervisors in their efforts to provide recovery-focused technical assistance to recovery coaches and clinical staff
• Implement a strategy to increase staff’s knowledge and understanding of recovery-oriented services and supports, and how they differ from traditional service
• Ensure that staff have access to and participate in recovery focused training

Proposal Content
The proposal must be developed and submitted in accordance with the instructions outlined in Section VI. Section VI describes all of the instructions for preparation and the table of contents for the proposal. To support the content outlined in Section VI, this section describes the major components of the proposal on which respondents will be scored and the type of information that is required in each component. Each of these components corresponds to a specific Form that can be found in Section VII entitled “Blank Forms and Instructions.” All of the information outlined below should be entered into the appropriate Form indicated.
Please note that in addition to the information outlined below, additional forms will need to be completed and submitted by the respondent. These are all described in Section VI.

**Respondent Background (See Form F, in Section VII) 20%**

The Respondent Background section must include the following components:

1. A brief narrative (no more than one page) describing the respondent’s history, accomplishments, primary purpose and number of years in operation. An explanation of how the respondent’s experience and success demonstrates the ability to provide the expected services.
2. The respondent’s days and hours of operation.
3. The respondent’s structure (no more than two pages), to include advisory board of directors (indicate the number of board members in recovery), list of all advisory councils or committees, the length of their existence, and their function.
4. A description of the respondent’s efforts to date to provide training for staff in recovery-oriented service provision.
5. If a regional ROSC forum occurred near the respondent’s community, describe the respondent’s involvement. Did staff attend? If so, how many? Was the respondent involved with planning or supporting the event? In what way? Has the respondent participated in any ROSC planning committee meetings that may have occurred in the respondent’s home or another community? Has staff participated in any other trainings, webinars, forums, or events related to ROSC? If so, which ones?
6. A description of the relationships between the respondent and other community-based services to be provided. Where possible, please provide letters of support from those organizations that have worked with the respondent’s organization that describe the nature of past and/or current collaborations.
7. A description of the extent to which a recovery-orientation and recovery support services are currently in place. This goes beyond having recovery principles written into mission statements, and instead is intended to determine the presence of a recovery orientation in the ways in which services are delivered, the active involvement of peers and individuals in recovery, etc.

**Proposal Narrative Section (Form G, in Section VII) 25%**

The Proposal Narrative section should describe what kinds of services the respondent plans to provide and to whom, and must also include the following components:

3. A brief synopsis of the respondent’s community as whole describing in general:
   a. Geographic boundaries (urban, rural, physical environment)
   b. General demographic data (age, gender, ethnicity, etc.);
   c. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.)

2. A description of the target population including:
   a. Geographic service area
   b. Characteristics of the target population (including demographic and socioeconomic data, health risk factors and co-occurring mental health conditions);
c. Current population served (characteristics, population data, numbers of clients served, types and numbers of services provided)
d. Describe the reasons for choosing the target population. What are the unaddressed needs?

3. A description of current barriers to recovery and the most pressing needs of the target population. Explain how these needs were identified.

4. Provide a brief statement of the services that the respondent proposes to provide.
   a. Discuss the specific activities in the proposed design that will foster recovery
   b. Identify how the key pillars of recovery oriented services will be addressed:
      1) Self-direction, empowerment and choice
      2) Community integration
      3) Peer culture and leadership
      4) Family inclusion
      5) Continuity of support
      6) Partnership-consultant relationships
      7) Cultural and linguistic competence

5. If the respondent already provides the type of service for which it seeks funding, it must describe how these additional resources will enable it to enhance existing services? What existing or other needs will be met? What is going to be different?

Work Plan Section (Form H, in Section VII) 30%

This section documents how the respondent will provide services and supports. It details the implementation plan and must include the following:
1. A description of how the respondent intends to provide the recovery support services identified in the Proposal Narrative Section. A detailed plan of the project model should be described here. Please describe how new service recipients will be engaged in the project. For existing service recipients, please describe how services will be explained and offered to them.
2. How many individuals the respondent proposes to serve each month.
3. A discussion of implementation barriers anticipated and how they will be addressed.
4. A description of how the respondent plans to train existing and new staff in recovery-oriented approaches.
5. A discussion of issues related to staffing, including levels of staffing, ratios of staff to individual receiving services, supervision, number of staff, minimal educational and/or life experience qualifications and expertise of staff, different types of staff to be employed and their roles in the project.
6. A description of how the respondent will assure that documentation will be accomplished with a recovery focus and in a timely way.
7. Resumes and/or job descriptions for the primary personnel who will be involved in the proposed project.
8. A description of any collaborative arrangements with other organizations that will be required for the project to be successful and the plan to engage those organizations as partners.
9. The plan for collecting and entering the evaluation data outlined in the RFP. Who will be responsible for submitting the data to DSHS? Please describe the respondent’s technological capacity to access a web-based data system. Also, describe staffs’
capability to use technology related to entering data into a web-based data system. The specification should include a job description for each of the staff person(s) entering data into the web-based system, including but not limited to level of education, experience, background, and proportion of time assigned to evaluation activities. If the proposal includes existing or new position(s) to address data collection and entry activities, the position(s) are to be reflected in the budget section (Budget Forms M-M10) of the proposal.

10. How the respondent will sustain its efforts beyond the funding period.

**Past Performance Assessment Section (Form K in Section VII) 5%**
- This form is only required for NON DSHS-funded respondents to complete and submit with their proposal. Please refer to Form K in Section VII.
- For respondents currently funded by DSHS, in-house data will be used to score past performance

**Financial Management and Administration Questionnaire and Budget forms (Forms M through M-10 in Section VII) 20%**
Please refer to these forms in order to complete the required information.

Summary of Evaluative Components of the Proposal. Although only the forms below will be scored, please remember that other forms are required in addition to the forms detailed in the table below. All of the required forms are identified in Section VI.

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**B. Legal Authority**

DSHS is authorized to enter into contracts through Texas Health and Safety Code; Section 1001.073 (1).
C. Additional Program Requirements

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

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

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

A contractor must ensure that its policies do not have the effect of excluding or limiting the participation of individuals in the contractor'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 individuals with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

Contractors 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.

DSHS reserves the right to modify the Statement of Work of the contract and to incorporate Special Provisions into contracts awarded under this RFP.

III. PROCUREMENT REQUIREMENTS

A. RFP Point of Contact

For purposes of submitting questions concerning this RFP, the only contact is Bernie Rodriguez unless otherwise delegated by the CSCU Director. All questions concerning this RFP must be submitted by email to the CSCU Contact Email: SA-RFP@dshs.state.tx.us.

Other employees and representatives of DSHS are not permitted to answer questions or otherwise discuss the contents of the RFP with any respondents or potential respondents or their representatives. Failure to observe this restriction may result in
disqualification of this or other subsequent proposals. This restriction does not preclude discussions between affected parties for the purpose of conducting business unrelated to this RFP.

Written inquiries or questions about this RFP must be received no later than the date specified in Section I.I. Schedule of Events by 5:00 p.m. Central Time (CT). Questions submitted after this date and time will not be answered. Questions will not be answered verbally. All questions must be submitted by email to the email address stated above.

All questions and answers will be posted on the Electronic State Business Daily (ESBD) website at: http://esbd.cpa.state.tx.us. Postings may be made as questions are answered; however, all questions will be answered and posted no later than 5:00 p.m. CT on the date specified in Section I.I. Schedule of Events.

Below are steps to navigate the ESBD website to view all documents posted related to this RFP including questions and answers. If you know the Agency Requisition number, skip to 1. c.

1. On the ESBD page, under the Browse heading:
   a) For the Agency Field, click Name then select Department of State Health Services from the pull down menu.
   b) For the Search Type Field, select Search Bid/Procurement Opportunities from the pull down menu.
   c) In the Agency Requisition Number field, type RFP #SA/RSS-0578.1.
   d) Leave the NIGP Class – Item Number field blank.
   e) For the Order Results By field, select your preference from the pull down menu.
   f) Click the GO button.

2. All documents that are posted for this RFP will be displayed with a description of each document.

3. Click on the appropriate document or bid package to see the file.

CSCU is the point of contact with regard to all procurement and contractual matters relating to the services described herein prior to the award of any contract(s) as a result of this RFP. CSCU is the only office authorized to clarify, modify, amend, alter, or withdraw the Project requirements, terms, and conditions of this RFP.

B. Letter of Intent (LOI)

Respondents planning to respond to this RFP must submit a Letter of Intent (LOI) to submit a proposal no later than 2:00 PM CT on the date reflected in Section I.I. Schedule of Events. The Letter of Intent must be on the Respondent’s business letterhead using the template provided in the appendices of this RFP. The LOI must be received on or before the deadline via email, with a scanned image of the signed LOI attached, to the RFP Point of Contact email address reflected in Section III. A. of the RFP. If a respondent does not comply with these requirements, any proposal that is subsequently submitted may not be eligible for competition.
The respondent should request delivery and read receipt of their e-mail LOI submission.

NOTE: A submission of a LOI does not obligate the party to submit a proposal in the event that party decides not to participate in this RFP process. However, failure to submit the LOI by the due date may eliminate the proposal from competition.

C. Pre-Proposal Conference

DSHS will conduct a Pre-Proposal Conference on the date identified in Section I.I. Schedule of Events. More information regarding the Pre-Proposal Conference will be posted on the ESBD at a later date.

The purpose of this conference will be to discuss the requirements of the RFP, work to be performed under the contract, and address any other unanswered questions. The conference is for information purposes only. Any answers furnished will not be official until verified in writing by DSHS in the Electronic State Business Daily (ESBD) website at: http://esbd.cpa.state.tx.us/. Written questions may be submitted at the conference, and answers will be posted to ESBD. Refer to Section I.I. Schedule of Events for the deadline to submit questions and the anticipated posting date of the answers on the ESBD.

DSHS strongly recommends, but does not require, attendance at the Pre-Proposal Conference. Attendees should bring their copy of this RFP to the conference as copies will not be available for hand-outs. Any respondent considering subcontracting will benefit from the information regarding HUB Subcontracting Plan instructions and reporting.
D. Proposal Due Date

The proposal must be received on or before the date and time specified in Section I.I. Schedule of Events.

E. Submission

The original proposal and 5 additional copies must be submitted on or before the due date to the RFP Point of Contact. **DSHS will not accept proposals by fax or email.**

**Mailing Address for Regular Mail:**
Bernie Rodriguez  
Ref: RFP# **SA/RSS-0578.1**.  
Client Services Contracting Unit MC 1886  
Department of State Health Services  
P.O. Box 149347  
Austin, Texas 78714-9347

**Physical Address for Overnight Mail or hand-delivery:**
Bernie Rodriguez  
Ref: RFP# **SA/RSS-0578.1**.  
Client Services Contracting Unit MC 1886  
Department of State Health Services  
1100 W. 49th Street, Room T-502  
Austin, Texas 78756

**DSHS will not accept proposals sent via fax or e-mail.**

**Phone number:**  
512/776-7470

If a proposal is sent by overnight mail or hand-delivered to the DSHS address above, the respondent should request a receipt at the time of delivery to verify the proposal was received on or before the proposal due date and time. **Hand-delivered proposals must be delivered to the room number identified at the physical address stated above.** This is the only official date and time stamp accepted as verification of receipt.

If a proposal is mailed, it is considered as meeting the deadline if it is delivered to the correct address as reflected in Section III. A. RFP Point of Contact and received by DSHS on or before the due date and time. Respondents sending proposals by the United States Postal Service or commercial delivery services must ensure the carrier will be able to guarantee delivery of the proposal by the due date and time. DSHS may make exceptions only for natural disasters or catastrophes in the affected area as determined by DSHS. The respondent must submit to the RFP contact proper documentation that reflects the above exceptions before DSHS can consider the proposal as having been received by the deadline. **It is the**
The respondent’s responsibility to ensure timely delivery of the proposal as required by this RFP.

Proposals that do not meet the above criteria will not be eligible for competition.

IV. PROPOSAL SCREENING AND EVALUATION

Proposals will be reviewed according to the criteria below. To maximize fairness for all proposals during review, DSHS staff may only confirm receipt of a proposal and are not permitted to discuss the proposal or its review during the review process. All proposals remain with DSHS and will not be returned to the respondent.

A. Screening Process

Proposals are initially screened for eligibility and completeness. The preliminary screening or eligibility criteria requirements include the following:

1. Proposal received on or before the proposal due date and time.
2. The original proposal bears an original signature of the authorized official of the respondent organization on Form A. Face Page.
3. Historically Underutilized Business (HUB) subcontracting plan that meets HUB requirements is included. Note to All Respondents: Texas law provides that a proposal submitted in response to this RFP that does not contain a HUB subcontracting plan is non-responsive, in accordance with Texas Government Code § 2161.252.
4. Form D: Administrative Information will be used in the initial screening process. This information may be used to exclude a proposal from review at the sole discretion of DSHS.
5. If respondent is proposing recovery services in multiple Regions, a complete and separate proposal will be required for each Region.
6. Respondents must apply only as one organizational type.
7. Other preliminary screening criteria as needed and appropriate.
8. Must be a Texas-based organization.

In conducting the screening process, DSHS at its sole discretion may give respondents an opportunity to submit missing information or correct identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be screened as is or may be disqualified from the evaluation process. Information submitted after the deadline will not be part of the evaluation.

DSHS reserves the right to waive irregularities that DSHS in its sole discretion determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived.

PROPOSALS MAY BE EXCLUDED FROM REVIEW AND EVALUATION BASED ON THE SCREENING PROCESS OR ADMINISTRATIVE INFORMATION PROVIDED ON FORM D.
B. Evaluation Process

Proposals that successfully pass the initial screening will be evaluated by an evaluation team consisting of programmatic reviewers and fiscal reviewers using the standard evaluation criteria and scoring values as outlined below.

In the event an item of non-compliance appears in a significant number of proposals, suggesting a possible lack of clarity in the RFP, DSHS at its sole discretion, may give all respondents an opportunity to correct the identified areas of noncompliance within a specified period of time. In such an instance, if no new information is received by the stated deadline, the proposal will be evaluated as is. Information submitted after the deadline will not be part of the evaluation.

C. Evaluation Criteria

The proposal sections will be weighted as follows:

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Score from Forms F, G, and H will be added to the scores from Forms K, L, and Budget forms (Forms M thru M-10) to arrive at the respondent’s total score.

D. Selection, Negotiation, and Award

Successful respondents are expected to achieve a score of at least 70%. Proposals with a score less than indicated above may not be considered. Those respondents making it through the initial review process will be invited to submit additional information and to participate in a negotiation process which will determine final selection. The specific dollar amount awarded to each successful respondent will depend upon the merit and scope of the proposal and negotiations. Funded amounts may differ from those requested. **Not all respondents who are deemed eligible to receive funds are assured of receiving an award.**
In case of a tie for the highest score, DSHS will-
- Use each respondent’s score on Form F: Respondent Background to determine the successful respondent.
- If there is still a tie, the highest total score on each respondent’s Form F and Form H: Workplan will determine the tie breaker.
- If a tie still remains, the highest total score on each respondent’s Form F, Form H and Form G: Proposal Narrative will be used as the tie breaker.

Any exceptions to the requirements, terms, conditions, or certifications in the RFP or attachments, addendums, or revisions to the RFP or General Provisions, sought by the respondent must be specifically detailed in writing by the respondent on Form E: Exception Form in this proposal and submitted to DSHS for consideration. DSHS will accept or reject each proposed exception. DSHS will not consider exceptions submitted separately from the respondent’s proposal or at a later date.

DSHS reserves the right to request respondents to make one or more face-to-face negotiations to its staff at DSHS offices, at the respondent’s sole cost and expense, addressing respondent’s ability to achieve the objectives of this RFP. DSHS further reserves the right to conduct on-site investigations of the respondent’s facilities or of those facilities where the respondent performs its services. Proposals will be evaluated, in part, according to whether the respondent meets the minimum qualifications and submits a proposal complying with all of the requirements of this RFP.

DSHS will select respondents to receive awards based on eligibility criteria, geographical distribution, regional assessment of need, scores, best value factors, and the best interest of the State.

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

CSCU will post on the ESBD a list of the respondents whose proposals were selected for final awards. This posting does not constitute DSHS’s agreement with all the terms of any respondent’s proposal and does not bind DSHS to enter into a contract with any respondent whose proposal is posted.
V. DSHS ADMINISTRATIVE INFORMATION

A. Rejection of Proposals

1. DSHS reserves the right to reject any or all proposals and is not liable for any costs incurred by the respondent in the development or submission of the proposal.
2. Any attempt by an employee, officer, or agent of the respondent to influence the outcome of DSHS's review through contact with any Commissioner or staff member of DSHS or other Texas Health and Human Services agency will result in rejection of the proposal.
3. Any material misrepresentation in a proposal submitted to DSHS will result in rejection of the proposal.
4. Form D: Administrative Information. Information supplied on this form will be used in the screening, evaluation, and/or rejection of any proposal.
5. Proposals may be rejected for failure to meet screening criteria or respondent eligibility criteria.

B. Right to Amend or Withdraw RFP

DSHS reserves the rights to alter, amend, or modify any provisions of this RFP or to withdraw this RFP at any time prior to the execution of a contract if it is in the best interest of DSHS and the State of Texas. The decision of DSHS is administratively final. Amendment or notice of withdrawal of the RFP will be posted to the ESBD.

C. Authority to Bind DSHS

For the purposes of this RFP, the only individuals who may legally commit DSHS to the expenditure of public funds under the contract are the Commissioner of HHSC, Assistant Commissioner, Chief Financial Officer or Chief Operating Officer, or the employee designated to act in place of one of those employees through commissioner’s directive relating to line of authority, CD-2005.02. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

D. Financial and Administrative Requirements

General Provisions

1. All contractors under this RFP must comply with the DSHS General Provisions posted on the ESBD with this RFP. The General Provisions are also located at: http://www.dshs.state.tx.us/grants/gen-prov.shtm.

Respondent is not required to return the General Provisions or DSHS Assurances and Certifications with its proposal. By signing the Form A: Face Page, respondent is agreeing to abide by the referenced General Provisions and DSHS Assurances and Certifications.
2. All contractors under this solicitation must comply with applicable cost principles, audit requirements, and administrative requirements. Form L. Financial Management and Administrative Questionnaire is required.

Additional requirements on basic accounting and financial management systems are found in *DSHS Contractor Financial Procedures Manual*. Copies of the procedures manual are available online at http://www.dshs.state.tx.us/contracts/cfpm.shtm. *OMB Circulars* may be found at: http://www.whitehouse.gov/omb/circulars/.

All DSHS contractors are required to maintain a financial management system that will identify the receipt and expenditure of funds separately for each DSHS contract and/or program attachment and will record expenditures by the budget cost categories in the approved budget for a cost reimbursement program attachment. This requires establishing within the chart of accounts and general ledger, a separate set of accounts for each program attachment. In order to ensure the fiscal integrity of accounting records, the contractor must use an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger.

3. The Department of Health and Human Services Grants Policy Statement (HHS GPS) is intended to make available in a single document the general terms and conditions of HHS discretionary grant and cooperative awards. The HHS GPS indicates in Part II whether requirements must be applied to or “flowed down” to sub awards or contracts under grants. Recipients and Sub recipients are responsible for specifying those requirements in sub awards (which includes consortium agreements) or contracts, as applicable. The *HHS GPS* is available online at:

4. The following requirements apply if the scope of work requires the respondent to procure or develop Electronic and Information Resources (EIR) for DSHS, or to change any of DSHS’s EIR or to perform a service or supply goods that include EIR that (i) DSHS employees are required to use or permitted access to; or (ii) members of the public are required to use or permitted access to. This does not apply to incidental uses of EIR in the performance of the scope of work, unless the respondent and DSHS agree that the EIR will become property of the state or will be used by DSHS participants after completion of the contract. Nothing in this section is intended to prescribe the use of particular designs or technologies or to prevent the use of alternative technologies, provided they result in substantially equivalent or greater access to and use of a product/service.

Definitions.


b. “Electronic and Information Resources” means information resources, including information resources technologies, and any equipment or
interconnected system of equipment that is used in the creation, conversion, duplication, or delivery of data or information. The term includes, but is not limited to, telephones and other telecommunications products, information kiosks, transaction machines, Internet websites, multimedia resources, and office equipment, including copy machines and fax machines.
c. “Products” means information resources technologies that are, or are related to, EIR.

Accessibility Requirements. Under Tex. Gov. Code Chapter 2054, Subchapter M, and implementing rules of the Department of Information Resources (DIR), DSHS must procure Products that comply with the Accessibility Standards when such Products are available in the commercial marketplace or when such Products are developed in response to a procurement solicitation. Accordingly, a contractor must provide electronic information resources technologies that comply with the Accessibility Standards.

Evaluation, Testing and Monitoring. DSHS may review, test, evaluate and monitor a respondent's Products and associated documentation and technical support for compliance with the Accessibility Standards. Review, testing, evaluation and monitoring may be conducted before and after the award of a contract. Testing and monitoring may include user acceptance testing. Neither (1) the review, testing (including acceptance testing), evaluation or monitoring of any Product, nor (2) the absence of such review, testing, evaluation or monitoring, will result in a waiver of the State’s right to contest the respondent's assertion of compliance with the Accessibility Standards. The respondent must cooperate fully and provide DSHS and its representative’s timely access to Products, records, and other items and information needed to conduct such review, evaluation, testing and monitoring.

Representations and Warranties. The respondent represents and warrants that (i) as of the effective date of the contract, the Products and associated documentation and technical support will comply with the Accessibility Standards as they exist at the time of entering the contract, unless and to the extent the respondent and DSHS otherwise expressly agree in writing; and (ii) if the Products will be in the custody of the state or a DSHS client after the contract expiration or termination, the Products will continue to comply with such Accessibility Standards after the expiration or termination of the contract term, unless DSHS and/or client, as applicable, uses the Products in a manner that renders it noncompliant. In the event respondent should have known, becomes aware, or is notified that the Product and associated documentation and technical support do not comply with the Accessibility Standards, the respondent represents and warrants that it will, in a timely manner and at no cost to DSHS, perform all necessary steps to satisfy the Accessibility Standards, including but not limited to remediation, replacement, and upgrading of the Product, or providing a suitable substitute. The respondent acknowledges and agrees that these representations and warranties are essential inducements on which DSHS relies in awarding the
contract. The respondent's representations and warranties under this subsection will survive the termination or expiration of the contract and will remain in full force and effect throughout the useful life of the Product.

Remedies. Pursuant to Tex. Gov. Code §2054.465, neither respondent nor any other person has cause of action against DSHS for a claim of a failure to comply with Tex. Gov. Code Chapter 2054, Subchapter M, and rules of the DIR. In the event of a breach of the respondent's representations and warranties, the respondent will be liable for direct and consequential damages and any other remedies to which DSHS may be entitled. This remedy is cumulative of any and all other remedies to which DSHS may be entitled under the contract and other applicable law.

E. Contracting with Subcontractors

The selected contractor may enter into contracts with subrecipient subcontractors unless restricted or otherwise prohibited in a specific Program Attachment(s). **Selected contractor may not enter into contracts with subrecipient subcontractors for direct services but may enter into contracts for other services approved by DSHS.** Prior to entering into an agreement Contractor shall obtain written approval from DSHS. The selected contractor will be responsible to DSHS for the performance of any subcontractor or sub-grantee.

If the selected contractor enters into contracts with vendor or subrecipient subcontractors, the documents must be in writing and must comply with the requirements specified in articles of the General Provisions posted on the ESBD in conjunction with this RFP.

F. Historically Underutilized Business (HUB) Guidelines

**Introduction**

DSHS is committed to promoting full and equal business opportunities for businesses in state contracting in accordance with the goals specified in the State of Texas Disparity Study. DSHS encourages the use of Historically Underutilized Businesses (HUBs) through race, ethnic and gender-neutral means. DSHS has adopted administrative rules relating to HUBs.

Pursuant to Texas Government Code §2161.181 and §2161.182, and DSHS's rules, DSHS is required to make a good faith effort to increase HUB participation in its contracts. DSHS may accomplish the goal of increased HUB participation by contracting directly with HUBs or indirectly through subcontracting opportunities.

**DSHS's Administrative Rules**

DSHS has adopted the CPA's HUB rules as its own. DSHS's rule is located in Title 25 of the Texas Administrative Code §1.171, and the CPA rules are located in Title 34, Part 1, Chapter 20, Subchapter B (HUB Rules). If there are any discrepancies between DSHS's administrative rule and this RFP, the rule will take priority.

**Statewide Annual HUB Utilization Goal**
The CPA has established **statewide annual HUB utilization goals** for different categories of contracts in §20.13 of the HUB Rules. In order to meet or exceed the **statewide annual HUB utilization goals**, DSHS encourages outreach to certified HUBs. Contractors must make a good faith effort to include certified HUBs in the procurement process.

This contract is classified as an “**Other Services**” contract under the CPA rule, and therefore has a **statewide annual HUB utilization goal** of 24.6% per fiscal year.

**Required HUB Subcontracting Plan**

In accordance with Government Code, Chapter 2161, Subchapter F, each state agency that considers entering into a contract with an expected value of $100,000 or more over the life of the contract (including any renewals) must, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract.

In accordance with §20.14(a) (1) (C) of the HUB Rules, state agencies may determine that subcontracting is probable for only a subset of the work expected to be performed or the funds to be expended under the contract. If an agency determines that subcontracting is probable on only a portion of a contract, it will document its reasons in writing for the procurement file.

DSHS has determined that subcontracting opportunities are probable for this RFP. As a result, the respondent must submit an HSP with its proposal. The HSP is required whether a respondent intends to subcontract or not.

In the HSP, a respondent must indicate whether it is a Texas certified HUB. Being a certified HUB does not exempt a respondent from completing the HSP requirement.

DSHS will review the documentation submitted by the respondent to determine if a good faith effort has been made in accordance with solicitation and HSP requirements. During the good faith effort evaluation, DSHS may, at its discretion allow revisions necessary to clarify and enhance information submitted in the original HSP.

**In accordance with Texas Government Code §2161.252, a proposal that does not contain a HUB Subcontracting Plan (HSP) [Appendix D] is non-responsive and will be rejected without further evaluation. If DSHS determines that the respondent’s HSP was not developed in good faith, the HSP will be considered non-responsive and will be rejected as a material failure to comply with advertised specifications. The reasons for rejection will be recorded in the procurement file.**

**CPA Centralized Master Bidders List**

Respondents may search for HUB subcontractors in the CPA’s Centralized Master Bidders List (CMBL) HUB Directory, which is located on the CPA’s website at [http://www2.cpa.state.tx.us/cmbl/cmblhub.html](http://www2.cpa.state.tx.us/cmbl/cmblhub.html). For this procurement, DSHS has
identified the following class and item codes for potential subcontracting opportunities:

**NIGP Class/Item Code:**
CLASS: 615 OFFICE SUPPLIES, GENERAL

CLASS: 910 BUILDING MAINTENANCE, INSTALLATION & REPAIR
39 Janitorial Services

CLASS: 952 HUMAN SERVICES
58 Human Resources Development Services
85 Support Services

CLASS: 946 FINANCIAL SERVICES
10 Accounting and Billing Services (Including Payroll Services, 3rd Party Reimbursement for Medicare, Medicaid, Private Insurance, etc.)

Respondents are not required to use, nor limited to using, the class and item codes identified above, and may identify other areas for subcontracting.

DSHS does not endorse, recommend nor attest to the capabilities of any company or individual listed on the CPA’s CMBL. The list of certified HUBs is subject to change, so respondents are encouraged to refer to the CMBL often to find the most current listing of HUBs.

**HUB Subcontracting Procedures – If a Respondent Intends to Subcontract**

An HSP must demonstrate that the respondent made a good faith effort to comply with DSHS’s HUB policies and procedures. The following subparts outline the items that DSHS will review in determining whether an HSP meets the good faith effort standard. A respondent that intends to subcontract must complete the HSP to document its good faith efforts.

**Identify Subcontracting Areas and Divide Them into Reasonable Lots**

A respondent should first identify each area of the contract work it intends to subcontract. Then, to maximize HUB participation, it should divide the contract work into reasonable lots or portions, to the extent consistent with prudent industry practices.

**Notify Potential HUB Subcontractors**

The HSP must demonstrate that the respondent made a good faith effort to subcontract with HUBs. The respondent’s good faith efforts must be shown through use of all methods in conformance with the development and submission of the HSP and by complying with the following steps:

a. Divide the contract work into reasonable lots or portions to the extent consistent with prudent industry practices. The respondent must determine which portions of work, including goods and services, will be subcontracted.
b. Use the appropriate method(s) to demonstrate good faith effort. The respondent can use either method(s) 1, 2, 3, or 4:

**Method 1: Respondent Intends to Subcontract with only HUBs:**

The respondent must identify in the HSP the HUBs that will be used and submit written documentation that confirms 100% of all available subcontracting opportunities will be performed by one or more HUBs; or,

**Method 2: Respondent Intends to Subcontract with HUB Protégé(s):**

The respondent must identify in the HSP the HUB protégé(s) that will be used and should:

- Include a fully executed copy of the Mentor Protégé Agreement, which must be registered with the CPA prior to submission to DSHS, and
- Identify areas of the HSP that will be performed by the protégé.

DSHS will accept a Mentor Protégé Agreement that has been entered into by a respondent (mentor) and a certified HUB (protégé) in accordance with Texas Government Code §2161.065. When a respondent proposes to subcontract with a protégé(s), it does not need to provide notice to three (3) HUB vendors for that subcontracted area.

Participation in the Mentor Protégé Program, along with the submission of a protégé as a subcontractor in an HSP, constitutes a good faith effort for the particular area subcontracted to the protégé; or,

**Method 3: Respondent Intends to Subcontract with HUBs and Non-HUBs (Meet or Exceed the Goal):**

The respondent must identify in the HSP and submit written documentation that one or more HUB subcontractors will be used; and that the aggregate expected percentage of subcontracts with HUBs will meet or exceed the goal specified in this solicitation. When using this method, only HUB subcontractors that has existing contracts with the respondent for five years or less may be used to comply with the good faith effort requirements.

When the aggregate expected percentage of subcontracts with HUBs meets or exceeds the goal specified in this solicitation, respondents may also use non-HUB subcontractors; or,

**Method 4: Respondent Intends to Subcontract with HUBs and Non-HUBs (Does Not Meet or Exceed the Goal):**

The respondent must identify in the HSP and submit documentation regarding both of the following requirements:

- written notification to minority or women trade organizations or development centers to assist in identifying potential HUBs of the subcontracting opportunities the respondent intends to subcontract.
Respondents must give minority or women trade organizations or development centers at least seven (7) working days prior to submission of the respondent's response for dissemination of the subcontracting opportunities to their members. A list of minority and women trade organizations is located on HHSC’s website under the Minority and Women Organization link.

- written notification to at least three (3) HUB businesses of the subcontracting opportunities that the respondent intends to subcontract. The written notice must be sent to potential HUB subcontractors prior to submitting proposals and must include:
  - a description of the scope of work to be subcontracted;
  - information regarding the location to review project plans or specifications;
  - information about bonding and insurance requirements;
  - required qualifications and other contract requirements; and
  - a description of how the subcontractor can contact the respondent.

Respondents must give potential HUB subcontractors a reasonable amount of time to respond to the notice, at least seven (7) working days prior to submission of the respondent's response unless circumstances require a different time period, which is determined by DSHS and documented in the contract file;

Respondents must also use the CMBL, the HUB Directory, and Internet resources when searching for HUB subcontractors. Respondents may rely on the services of contractor groups; local, state and federal business assistance offices; and other organizations that provide assistance in identifying qualified respondents for the HUB program.

Written Justification of the Selection Process

DSHS will make a determination if a good faith effort was made by the respondent in the development of the required HSP. One or more of the methods identified in the previous sections may be applicable to the respondent’s good faith efforts in developing and submission of the HSP. DSHS may require the respondent to submit additional documentation explaining how the respondent made a good faith effort in accordance with the solicitation.

A respondent must provide written justification of its selection process if it chooses a non-HUB subcontractor. The justification should demonstrate that the respondent negotiated in good faith with qualified HUB bidders, and did not reject qualified HUBs who were the best value responsive bidders.

Method 5: Respondent Does Not Intend to Subcontract

- When the respondent plans to complete all contract requirements with its own equipment, supplies, materials and/or employees, it is still required to complete an HSP.
- The respondent must complete the “Self Performance Justification” portion of the HSP, and attest that it does not intend to subcontract for any goods or services, including the class and item codes identified in CPA Centralized Master Bidders List Section of this RFP. In addition, the respondent must
identify the sections of the proposal that describe how it will complete the Scope of Work using its own resources or provide a statement explaining how it will complete the Scope of Work using its own resources. The respondent must agree to comply with the following if requested by DSHS:

- provide evidence of sufficient respondent staffing to meet the RFP requirements;
- provide monthly payroll records showing the respondent staff fully dedicated to the contract;
- allow DSHS to conduct an on-site review of company headquarters or work site where services are to be performed and,
- provide documentation proving employment of qualified personnel holding the necessary licenses and certificates required to perform the Scope of Work.

**Post-award HSP Requirements**

The HSP will be reviewed and evaluated prior to contract award and, if accepted, the finalized HSP will become part of the contract with the successful respondent(s).

After contract award, DSHS will coordinate a post-award meeting with the successful respondent to discuss HSP reporting requirements. The contractor must maintain business records documenting compliance with the HSP, and must submit monthly subcontract reports to DSHS by completing the HUB report (http://www.hhsc.state.tx.us/about_hhsc/Contracting/rfp_attach/AttchE.pdf). This monthly report is required as a condition for payment to report to DSHS the identity and the amount paid to all subcontractors.

As a condition of award the contractor is required to send notification to all selected subcontractors as identified in the accepted/approved HSP. In addition, a copy of the notification must be provided to the DSHS HUB Coordinator within 10 days of the contract award.

All changes to the approved HSP require prior DSHS approval. In general, if the contractor decides to subcontract any part of the contract after the award, it must follow the good faith effort procedures outlined in Statewide Annual HUB Utilization Goal Section of this RFP (e.g., divide work into reasonable lots, notify at least three (3) vendors per subcontracted area, provide written justification of the selection process, or participate in the Mentor Protégé Program).

For this reason, DSHS encourages respondents to identify, as part of their HSP, multiple subcontractors who are able to perform the work in each area the respondent plans to subcontract. Selecting additional subcontractors may help the selected contractor make changes to its original HSP, when needed, and will allow DSHS to approve any necessary changes expeditiously.
Failure to meet the HSP and post-award requirements will constitute a breach of contract, and will be subject to remedial actions. DSHS may also report noncompliance to the CPA in accordance with the CPA’s Rules, §20.105 (relating to Debarment) and §20.106 (relating to Procedures for Investigations and Debarment).

G. Contract Information

DSHS will monitor contractors’ expenditures. A contractor’s budget may be subject to a decrease for the remainder of the budget period if expenditure percentages are below the amount projected and determined by DSHS. Vacant positions existing after ninety (90) days may result in a decrease in funds. DSHS reserves the right to adjust the funding allocation to contractors pursuant to the terms of the contract.

H. Contract Award Protest Procedures

Respondents who feel aggrieved in connection with a contract award based on this RFP, must submit a written protest according to Title 25, Part 1, Chap. 4, Subchapter A, §4.1 – Contract Protest which, is located at: Protest Procedures for Certain DSHS Purchases (Contract Protests). Protests should include the respondent’s Texas Identification Number (TINS) and the RFP number.

The protest should be mailed or faxed to:
Contract Oversight and Support Section
Attention: Protest Coordinator
MAILCODE 1326
P.O. Box 149347
Austin, TX 78714-9347
Fax: 512/206-4645
VI. PROPOSAL SUBMISSION CONTENT

A. Instructions for Preparation

The proposal must be developed and submitted in accordance with the instructions outlined in this section.

The signed original printed proposal, plus five (5) copies must be submitted on or before the due date and time to the RFP Point of Contact at the address specified in Section III. E. **If respondent is proposing services in multiple Regions, a complete and separate proposal will be required for each Region.**

The proposal should meet the following stylistic requirements:

- All pages clearly and consecutively numbered;
- Original and 5 additional copies unbound, but secured with binder clips or rubber bands;
- Typed (computer or typewriter);
- Single-spaced;
- 12-point font on 8 1/2" x 11" paper with 1" margins;
- Black print on white paper;

**Blank forms provided in SECTION VII. BLANK FORMS AND INSTRUCTIONS** 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.

- Signed in ink by an authorized official (copies must be signed but need not bear an original signature);
- Envelope/package containing the proposal must clearly identify the respondent’s legal name and mailing address as reflected on Form A: Face Page.
- Envelope/package containing the proposal must clearly identify the name and number of the RFP as reflected on the cover page of this RFP.

Specific instructions for each required section are provided. Instructions for completing forms are found on each form.

B. Confidential Information

The respondent must clearly designate any portion(s) of this proposal that contains confidential information and state the reasons the information should be designated as such. **Marking the entire proposal as confidential will be neither accepted nor honored.** If any information is marked as confidential in the proposal, DSHS will determine whether the requested information may be accepted from disclosure under the Public Information Act, Texas Government Code, Chapter 552. If it
constitutes an exception, and if a request is made by any other entity or individual for the information marked as confidential, the information will be forwarded to the Texas Attorney General along with a request for a ruling on its confidentiality. Respondents are advised to consult with their legal counsel regarding disclosure issues and to take the appropriate precautions to safeguard trade secrets or any other confidential information. Following the award of any contract, proposals to this RFP are subject to release as public information unless any proposal or specific parts of any proposal can be shown to be exempt from disclosure under the Public Information Act, Texas Government Code, Chapter 552.

C. Table of Contents

THE PROPOSAL SHOULD INCLUDE A TABLE OF CONTENTS AND BE ORGANIZED AND ARRANGED IN THE FOLLOWING ORDER:

Form A. Face Page - Proposal for Financial Assistance
Form B. Proposal Table of Contents and Checklist
Form C. Contact Person Information
Form D. Administrative Information – (include Form D-1 or D-2 as applicable. Attach other required information and documentation as requested)
Form E. Exceptions Form
Form F. Respondent Background
Form G. Proposal Narrative
Form H. Work Plan
Form K. Past Performance Assessment (applicable to non DSHS-funded respondents only)
Form L. Financial Management and Administration Questionnaire
Budget Forms M through M-10 (include Budget forms. Attach other required documentation as requested)
Appendix D. HUB Subcontracting Plan (HSP)
VII. BLANK FORMS AND INSTRUCTIONS
This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

### RESPONDENT INFORMATION

**1) LEGAL BUSINESS NAME:**

**2) MAILING Address Information** (include mailing address, street, city, county, state and 9-digit zip code):

- Check if address change □

**3) PAYEE Name and Mailing Address, including 9-digit zip code** (if different from above):

- Check if address change □

**4) DUNS Number (9-digit) required if receiving federal funds:**

**5) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID Number (14-digit) or Social Security Number (9-digit):**

*The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.*

**6) TYPE OF ENTITY** (check all that apply):

- [ ] City
- [ ] County
- [ ] Other Political Subdivision
- [ ] State Agency
- [ ] Indian Tribe
- [ ] Nonprofit Organization*
- [ ] For Profit Organization*
- [ ] HUB Certified
- [ ] Community-Based Organization
- [ ] Minority Organization
- [ ] Faith Based (Nonprofit Org)
- [ ] Individual
- [ ] Federally Qualified Health Centers
- [ ] State Controlled Institution of Higher Learning
- [ ] Hospital
- [ ] Private
- [ ] Other (specify):

*If incorporated, provide 10-digit charter number assigned by Secretary of State:

**7) PROPOSED BUDGET PERIOD:**

- Start Date: **12/1/13**
- End Date: **8/31/14**

**8) ORGANIZATION TYPE, REGION, AND COUNTIES SERVED BY PROJECT:**

(The respondent must conduct business at a physical location in the region where services are to be provided prior to the begin date of the contract.)

**NOTE:** RESPONDENTS APPLYING FOR MORE THAN 1 REGION MUST SUBMIT A SEPARATE PROPOSAL FOR EACH REGION

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<th>Organization Type</th>
<th>Region</th>
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**9) AMOUNT OF FUNDING REQUESTED:**

**10) PROJECTED EXPENDITURES**

Does respondent’s projected federal expenditures exceed $500,000, or its projected state expenditures exceed $500,000, for respondent’s current fiscal year (excluding amount requested in line 9 above)? **

- Yes □
- No □

**Projected expenditures should include anticipated expenditures under all federal grants including “pass through” federal funds from all state agencies, or all anticipated expenditures under state grants, as applicable.**

**11) PROJECT CONTACT PERSON**

| Name: |
| Phone: |
| Fax: |
| Email: |

**12) FINANCIAL OFFICER**

| Name: |
| Phone: |
| Fax: |
| Email: |

The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in **APPENDIX A: DSHS Assurances and Certifications**. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.

**13) AUTHORIZED REPRESENTATIVE**

Check if change □

**14) SIGNATURE OF AUTHORIZED REPRESENTATIVE**

Name:
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<th>Title:</th>
<th>Phone:</th>
<th>Fax:</th>
<th>Email:</th>
<th>15) DATE</th>
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</thead>
</table>
FORM A: FACE PAGE INSTRUCTIONS

This form provides basic information about the respondent and the proposed project with the Department of State Health Services (DSHS), including the signature of the authorized representative. It is the cover page of the proposal and is required to be completed. Signature affirms the facts contained in the respondent’s response are truthful and the respondent is in compliance with the assurances and certifications contained in APPENDIX A: DSHS Assurances and Certifications and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the respondent’s proposal.

1) **LEGAL BUSINESS NAME** - Enter the legal name of the respondent.

2) **MAILING ADDRESS INFORMATION** - Enter the respondent’s complete physical address and mailing address, city, county, state, and 9-digit zip code.

3) **PAYEE NAME AND MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with respondent to receive payment for services rendered by respondent and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE’s name and mailing address, including 9-digit zip code, if PAYEE is different from the respondent. The PAYEE is the corporation, entity or vendor who will be receiving payments.

4) **DUNS Number** – 9-digit Dun and Bradstreet Data Universal Numbering System (DUNS) number. This number is required if receiving ANY federal funds and can be obtained at: [http://fedgov.dnb.com/webform](http://fedgov.dnb.com/webform)

5) **FEDERAL TAX ID or STATE OF TEXAS COMPTROLLER VENDOR ID NUMBER OR SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the Texas Vendor Identification Number assigned by the Texas State Comptroller (14-digit). The respondent acknowledges, understands and agrees the respondent's choice to use a social security number as its vendor identification number for the contract, may result in the social security number being made public via state open records requests.

6) **TYPE OF ENTITY** - Check the type of entity as defined by the Secretary of State at [http://www.sos.state.tx.us/corp/businessstructure.shtml](http://www.sos.state.tx.us/corp/businessstructure.shtml) and/or the Texas State Comptroller at [https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf](https://fmx.cpa.state.tx.us/fmx/pubs/tins/tinsguide/2009-04/TINS_Guide_0409.pdf) and check all other boxes that describe the entity.

   Historically Underutilized Business: A minority or women-owned business as defined by Texas Government Code, Title 10, Subtitle D, Chapter 2161. ([http://www.window.state.tx.us/procurement/prog/hub/](http://www.window.state.tx.us/procurement/prog/hub/))

   State Agency: an agency of the State of Texas as defined in Texas Government Code §2056.001 ii

   Institutions of higher education as defined by §61.003 of the Education Code.

   MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

   If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

7) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFP.

8) **ORGANIZATION TYPE, REGION, AND/OR COUNTIES SERVED BY PROJECT** - State the Organization Type (CBO, RCO, or TO), Region and specific counties to be served within the proposed Region by the project.

9) **AMOUNT OF FUNDING REQUESTED** - Enter the amount of funding requested from DSHS for proposed project activities (not including possible renewals). This amount must match column (1) row K from the BUDGET SUMMARY used for cost reimbursement budgets.

10) **PROJECTED EXPENDITURES** - If respondent's projected federal expenditures exceed $500,000 or its projected state expenditures exceed $500,000 for respondent’s current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).

11) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and email address of the person responsible for the proposed project.
12) **FINANCIAL OFFICER** - Enter the name, phone, fax, and email address of the person responsible for the financial aspects of the proposed project.

13) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and email address of the person authorized to represent the respondent. Check the “Check if change” box if the authorized representative is different from previous submission to DSHS.

14) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the respondent must sign in this blank.

15) **DATE** - Enter the date the authorized representative signed this form.
FORM B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST

Legal Business Name of Respondent:  

Region:  

State the Organization Type for which you are applying:  

This form is provided as your Table of Contents and to ensure the proposal is complete, proper signatures are included, and the required attachments have been submitted. Be sure to indicate page number.

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<th>FORM</th>
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<td>Face Page - completed, and proper signatures and date included</td>
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<td>B</td>
<td>Proposal Table of Contents and Checklist - completed and included</td>
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<td>Contact Person Information - completed and included</td>
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| D    | Form D: Administrative Information - completed and included  
  I. **Identifying Information**  
  1. Form D-1 or D-2 (as applicable)  
  2. Nonprofit status documentation  
  II. **Conflict of Interest & Contract History**  
  1. Information attached as required  
  III. **Fiscal Solvency**  
  1. Documentation attached as required | ☐ |     |
| E    | Exceptions Form - completed and included (with supplemental documentation attached as required) | ☐ |     |
| F    | Respondent Background – completed and included along with Letters of Support | ☐ |     |
| G    | Proposal Narrative – completed and included | ☐ |     |
| H    | Work Plan – completed and included along with copies of resumes and/or job descriptions | ☐ |     |
| K    | Past Performance Assessment – completed and included (applicable to non DSHS-funded respondents only) | ☐ |     |
| L    | Financial Management and Administration Questionnaire - completed, signed, and included with supplemental documentation attached as required. | ☐ |     |
|     | **Budget Forms**  
  Completed and included:  
  • Forms M through M-10 – (downloaded from ESBD)  
  • Last audit or financial statements  
  • Copy of allocation plan or approved indirect cost rate agreement | ☐ |     |
| D    | HUB Subcontracting Plan (HSP) | ☐ |     |

Do not submit the DSHS Assurances and Certifications (Appendix A) with proposal.
FORM C: CONTACT PERSON INFORMATION

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This form provides information about the appropriate contacts in the respondent’s organization in addition to those on FORM A: FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the **Contract Management Unit**.

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FORM D: ADMINISTRATIVE INFORMATION

This form provides information regarding identification and contract history of the respondent, executive management, project management, governing board members, and/or principal officers. Respond to each request for information or provide the required supplemental document behind this form. If responses require multiple pages, identify the supporting pages/documentation with the applicable request.

NOTE: Administrative Information may be used in screening and/or evaluating proposals.

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<th>Legal Business Name of Respondent:</th>
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<tr>
<td>Region</td>
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<tr>
<td>State the Organization Type for which you are applying: □ CBO □ RCO □ TO</td>
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I. Identifying Information

1. The respondent must attach the following information:
   - If a Governmental Entity complete Form D-1.
     • Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.
   - If a Nonprofit or For Profit Entity complete Form D-2.
     • Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.)
     • Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if respondent is a for-profit entity.

2. Is respondent a nonprofit organization?
   □ YES □ NO

   If YES, respondent must include evidence of its nonprofit status with the proposal. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence.
   □ (a) A copy of a currently valid IRS exemption certificate.
   □ (b) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the respondent organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
   □ (c) A copy of the organization’s certificate of formation or similar document if it clearly establishes the nonprofit status of the organization.
☐ (d) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the respondent organization is a local nonprofit affiliate.

II. **Conflict of Interest and Contract History**

The respondent must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFP. Examples of potential conflicts include an existing or potential business or personal relationship between the respondent, its principal, or any affiliate or subcontractor, with DSHS, the Health and Human Services Commission, or any other entity or person involved in any way in any project that is the subject of this RFP. Similarly, any existing or potential personal or business relationship between the respondent, the principals, or any affiliate or subcontractor, with any employee of DSHS, or the Health and Human Services Commission must be disclosed. Any such relationship that might be perceived, or represented as a conflict, must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by DSHS that a conflict of interest exists, the respondent may be disqualified from further consideration for the award of a contract.

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

3. Does anyone in the respondent organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFP?

☐ YES  ☐ NO

*If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page)*

4. Will any person who received compensation from DSHS or Health and Human Services Commission (HHSC) for participating in the preparation of the specifications or documentation for this RFP participate financially with respondent as a result of an award under this RFP?

☐ YES  ☐ NO

*If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.*

5. Will any provision of services or other performance under any contract that may result from this RFP constitute an actual or potential conflict of interest or create the appearance of impropriety?

☐ YES  ☐ NO
If YES, detail any such actual or potential conflict of interest that might be perceived or represented as a conflict. (Attach no more than one additional page)

6. Are any current or former employees of the respondent current or former employees of DSHS or HHSC (within the last 24 months)?

☐ YES  ☐ NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

7. Are any proposed personnel related to any current or former employees of DSHS or HHSC?

☐ YES  ☐ NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

8. Has any member of respondent’s executive management, project management, governing board or principal officers been employed by DSHS or HHSC 24 months prior to the proposal due date?

☐ YES  ☐ NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

9. If the respondent is a private nonprofit organization, does the executive director or other staff serve as voting members on the organizations governing board?

☐ YES  ☐ NO

10. Is respondent or any member of respondent’s executive management, project management, board members or principal officers:
• Delinquent on any state, federal or other debt;
• Affiliated with an organization which is delinquent on any state, federal or other debt; or
• In default on an agreed repayment schedule with any funding organization?

☐ YES  ☐ NO

If YES, please explain. (Attach no more than one additional page)

11. Has the respondent had a contract suspended or terminated prior to expiration of contract or not been renewed under an optional renewal by any local, state, or federal department or agency or non-profit entity?

☐ YES  ☐ NO
If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract and a contract reference number, and provide copies of any and all decisions or orders related to the suspension, termination, or non-renewal by the contracting entity.

12. Does this proposal include financial participation by a person or entity that has been convicted of violating federal law, or been assessed a penalty in a federal civil administrative enforcement action, in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or any other disaster occurring after September 24, 2005, under Government Code 2261.053?

☐ YES ☐ NO

If YES, please explain. (Attach no more than one additional page)

13. Has respondent had a contract with DSHS within the past 24 months?

☐ YES ☐ NO

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

DSHS Contract Number(s)

III. Fiscal Solvency

All respondents must be able to demonstrate fiscal solvency.

- Submit a copy of the organization’s most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes.
- If an organization does not have audited financial statements, submit a copy of the organization’s most recent IRS Form 990 and an explanation why an audited financial statement is not available.
- DSHS will review the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the respondent's financial capability.

ALL ADDITIONAL PAGES REQUIRED BY RESPONSES TO FORM D, SHOULD BE INSERTED HERE.
### Authorized Officials

Include the full names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent. Add additional rows as needed.

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**Legal Business Name of Respondent:**

**Region**

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Recovery Support Services

RFP# SA/RSS-0578.1
FORM D-2: NONPROFIT OR FOR-PROFIT ENTITY
Board of Directors and Principal Officers

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Include the full names (last, first, middle), addresses, telephone numbers, and titles of members of the Board of Directors or any other principal officers. Indicate the office/title held by each member (e.g. chairperson, president, vice-president, treasurer, etc.). In addition, if entity is a for-profit, include the full names and addresses for each person who owns five percent (5%) or more of the stock. Add additional rows as needed.
FORM E: EXCEPTIONS FORM

REQUEST FOR PROPOSAL
Recovery Support Services RFP# SA/RSS-0578.1

Legal Business Name of Respondent: 

Region

State the Organization Type for which you are applying: ☐ CBO ☐ RCO ☐ TO

This is the approved format for the respondent to: (1) state that no exceptions are being made to the requirements, terms, conditions, or certifications in the RFP or attachments, addendums, or revisions to the RFP or General Provisions, or (2) list all exceptions to any requirements, terms conditions, certifications, or deliverables in the RFP or General Provisions.

Respondent must submit this form with their response.

Instructions:
• If no exceptions are being requested to any issue of the RFP, respondent must check the 'no exception' box below and leave the table blank.
• If exceptions are being requested, use the table below and fill in all columns for each exception.
• Ensure the RFP section number and page number or the number of the term or condition of the issue is stated.
• Ensure each exception is described fully or by reference to the exact location within the proposal and/or general provisions.
• Ensure it is stated whether the exception is part of a proposal deliverable with a clear citation to the deliverable.
• Provide an explanation of why the exception is being proposed, and any alternatives being proposed to the issue in the RFP.
• Add more table lines as necessary.
• If more space for explanations or alternatives is reasonably needed, list the exception on this form and reference the attached page(s) – Ensure each attached page clearly identifies the line item it refers to.
• Any alternatives may also be embedded in the proposal narrative as appropriate to make the narrative clear, but in the proposal narrative the exception must be noted with the line item number on this form.

☐ If no exceptions are being requested, check this box and leave the table below blank
FORM E: EXCEPTIONS FORM

REQUEST FOR PROPOSAL
Recovery Support Services RFP# SA/RSS-0578.1

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<td>State the Organization Type for which you are applying:</td>
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<td>☐ CBO ☐ RCO ☐ TO</td>
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**TABLE OF EXCEPTIONS**

<table>
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<tr>
<th>Exception No.</th>
<th>RFP Section No. and Page No. or no. of term or condition in the general provisions to which exception is requested</th>
<th>Full description of exception requested or reference to exact location of full description if found elsewhere in proposal and/or general provisions.</th>
<th>State if the exception is part of a proposal deliverable with a clear citation to the deliverable</th>
<th>Explanation of why the exception is being proposed and any proposed alternatives to the issue</th>
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## FORM F: RESPONDENT BACKGROUND

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State the Organization Type for which you are applying:  
☐ CBO  ☐ RCO  ☐ TO

Respondents must apply for funding for only one (1) organization type. If a respondent is applying for multiple regions they can only apply as one (1) organization type for those regions.

The following questions represent a potential for 20% and will collectively amount to 20% of the final score. Answer the following questions and submit documentation as requested. A maximum of 5 pages for response to this section. NOTE: Information contained beyond page limitations will not be considered in scoring.

1. Provide a brief narrative describing your organization’s history, accomplishments, primary purpose and number of years in operation. Explain how your organization’s experience and success demonstrates your ability to provide the expected services?

2. Provide your organization’s days and hours of operation.

3. Describe your organizational structure, include your advisory board of directors (indicate number of board members in recovery), list of all advisory councils or committees the length of their existence and their function.

4. Describe your organization’s efforts to date to provide training for staff in recovery-oriented service provision.

5. If a regional ROSC forum occurred near your organization’s community, describe your organization’s involvement. Did staff attend? If so how many? Was your organization involved with planning or supporting the event? In what way? Has your organization participated in any ROSC planning committee meetings that may have occurred in your organization’s home or another community? Has your staff participated in any other training, webinars, forums or events related to ROSC? If so, which ones?

6. Describe the relationship between your organization and other community-based services to be provided. Where possible, please provide letters of support from those organizations that have worked with your organization, which describe the nature of past and/or current collaborations. NOTE: Letters of Support are not included in maximum page limitations.

7. Describe the extent to which a recovery-orientation and recovery support services are currently in place. This goes beyond having recovery principles written into mission statements, but instead looks for the presence of a recovery orientation in the ways in which services are delivered, the active involvement of peers and individuals in recovery, etc.
**FORM G: PROPOSAL NARRATIVE**

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**State the Organization Type for which you are applying:**
- [ ] CBO
- [ ] RCO
- [ ] TO

Respondents must apply for funding for only one (1) organization type. If a respondent is applying for multiple regions they can only apply as one (1) organization type for those regions.

The following questions represent a potential for 25% and will collectively amount to 25% of the final score. A maximum of 8 pages for response to this section. Answer the following questions and submit documentation as requested. NOTE: Information contained beyond the 8 pages will not be considered in scoring.

The Proposal Narrative section will describe what kinds of services you plan to provide and to whom, and must also include the following components:

1. Provide a brief synopsis of your organization’s community as a whole describing in general:
   - a. Geographic boundaries (urban, rural, physical environment)
   - b. General demographic data (age, gender, ethnicity, etc.);
   - c. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.)

2. Describe the target population including:
   - a. Geographic service area
   - b. Characteristics of the target population (including demographic and socioeconomic data, health risk factors and co-occurring mental health conditions);
   - c. Current population served (characteristics, population data, numbers of clients served, types and numbers of services provided)
   - d. Describe the reasons for choosing the target population. What are the unaddressed needs?

3. Describe the current barriers to recovery and the most pressing needs of your target population. Explain how these needs were identified.

4. Provide a brief statement of the services you are proposing to provide.
   - a. Discuss the specific activities in your proposed design that will foster recovery
   - b. Identify how the key pillars of recovery oriented services will be addressed:
      1) Self-direction, empowerment and choice
      2) Community integration
      3) Peer culture and leadership
      4) Family inclusion
      5) Continuity of support
      6) Partnership-consultant relationships
      7) Cultural and linguistic competence

5. If your organization already provides the type of service that you are seeking funding for, describe how these additional resources will enable the organization to enhance existing services? What needs will the organization be able to meet that you cannot currently provide? What is going to be different?
FORM H: WORK PLAN

Legal Business Name of Respondent:  

Region:  

State the Organization Type for which you are applying:  
☐ CBO  ☐ RCO  ☐ TO  

NOTE: Respondents must apply for funding for only one (1) organization type. If a respondent is applying for multiple regions they can only apply as one (1) organization type for those regions.

The following questions represent a potential for 30% and will collectively amount to 30% of the final score. Answer the following questions and submit documentation as requested.

Respondent must describe its plan for service delivery to the population in the proposed service area(s). A maximum of 6 pages may be used in response to this section. The response cannot exceed page limits. Information contained beyond the 6 pages will not be considered in scoring.

1. Describe how you intend to provide the recovery support services that you identified in the Proposal Narrative Section. A detailed plan of the project model should be described. Please describe how new participants will be engaged in your project. For existing participants, please describe how services will be explained and offered to them.

2. Describe how many individuals you propose to serve each month.

3. Describe any implementation barriers you anticipate and how will you address them.

4. Provide your organization’s plans to train existing and new staff in recovery-oriented approaches.

5. Describe your organization’s current staffing: include levels of staffing, ratios of staff to person receiving services, supervision, number of staff, minimal educational and/or life experience qualifications and expertise of staff, different types of staff to be employed and their roles in the project.

6. Describe your organization’s approach to documentation and how you will assure that it is provided with a recovery focus and in a timely way.

7. Provide resumes and/or job descriptions for the primary personnel who will be involved in your proposed project. NOTE: Resumes and/or job descriptions are not included in maximum page limitations.

8. Describe your organization’s collaborative arrangements with the other organizations that will be required for your project to be successful and your plan to engage those organizations as partners.
9. Provide your organization’s plan for collecting and entering the evaluation data outlined in the RFP. Who will be responsible for submitting the data to DSHS? Describe whether or not the organization has the technological capacity to access a web-based data system. Also, describe staff’s capability in using technology related to entering data into a web-based data system which will be designed specifically for this initiative. The specification should include a job description for each of the staff person(s) assigned to meet evaluation requirements, including but not limited to level of education, experience, background, and proportion of time assigned to evaluation activities. If the proposal includes existing or new position(s) to address data collection and entry activities, the position(s) are to be reflected in the budget section (Budget Forms [Forms M-M10]) of the proposal.

10. Provide your organization plans to sustain efforts beyond the solicitation period.
FORM K: PAST PERFORMANCE ASSESSMENT

An element of the scoring criteria includes an assessment of past performance of each respondent. The same past performance indicators will be used for currently DSHS-funded- and non DSHS-funded respondents. A total of 5% may be assigned to these items.

1. **DSHS-FUNDED RESPONDENTS:**

   DSHS-funded respondents ARE NOT REQUIRED to complete and submit Form K. For respondents currently funded by DSHS, in-house data will be used to score past performance. Past performance indicators will include assessment of goals met, compliance with reporting requirements, and an assessment of refunds due to DSHS during the last two (2) fiscal years.

2. **NON DSHS-FUNDED RESPONDENTS - OTHER FUNDING SOURCE**  
   (respondents not currently funded by DSHS for substance abuse services):

   If your organization is not currently funded by DSHS (for substance abuse services), respondent is responsible for ensuring that their organization’s other funding source provides an assessment of the quality of their contractual relationship. This assessment will be used to score past performance. Non DSHS-funded respondents must provide answers to the questions stated below and provide contact name(s) and contact information of the respondent’s contracting entity. DSHS will use this contact information to verify the respondent’s past performance information submitted with their proposal.

   - Failure to provide other funding source information will result in no points awarded for past performance assessment worth 5% of the total score.
   - If the contracting entity fails to provide past performance indicators, the respondent will receive no points for past performance assessment worth 5% of the total score.

The contact name(s) and contact information from respondent’s other funding source must be included in the RFP proposal and identified as Form K - Past Performance Assessment. Non DSHS-funded respondents must provide past performance information on the most recent funding of their primary (largest) contract award. Please provide in the space below your performance measures contact detail for the organization that determined these measures.

   **NOTE: See Section VI.A. Instructions for Preparation of the RFP for detailed submission instructions.**
## FORM K: PAST PERFORMANCE ASSESSMENT

### NON-DSHS FUNDED RESPONDENTS - OTHER FUNDING SOURCE

**REQUEST FOR PROPOSAL**  
Recovery Support Services RFP# SA/RSS-0578.1

Non DSHS-funded respondents must provide answers to the questions stated below and provide contact name(s) and contact information of the respondent’s contracting entity. DSHS will use this contact information to verify the respondent’s past performance information submitted with their proposal.

### Legal Business Name of Respondent:

<table>
<thead>
<tr>
<th>Region(s):</th>
<th>Curriculum(s) (if applicable)</th>
</tr>
</thead>
</table>

State the Organization Type for which you are applying:  
CBO □ RCO □ TO □

### Other Funding Source Contact and Past Performance Assessment Information Detail:

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Authorized Contact:</td>
<td>Contact Title:</td>
</tr>
<tr>
<td>Contact Information:</td>
<td>Phone # ( ) Fax # ( )</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact Email Address:</th>
<th>Brief Description of Contracted Services:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount Awarded:</td>
<td>Contract Begin &amp; End Dates</td>
</tr>
</tbody>
</table>

1. Has the provider achieved 90% or more of the required performance measures goals for the last contract period? □ YES □ NO

2. Has the provider achieved 90% or more in meeting required reporting deadlines for the following periods:
   a. Second to last quarter of the last funding cycle? □ YES □ NO
   b. Last quarter of the last funding cycle? □ YES □ NO

3. Has the provider owed refunds to the funding organization as a result of disallowed costs in the last two years? □ YES □ NO

Total amount refunds owed for the last two years: $ ________________
Introduction
By accepting an award from the Department of State Health Services (DSHS) your organization and the Board of Directors or other oversight authority accept responsibility for complying with the management and administration of programmatic, financial and reporting requirements of the award. Communication and coordination between the organization’s program implementation and financial staff is essential for the success of the project being funded by the award. It is critical that staff responsible for the programmatic and accounting functions is aware of the financial and administrative requirements applicable to grants and subgrants. Key personnel within the organization should be identified and assigned responsibilities for the programmatic, financial and administrative requirements applicable to the DSHS award.

All DSHS contractors are required to have a financial management system in place that meets federal and state standards for expending and accounting for the funds received under the award. Documents and records must be maintained that identify the receipt and expenditure of funds separately for each DSHS Program Attachment. The system must be able to capture and report expenditures by the budget cost categories for each DSHS Program Attachment. This requires establishing within the chart of accounts and general ledger, a separate set of accounts for each Program Attachment. All financial reports should be prepared with information that comes directly from the organization’s accounting system. There should be a reconciliation of the information that is reported to amounts recorded in the accounting system. In order to ensure the fiscal integrity of accounting records, the contractor must use an accounting system that does not permit overwrite or erasure of transactions posted to the general ledger.

Additional information on requirements pertaining to accounting and financial management systems are found in the regulations listed under “Administrative Requirements” in the table below and the DSHS Contractor’s Financial Procedures Manual. Copies of the manual are available online at: http://www.dshs.state.tx.us/contracts/.

Financial and Administrative Requirements

All contractors must comply with applicable cost principles, audit requirements, and administrative requirements listed below: [Note - The Federal Office of Management and Budget (OMB) is in the process of relocating Circulars to Title 2 of the Code of Federal Regulations (CFR).]
<table>
<thead>
<tr>
<th>Applicable Entity</th>
<th>Applicable Cost Principles</th>
<th>Audit Requirements</th>
<th>Administrative Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>State, Local and Tribal Governments</td>
<td>OMB Circular A-87</td>
<td>OMB Circular A-133 and Uniform Grants Management Standards (UGMS)</td>
<td>UGMS, OMB Circular A-102, and applicable Federal awarding agency common rule</td>
</tr>
<tr>
<td>Educational Institutions</td>
<td>OMB Circular A-21; and UGMS, as applicable</td>
<td>OMB Circular A-133</td>
<td>OMB Circular A-110 and applicable Federal awarding agency common rule; and UGMS, as applicable</td>
</tr>
<tr>
<td>Non-Profit Organizations</td>
<td>OMB Circular A-122</td>
<td>OMB Circular A-133 and UGMS</td>
<td>UGMS; OMB Circular A-110 and applicable Federal awarding agency common rule</td>
</tr>
<tr>
<td>For-profit Organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular.</td>
<td>48 CFR Part 31, Contract Cost Principles Procedures, or uniform cost accounting standards that comply with cost principles acceptable to the federal or state awarding agency</td>
<td>OMB Circular A-133 and UGMS</td>
<td>UGMS and applicable Federal awarding agency common rule</td>
</tr>
</tbody>
</table>

Internet links to laws and regulations applicable to the financial and administrative requirements of grants and sub grants are provided below.


Federal agency common rules: [http://www.whitehouse.gov/omb/grants/chart.html](http://www.whitehouse.gov/omb/grants/chart.html)


Uniform Grant Management Standards: [http://governor.state.tx.us/files/state-grants/UGMS062004.doc](http://governor.state.tx.us/files/state-grants/UGMS062004.doc)


**ACCOUNTING SYSTEM**

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

a) Is the accounting system computerized, manual or a combination of both;
b) How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger;

c) When do you close your general ledger (e.g., monthly by the 10th of the following month);

d) How are transactions organized, maintained, and summarized in financial reports. If your accounting system is computerized, indicate the name/type.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

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

1. Is your accounting system organized to allow an auditor to trace financial report balances through the general ledger and other summary ledgers/journals to each detail accounting transaction and supporting source documentation?

   [ ] YES  [ ] NO

2. Does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each DSHS contract/program attachment?

   [ ] YES  [ ] NO

3. Does your accounting system provide for the recording of expenditures for each program attachment by the budget cost categories shown in the proposed budget?

   [ ] YES  [ ] NO

4. Does your accounting system provide for the segregation of direct and indirect expenses and the allocation of indirect costs?

   [ ] YES  [ ] NO
5. Are time records (e.g., time sheets) maintained for all employees where their actual time/effort is recorded and specifically identified to a particular cost objective?

☐ YES  ☐ NO

6. Is the employees’ time/effort that is recorded on the time record the source/basis of the calculation of salary/wage costs recorded in the general ledger for each cost objective?

☐ YES  ☐ NO

**GENERAL ADMINISTRATION & INTERNAL CONTROLS**

1. Is the staff who will be responsible for the financial management of the award generally familiar with the existing regulations and guidelines containing the cost principles and financial administrative requirements applicable to state and federal contracts/grants?

☐ YES  ☐ NO

2. Does your organization have written accounting policies and procedures?

☐ YES  ☐ NO

3. Are generally accepted accounting principles followed for separation of duties regarding receipts and deposit of funds and payment of goods and services?

☐ YES  ☐ NO

Are procedures in place with adequate controls to ensure that receipts and disbursements are authorized and appropriately documented?

☐ YES  ☐ NO

5. Are all disbursements approved prior to payment?

☐ YES  ☐ NO

6. Is there any additional review or special approval required for checks exceeding a specific dollar amount?

☐ YES  ☐ NO
7. Are there written procedures and internal controls established for the procurement of goods and services?

☐ YES  ☐ NO

8. Do purchase orders/requisitions require specific approvals from authorized individuals in the requesting department?

☐ YES  ☐ NO

9. Are supporting documents (invoices, receipts, approvals, receiving reports, canceled checks, etc.) maintained for each disbursement and on file for easy location and retrieval?

☐ YES  ☐ NO

10. Do supporting documents accompany checks for the check signer’s signature?

☐ YES  ☐ NO

11. Are supporting documents marked when paid to prevent reuse or duplication of payment?

☐ YES  ☐ NO

12. Are invoices coded to identify allocation of payment by cost objective and sub-account?

☐ YES  ☐ NO

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

☐ YES  ☐ NO

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

☐ YES  ☐ NO

15. Do you have written personnel policies?
16. Does your policy require individual daily time and attendance records for personnel (part-time, full-time, and/or in-kind volunteers)?

☐ YES  ☐ NO

17. Do procedures ensure that time and attendance reports can be specifically traced to costs recorded in the general ledger for each payroll period for each cost objective?

☐ YES  ☐ NO

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

☐ YES  ☐ NO

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

☐ YES  ☐ NO

The Financial Management and Administration Questionnaire must be signed by an authorized person who has either completed or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

Print Name: _________________________________________________________________

Signature: __________________________________________________________________

Title: _______________________________________________________________________

Recovery Support Services
RFP# SSA/RSS-0578.1
BUDGET FORMS (Forms M through M-10)

Respondent must be able to demonstrate its financial stability and ability to perform services for proposed program. A combined score of 20% will be assigned to Budget forms (Form M through M-10) and Form L: Financial Management & Administrative Questionnaire.

Respondent must complete Budget forms (Forms M through M-10) for cost reimbursement. The Budget forms will be reviewed as part of the evaluation for financial and budget score.

All respondents will budget and provide five percent (5%) Match based on the amount requested to be awarded. Match may be provided either in cash or in-kind. Cash match must be made from funds eligible to be used as matching funds.

Detailed Budget forms, general information, and instructions are located as a separate package on the ESBD at:

Budget forms are located on the ESBD at http://esbd.cpa.state.tx.us/

Respondent must submit a copy of its last audit (or financial statements if an independent audit is not available). Respondent’s audit or financial statements will be reviewed as part of the evaluation for financial and budget score.

Respondent must submit copy of its cost allocation plan or recently approved indirect cost rate agreement.
APPENDICES

APPENDIX A: DSHS ASSURANCES AND CERTIFICATIONS

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

As the duly authorized representative of the respondent, my signature on FORM A: FACE PAGE certifies that the respondent:

1. Is a legal entity legally authorized and in good standing to do business with the State of Texas and has the legal authority to apply for state/federal assistance, and has the institutional, managerial and financial capability and systems (including funds sufficient to pay the non-state/federal share of project costs) to ensure proper planning, management and completion of the project described in this proposal; possesses legal authority to apply for funding; that a resolution, motion or similar action has been duly adopted or passed as an official act of the respondent’s governing body, authorizing the filing of the proposal including all understandings and assurances contained therein, and directing and authorizing the person identified as the authorized representative of the respondent to act in connection with the proposal and to provide such additional information as may be required;

2. Under Government Code Section 2155.004, is not ineligible to receive the specified contract and acknowledges that this contract may be terminated and payment withheld if this certification is incorrect. NOTE: Under Government Code Section 2155.004, a respondent is ineligible to receive an award under this RFP if the bid includes financial participation with the respondent by a person who received compensation from DSHS to participate in preparing the specification of RFP on which the bid is based;

3. Has a financial system that identifies the source and application of DSHS funds and program income in a unique set of general ledger account numbers, permits preparation of reports required by the contract, permits the tracing of funds expended and program income, allows for the comparison of actual expenditures to budgeted amounts, and maintains accounting records that are supported by verifiable source documents;

4. Will give (and any parent, affiliate, or subsidiary organization, if such a relationship exists, will give) DSHS, HHSC Office of Inspector General, the Texas State Auditor, the Comptroller General of the United States, and if appropriate, the federal government, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper
accounting system in accordance with generally accepted accounting standards or agency directives;

5. Will not supplant funds (i.e. use funds from a contract awarded as a result of this RFP to replace or substitute existing funding from other sources that also supports the activities that are the subject of the contract), but rather will use funds from the contract to supplement any existing funds currently available for any such activities;

6. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain;

7. Will ensure that no officer, employee, or member of the respondent’s governing body or of the respondent’s contractor will vote or confirm the employment of any person related within the second degree of affinity or the third degree of consanguinity (as defined in Texas Government Code Chapter 573) to any member of the governing body or to any other officer or employee authorized to employ or supervise such person. This prohibition does not prohibit the continued employment of a person who has been continuously employed for a period of two years, or such other period stipulated by local law, prior to the election or appointment of the officer, employee, or governing body member related to such person in the prohibited degree;

8. Has not given, offered to give, nor intends to give, at any time hereafter any economic opportunity, present or future employment, gift, loan, gratuity, special discount, trip, favor, or service to any employee or official of DSHS or HHSC, in connection with this solicitation or procurement; does not have nor will it knowingly acquire any interest that would conflict in any manner with the performance of its obligations under any awarded contract that results from this RFP;

9. Will honor for 90 days after the proposal due date the technical and business terms contained in the proposal;

10. Will initiate the work after receipt of a fully executed contract and will complete it within the contract period;

11. Will not require a client with limited English proficiency to provide or pay for the services of a translator or interpreter;

12. Will identify and document on client records the primary language/dialect of a client who has limited English proficiency and the need for translation or interpretation services;

13. Will make every effort to avoid use of any individuals under the age of 18 or any family member or friend of a participant as an interpreter for essential communications with participants who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the participant and the use of such a person would not compromise the effectiveness of services or violates the participant’s confidentiality, and the participant is advised that a free interpreter is available;
14. Will comply with the Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the current Uniform Grant Management Standards (UGMS), issued by the Governor's Budget and Planning Office, applicable Office of Management and Budget Federal Circulars, and if applicable the Federal awarding agency Common Rule and U.S. Department of Health and Human Services Grants Policy Statements, which apply as terms and conditions of any resulting contract. A copy of the UGMS manual and federal references are available upon request;

15. Will remain current in its payment of franchise tax or is exempt from payment of franchise taxes, if applicable;

16. Will comply, if applicable, with Texas Family Code, § 231.006, regarding Child Support, and certifies that it is not ineligible to receive payment if awarded a contract, and acknowledges that any resulting contract may be terminated and payment may be withheld if this certification is inaccurate;

17. Will comply with the non-discriminatory requirements of Texas Labor Code, Chapter 21, which requires that certain employers not discriminate on the basis of race, color, disability, religion, sex, national origin, or age;

18. Will not charge a fee or profit. A profit and/or fee are considered to be an amount in excess of actual allowable costs that are incurred in conducting an assistance program;

19. Will comply with all applicable requirements of all other state/federal laws, executive orders, regulations, and policies governing this program;

20. As the prospective participant, and any of the prospective participant's principals (collectively, participants):
   A. are not presently disqualified, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency; in accordance with 2CFR Parts 376 and 180 (parts A-I), and 45 CFR Part 76 (or comparable federal regulation);
   B. have not within a 3-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a private or public (federal, state, or local) transaction or contract under a private or public transaction; violation of federal or state antitrust statutes (including those proscribing price fixing between competitors, allocation of customers between competitors and bid rigging) or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or false claims, tax evasion, obstruction of justice, receiving stolen property or any other offense indicating a lack of business integrity or business honesty that seriously and directly affects the participant's present responsibility;
   C. are not presently indicted or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses enumerated in paragraph (B) of this certification;
D. have not within a 3-year period preceding this proposal/proposal had one or more public transactions (federal, state, or local) terminated for cause or default; and

E. has not (nor has its representative nor any person acting for the representative) (1) violated the antitrust laws codified by Chapter 15, Texas Business & Commercial Code, or the federal antitrust laws; or (2) directly or indirectly communicated the bid to a competitor or other person engaged in the same line of business.

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

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

21. Will comply with Title 31, USC §1352, entitled “Limitation on use of appropriated funds to influence certain federal contracting and financial transactions,” which generally prohibits recipients of federal grants and cooperative agreements from using federal (appropriated) funds for lobbying the executive or legislative branches of the federal government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a federal grant or cooperative agreement must disclose lobbying undertaken with non-federal (non-appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs (45 CFR Part 93):

A. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement;

B. If any funds other than federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agent, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the respondent must complete and submit Standard Form-LLL, “Disclosure of Lobbying Activities,” (SF-LLL) in accordance with its instructions. SF-LLL and continuation sheet are available upon request from the Department of State Health Services; and

C. The language of this certification must be included in the award documents for all sub-awards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients must certify and disclose accordingly.
This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 USC §1352. Any person who fails to file the required certification must be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure;

22. Is in good standing with the Internal Revenue Service on any debt owed;

23. Affirms that no person who has an ownership or controlling interest in the organization or who is an agent or managing employee of the organization has been placed on community supervision, received deferred adjudication or been convicted of a criminal offense related to any financial matter, federal or state program or felony sex crime;

24. Is in good standing with all state and/or federal departments or agencies that have a contracting relationship with the respondent;

25. Will comply with all statutes and standards of general applicability. It is Respondent’s responsibility to review and comply with all applicable statutes, rules, regulations, executive orders and policies. Respondent will carry out the terms of this Contract in a manner that is in compliance with the provisions set forth below. To the extent such provisions are applicable to respondent, respondent will comply with the following:

   a) The following statutes, rules, regulations and DSHS policies, and any of their subsequent amendments that collectively prohibit discrimination on the basis of race, color, national origin, limited English proficiency, sex, sexual orientation (where applicable), disabilities, age, substance abuse, political belief, or religion:

   d) Title VIII of the Civil Rights Act of 1968, 42 U.S.C.A. §§ 3601 et seq., relating to nondiscrimination in housing;
f) Pro-Children Act of 1994, 20 U.S.C.A. §§ 6081-6084, regarding the non-use of all tobacco products;
g) National Research Service Award Act of 1971, 42 U.S.C.A. §§ 289a-1 et seq., and 6601 (P.L. 93-348 and P.L. 103-43), as amended, regarding human subjects involved in research;
h) Hatch Political Activity Act, 5 U.S.C.A. §§ 7321-26, which limits the political activity of employees whose employment, is funded with federal funds;
j) Tex. Gov’t Code ch. 469 (Supp. 2004), pertaining to eliminating architectural barriers for persons with disabilities;
l) The Clinical Laboratory Improvement Amendments of 1988, 42 USC § 263a, regarding the regulation and certification of clinical laboratories;
m) The Occupational Safety and Health Administration Regulations on Blood Borne Pathogens, 29 CFR § 1910.1030, or Title 25 Tex. Admin Code ch. 96 regarding safety standards for handling blood borne pathogens;
n) Laboratory Animal Welfare Act of 1966, 7 USC §§ 2131 et seq., pertaining to the treatment of laboratory animals;
p) Intergovernmental Personnel Act of 1970 (42 USC §§4278-4763 regarding personnel merit systems for programs specified in Appendix A of the federal Office of Program Management’s Standards for a Merit System of Personnel Administration (5 C.F.R. Part 900, Subpart F);
q) Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646), relating to fair treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs;

i) Financial and compliance audits in accordance with Single Audit Act Amendments of 1996 and OMB Circular No. A-133, “Audits of States, Local Governments, and Non-Profit Organizations; “ and

u) Requirements of any other applicable state and federal statutes, executive orders, regulations, rules, and policies.

If this contract is funded by a grant, additional state or federal requirements found in the Notice of Grant Award may be imposed on respondent;

26. Under §§2155.006 and 2261.053, Government Code, is not ineligible to receive a contract under this RFP and acknowledges that any contract may be terminated and payment withheld if this certification is inaccurate. Sections 2155.006 and 2261.053 relate to violations of federal law in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or certain other disasters;

27. Affirms that the statements in these assurances and certifications are true, accurate, and complete (to the best of respondent’s and its authorized representative’s knowledge and belief), and agrees to comply with the DSHS terms and conditions if an award is issued as a result of this proposal. Willful provision of false information is a criminal offense. Any person making any false, fictitious, or fraudulent statement may, in addition to other remedies available, be subject to civil penalties.
APPENDIX B: LETTER OF INTENT

Respondent must submit a Letter of Intent (LOI) in the format provided below by 2:00 p.m. CT on date identified in RFP Section I. Schedule of Events for Letter of Intent (LOI). The LOI must be on the Respondent’s business letterhead. The LOI must be received on or before the deadline via email, with a scanned image of the signed LOI attached, to the RFP Point of Contact email address. If the LOI is not received by the deadline, respondent’s proposal will not be considered for funding.

[DATE]

Bernie Rodriguez
Ref: RFP# SA/RSS-0578.1
Client Services Contracting Unit MC 1886
Department of State Health Services
P.O. Box 149347
Austin, Texas 78714-9347

Ref: Letter Of Intent for RFP#: RFP# SA/RSS-0578.1

It is the intent of (responding legal entity name) to respond to the Department of State Health Service (DSHS) Recovery Support Services request for proposal RFP #: SA/RSS-0578.1

It is understood that to be considered this letter must be received by DSHS by 2:00 p.m. CT on date identified in RFP Section I.I. Schedule of Events for LOI.

It is understood that this LOI is not a commitment to submit a proposal; however, the LOI is a condition precedent to submitting a proposal. Proposals received where a respondent has not submitted a timely LOI will not be considered.

<table>
<thead>
<tr>
<th>AUTHORIZED REPRESENTATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>Title:</td>
</tr>
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APPENDIX C: HEALTH AND HUMAN SERVICES REGIONS
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APPENDIX D: HISTORICALLY UNDERUTILIZED BUSINESS (HUB)

Subcontracting Plan Information

In accordance with Texas Government Code (TGC) §2161.252 and Texas Administrative Code (TAC) Title 34, Part 1, Chapter 20, Subchapter B, Rule §20.14, each state agency (including institutions of higher education) as defined by TGC §2151.002 that considers entering into a contract with an expected value of $100,000 or more must, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract.

If subcontracting opportunities are probable, each state agency’s invitation for bids or other purchase solicitation documents for construction, professional services, other services, and commodities with an expected value of $100,000 or more must state that probability and require a HUB Subcontracting Plan (HSP).

In accordance with TGC, §2161.181 and §2161.182, each state agency must make a good faith effort to increase the contract awards for the purchase of goods or services to HUBs based on rules adopted by the Commission to implement the disparity study described by TGC §2161.002(c).

The purpose of the HUB Program is to promote equal business opportunities for economically disadvantaged persons (as defined by TGC §2161.001(3)) to contract with the State of Texas in accordance with the goals specified in the State of Texas Disparity Study. The HUB goals per 34 TAC §20.13 are: 11.2% for heavy construction other than building contracts; 21.1% for all building construction, including general contractors and operative builders contracts; 32.7% for all special trade construction contracts; 23.6% for professional services contracts; 24.6% for all other services contracts; and 21% for commodities contracts.

IF YOUR RESPONSE TO THIS SOLICITATION DOES NOT CONTAIN A HUB SUBCONTRACTING PLAN, YOUR RESPONSE WILL BE REJECTED AS A MATERIAL FAILURE TO COMPLY WITH THE ADVERTISED SPECIFICATIONS.
HUB SUBCONTRACTING PLAN (HSP) QUICK CHECKLIST

While this HSP Quick Checklist is being provided to merely assist you in readily identifying the sections of the HSP form that you will need to complete, it is very important that you adhere to the instructions in the HSP form and instructions provided by the contracting agency.

❖ If you will be awarding all of the subcontracting work you have to offer under the contract to only Texas certified HUB vendors, complete:
  □ Section 1 – Respondent and Requisition Information
  □ Section 2 a. – Yes, I will be subcontracting portions of the contract
  □ Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors
  □ Section 2 c. – Yes
  □ Section 4 – Affirmation
  □ GFE Method A (Attachment A) – Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.

❖ If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you have a continuous contract* in place for five (5) years or less meets or exceeds the HUB Goal the contracting agency identified in the “Agency Special Instructions/Additional Requirements”, complete:
  □ Section 1 – Respondent and Requisition Information
  □ Section 2 a. – Yes, I will be subcontracting portions of the contract
  □ Section 2 b. – List all the portions of work you will subcontract, and indicate the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors
  □ Section 2 c. – No
  □ Section 2 d. – Yes
  □ Section 4 – Affirmation
  □ GFE Method A (Attachment A) – Complete an Attachment A for each of the subcontracting opportunities you listed in Section 2 b.

❖ If you will be subcontracting any portion of the contract to Texas certified HUB vendors and Non-HUB vendors or only to Non-HUB vendors, and the aggregate percentage of all the subcontracting work you will be awarding to the Texas certified HUB vendors with which you have a continuous contract* in place for five (5) years or less does not meet or exceed the HUB Goal the contracting agency identified in the “Agency Special Instructions/Additional Requirements”, complete:
  □ Section 1 – Respondent and Requisition Information
  □ Section 2 a. – Yes, I will be subcontracting portions of the contract
  □ Section 2 b. – List all the portions of work you will subcontract, and indicated the percentage of the contract you expect to award to Texas certified HUB vendors and Non-HUB vendors
  □ Section 2 c. – No
  □ Section 2 d. – No
  □ Section 4 – Affirmation
  □ GFE Method B (Attachment B) – Complete an Attachment B for each of the subcontracting opportunities you listed in Section 2 b.

❖ If you will not be subcontracting any portion of the contract and will be fulfilling the entire contract with your own resources, complete:
  □ Section 1 – Respondent and Requisition Information
  □ Section 2 a. – No, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources
  □ Section 3 – Self Performing Justification
  □ Section 4 – Affirmation

*Continuous Contract: Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into “new” contracts.
Please READ thoroughly when completing this HUB (HSP) Plan. You must: (1) fill in the method that applies to you; see the HSP Quick Checklist to make this determination.

- If using Method B, you must comply with ALL sections of B3 and attach supporting documentation (e.g., notifications, emails, phone logs, etc.) with your bid response.

- If you are awarded this contract, you must notify all subcontractors of their selection as a subcontractor and provide a copy of the notification to the HUB Coordinator listed below within 10 days of receiving the contract award. DSHS 
  HUB Coordinator Contact: shawn.constancio@dshs.state.tx.us

HUB SUBCONTRACTING PLAN (HSP)

This contract is classified as an Other Services contract under the CPA rule, and therefore has a Statewide Annual HUB Utilization Goal of 24.6%. (Please refer to Section V.F. of the Request for Proposal for a complete explanation.) Therefore, all respondents (prime contractors) who have been determined that subcontracting opportunities are probable under this contract. Subcontracters or subcontractor(s) are required to subcontract with State certified HUBs (HUBs) at least the dollar amount of subcontracted work in the RFP. Respondents may search for HUB subcontractors on the CPA Centralized Master Bidders List (CMBL), HUB Directory, which is located on the CPA website: http://www2.cpa.state.tx.us/cmbl/cmblhub.html. For this procurement, if you do not locate your subcontractor on CMBL, you must list the subcontractor’s name and address and their State Identification Number (SIN) or Texas Business Enterprise Identification Number (BEEIN) if applicable. (Please refer to Section V.F. of the Request for Proposal for additional information.)

NOTE: Responses that do not include a completed HSP shall be rejected pursuant to Texas Government Code (TGC) § 41.152.

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State of Texas in accordance with the goals specified in the 2009 State of Texas Disparity Study. The statewide HUB goals defined in 34 Texas Administrative Code (TAC) § 20.13 are:

- 11.2 percent for heavy construction other than building contracts,
- 21.1 percent for all building construction, including general contractors and operative builders contracts,
- 32.7 percent for all special trade construction contracts,
- 23.6 percent for professional services contracts,
- 24.6 percent for all other services contracts, and
- 21 percent for commodities contracts.

- Agency Special Instructions/Additional Requirements -

In accordance with 34 TAC § 20.14(d)(1)(D)(iii), a respondent (prime contractor) may demonstrate good faith effort to utilize Texas certified HUBs for its subcontracting opportunities if the total value of the respondent’s subcontract with Texas certified HUBs meets or exceeds the statewide HUB goal or the agency specific HUB goal, whichever is higher. When a respondent uses this method to demonstrate good faith effort, the respondent must identify the HUBs with which they will subcontract. If using existing contracts with Texas certified HUBs to satisfy this requirement, only contracts that have been in place for five years or less shall qualify for meeting the HUB goal. This limitation is designed to encourage vendor rotation as recommended by the 2009 Texas Disparity Study.

SECTION 1 | RESPONDENT AND REQUISITION INFORMATION

- Respondent (Company) Name: ___________________________ State of Texas VID #: ___________________________
  Point of Contact: ___________________________ Phone #: ___________________________
  E-mail Address: ___________________________ Fax #: ___________________________

- Is your company a State certified HUB? ☐ Yes ☐ No
## SECTION 2  SUBCONTRACTING INTENTIONS

After dividing the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, and taking into consideration the scope of work to be performed under the proposed contract, including all potential subcontracting opportunities, the respondent must determine what portions of work, including goods and services, will be subcontracted. Note: In accordance with 34 TAC §20.11., an “Subcontractor” means a person who contracts with a prime contractor to work, to supply commodities, or to contribute toward completing work for a governmental entity.

a. Check the appropriate box (Yes or No) that identifies your subcontracting intentions:

- Yes, I will be subcontracting portions of the contract. (If Yes, complete Item b, of this SECTION and continue to Item c of this SECTION.)
- No, I will not be subcontracting any portion of the contract, and I will be fulfilling the entire contract with my own resources. (If No, continue to SECTION 3 and SECTION 4.)

b. List all the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

<table>
<thead>
<tr>
<th>Item #</th>
<th>Subcontracting Opportunity Description</th>
<th>HUBs</th>
<th>Non-HUBs</th>
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<tbody>
<tr>
<td></td>
<td>Percentage of the contract expected to be subcontracted to HUBs with which you have a continuous contract* in place for five (5) years or less.</td>
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<td>Aggregate percentages of the contract expected to be subcontracted:</td>
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(Note: If you have more than fifteen subcontracting opportunities, a continuation sheet is available online at http://www.window.state.tx.us/procurement/prog/hub/hub-forms/)

c. Check the appropriate box (Yes or No) that indicates whether you will be using only Texas certified HUBs to perform all of the subcontracting opportunities you listed in SECTION 2, Item b.

- Yes (If Yes, continue to SECTION 4 and complete an “HSP Good Faith Effort - Method A (Attachment A)” for each of the subcontracting opportunities you listed.)
- No (If No, continue to Item d, of this SECTION.)

d. Check the appropriate box (Yes or No) that indicates whether the aggregate expected percentage of the contract you will subcontract with Texas certified HUBs with which you have a continuous contract* in place with for five (5) years or less meets or exceeds the HUB goal the contracting agency identified on page 1 in the “Agency Special Instructions/Additional Requirements”.

- Yes (If Yes, continue to SECTION 4 and complete an “HSP Good Faith Effort - Method A (Attachment A)” for each of the subcontracting opportunities you listed.)
- No (If No, continue to SECTION 4 and complete an “HSP Good Faith Effort - Method B (Attachment B)” for each of the subcontracting opportunities you listed.)

*Continuous Contract: Any existing written agreement (including any renewals that are exercised) between a prime contractor and a HUB vendor, where the HUB vendor provides the prime contractor with goods or service under the same contract for a specified period of time. The frequency the HUB vendor is utilized or paid during the term of the contract is not relevant to whether the contract is considered continuous. Two or more contracts that run concurrently or overlap one another for different periods of time are considered by CPA to be individual contracts rather than renewals or extensions to the original contract. In such situations the prime contractor and HUB vendor are entering (have entered) into “new” contracts.
### SECTION 2  **SUBCONTRACTING INTENTIONS (CONTINUATION SHEET)**

**a.** This page can be used as a continuation sheet to the HSP Form’s page 2, SECTION 2, Item b. Continue listing the portions of work (subcontracting opportunities) you will subcontract. Also, based on the total value of the contract, identify the percentages of the contract you expect to award to Texas certified HUBs, and the percentage of the contract you expect to award to vendors that are not a Texas certified HUB (i.e., Non-HUB).

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<th>Item #</th>
<th>Subcontracting Opportunity Description</th>
<th>HUBs</th>
<th>Non-HUBs</th>
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SECTION 3  SELF PERFORMING JUSTIFICATION

Check the appropriate box (Yes or No) that indicates whether your response/proposal contains an explanation demonstrating how your company will fulfill the entire contract with its own resources.

☐ - Yes  (If Yes, in the space provided below list the specific page(s)/section(s) of your proposal which explains how your company will perform the entire contract with its own equipment, supplies, materials and/or employees.)

☐ - No   (If No, in the space provided below explain how your company will perform the entire contract with its own equipment, supplies, materials and/or employees.)

SECTION 4  AFFIRMATION

As evidenced by my signature below, I affirm that I am an authorized representative of the respondent listed in SECTION 1, and that the information and supporting documentation submitted with the HSP is true and correct. Respondent understands and agrees that, if awarded any portion of the requisition:

- The respondent will provide notice as soon as practical to all the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor for the awarded contract. The notice must specify at a minimum the contracting agency’s name and its point of contact for the contract, the contract award number, the subcontracting opportunity they (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency’s point of contact for the contract no later than ten (10) working days after the contract is awarded.

- The respondent must submit monthly compliance reports (Prime Contractor Progress Assessment Report – PAR) to the contracting agency, verifying its compliance with the HSP, including the use of and expenditures made to its subcontractors (HUBs and Non-HUBs).  (The PAR is available at http://www.window.state.tx.us/procurement/prog/hub/hub-forms/progressassessmentprt.xls).

- The respondent must seek approval from the contracting agency prior to making any modifications to its HSP, including the hiring of additional or different subcontractors and the termination of a subcontractor the respondent identified in its HSP. If the HSP is modified without the contracting agency’s prior approval, respondent may be subject to any and all enforcement remedies available under the contract or otherwise available by law, up to and including debarment from all state contracting.

- The respondent must, upon request, allow the contracting agency to perform on-site reviews of the company’s headquarters and/or work-site where services are being performed and must provide documentation regarding staffing and other resources.

_________________________  ______________________  ______________________  ______________________
Signature                              Printed Name                              Title                              Date (mm/dd/yyyy)

REMINDER:  ➢ If you responded “Yes” to SECTION 2, Items c or d, you must complete an “HSP Good Faith Effort - Method A (Attachment A)” for each of the subcontracting opportunities you listed in SECTION 2, Item b.

➢ If you responded “No” SECTION 2, Items c and d, you must complete an “HSP Good Faith Effort - Method B (Attachment B)” for each of the subcontracting opportunities you listed in SECTION 2, Item b.
## SECTION A-1 SUBCONTRACTING OPPORTUNITY

Enter the item number and description of the subcontracting opportunity you listed in SECTION 2, Item b, of the completed HSP form for which you are completing this attachment.

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<th>Item #</th>
<th>Description</th>
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## SECTION A-2 SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the subcontracting opportunity you listed above in SECTION A-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Texas certified HUB</th>
<th>VID # (Required if Texas certified HUB)</th>
<th>Approximate Dollar Amount</th>
<th>Expected Percentage of Contract</th>
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**REMINDER:** As specified in SECTION 4 of the completed HSP form, if you (respondent) are awarded any portion of the requisition, you are required to provide notice as soon as practical to all the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor. The notice must specify at a minimum the contracting agency’s name and its point of contact for the contract, the contract award number, the subcontracting opportunity they (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency’s point of contact for the contract no later than ten (10) working days after the contract is awarded.
HSP Good Faith Effort – Method B (HUB Attachment B)

Enter your company’s name here: __________________________ RFP #: SA/RSS-0578.1

IMPORTANT: If you responded ‘No’ to SECTION 2, Items c and d of the completed HSP form, you must submit a completed ‘HSP Good Faith Effort - Method B (Attachment B)’ for each of the subcontracting opportunities you listed in SECTION 2, Item b of the completed HSP form. You may photo-copy this page or download the form at http://www.window.state.tx.us/procurement/prog/hub/hub-forms/HUBSubcontractingPlanAttachment-B.doc

SECTION B-1 SUBCONTRACTING OPPORTUNITY

Enter the item number and description of the subcontracting opportunity you listed in SECTION 2, Item b, of the completed HSP form for which you are completing this attachment.

Item #: ___________________ Description: __________________________

SECTION B-2 MENTOR PROTÉGÉ PROGRAM

If respondent is participating as a Mentor in a State of Texas Mentor Protégé Program, submitting its Protégé (Protégé must be a State of Texas certified HUB) as a subcontractor to perform the subcontracting opportunity listed in SECTION B-1, constitutes a good faith effort to subcontract with a Texas certified HUB towards that specific portion of work.

Check the appropriate box (Yes or No) that indicates whether you will be subcontracting the portion of work you listed in SECTION B-1 to your Protégé.

☐ - Yes (if Yes, to continue to SECTION B-4.)
☐ - No / Not Applicable (if No or Not Applicable, continue to SECTION B-3 and SECTION B-4.)

SECTION B-3 NOTIFICATION OF SUBCONTRACTING OPPORTUNITY

When completing this section you MUST comply with items a, b, c and d, thereby demonstrating your Good Faith Effort of having notified Texas certified HUBs and minority or women trade organizations or development centers about the subcontracting opportunity you listed in SECTION B-1. Your notice should include the scope of work, information regarding the location to review plans and specifications, bonding and insurance requirements, required qualifications, and identify a contact person. When sending notice of your subcontracting opportunity, you are encouraged to use the attached HUB Subcontracting Opportunity Notice form, which is also available online at http://www.window.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/

Retain supporting documentation (i.e., certified letter, fax, e-mail) demonstrating evidence of your good faith effort to notify the Texas certified HUBs and minority or women trade organizations or development centers. Also, be mindful that a working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day the subcontracting opportunity notice is sent/provided to the HUBs and to the minority or women trade organizations or development centers is considered to be “day zero” and does not count as one of the seven (7) working days.

a. Provide written notification of the subcontracting opportunity you listed in SECTION B-1, to three (3) or more Texas certified HUBs. Unless the contracting agency specified a different time period, you must allow the HUBs at least seven (7) working days to respond to the notice prior to your submitting your bid response to the contracting agency. When searching for Texas certified HUBs, ensure that you use the State of Texas’ Centralized Master Bidders List (CMBL) and Historically Underutilized Business (HUB) Search directory located at http://www.window.state.tx.us/procurement/cmb/cmbhub.html. HUB Status code “A” signifies that the company is a Texas certified HUB.

b. List the three (3) Texas certified HUBs you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the company’s Vendor ID (VID) number, the date you sent notice to that company, and indicate whether it was responsive or non-responsive to your subcontracting opportunity notice.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>VID #</th>
<th>Date Notice Sent (mm/dd/yyyy)</th>
<th>Did the HUB Respond?</th>
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c. Provide written notification of the subcontracting opportunity you listed in SECTION B-1 to two (2) or more minority or women trade organizations or development centers in Texas to assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. Unless the contracting agency specified a different time period, you must provide your subcontracting opportunity notice to minority or women trade organizations or development centers at least seven (7) working days prior to submitting your bid response to the contracting agency. A list of trade organizations and development centers that have expressed an interest in receiving notices of subcontracting opportunities is available on the Statewide HUB Program’s webpage at http://www.window.state.tx.us/procurement/prog/hub/mwb-links-1/

d. List two (2) minority or women trade organizations or development centers you notified regarding the subcontracting opportunity you listed in SECTION B-1. Include the date when you sent notice to it and indicate if it accepted or rejected your notice.

<table>
<thead>
<tr>
<th>Minority/Women Trade Organizations or Development Centers</th>
<th>Date Notice Sent (mm/dd/yyyy)</th>
<th>Was the Notice Accepted?</th>
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HSP Good Faith Effort – Method B (HUB Attachment B) continued

Enter your company’s name here: ___________________________ RFP #: SA/RSS-0578.1

SECTION B-4  SUBCONTRACTOR SELECTION

a. Enter the item number and description of the subcontracting opportunity for which you are completing this Attachment B continuation page.

   Item #: _____   Description: ___________________________

b. List the subcontractor(s) you selected to perform the subcontracting opportunity you listed in SECTION B-1. Also identify whether they are a Texas certified HUB and their VID number, the approximate dollar value of the work to be subcontracted, the expected percentage of work to be subcontracted, and indicate whether the company is a Texas certified HUB.

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Texas certified HUB</th>
<th>VID # (Required if Texas certified HUB)</th>
<th>Approximate Dollar Amount</th>
<th>Expected Percentage of Contract</th>
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  c. If any of the subcontractors you have selected to perform the subcontracting opportunity you listed in SECTION B-1 is not a Texas certified HUB, provide written justification for your selection process (attach additional page if necessary):

REMEMBER: As specified in SECTION 4 of the completed HSP form, if you (respondent) are awarded any portion of the requisition, you are required to provide notice as soon as practical to all the subcontractors (HUBs and Non-HUBs) of their selection as a subcontractor. The notice must specify at a minimum the contracting agency’s name and its point of contact for the contract, the contract award number, the subcontracting opportunity if (the subcontractor) will perform, the approximate dollar value of the subcontracting opportunity and the expected percentage of the total contract that the subcontracting opportunity represents. A copy of the notice required by this section must also be provided to the contracting agency’s point of contact for the contract no later than ten (10) working days after the contract is awarded.
HUB Subcontracting Opportunity Notification Form

In accordance with Texas Gov’t Code, Chapter 2161, each state agency that considers entering into a contract with an expected value of $100,000 or more shall, before the agency solicits bids, proposals, offers, or other applicable expressions of interest, determine whether subcontracting opportunities are probable under the contract. The state agency I have identified below in Section B has determined that subcontracting opportunities are probable under the requisition to which my company will be responding.

34 Texas Administrative Code, §20.14 requires all respondents (prime contractors) bidding on the contract to provide notice of each of their subcontracting opportunities to at least three (3) Texas certified HUBs (who work within the respective industry applicable to the subcontracting opportunity), and allow the HUBs at least seven (7) working days to respond to the notice prior to the respondent submitting its bid response to the contracting agency. In addition, the respondent must provide notice of each of its subcontracting opportunities to two (2) or more minority or women trade organizations or development centers at least seven (7) working days prior to submitting its bid response to the contracting agency.

We respectfully request that vendors interested in bidding on the subcontracting opportunity scope of work identified in Section C, Item 2, reply no later than the date and time identified in Section C, Item 1. Submit your response to the point-of-contact referenced in Section A.

<table>
<thead>
<tr>
<th>Section A</th>
<th>PRIME CONTRACTOR’S INFORMATION</th>
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<tbody>
<tr>
<td>Company Name:</td>
<td>State</td>
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<tr>
<td>of Texas VID #: Point-of-Contact:</td>
<td>Phone #:</td>
</tr>
<tr>
<td>E-mail Address:</td>
<td>Fax #:</td>
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</tbody>
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<thead>
<tr>
<th>Section B</th>
<th>CONTRACTING STATE AGENCY AND REQUISITION INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Name:</td>
<td>Phone #:</td>
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<tr>
<td>Point-of-Contact:</td>
<td></td>
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<tr>
<td>Insert Title &amp; RFP# SA/RSS-0578.1</td>
<td>Bid Open Date:</td>
</tr>
</tbody>
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<thead>
<tr>
<th>Section C</th>
<th>SUBCONTRACTING OPPORTUNITY RESPONSE DUE DATE, DESCRIPTION, REQUIREMENTS AND RELATED INFORMATION</th>
</tr>
</thead>
</table>
| 1. Potential Subcontractor’s Bid Response Due Date: | If you would like for our company to consider your company’s bid for the subcontracting opportunity identified below in Item 2, we must receive your bid response no later than Select Central Time on :Date
|   In accordance with 34 TAC §20.14, each notice of subcontracting opportunity shall be provided to at least three (3) Texas certified HUBs, and allow the HUBs at least seven (7) working days to respond to the notice prior to submitting our bid response to the contracting agency. In addition, we must provide the same notice to two (2) or more minority or women trade organizations or development centers at least seven (7) working days prior to submitting our bid response to the contracting agency. |
|   (A working day is considered a normal business day of a state agency, not including weekends, federal or state holidays, or days the agency is declared closed by its executive officer. The initial day of the subcontracting opportunity notice is sent to the HUBs and to the minority or women trade organizations or development centers is considered to be “day zero” and does not count as one of the seven (7) working days.) |
| 2. Subcontracting Opportunity Scope of Work: | |
| 3. Required Qualifications: | - Not Applicable |
| 5. Location to review plans/specifications: | - Not Applicable |
APPENDIX E: GLOSSARY AND DEFINITIONS

Appendix – Additional information and/or forms that are available in the back of this solicitation document.

Budget – A financial schedule documented in the contract that describes how funds will be used and/or describes the basis for reimbursement for the provision of contracted services. The type of budget for services under the RFP will be categorical (line item). **The Budget Section is required and is posted with this RFP as a separate package on the ESBD.**

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

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

Client Services Contracting Unit (CSCU) – Central contracting unit within HHSC that is responsible for statewide client services procurements and their certifications. CSCU oversees, coordinates, and assists the Division with client services procurement needs, issues competitive procurements, finalizes development, and executes contracts. CSCU maintains the official contract file from procurement to contract closeout.

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

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

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

Contract – A written document referring to promises or agreements for which the law establishes enforceable duties and remedies between a minimum of two parties. A DSHS contract is assembled using a core contract (base), one or more program attachments, and other required exhibits (general provisions, etc.).
Contract Term – The period of time during which the contract or program attachment will be effective from begin date to end, or renewal date. The contract term may or may not be the same as the budget period.

Contractor – An individual organization or entity that contracts with DSHS to provide services and/or goods.

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

Cultural Competency – Demonstration of adequate and accurate knowledge and skill by a staff member from the recovery community-based organization to effectively respond to an individual’s and/or community’s needs through knowledge of communication, actions, customs, beliefs, and values within the individual’s or community’s racial, ethnic, socioeconomic, religious, language and social groups.

Cultural diversity and inclusion – Developing a recovery community peer support services program that is inclusive of various groups and that honors differing routes to recovery, including medication-assisted recovery.

Customer advisory board - Advises management of the program they do not necessarily have to be peers of the management but rather customers of the program who receive program services.

Debarment – An exclusion from contracting or subcontracting with state agencies on the basis of cause set forth in Title 34, Texas Administrative Code Chapter 20, Subchapter C, §20.105 et seq.

Deliverables – Goods or services contracted for delivery or performance.

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

Due Date – Established deadline for submission of a document or deliverable.

Effective Date – The date the contract term begins.

Electronic State Business Daily (ESBD) – The electronic marketplace described in Texas Government Code, Section 2155.083, where state agency procurement opportunities over $25,000 are posted (http://esbd.cpa.state.tx.us/).

Financial Status Reports – Reports that are submitted to DSHS according to a schedule detailed in the contract. The FSR reflects the Program Attachments approved categorical budget, cumulative allowable costs incurred through the end of the reporting quarter by budget category (e.g. personnel, equipment, supplies, etc.) budget variances, DSHS’s share of program income, and non-DSHS funding.

Fully Executed – A contract is fully executed when it is signed by each of the parties to form a legal binding contractual relationship. No costs chargeable to the proposed contract will be reimbursed before the contract is fully executed.

Formal participants – Individuals in recovery who enroll for direct recovery support services including peer coaching. These direct recovery support participants may also receive indirect recovery support services such as housing or mental health services.

General Provisions – Basic provisions that are essential in administering the contract, which include assurances required by law, compliance requirements, applicable federal and state statutes and circulars, financial management standards, records and reporting requirements, funding contingency, sanctions, and terms and conditions of payment.

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

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

Informal Participants – Individuals in recovery who may participate in program services on an occasional, one-time, or informal basis, but are not “signed up” for ongoing services.

Informal Recovery Support Services – Less structured services such as providing used clothing, hosting sober social activities, and drop-in centers.

Leadership development – Building leadership among members of the recovery community so that they are able to guide and direct the service program and deliver support services to their peers.

Memorandum of Understanding (MOU) - A document signed by all participating organizations that defines the responsibilities of each party in an agreement, provides the scope and authority of the agreement, clarifies terms and outlines compliance issues.
Outcome Measures – Outcome measures provide data on the short-term changes in a participants’ knowledge, attitudes, beliefs, or actual behavior, to determine whether the goals of recovery support services have been met based on an established baseline status for each participant.

Paid - Full-time and part-time staff members who receive compensation for their time worked.

Participant – An individual who receives or has received substance abuse recovery support services. This may also include significant other, family members and allies who are receiving services.

Participatory process – Involving the targeted recovery community in project design and implementation, so that recovery community members identify their own strengths and needs, and design and deliver peer services to address them.

Peer – An Individual who shares the experience of addiction and recovery, either directly or as a family member or significant other.

Peer Recovery Coach – Someone with “lived experience” in long term recovery who has been through peer coach training, has appropriate peer specialist or peer coach credentials, and works under organization supervision. A potential Peer Recovery Coach must have demonstrated recovery and the requisite acceptance of other’s circumstances necessary to support individuals on all paths to recovery. The individual also must have completed 46 hours of Texas DSHS approved Peer Recovery Coach training that includes 16 hours of Ethics, 10 hours of Recovery Support, 10 hours of Advocacy, and 10 hours of Mentoring.

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

Person-centered – Recovery support services that directly focus upon the need, preferences and strengths of the individual.

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

Program – As authorized by state or federal law, a coordinated group of activities carried out by DSHS, for a specific purpose (“program”), or DSHS staff located in a program, region, or hospital who identify and request procurement needs (“Program”). The Program partners with CSCU on procurements.
Program Attachment – An attachment to the contract that provides details for a particular statement of work to be performed under the contract such as services to be delivered, performance measures or deliverables, funding, and reporting requirements. There may be multiple program attachments associated with a core contract. A program attachment is typically for a one-year term, with a contracting cycle made up of several one-year program attachment renewals.

Project – All work to be performed as a result of a contract or solicitation.

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

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

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

Recovery Coach – Person who is actively and authentically engaged in a recovery pathway.

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

Recovery Support Services (RSS) - Are nonclinical services that assist individuals and families to recover from alcohol, drugs (illicit and legal), or co-occurring substance use. RSS’s include social support, linkage to and coordination among allied service providers, and a full range of human services that facilitate recovery and wellness. These services may be and may be provided prior to, during, and after treatment, and also may be provided as separate and distinct services, to individuals and families who desire and need them.

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

Region (Health and Human Services [HHSC] region) – One of eleven geographic subdivisions of the state. (Appendix C)
Respondent – An individual or entity that submits a response to a solicitation. For purposes of this document, “respondent” is intended to include such phrases as “offeror”, “applicant”, “bidder”, “responder”, or other similar terminology employed by DSHS (or HHSC) to describe the person or entity that responds to a solicitation.

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

Scope of Work – A description of the services and/or goods, if any, for each service type, to be obtained as a result of a solicitation for a project period. The scope of work is a document written in the early stages of procurement to explain what DSHS intends to purchase.

Solicitation – The process of notifying prospective contractors of an opportunity to provide goods or services to the state.

Special Provisions – Modifications and additions to the General Provisions for a funded program activity that are usually customized for the Program’s requirements and contain provisions specific to the program attachment.

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

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

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

Strength-based – Focusing upon the assets, strengths, resources and resiliencies of the individual, family and community rather than emphasizing needs deficits pathologies.

Subcontractor – A third party or organization that contracts with the DSHS contractor and to provide all or a specified part of the services, goods, work, and materials required in the original contract. The contractor remains entirely responsible to DSHS for performance of all requirements of the contract with DSHS. The contractor must closely monitor the subcontractor’s performance. Subcontracting may occur only when expressly allowed in the program attachment.

Subrecipient – A type of contractor or subcontractor to which a subaward is made in the form of money, or property in lieu of money, to carry out all or part of the DSHS Program and that is accountable to DSHS for the use of the funds and property provided. This type of contractor may also be referred to as a subgrantee. Reimbursement is based on actual allowable costs incurred that comply with cost principles applicable to the grants and subgrants.
A subrecipient contractor will have most of the following characteristics: a) determines who is eligible to receive what assistance, according to specified criteria; b) has performance measured against federal or state program objectives, as described in the program attachment; c) has responsibility for programmatic decision-making, and d) carries out duties to implement all or part of a program, as specified.

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

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

Transportation - Travel services provided to that allows them to access substance abuse treatment and recovery support related appointments and activities.

Training - A form of strength-based supports for individuals in or seeking recovery from alcohol and other drugs, and/or codependency.

Treatment Organization (TO) - A licensed substance use disorder treatment program that incorporates peer coaching services and provides other recovery support services.

Vendor Identification Number (Vendor ID No.) – Fourteen-digit number required for any entity, whether vendor or sub recipient, to contract with the State of Texas and which must be set up with the State Comptroller’s Office. It consists of a ten-digit identification number (IRS number, state agency number, or social security number) +check digit + 3 digit mail code. The Vendor ID No. includes all the numbers in the Texas Identification Number [TINs] (defined above), including a three digit mail code for a total of 14-digits.

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

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

Walk-in – A participant who arrives without a reservation or arrives unannounced.

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