

**CITY OF EL PASO, TEXAS
AGENDA ITEM DEPARTMENT HEAD'S SUMMARY FORM**

DEPARTMENT: Department of Public Health – Administration

AGENDA DATE: CCA 04/05/11

CONTACT PERSON/PHONE: Michael Hill, 771-5702

DISTRICT(S) AFFECTED: All

SUBJECT:

THAT the City Manager be authorized to sign and submit a grant application form and other related documents for the Texas Department of State Health Services' Interlocal Immunization Program, in the amount of \$1,632,576 for the period of September 1, 2011 through August 31, 2012, to conduct activities through the City of El Paso Department of Public Health to raise vaccine coverage in El Paso. Matching funds are required in the amount of \$262,597, and the match shall be provided by the City on an in-kind basis.

BACKGROUND / DISCUSSION:

Conduct immunization activities to raise vaccine coverage in El Paso.

PRIOR COUNCIL ACTION:

Has the Council previously considered this item or a closely related one?

N/A

AMOUNT AND SOURCE OF FUNDING:

BOARD / COMMISSION ACTION:

N/A

*****AUTHORIZATION*****

DEPARTMENT HEAD:



RESOLUTION

BE IT RESOLVED BY THE CITY COUNCIL OF THE CITY OF EL PASO:

THAT the City Manager be authorized to sign and submit a grant application form and other related documents for the Texas Department of State Health Services' Interlocal Immunization Program, in the amount of \$1,632,576 for the period of September 1, 2011 through August 31, 2012, to conduct activities through the City of El Paso Department of Public Health to raise vaccine coverage in El Paso. Matching funds are required in the amount of \$262,597, and the match shall be provided by the City on an in-kind basis.

PASSED AND APPROVED this _____ day of _____, 2011.

CITY OF EL PASO

John F. Cook
Mayor

ATTEST:

Richarda Duffy Momsen
City Clerk

APPROVED AS TO FORM:



Josette Flores
Assistant City Attorney

APPROVED AS TO CONTENT:



Michael Hill, Director
Department of Public Health

Parks, Roxann

From: Highberg, Dianna [Dianna.Highberg@dshs.state.tx.us]
Sent: Tuesday, March 15, 2011 9:57 AM
To: ayerger@cctexas.com; along@ci.brownwood.tx.us; Bain C Cate MD (bcae@vctx.org); Bing Burton, D.O.; bscurzi@bellcountyhealth.org; bfaulkenberry@mylubbock.us; cblair@co.collin.tx.us; cfruthaler@hcpbes.org; CathyS@brazoria-county.com; cgarcia@midlandtexas.gov; dmccullough@co.andrews.tx.us; eddie.olivarez@hchd.org; eguajardo@co.cameron.tx.us; efeajncphd@hotmail.com; sollal@co.ector.tx.us; gman2502@hotmail.com; millsg@co.comal.tx.us; mguidry@gchd.org; harold.higgins@talho.org; sanitarian9@hotmail.com; hgonzalez@ci.laredo.tx.us; hector.mendoza@amarillo.gov; iholmes@texashan.org; jramirez@wcchd.org; jbeck@texashan.org; janderson@co.brazos.tx.us; kmoore835@aol.com; kshurbet@ci.plainview.tx.us; emcar@airmail.net; kerry.kea@wichitafallstx.gov; tish.hudson@gsmcmarshall.org; lkbrewer@tarrantcounty.com; MaryH.Martinez@dshs.state.tx.us; Hill, Michael; michelle.skyrme@co.gregg.tx.us; drakenan@co.fort-bend.tx.us; Pamela Muennink; pgaines@milamcounty.net; plch@neto.com; priscilla_hargraves@co.hays.tx.us; risha.jones@cityofhouston.net; sadams@acchd.us; sherryw@ci.waco.tx.us; sshaffer@texashan.org; teressa.stephenson@wichitafallstx.gov; toy.akridge@co.hardin.tx.us; vivian.flores@sanantonio.gov; vyeatts@ci.garland.tx.us; wilmia.perez@ci.austin.tx.us; Yoshi Alexander; zane.travis@abilenetx.com; zthompson@dallascounty.org; hallgali@co.fort-bend.tx.us; alma.york@amarillo.gov; acarlisle@texashan.org; rmbennett@tarrantcounty.com; bclark@co.gregg.tx.us; bcoleman@txkusa.org; bgonzalez@ci.laredo.tx.us; plch_carol@neto.com; cingram@dallascounty.org; cherri.schmidt@co.hays.tx.us; decrecia.robinson@cityofhouston.net; dperez@vctx.org; fmccubbin@midlandtexas.gov; Fran M. Kirkley; jmena41@hotmail.com; Jessica.Hernandez@dshs.state.tx.us; judith@portarthur.net; Judy.Gillard@gsmcmarshall.org; jgonzales@gchd.org; june.wade@dentoncounty.com; kay.durilla@abilenetx.com; kurt.becker@ci.austin.tx.us; laustin@hcpbes.org; lydia.erna@hchd.org; marredondo@texashan.org; mistie.coovert@wichitafallstx.gov; phlnfb@co.comal.tx.us; nestrada@co.andrews.tx.us; pandrews@texashan.org; pmorris@co.collin.tx.us; farripd@co.ector.tx.us; rsummers@milamcounty.net; bbrawley@mylubbock.us; Parks, Roxann; sandra.cannon@dallascounty.org; sdelacruz@co.cameron.tx.us; sulmer@texashan.org; schapman@texashan.org; sschweitzer@wcchd.org; swarren@netphd.org; Tiffani Johnson (tiffenij@ci.waco.tx.us); tgibson@bellcountyhealth.org
Cc: Tucker, Sheila
Subject: ILA 2012
Attachments: ILA_Renewal_FY2012[1].doc

It has been brought to my attention that some of you are unable to enter data into the ILA FY2012 renewal packet; attached you will find a Word Document file or you can go to this site on the Immunization Web page <http://www.dshs.state.tx.us/immunize/providers.shtm> you must copy and save the document on your computer prior to entering your data. Also Form E is the Program Income Spending Plan but on FORM B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST form E is called the "**Respondent Background - included [optional]**" please change this to Program Income Spending Plan. If you have any other questions please give me a call.

*Dianna Highberg
 Contract Manager
 Management Unit*

3/15/2011

Division of Prevention & Preparedness

Mail Code 1990

P.O. Box 149347

Austin, TX 78714

Phone: (512)458-7111 ext. 2178

Fax: (512)458-7391

**Renewal InterLocal Application
for
Immunization Program Funds
Fiscal Year 2012**

www.ImmunizeTexas.com

Issue date: March 7, 2011

Due date: April 8, 2011

Immunization Branch
P.O. Box 149347
Austin, Texas 78714-9347

Dear Local Health Department Director:

The 2012 Inter-Local Renewal Application for Immunization Services is attached. Each Local Health Department (LHD) must complete the Face Page form, the Contact Person Information form, Administrative Information form, and complete the appropriate budget forms also include copies of job descriptions for newly hired staff, current staff with new or different job responsibilities and new positions. The Face Page requires an original signature. Please submit the original and two (2) copies of the completed renewal application by overnight mail to the Department of State Health Services, Contract Management Unit, MC 1990, and Attn: Dianna Highberg, P. O. Box 149347, Austin, Texas 78714 on or before April 8, 2011. An additional copy of the renewal application must be submitted electronically to DSHSImmunizationContracts@dshs.state.tx.us by the same date. Renewal applications received after this deadline will not be considered for funding.

At this time, the Immunization Branch expects to renew contracts at level funding for FY2012. Please apply for level funding based on your FY2011 amount.

We will conduct budget negotiations between April 22 and May 6, 2011. If for any reason the LHD staff working on this renewal application is unavailable to participate in these negotiations during this time period, we request an email with the staff member's schedule so we can work around their schedule if at all possible. If you will need approval for changes from a Commissioner's Court, you may also want to ensure that a meeting is scheduled at a time close to this negotiation period.

The budget forms (Form I, I-1 through I-7) and instructions were revised in 2009. They are now in an Excel workbook. An instruction tab, example tab, and form tab is available for each section of the budget. Open the instructions and read them carefully before you begin completing the form. Follow the instructions as written. The instructions provided are clear and very detailed. Prepare the categorical detail pages first. The amount from each detail page will automatically populate the budget summary page. The example pages may not accurately reflect the information necessary for this particular renewal but CMU is unable to make the example pages program specific.

This renewal may include a request for equipment on form I-3. Please follow the instructions carefully. The minimum specifications for computer equipment are also included. Current vendor specifications and quotations must be included with your renewal application. Note that per the General Provisions, all equipment must be purchased within the first ninety (90) days of the renewal term.

In addition to the equipment form, the renewal application now includes a form for Indirect Costs (I-7). DSHS Contract Oversight and Support (COS), the section that conducts fiscal audits of contractors, strongly urges that indirect costs be included. Please note that DSHS Immunization Branch has a cap on indirect costs. The total cost that may be funded under this renewal application may not be more than 10% of the personnel costs listed on Form I-1.

A copy of the revised Work Plan for Fiscal Year 2012 is also attached for your reference.

The renewal application forms will be reviewed by the Contract Management Unit and the Immunization Branch. Any recommendations for revisions to the forms will be negotiated with LHDs. Please feel free to call me at 512-458-7111, extension 2178, and I will be more than glad to answer questions or assist with the new forms.

Thank you for your continued efforts and support to increase immunization rates in our state. We look forward to working with you next year.

Sincerely,

Dianna Highberg

Dianna Highberg, Contract Manager
Procurement and Management Branch
Contract Management Unit

Stock Number: E11-13558

I. INTRODUCTION

The Department of State Health Services (DSHS) Immunization Branch announces the expected availability of Fiscal Year (FY) 2012 general revenue and federal funding to prevent and control the transmission of vaccine-preventable diseases in children and adults, with emphasis on accelerating strategic interventions to improve their vaccine coverage levels.

This Inter-Local Application (ILA) contains the requirements that all applicants shall meet to be considered for funding. Each applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this ILA.

Please submit the original and two (2) copies of the completed renewal application by mail to the Department of State Health Services, Contract Management Unit, MC 1990, P.O. Box 149347, Austin, Texas 78714 with Attn: Dianna Highberg, on or before April 8, 2010. An additional copy of the renewal application must be submitted electronically to DSHSImmunizationContracts@dshs.state.tx.us. Renewal applications received after this deadline will not be considered for funding.

Apply for level funding. There are no additional funds available at this time.

The renewal application now includes a form for Indirect Costs (I-7). DSHS Contract Oversight and Support (COS), the section that conducts fiscal audits of contractors, strongly urges that indirect costs be included. Please note that DSHS Immunization Branch has a cap on indirect costs. The total cost that may be funded under this renewal application may not be more than 10% of the personnel costs listed on Form I-1.

A copy of the revised Work Plan for Fiscal Year 2012 is also attached for your reference.

II. APPLICATION POINT OF CONTACT

For purposes of addressing questions concerning this Application, the only contact is Alicia Davis of the Contract Management Unit unless otherwise delegated by the CSCU Director. All communications concerning this Application, must be addressed by email or fax to:

Mailing Address for Regular Mail:

Dianna Highberg, Contract Manager,
Contract Management Unit MC1990
Department of State Health Services
P.O. Box 149347
Austin, Texas 78714-9347

Physical Address for Overnight Mail:

Dianna Highberg, Contract Manager,
Contract Management Unit
Department of State Health Services
1100 West 49th Street, W-239
Austin, Texas 78756

Phone and Fax Numbers:

512/458-7111, extension 2178
512/458-7391 fax

CMU Contact Email:

Dianna.highberg@dshs.state.tx.us

III. TABLE OF CONTENTS

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

Form A.	Face Page - Application for Financial Assistance
Form B.	Application Table of Contents and Checklist
Form C.	Contact Person Information
Form D.	Job Descriptions (if applicable)
Form E.	Program Income Spending Plan
Forms F-H	Not applicable for this contract
Form I.	Budget (see separate file)
Exhibit A.	FY2012 Work Plan
Appendix A.	DSHS Assurances and Certifications
Appendix B.	Copy of Approved Indirect Rate (if applicable)



Department of State Health Services

FORM A: FACE PAGE

Proposal for Financial Assistance [RFP Number]

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: CITY OF EL PASO

2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Check if address change
 5115 El Paso Dr.
 El Paso, TX 79905-2818

3) PAYEE Name and Mailing Address (if different from above): Check if address change
 City of El Paso
 Office of the Comptroller, # 2 Civic Center Plaza, Room 202, El Paso, TX 79901

4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) : 746000749

**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.*

5) TYPE OF ENTITY (check all that apply):

<input checked="" type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input type="checkbox"/> State Controlled Institution of Higher Learning
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private
	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____

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

6) PROPOSED BUDGET PERIOD: Start Date: September 01, 2011 End Date: August 31, 2012

7) COUNTIES SERVED BY PROJECT:
 El Paso Counties

8) AMOUNT OF FUNDING REQUESTED: \$ 783,065.00

9) PROJECTED EXPENDITURES
 Does respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year (excluding amount requested in line 8 above)? **
 Yes No
 **Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.

10) PROJECT CONTACT PERSON
 Name: Rox Ann Parks, RN, BSN
 Phone: (915) 771-5746
 Fax: (915) 771-5745
 E-mail: Roxann.Parks@elpasotexas.gov

11) FINANCIAL OFFICER
 Name: MaryAnn Gallegos Admin. Service Manager
 Phone: (915) 771-5707
 Fax: (915) 771-5892
 E-mail: gallegosma@elpasotexas.gov

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.

12) AUTHORIZED REPRESENTATIVE Check if change
 Name: Joyce Wilson
 Title: City Manager
 Phone: (915) 541-4844
 Fax: (915)541-4866
 E-mail: wilsonja@elpasotexas.gov

13) SIGNATURE OF AUTHORIZED REPRESENTATIVE

14) DATE

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 B: 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 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 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 or Central Contractor Registration number plus 4 digit extended DUNS number. This number is required if receiving ANY American Recovery and Reinvestment Act (ARRA) funds and can be obtained at: <http://fedgov.dnb.com/webform>
- 5) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER** - Enter the Federal Tax Identification Number (9-digit) or the 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 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 the type of entity as defined by the Secretary of State at <http://www.sos.state.tx.us/corp/businessstructure.shtml> or http://www.sos.state.tx.us/corp/nonprofit_org.shtml and/or the Texas State Comptroller at https://fmxcpa.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/>)
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 §81.003 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) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served 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:

CITY OF EL PASO

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

FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	<input checked="" type="checkbox"/>		
B	Proposal Table of Contents and Checklist - completed and included	<input checked="" type="checkbox"/>		
C	Contact Person Information - completed and included	<input checked="" type="checkbox"/>		
D	Administrative Information - completed and included (with supplemental documentation attached if required)	<input checked="" type="checkbox"/>		
E	Program Income Spending Page	<input checked="" type="checkbox"/>		
F	Assessment Narrative – included <i>[optional]</i>	<input type="checkbox"/>		<input checked="" type="checkbox"/>
G	Performance Measures - included	<input type="checkbox"/>		<input checked="" type="checkbox"/>
H	Work Plan – included	<input checked="" type="checkbox"/>		
I	Budget Summary Form and Detail Pages	<input checked="" type="checkbox"/>		
Exhibit A	FY2011 WorkPlan	<input checked="" type="checkbox"/>		
Appendix A	DSHS Assurances and Certifications	<input type="checkbox"/>		
Appendix B	Copy of Approved Indirect Rate- included (if applicable)	<input type="checkbox"/>		

FORM C: CONTACT PERSON INFORMATION

Legal Business Name of Respondent: CITY OF EL PASO

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.

Contact: <u>Rox Ann Parks RN BSN</u> Title: <u>Nursing Program Manager</u> Phone: <u>915771</u> <u>Ext.5746</u> Fax: <u>915-771-5745</u> Email: <u>roxann.parks@elpasotexas.gov</u>	Mailing Address (incl. street, city, county, state, & zip): <u>5115 El Paso TX. 79905-2818</u>
Contact: <u>Michael Hill</u> Title: <u>Health Director</u> Phone: <u>915-771</u> <u>Ext.5702</u> Fax: <u>915-771-5729</u> Email: <u>michaelhill@elpasotexas.gov</u>	Mailing Address (incl. street, city, county, state, & zip): <u>Same as above</u>
Contact: <u>Mary Ann Gallegos</u> Title: <u>Administrative Serv. Manager</u> Phone: <u>915-771</u> <u>Ext.5707</u> Fax: <u>915-771-5892</u> Email: <u>gallegosma@elpasotexas.gov</u>	Mailing Address (incl. street, city, county, state, & zip):
Contact: _____ Title: _____ Phone: _____ <u>Ext.</u> _____ Fax: _____ Email: _____	Mailing Address (incl. street, city, county, state, & zip):
Contact: _____ Title: _____ Phone: _____ <u>Ext.</u> _____ Fax: _____ Email: _____	Mailing Address (incl. street, city, county, state, & zip):

FORM D: JOB DESCRIPTIONS

Please insert job descriptions here for all positions listed on the Personnel Detail which were not listed last year. Also include any job description that was updated during fiscal year 2011.

Form E: PROGRAM INCOME SPENDING PLAN

Projected amount of the DSHS share of Program Income (from page 30, Budget Summary, Line L, Row 1) \$

Please forecast how DSHS' share of Program income will be used. This money is available for immunization activities in addition to contract funds. Throughout the year, LHDs are responsible for monitoring program income collections to assure that projections are being met prior to expending funds as described below. Use of these funds is subject to the same restrictions as apply to grant funds.

Cost Categories	Funds Projected	Purpose and Justification
A. Personnel	333,835.03	To provide immunization services, immunization awareness and education, vaccine distribution and provider enrollment
B. Fringe Benefits	100,150.42	To provide employees access to insurance and workman's comp benefits as needed and pension for future financial stability
C. Travel	3735.78	Needed to improve immunization knowledge to better serve the El Paso community and improve immunization rates in Texas
D. Supplies	19,803.25	Needed to administer vaccines, daily clinic operations, for all clinics and provide services to our clients
E. Contractual		NA
F. Other		Needed for clinic operational purposes, provide administrative and clinical services and comply with contract work plan.
Total (DSHS Share Program Income)	457,524.48	

Certificate of Indirect Costs
(for use by local governments only)

Organization Name:	City of El Paso
Address:	2 Civic Center Plaza
Address:	El Paso, Texas 79901
Address:	Attn: Financial Services Department
Phone Number:	915-541-4435

This is to certify that I have reviewed the indirect cost rate proposal and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish billing or final indirect costs rates for the City of El Paso are allowable in accordance with the requirements of the Federal *or state* award(s) to which they apply and OMB Circular A-87 (2 CFR Part 225), "Cost Principles for State and Local Governments." Unallowable costs have been adjusted for in allocating costs as indicated in the cost allocation plan.

(2) All costs included in this proposal are properly allocable to Federal *or state* awards on the basis of a beneficial or causal relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements.

Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. Similar types of costs have been accounted for consistently. The Department of State Health Services (DSHS) will be notified of any accounting changes that would affect the indirect cost rate. The indirect cost rate proposal and supporting documentation are on file and available for audit by DSHS or any of its duly authorized representatives.

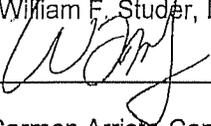
Effective Period - From: 09/01/2008 **To:** 09/01/2009
Rate (%): 22.512% **Rate Type:** Fixed

Effective Period - From: 09/01/2009 **To:** 09/01/2010
Rate (%): 31.708% **Rate Type:** Provisional

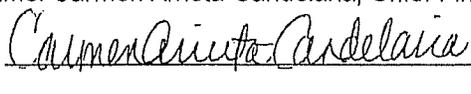
Base:

I declare that the foregoing is true and correct.

Chief Executive Officer Printed Name: William F. Studer, Deputy City Manager

Chief Executive Officer Signature:  Date: 5/25/10

Chief Financial Officer Printed Name: Carmen Arrieta-Candelaria, Chief Financial Officer

Chief Financial Officer Signature:  Date: 5/25/10

Forms F-H

Forms F-H are not applicable for this contract.

Form I: BUDGET

Complete Budget Excel workbook.

The budget forms (Form I, I-1 through I-7) and instructions were revised in 2010. They are now in an Excel workbook. Open the instructions and read them carefully before you begin completing the form. Follow the instructions as written. The instructions provided are clear and very detailed. Prepare the categorical detail pages first. The amount from each detail page will automatically populate the budget summary page.

This renewal may include a request for equipment on form I-3. Please follow the instructions carefully. The minimum specifications for computer equipment are also included. Current vendor specifications and quotations must be included with your renewal application. Note that per the General Provisions, all equipment must be purchased within the first ninety (90) days of the renewal term.

General Instructions for Completing Budget Forms

(Examples and instructions for completing the budget category detail templates are in a separate Excel file.)

In preparing the budget, you should budget for all costs that your organization will incur in carrying out the DSHS program. Instructions for completing the budget template follow:

- Enter the legal name of your organization in the space provided for "Legal Name of Respondent" on Form I-Budget Summary; doing so will populate the budget category detail templates with your organizations name.
- Complete each budget category detail template. Instructions for completing each budget category detail template are in a separate document. If a primary budget category detail template does not accommodate all items in your budget, use the respective supplemental budget template at the end of this workbook. The total of each supplemental category detail budget template will automatically populate to the last line of the respective primary budget category template.
- After you completed each budget category detail template, go to Form I-Budget Summary.
- Distribute the total amount (column #1) in each budget category manually among the various funding sources.
- Refer to the table below the budget template table to verify that the amounts distributed ("Distribution Total") in each budget category equals the "Budget Total" for each respective category. Next, verify that the overall total of all distributions (Distribution Totals) equals the Budget Total.
- Enter the total amount of "Program Income" anticipated for this project in on Row "K" under the "Total Budget", column (1). The total program income budgeted will be automatically allocated to each funding source based on the percentage of funding of the total budget. Information on program income is available in the DSHS Contractor's Financial Procedures Manual located at the following web site:
<http://www.dshs.state.tx.us/contracts/>

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

City Of El Paso

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$1,171,351	\$544,678			\$181,559	
B. Fringe Benefits	\$351,405	\$163,403			\$54,468	
C. Travel	\$13,108	\$6,096			\$2,032	
D. Equipment	\$0	\$0			\$0	
E. Supplies	\$23,265	\$10,818			\$3,606	
F. Contractual	\$0	\$0			\$0	
G. Other	\$18,980	\$3,602			\$20,932	
H. Total Direct Costs	\$1,578,109	\$728,598	\$0	\$0	\$262,597	\$0
I. Indirect Costs	\$54,467	\$54,467			\$0	
J. Total (Sum of H and I)	\$1,632,576	\$783,065	\$0	\$0	\$262,597	\$0
K. Program Income - Projected Earnings	\$586,914	\$281,513	\$0	\$0	\$94,404	\$0

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$726,238	\$1,171,351	Fringe Benefits	\$217,871	\$351,405
	Travel	\$8,127	\$13,108	Equipment	\$0	\$0
	Supplies	\$14,424	\$23,265	Contractual	\$0	\$0
	Other	\$24,534	\$18,980	Indirect Costs	\$54,467	\$54,467

TOTAL FOR:	Distribution Totals	\$1,045,662	Budget Total	\$1,632,576
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*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.

FORM I-1: PERSONNEL Budget Category Detail Form

Legal Name of Respondent:

City Of El Paso

PERSONNEL	Vacant Y/N	Justification	FTE's	Certification or License (Enter NA if not required)	Total Average Monthly Salary/Wage	Number of Months	Salary/Wages Requested for Project
Functional Title + Code E = Existing or P = Proposed							
Chief Nursing Officer	N	overseas imm.program and ensures that work plan activities are met	0.3	RN license	\$7,083.34	12	\$25,500
Nursing Program Manager	N	Overseas program and ensure managerial ,operational and TVFC services are met	0.95	RN license	\$5,030.76	12	\$57,351
3 Public Health Nurses	N	administer vaccines,educate,daily operations and provide outreach services	2.85	RN license	\$4,192.12	12	\$143,371
Public Health Supervisor	N	ensures audits, provider enrollment, complete histories and Imm-Trac activities are met	0.95	N/A	\$3,029.49	12	\$34,536
Public Health Specialist	N	ensures VPD are investigated timely and conducts disease surviellance	0.2	N/A	\$3,292.91	12	\$7,903
Office Supervisor	N	ensures program QA activities are met and coordinates outreach sites	0.95	N/A	\$2,509.56	12	\$28,609
6 Medical Assistants	N	assist RN's and LVN's with vaccine admin. and education and daily clinic operations	5.7	N/A	\$2,342.21	12	\$160,207
Secretary	N	ensures purchasing, daily operations activities are met	0.95	N/A	\$2,550.62	12	\$29,077
16 Clinical Assistants (2 IPOS)	N	daily client processing, education, cash management and recall/reminders are met	15.2	N/A	\$2,088.19	12	\$380,886
Clerical Relations clerk	N	ensures billing accounts are filed and ensures claims are followed up,	0.95	N/A	\$2,356.33	12	\$26,862
3 Senior Office Assistants (1 IPOS)	N	daily client processing, education, cash management and recall/reminders are met	2.85	N/A	\$2,077.73	12	\$71,058
1 Senior Office Assistant	N	disease surveillance,Hepatitis B Perinatal reporting	0.2	N/A	\$1,984.00	12	\$4,762

5 Licensed Vocational Nurses	N	assist PHN with administering vaccines, educate patients, daily operations and provide outreach services	4.75	LVN License	\$3,530.34	12	\$201,229
TOTAL FROM PERSONNEL SUPPLEMENTAL BUDGET SHEETS							\$0

SalaryWage Total	\$1,171,351
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FRINGE BENEFITS Itemize the elements of fringe benefits in the space below:
 FICA Medicare 1.45%, FICA 6.20%, Unemployment Compensation .20%, Health Insurance Contributions 1.83%, Life Insurance.23%, City Pension Plan Contribution 11.65%, Worker's Compensation 8.44%

	Fringe Benefit Rate %	30.00%
	Fringe Benefits Total	\$351,405

FORM I-2: TRAVEL Budget Category Detail Form

Legal Name of Respondent:

City Of El Paso

Conference / Workshop Travel Costs					
Description of Conference/Workshop	Justification	Location City/State	Number of:	Travel Costs	
			Days/Employees		
Program Related Trainings and Meetings	Attend meetings to increase immunization knowledge, vaccine updates and required DSHS trainings as per program's work plan	Midland	2/2	Mileage	\$530
				Airfare	
				Meals	\$204
				Lodging	\$364
				Other Costs	\$100
Total				\$1,198	
Program Related Trainings and Meetings	Attend meetings to increase immunization knowledge, vaccine updates and required DSHS trainings as per program's work plan	Austin	2/2	Mileage	
				Airfare	\$902
				Meals	\$224
				Lodging	\$484
				Other Costs	\$100
Total				\$1,710	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
Total				\$0	
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
Total				\$0	
TOTAL FROM TRAVEL SUPPLEMENTAL CONFERENCE/WORKSHOP BUDGET SHEETS					\$0

Total for Conference / Workshop Travel

\$2,908

Other / Local Travel Costs

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel to conduct Imm.record outreach services, conduct school surveys, audits and follow up on TMF's as per contract requirment for population	20000	\$0.510	\$10,200		\$10,200
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
TOTAL FROM TRAVEL SUPPLEMENTAL OTHER/LOCAL TRAVEL COSTS BUDGET SHEETS					\$0

Total for Other / Local Travel

\$10,200

Other / Local Travel Costs: **\$10,200**

Conference / Workshop Travel Costs: **\$2,908**

Total Travel Costs: \$13,108

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy

FORM I-4: SUPPLIES Budget Category Detail Form

Legal Name of Respondent:

City Of El Paso

Itemize and describe each supply item and provide an estimated quantity and cost (i.e. #of boxes & cost/box) if applicable. Provide a justification for each supply item. Costs may be categorized by each general type (e.g., office, computer, medical, educational, etc.) See attached example for definition of supplies and detailed instructions to complete this form.

Description of Item <small>[If applicable, provide estimated quantity and cost (i.e. # of boxes & cost/box)]</small>	Purpose & Justification	Total Cost
General Office Supplies	office supplies to operate six centers, administrative office, paper, pens, calculators, toners, fax machines, shredders	\$2,726
Clinical Supplies	Clinical medical supplies sharp containers, alcohol preps, bandaids, syringes, guazes, for aprox. 140,000 doses of vaccines	\$16,539
Minor Office Supplies	includes desks chairs, filing cabinets, for six centers. Replace old furniture to avoid employee injury	\$2,000
Promotional Supplies	to meet and comply with DSHS work plan educational material and promotional items are needed to increase immunization awareness to improve immunization rates	\$2,000
TOTAL FROM SUPPLIES SUPPLEMENTAL BUDGET SHEETS		\$0

Total Amount Requested for Supplies:

\$23,265

FORM I - 7 Indirect Costs

Legal Name of Respondent:

City Of El Paso

Total amount of indirect costs allocable to the project:

Amount: \$54,467

Indirect costs are based on (mark the statement that is applicable):

The respondent's most recent indirect cost rate approved by a federal cognizant agency or state single audit coordinating agency. Expired rate agreements are not acceptable. Attach a copy of the rate agreement to this form (Form I - 7 Indirect)

RATE:
BASE:

Applies only to governmental entities. The respondent's current central service cost rate or indirect cost rate based on a rate proposal prepared in accordance with OMB Circular A-87. Attach a copy of **Certification of Cost Allocation Plan or Certification of Indirect Costs**.

RATE:
TYPE:
BASE:

31.71%

Note: Governmental units with only a Central Service Cost Rate must also include the indirect cost of the governmental units department (i.e. Health Department). In this case indirect costs will be comprised of central service costs (determined by applying the rate) and the indirect costs of the governmental department. The allocation of indirect costs must be addressed in Part V - Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS.

A cost allocation plan. A cost allocation plan as specified in the DSHS Contractor's Financial Procedures Manual (CFPM), Appendix A must be submitted to DSHS within 60 days of the contract start date. The CFPM is available on the following internet web link: <http://www.dshs.state.tx.us/contracts/>

GO TO PAGE 2 (below)

Page 2, FORM I - 7 Indirect Costs

If using an central service or indirect cost rate, identify the types of costs that are included (being allocated) in the rate:

Organizations that do not use an indirect cost rate and governmental entities with only a central service rate must identify the types of costs that will be allocated as indirect costs and the methodology used to allocate these costs in the space provided below. The costs/methodology must also be disclosed in Part V-Indirect Cost Allocation of the Cost Allocation Plan that is submitted to DSHS. **Identify the types of costs that are being allocated as indirect costs, the allocation methodology, and the allocation base:**

Exhibit A

FY2012 WORK PLAN

Contractors are required to perform all activities of the annual Work Plan in compliance with all documents referenced in this Work Plan and with the Renewal Program Attachment.

1. PROGRAM PLANNING AND EVALUATION

General Requirement 1A: Implement a comprehensive immunization program. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* (<http://www.dshs.state.tx.us/immunize/docs/Contractor/manual.shtm>).

Activities 1A:

- Adhere to *Standards for Child and Adolescent Immunization Practices* and *Standards for Adult Immunization Practices* found at:
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-pediatric.pdf> and
<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-adult.pdf>.
- Maintain current policies in compliance with the *DSHS Immunization Contractors Guide for Local Health Departments* and have them readily available to Contractor's staff.
- Maintain staffing levels to meet required activities of the contract.
- Lapse no more than 5% of total funded amount of the contract.
- Submit required tri-annual reports by January 30, May 30, and September 30 of each contract term.

2. VACCINE MANAGEMENT

(http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtm)

General Requirement 2A: Ensure that expired, wasted, and unaccounted-for vaccines do not exceed 5% in Contractor's clinics. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *TVFC Operations Manual*.

Activity 2A:

- Maintain storage and handling polices and procedures according to the *TVFC Operations Manual* (http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtm).
- Ensure that appropriate Vaccine Management plan is in place at each clinic location and that it includes an updated *Emergency Contingency Plan* (see Exhibit B attached).

General Requirement 2B: Assist all other TVFC providers in the local health department jurisdiction with maintaining appropriate vaccine stock levels. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *TVFC Operations Manual*.

Activities 2B:

- Evaluate maximum vaccine stock levels twice a year in **all** TVFC provider clinics under Contractor's jurisdiction and assess providers' inventories when visiting clinics. This activity will become part of the Electronic Vaccine Inventory (EVI) system and local health departments will be advised if any assistance on this activity is needed.
- Review 100% of all vaccine orders, monthly biological reports, and monthly temperature logs for accuracy and to ensure that the vaccine supply requested is within established guidelines. Review may be done from a paper report or on the EVI system.
- If vaccine is available locally, conduct transfers and/or deliveries to support the TVFC providers requesting assistance.

- Educate and assist all TVFC providers with TVFC Provider Choice, as directed by DSHS
 - To avoid the appearance of impropriety, the LHD must not involve pharmaceutical manufacturer representative in provider choice trainings; and, the LHD must not take any other actions which appear to have a connection between activities sponsored under this contract and any other activities the LHD wishes to conduct on its own which would involve pharmaceutical manufacturer representatives giving presentations to providers.
- Offer provider updates, training and information as changes to vaccine management occurs.

3. REGISTRIES

(<http://www.dshs.state.tx.us/immunize/providers.shtm> and <http://dshs.state.tx.us/immunize/immtrac/default.shtm>)

General Requirement 3A: Effectively utilize ImmTrac (the DSHS on-line immunization registry) in Contractor's clinics. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 3A:

- Search for the client's immunization history at every client encounter.
- Review the client's record for vaccines due and overdue according to the CDC Recommended Schedules at <http://www.cdc.gov/vaccines/recs/schedules/default.htm>.
- Report to ImmTrac all immunizations administered to children (younger than 18 years and with consent from parent or guardian) and to adults (who have granted consent) in Contractor's clinics, either directly into ImmTrac online or through TWICES.
- Update demographic information as needed.
- Follow guidelines for obtaining and submitting ImmTrac consent forms according to the instructions found at http://www.dshs.state.tx.us/immunize/docs/consent_guidelines.pdf.
- Implement changes to the consent process as directed by DSHS.
- Offer updated *Immunization History Report* to the client or client's parent or guardian at every client encounter.
- At every client encounter, compare all immunization histories (ImmTrac, TWICES, validated patient-held records, clinic medical record) and enter into ImmTrac or TWICES any historical immunizations not in ImmTrac.

General Requirement 3B: Work in good faith, and as described herein, to especially increase the number of children less than six years of age who participate in ImmTrac. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activity 3B:

- Verbally, and with DSHS produced literature, inform parents presenting at Contractor's clinics about ImmTrac and the benefits of inclusion in ImmTrac.

General Requirement 3C: Work in good faith, and as specified herein, to ensure ImmTrac-registered private providers use ImmTrac effectively as defined in the *DSHS Immunization Contractors Guide for Local Health Departments*. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 3C:

- Provide orientation to all ImmTrac providers at least once a year and maintain documentation of all technical assistance provided (e.g. telephone logs).
- Explain and demonstrate the effective use of ImmTrac according to the instructions located in the *DSHS Immunization Contractors Guide for Local Health Departments*.
- Explain guidelines for obtaining and submitting ImmTrac consent forms according to the instructions found at http://www.dshs.state.tx.us/immunize/docs/consent_guidelines.pdf.

- Conduct follow-up with registered ImmTrac providers who are inactive or not using ImmTrac effectively.

General Requirement 3D: Ensure that ImmTrac data, entered by Contractor's staff, is complete, current, and accurate. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 3D:

- Train Contractor's staff on ImmTrac data entry and quality standards.
- Update all demographic information, including address and telephone number, at every client encounter.

4. PROVIDER QUALITY ASSURANCE (http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtm)

General Requirement 4: Complete site visit follow-up assigned by DSHS Austin or Health Service Region staff, within prescribed timeframes outlined in the *TVFC Operations Manual*. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 4:

- Conduct site visit follow-up and submit results following the process described and within deadlines established in the *TVFC Operations Manual*.
- Conduct site visits in 100% of subcontracted entities as listed in the Inter-Local Application and non-Local Health Department WIC immunization clinics, if applicable.

5. PERINATAL HEPATITIS B PREVENTION

(http://www.dshs.state.tx.us/idcu/disease/hepatitis/hepatitis_b/perinatal/manual/)

General Requirement 5A: Ensure all pregnant women are screened for hepatitis B surface antigen (HBsAg) and that all HBsAg-positive pregnant women are reported to DSHS. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activity 5A:

- Develop a surveillance system that includes prenatal care providers, obstetrical care providers, family practitioners, and labor and delivery facilities to assure all HBsAg-positive pregnant women are reported to DSHS within one week of diagnosis.
- Educate prenatal care providers routinely to screen pregnant women for HBsAg status during each pregnancy, implement procedures for documenting HBsAg screening results in prenatal care records and forward original laboratory results to the delivery facility.
- Educate delivery hospitals to verify prenatal HBsAg test results of pregnant women on admission for delivery and test for HBsAg at delivery.

General Requirement 5B: Ensure that all infants born to HBsAg-positive women and women whose HBsAg status is unknown will receive the first dose of the hepatitis B vaccine and hepatitis B immune globulin (HBIG) within 12 hours of birth. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activity 5B:

- Assure all labor and delivery facilities develop standing orders and policies to administer the first dose of the hepatitis B vaccine and HBIG to at-risk infants within 12 hours of birth
- Identify labor and delivery facilities that do not have such standing orders and/or policies and

educate those providers regarding why they need to establish standing orders and policies to administer to at-risk infants the first dose of the hepatitis B vaccine and HBIG within 12 hours of birth

- Determine the number of newborns that do not receive the first dose of the hepatitis B vaccine and/or the hepatitis B immune globulin and work with those facilities to ensure all at-risk infants receive the hepatitis B vaccine series and hepatitis B immune globulin as soon as possible
- Report to DSHS all infants born to HBsAg (+) women within fifteen (15) calendar days of the event.

General Requirement 5C: Ensure that 100% of the number of identified infants born to HBsAg-positive women will complete the hepatitis B vaccine series and post-vaccination serology (PVS) testing (or that staff will document appropriately if lost to follow-up). Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activity 5C:

- Administer (or obtain from the provider or IMMTRAC the record of administering) the complete hepatitis B vaccine series. Infants shall complete the hepatitis B vaccine series by 6 – 8 months of age if the infant receives a single antigen or Pediarix vaccine and by 15 months of age if the infant receives the Comvax series.
- Perform PVS testing or obtain from the provider or IMMTRAC PVS testing results to determine immunity against hepatitis B. Post vaccine serology testing shall be done by 9 – 15 months of age if the infant received a single antigen or Pediarix vaccine and by 18 months of age if the infant received the Comvax vaccine series.

General Requirement 5D: All reported HBsAg (+) mothers shall be interviewed and names and locating information of household contacts and sexual partners elicited for serologic testing. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activity 5D:

- Household contacts and sexual partners shall be identified for each reported HBsAg(+) mother
- Each identified contact and sexual partner shall be serologically tested to determine susceptibility status

General Requirement 5E: Contractor should make every effort to ensure that 80% of all susceptible household and sexual contacts to HBsAg-positive women will complete the hepatitis B vaccine series and post vaccine serology testing or staff will document appropriately if lost to follow-up. The Performance Measure for this activity will be at least 80%. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Perinatal Hepatitis B Prevention Manual*.

Activity 5E:

- Administer the hepatitis B vaccine series according to the Recommended Adult Immunization Schedule to susceptible household contacts and sexual partner or obtains vaccination data from the provider.
- Administer post vaccine serology testing 1 – 2 months after the last dose of the vaccine series to determine status or obtain PVS results from the provider.

6. **EDUCATION, INFORMATION, TRAINING, AND COLLABORATIONS**
(<http://www.dshs.state.tx.us/immunize/providers.shtm>)

General Requirement 6A: Conduct educational, promotional, and outreach activities for the general public to enhance immunization awareness, including distribution of DSHS-provided materials. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6A:

- Contractor will provide vaccine and immunization education to target audiences and to the general public on the benefits of vaccination, the risk of vaccine-preventable diseases, staying on the ACIP Recommended Immunization Schedule(s) and the importance of not missing any vaccines.
- Inform and educate parents of infants, children, adolescents, adults (men and women), grandparents, seniors, and healthcare providers and the general public about vaccines for all age groups and vaccine-preventable diseases. Information should include the importance and benefits of being fully vaccinated, vaccine recommendations, and the location(s) of community vaccination clinics.
- Conduct at least one monthly immunization education activity targeting one of the target groups.
- Document the activity with the number & type of participants, and evaluate activity by obtaining feedback from participants.
- Use national immunization observances as opportunities to conduct specific education and promotional activities to give emphasis to the importance and benefits of vaccines: National Infant Immunization Week (NIIW), National Immunization Month (NIM), National Adult Immunization Week (NAIW), and National Influenza Week (NIW).
- Develop and implement a written communications and customer service plan to assure customers receive consistent, correct immunization information and services in a courteous and friendly manner on a timely basis.
- Participate in special initiatives as directed by DSHS, such as the Dairy Queen Coupon project, the Hallmark Card Governor's Program, and others.
- Participate in statewide media campaigns by distributing DSHS-developed and produced public service announcements and materials to local television and radio stations, newspapers, parent publications, university newspapers, high school newspapers, and neighborhood newspapers.
- Promote www.ImmunizeTexas.com, the Immunization Branch's website, *The Upshot*, electronic newsletter, and the Vaccine Advisory, vaccine newsletter to providers in the Contractor's jurisdiction.
- Promote and distribute immunization literature for the public to TVFC providers and Contractor's clinics.
- Provide information to clients, families, and the general public on the purpose of ImmTrac, the benefits of ImmTrac participation, and the importance of maintaining a complete immunization history in ImmTrac.
- Inform the general public about the Texas Vaccines for Children (TVFC) program and the qualifications to participate in it.
- Distribute TVFC information and educational materials at venues where parents of TVFC-eligible children might frequent.
- Inform and highly recommend to the medical community and local providers within the Contractor's jurisdiction on the annual CDC *Epidemiology and Prevention of Vaccine-Preventable Disease (EPI-VAC)* training.

General Requirement 6B: Educate, inform, and train the medical community and local providers within Contractor's jurisdiction on Immunization activities listed below. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6B:

- Provide training on TVFC requirements and updates (as described in the *TVFC Operations Manual*) to TVFC providers annually at a minimum.
- Ensure that the TVFC providers have the most up-to-date, DSHS-produced immunization information in their offices.

- Provide training, information, and technical assistance to promote the effective use of ImmTrac by private providers (which includes education regarding the benefits of ImmTrac participation).
- Educate private providers about the ImmTrac enrollment process and the statutory requirement to report immunizations.
- As directed by DSHS identify first responders and their immediate family in the community and inform them of the opportunity to be included in ImmTrac.
- Conduct educational training for hospital and health care providers within the Contractor's jurisdiction, to increase mandatory screening and reporting of HBsAg-positive women.
- Provide training on the prevention of Perinatal Hepatitis B to providers within the Contractor's jurisdiction.
- Educate physicians, laboratories, hospitals, schools, child-care staff, and other health providers on VPD reporting requirements.
- Educate and update providers on the most current Advisory Committee on Immunization Practices (ACIP) recommendations for all age groups, as well as on applicable regulatory vaccination requirements.
- Provide training relating to *Standards for Child and Adolescent Immunization Practices*, and *Standards for Adult Immunization Practices* (<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-pediatric.pdf> and <http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-adult.pdf>) to all immunization providers within Contractor's jurisdiction.
- Inform all private providers on the federal requirement that the most current Vaccine Information Statements (VIS) must be distributed to patients (<http://www.cdc.gov/vaccines/pubs/vis/default.htm>).
- Promote a health care workforce that is knowledgeable about vaccines, vaccine recommendations, vaccine safety, vaccine-preventable diseases, and the delivery of immunization services.
- Educate healthcare workers on the need to get themselves vaccinated.
- Provide information to community health care employers (hospitals, clinics, doctor's offices, long-term care facilities) about the importance of vaccination of health care workers.
- Educate private providers to send NIS surveys to the Contractor for research prior to returning the survey to CDC, if applicable.
- Coordinate educational and other activities with local WIC programs to assure that children participating in WIC are screened and referred to their "medical home" for vaccination using a documented immunization history in accordance with the *Standards for Child and Adolescent Immunization Practices* (<http://www.cdc.gov/vaccines/pubs/pinkbook/downloads/appendices/H/standards-pediatric.pdf>).
- Offer educational opportunities to all WIC programs in the service area, including information about on-line and satellite-broadcast continuing education opportunities from the Centers for Disease Control and Prevention (CDC) Continuing Education web site (<http://www.cdc.gov/vaccines/ed/default.htm>).

General Requirement 6C: Conduct outreach to targeted groups for the promotion of best practices and special activities related to immunizations. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6C:

- Conduct outreach (including, but not limited to, the specific outreach described in the *DSHS Immunization Contractors Guide for Local Health Departments*) to families of children 19 to 35 months of age who are not up to date on their immunizations according to ImmTrac, locate any additional immunization histories, and enter history data into ImmTrac.
- Collaborate with prenatal health care providers, birth registrars, hospital staff, pediatricians, and other entities to educate parents, expectant parents, and providers about ImmTrac and the benefits of

- participation. Includes the dissemination of DSHS educational materials as appropriate.
- Identify and contact families of children for whom ImmTrac consent has been granted but who do not have complete immunization records in ImmTrac.

General Requirement 6D: Conduct recruitment to increase the number of ImmTrac providers, TVFC providers, and Perinatal Hepatitis B providers. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6D:

- Conduct recruitment activities as defined in the *TVFC Operations Manual* with providers on the DSHS-supplied provider recruitment list.
- Target adolescent health care providers for recruitment and emphasize adolescent vaccine requirements and recommendations.
- Recruit new private provider sites for ImmTrac.
- Participate with DSHS regional staff in recruitment of hospitals and providers conducting surveillance and reporting of Perinatal Hepatitis B.

General Requirement 6E: Establish collaborative efforts with appropriate community entities regarding promoting immunizations and the reduction of vaccine-preventable diseases. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 6E:

- Identify providers, hospitals, schools, child care facilities, social service agencies, and community groups involved in promoting immunizations and reducing vaccine-preventable diseases.
- List and maintain contact information of group members and collaborations and identify the best practices they are promoting.
- Maintain written agreements and updates of group members and collaborations. Document communications, group meetings and planning of activities that promote the Best Practices identified in contract agreement. Documents are to be readily accessible during site visits.
- Report new group members on the tri-annual report.

7. EPIDEMIOLOGY AND SURVEILLANCE

(http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/vpd_guide.pdf)

General Requirement 7: Investigate and document all reportable suspected vaccine-preventable disease cases within thirty (30) days of notification in accordance with *DSHS Texas Vaccine-Preventable Disease Surveillance Guidelines*

(http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/vpd_guide.pdf) and National Electronic Disease Surveillance System (*NEDSS*). The Performance Measure for this activity is at least 90%. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 7:

- Adhere to the *DSHS Vaccine-Preventable Disease (VPD) Surveillance Guidelines*, *NEDSS Data Entry Guidelines*, and *Epi Case Criteria Guide* (<https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/EpiCaseGuide.pdf>) in conducting this General Requirement and the associated activities.
- Complete all data entry into NEDSS Base System (NBS) following the *NBS Data Entry Guidelines*. (https://txnedss.dshs.state.tx.us:8009/PHINDox/UserResources/Data_Entry_Guidelines_2007.pdf).
- Verify and enter complete vaccination history in NBS on all VPD investigations with case status of “confirmed” or “probable.” Complete vaccination history should be assessed through ImmTrac, provider offices, school records, or patient records.

- Routinely review and follow up on all VPD laboratory reports received, including electronic lab reports (ELRs) sent from DSHS through NBS and Health Alert Network (HAN).
- Report on steps taken by Contractor to ensure the completeness of VPD reporting within Contractor's jurisdiction on triannual reports.
- All new VPD surveillance staff will attend Introduction to NBS training and complete the certification process in order to gain access to the NBS system.

8. POPULATION ASSESSMENT

(*Immunization Population Assessment Manual* available on line at http://www.dshs.state.tx.us/immunize/docs/school/2010-2011_PopulationAssessmentManual.pdf (Reference Stock No. 11-12550, Revised 09/10)

General Requirement/Activity 8A: When assigned by DSHS, complete 100% of child-care facility and Head Start center assessments and child care audits. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Population Assessment Manual*.

General Requirement/Activity 8B: When assigned by DSHS, complete 100% of public and private school assessments, retrospective surveys, and validation surveys. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments* and *Population Assessment Manual*.

9. SERVICE DELIVERY

General Requirement 9: Provide immunization services and ACIP-recommended vaccines in Contractor's clinics to children, adolescents and adults to maximize vaccine coverage levels within Contractor's jurisdiction. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

Activities 9:

- Ensure that all ACIP-recommended vaccines are routinely available to patients who want them.
- Recommend the simultaneous administration of all needed vaccines for the patient.
- Follow only medically-supportable contraindications to vaccination.
- Verbally educate patients and parents/guardians about the benefits and risks of vaccination, and distribute DSHS educational materials as applicable as part of this conversation.
- Discuss, and attempt to schedule, the next immunization visit at each client encounter.
- Explain the benefits of a "medical home" and assist the parent/guardian in obtaining or identifying the child's medical home.
- Use a Reminder/Recall system (manual, TWICES, ImmTrac, or other system).
- Establish "standing orders" for vaccination in Contractor's clinics, consistent with legal requirements for standing order (including, but not limited to, those found in the Texas Medical Practice Act).
- Implement an employee immunization policy according to CDC recommendations in Contractor's clinics.

Regional Program Managers FY2011

HEALTH SERVICE REGION 1

Keila Johnson
Immunization Program Manager
300 Victory Drive
Box 60968, WTAMU Station
Canyon, Texas 79016
(806) 655-7151
(806) 655-7159 – Fax

Keila.Johnson@dshs.state.tx.us

HEALTH SERVICE REGION 7

Diane Romnes
Immunization Program Manager
2408 South 37th Street
Temple, Texas 76504-7168
(254) 778-6744
(254) 771-2612 - Fax

Diane.Romnes@dshs.state.tx.us

HEALTH SERVICE REGIONS 2 & 3

Sonna Sanders
Immunization Program Manager
1301 South Bowen Road, Suite 200
Arlington, Texas 76013-2262
(817) 264-4791
(817) 264-4800 – Fax

Sonna.Sanders@dshs.state.tx.us

HEALTH SERVICE REGION 8

Laurie Henefey
Immunization Program Manager
2201 E. Main
Uvalde, Texas 78801
(830) 591-4386 Extension 213
(830) 278-1831 - Fax

Laurie.Henefey@dshs.state.tx.us

HEALTH SERVICE REGIONS 4 & 5 NORTH

Toni Wright
Immunization Program Manager
1517 W. Front Street
Tyler, Texas 75702
(903) 533-5266
(903) 533-9502 - Fax

Toni.Wright@dshs.state.tx.us

HEALTH SERVICE REGIONS 9 & 10

Racheal Porras
Immunization Program Manager
2301 N. Big Spring #300
Midland, Texas 79705-7649
(432) 683-9492
(432) 571-4190 - Fax

Racheal.porras@dshs.state.tx.us

HEALTH SERVICE REGIONS 6 & 5 SOUTH

Kathleen Ingrando, RN, MS
Immunization Program Manager
5425 Polk, Suite J
Houston, Texas 77023
(713) 767-3411
(713) 767-3889 - Fax

Kathleen.ingrando@dshs.state.tx.us

HEALTH SERVICE REGION 11

Ana Ivette Nunez
Immunization Program Manager
601 W. Sesame Drive
Harlingen, Texas 78550
(956) 423-0130
(956) 443-3216 - Fax

Ivette.Nunez@dshs.state.tx.us

APPENDIX B: 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 persons under the age of 18 or any family member or friend of a client as an interpreter for essential communications with clients who have limited English proficiency. However, a family member or friend may be used as an interpreter if this is requested by the client and the use of such a person would not compromise the effectiveness of services or violates the client's confidentiality, and the client 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. In accordance with 2 CFR Part 376 and 180 (parts A-I), as the primary participant, and any of the primary participant's principals (collectively, participants):
 - A. are not presently disqualified, debarred, suspended, proposed for debarment, declared ineligible, or excluded from covered transactions by any federal department or agency;
 - 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: 1) Title VI of the Civil Rights Act of 1964, 42 U.S.C.A. §§ 2000d et seq.; 2) Title IX of the Education Amendments of 1972, 20 U.S.C.A. §§ 1681-1683, and 1685-1686; 3) Section 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. § 794(a); 4) the Americans with Disabilities Act of 1990, 42 U.S.C.A. §§ 12101 et seq.; 5) Age Discrimination Act of 1975, 42 U.S.C.A. §§ 6101-6107; 6) Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970, 42 U.S.C.A. § 290dd (b)(1); 7) 45 CFR Parts 80, 84, 86 and 91 or CFR Part 15; 8) Tex. Lab. Code, ch. 21; 9) Food Stamp Act of 1977 (7 USC §200 et seq); 10) US Department of Labor, Equal Opportunity E.O. 11246, as amended and supplemented; 11) Executive Order 13279 and 45 CFR Part 87 or 7 CFR Part 16 (regarding equal treatment and opportunity for religious organizations; 12) DSHS Policy AA-5018, Non-discrimination Policies and Procedures

for DSHS Programs; and 13) any other nondiscrimination provision in specific statutes under which application for federal or state assistance is being made, which prohibits exclusion from or limitation of participation in programs, benefits, or activities, or denial of any aid, care, service or other benefit;

- b) Drug Abuse Office and Treatment Act of 1972, 21 U.S.C.A. §§ 1101 et seq., relating to drug abuse;
- c) Public Health Service Act of 1912, §§ 523 and 527, 42 U.S.C.A. § 290dd-2, and 42 C.F.R. pt. 2, relating to confidentiality of alcohol and drug abuse patient records;
- d) Title VIII of the Civil Rights Act of 1968, 42 U.S.C.A. §§ 3601 et seq., relating to nondiscrimination in housing;
- e) Immigration Reform and Control Act of 1986, 8 U.S.C.A. § 1324a, regarding employment verification;
- 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;
- i) Fair Labor Standards Act, 29 U.S.C.A. §§ 201 et seq., and the Intergovernmental Personnel Act of 1970, 42 U.S.C.A. §§ 4701 et seq., as applicable, concerning minimum wage and maximum hours;
- j) Tex. Gov't Code ch. 469 (Supp. 2004), pertaining to eliminating architectural barriers for persons with disabilities;
- k) Texas Workers' Compensation Act, Tex. Labor Code, chs. 401-406 28 Tex. Admin. Code pt. 2, regarding compensation for employees' injuries;
- 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;
- o) Environmental standards pursuant to the following: 1) Institution of environmental quality control measures under the National Environmental Policy Act of 1969, 42 USC §§ 4321-4347 and Executive Order 11514 (35 Fed. Reg. 4247), "Protection and Enhancement of Environmental Quality;" 2) Notification of violating facilities pursuant to Executive Order 11738 (40 CFR Part 32), "Providing for Administration of the Clean Air Act and the Federal Water Pollution Control Act with respect to Federal Contracts, Grants, or Loans;" 3) Protection of wetlands pursuant to Executive Order 11990, 42 Fed. Reg. 26961; 4) Evaluation of flood hazards in floodplains in accordance with Executive Order 11988, 42 Fed. Reg. 26951 and, if applicable, flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234); 5) Assurance of project consistency with the approved State Management program developed under the Coastal Zone Management Act of 1972, 16 USC §§ 1451 et seq; 6) Conformity of federal actions to state clean air implementation plans under the Clean Air Act of 1955, as amended, 42 USC §§ 7401 et seq.; 7) Protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, 42 USC §§ 300f-300j; 8) Protection of endangered species under the Endangered Species Act of 1973, 16 USC §§ 1531 et seq.; 9) Federal Water Pollution Control Act, 33 USC §1251 et seq.; 10) Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§ 1271 et seq.) related to protecting certain rivers system; and 11) Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§ 4801 et seq.) prohibiting the use of lead-based paint in residential construction or rehabilitation;
- 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;

r) Davis-Bacon Act (40 U.S.C. §§ 276a to 276a-7), the Copeland Act (40 U.S.C. § 276c and 18 U.S.C. § 874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§ 327-333), regarding labor standards for federally-assisted construction sub-agreements;

s) Assist DSHS in complying the National Historic Preservation Act of 1966, §106 (16 U.S.C. § 470), Executive Order 11593, and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.) regarding historic property;

t) 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.