

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

**DEPARTMENT: Public Health**

**AGENDA DATE: April 28, 2009**

**CONTACT PERSON/PHONE: Angela Mora, 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' (DSHS) Interlocal Immunization Program, in the amount of \$787,791.79 for the period of September 1, 2009 through August 31, 2010, 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 \$268,899.61. The City Manager is authorized to approve necessary budget transfers to designate the required matching funds.

**BACKGROUND / DISCUSSION:**

As a local health department The Department of Public Health Immunizations Division annually receives a grant for approximately \$789,791.79, from the Texas Department of State Health Services. The City of El Paso provides matching funds for \$268,899.61. The Immunizations Division provides immunizations services throughout the City of El Paso and El Paso County to approximately 46,000 children and adults per year at five (5) immunizations clinics and at several other community locations through its outreach component. The primary goal of the program is to raise vaccine coverage levels of children, adolescents, and adults in the City of El Paso and County. The program's scope of work **includes the following components:**

- Program planning and evaluation;
- Vaccine accountability and management;
- Immunization information systems;
- Provider quality assurance;
- Perinatal hepatitis B prevention;
- Adolescent and adult immunization;
- Education, information,
- Training, and partnerships;
- Epidemiology and surveillance;
- Population assessment;
- Safety-net service delivery, and
- WIC immunization linkage.

In addition, the DSHS Immunization Branch will monitor program through a process that includes desk review of tri-annual reports, and other data collected by DSHS and El Paso Department of Public Health as well as the TVFC Program Quality Assurance reviews. Monitoring includes technical assistance as needed to increase vaccine coverage levels in El Paso.

**PRIOR COUNCIL ACTION:**

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

No.

**AMOUNT AND SOURCE OF FUNDING:**

\$789,791.79 from the Texas Department of State Health Services;  
\$268,899.61 matching funds from City of El Paso

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**BOARD / COMMISSION ACTION:**

Enter appropriate comments or N/A

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**\*\*\*\*\*REQUIRED AUTHORIZATION\*\*\*\*\***

**LEGAL:** (if required) \_\_\_\_\_ **FINANCE:** (if required) \_\_\_\_\_

**DEPARTMENT HEAD:** \_\_\_\_\_

(Example: if RCA is initiated by Purchasing, client department should sign also)  
*Information copy to appropriate Deputy City Manager*

**APPROVED FOR AGENDA:**

**CITY MANAGER:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**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 \$787,791.79 for the period of September 1, 2009 through August 31, 2010, 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 \$268,899.61. The City Manager is authorized to approve necessary budget transfers to designate the required matching funds.

PASSED AND APPROVED this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

CITY OF EL PASO

\_\_\_\_\_  
John F. Cook  
Mayor

ATTEST:

\_\_\_\_\_  
Richarda Duffy Momsen  
City Clerk

APPROVED AS TO FORM:

APPROVED AS TO CONTENT:

\_\_\_\_\_  
Josette Flores  
Assistant City Attorney

\_\_\_\_\_  
Michael Hill, Director  
Department of Public Health



Department of State Health Services

**FORM A: FACE PAGE**

*Proposal for Financial Assistance*

*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): <span style="float: right;">Check if address change <input type="checkbox"/></span> 5115 El Paso Dr. El Paso, TX 79905-2818																			
3) PAYEE Name and Mailing Address (if different from above): <span style="float: right;">Check if address change <input type="checkbox"/></span> 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) : <span style="float: right;">746000749</span> <i>*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.</i>																			
5) TYPE OF ENTITY (check all that apply): <table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> FOHC</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Faith Based (Nonprofit Org)</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table> <p><i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i></p>		<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"/> FOHC	<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): _____
<input checked="" type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual																	
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<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): _____																	
6) PROPOSED BUDGET PERIOD: Start Date: September 01, 2009 End Date: August 31, 2010																			
7) COUNTIES SERVED BY PROJECT: El Paso County																			
8) AMOUNT OF FUNDING REQUESTED: \$ 787,791.79	10) PROJECT CONTACT PERSON Name: Rox Ann Parks, RN, BSN Phone: (915) 771-5746 Fax: (915) 771-5745 E-mail: Roxann.Parks@elpasotexas.gov																		
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>  <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	11) FINANCIAL OFFICER Name: Karina Hagelsieb, CPA, Accounts Mgr. Phone: (915) 771-5747 Fax: (915) 771-5892 E-mail: Karina.hagelsieb@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 <b>APPENDIX A: DSHS Assurances and Certifications</b> . 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 <span style="float: right;">Check if change <input type="checkbox"/></span> 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 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 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) **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.
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Comptroller's Texas Procurement and Support Services or another entity.

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.

- 6) **PROPOSED BUDGET PERIOD** - Enter the budget period for this proposal. Budget period is defined in the RFP.
- 7) **COUNTIES SERVED BY PROJECT** - Enter the proposed counties served by the project.
- 8) **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 FORM I: BUDGET SUMMARY.
- 9) **PROJECTED EXPENDITURES** - If respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year, respondent must arrange for a financial compliance audit (Single Audit).
- 10) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 11) **FINANCIAL OFFICER** - Enter the name, phone, fax, and e-mail address of the person responsible for the financial aspects of the proposed project.
- 12) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail 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.

- 13) SIGNATURE OF AUTHORIZED REPRESENTATIVE - The person authorized to represent the respondent must sign in this blank.
- 14) DATE - Enter the date the authorized representative signed this form.

## FORM B: 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.*

<p>Contact: <u>Michael Hill</u></p> <p>Title: <u>Public Health Director</u></p> <p>Phone: <u>(915) 771-5702</u> Ext. _____</p> <p>Fax: <u>(915) 771- 5729</u></p> <p>E-mail: <u>michaelhill@elpasotexas.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, &amp; zip):  <u>5115 El Paso Dr.</u>  <u>El Paso, TX 79905-2818</u></p>
<p>Contact: <u>Rox Ann Parks, RN, BSN</u></p> <p>Title: <u>Program Manager</u></p> <p>Phone: <u>(915) 771-5746</u> Ext. _____</p> <p>Fax: <u>(915) 771-5745</u></p> <p>E-mail: <u>Roxann.Parks@elpasotexas.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, &amp; zip):  <u>Same as above</u></p>
<p>Contact: <u>Karina Hagelsieb</u></p> <p>Title: <u>Project Financial Contact</u></p> <p>Phone: <u>(915) 771-5746</u> Ext. _____</p> <p>Fax: <u>(915) 771-5746</u></p> <p>E-mail: <u>Karina.hagelsieb@elpasotexas.gov</u></p>	<p>Mailing Address (incl. street, city, county, state, &amp; zip):  <u>Same as above</u></p>
<p>Contact: _____</p> <p>Title: <u>Project Administrative Assistant</u></p> <p>Phone: _____ Ext. _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p>Mailing Address (incl. street, city, county, state, &amp; zip):          _____</p>
<p>Contact: _____</p> <p>Title: <u>Clinical Contact</u></p> <p>Phone: _____ Ext. _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p>Mailing Address (incl. street, city, county, state, &amp; zip):          _____</p>

## FORM C: ADMINISTRATIVE INFORMATION

Please respond to the following questions. This information will assist the Immunization Branch in determining the extent to which each Local health Department provides medical care.

1. Does your local health department perform well child exams?

No

2. Is your local health department a Texas Health Steps provider? If yes, list the names and location of the clinics.

No

## FORM D: WORK PLAN

**Contractors are required to perform all activities of the annual Work Plan in compliance with all documents referenced in this Work Plan.**

### 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*.

**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 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](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*.

**General Requirement 2B:** Assist all other TVFC providers in local 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.
- 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.

### 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 in Contractor's clinics, either directly into ImmTrac online or through TWICES.
- Update demographic information as needed.
- Follow recommended 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](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 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](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](http://www.dshs.state.tx.us/immunize/tvfc/tvfc_manual.shtm))

**General Requirement 4:** Complete 100% of follow-up site visits assigned by DSHS Austin or Health Service Region staff. Activities under this requirement shall be conducted in accordance with the *DSHS Immunization Contractors Guide for Local Health Departments*.

**Activities 4:**

- Conduct follow-up visits and submit results 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/](http://www.dshs.state.tx.us/idcu/disease/hepatitis/hepatitis_b/perinatal/manual/))

**General Requirement 5A:** 100% of the number of HBsAg-positive pregnant women identified (through contacts by prenatal health care providers, hospitals, electronic laboratory reporting, regional and Local Health Departments) will be 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:** Contractor's staff nurses will participate in targeted training to providers and delivery hospitals.

**General Requirement 5B:** Work in good faith, and as described herein, to ensure that 100% of the number of infants born to HBsAg-positive women will receive appropriate and required immunoprophylaxis including hepatitis B immune globulin (HBIG), the hepatitis B vaccine birth dose and will complete the Hepatitis B vaccine series. 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:** Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

**General Requirement 5C:** Work in good faith, and as described herein, to ensure that 100% of the number of identified infants born to HBsAg-positive women will complete post-vaccination serology testing or 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:** Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

**General Requirement 5D:** 100% of the number of household and sexual contacts to HBsAg-positive women will be identified. 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:** Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

**General Requirement 5E:** 100% of the number of household and sexual contacts to HBsAg-positive women will complete the Hepatitis B vaccine series or 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 5E:** Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

**General Requirement 5F:** 100% of the number of susceptible sexual contacts to HBsAg-positive women will complete post vaccine serology testing or 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 5F:** Conduct Perinatal Hepatitis B case management according to the *Perinatal Hepatitis B Prevention Manual*.

## 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](http://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.
- 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 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 100% of 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*

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

**General Requirement 7:** Investigate and document at least 90% of 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](http://www.dshs.state.tx.us/idcu/health/vaccine_preventable_diseases/resources/vpd_guide.pdf)) and National Electronic Disease Surveillance System (*NEDSS*). 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* in conducting this General Requirement and the associated activities.
- Complete all data entry into National Electronic Disease Surveillance System (NEDSS) following the *NBS Data Entry Guidelines*.
- Routinely review and follow up on electronic lab reports (ELRs) sent from DSHS.
- Report on steps taken by Contractor to ensure the completeness of VPD reporting within Contractor's jurisdiction.

**8. POPULATION ASSESSMENT**

*(Immunization Population Assessment Manual* available upon request from DSHS. Reference Stock No. 11-12550, Revised 01/08)

**General Requirement/Activity 8A:** When assigned by DSHS, complete 100% of child-care facility and Head Start center assessments. 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.

## FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

CITY OF EL PASO

Cost Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
<b>Percentage of Funding</b>	100%	75%	0%		25%	
A. Personnel	\$752,273.04	\$564,204.78	\$0.00	\$0.00	\$188,068.26	\$0.00
B. Fringe Benefits	\$225,681.91	\$169,261.43	\$0.00	\$0.00	\$56,420.48	\$0.00
C. Travel	\$10,531.88	\$7,898.91	\$0.00	\$0.00	\$2,632.97	\$0.00
D. Equipment	\$0.00					
E. Supplies	\$13,839.38	\$10,379.54	\$0.00	\$0.00	\$3,459.85	\$0.00
F. Contractual	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
G. Other	\$15,923.75	\$11,942.81	\$0.00	\$0.00	\$3,980.94	\$0.00
H. Total Direct Costs	\$1,018,249.96	\$763,687.47	\$0.00	\$0.00	\$254,562.49	\$0.00
I. Indirect Costs	\$32,139.10	\$24,104.33	\$0.00	\$0.00	\$8,034.78	\$0.00
J. Total (Sum of H and I)	\$1,050,389.06	\$787,791.79	\$0.00	\$0.00	\$262,597.26	\$0.00
K. Program Income - Projected Earnings	\$623,624.00	\$467,718.00	\$0.00	\$0.00	\$155,906.00	\$0.00

\*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

<b>PERSONNEL</b>							
Functional Title + Code E = Existing or P = Proposed	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
Deputy Director of Public Health	N	Oversees Immunization Program and ensures that partnerships and collaborations are met	0.2	NA	\$4,705.53	12	\$11,293
Nursing Program Manager	N	Oversee Immunization Program including managerial services and TVFC program.	0.95	NA	\$3,042.23	12	\$34,681
Public Health Nurse	N	Provides Immunization services and oversees clinic operations	4.22	RN License	\$1,977.09	12	\$100,120
Public Health Nurse	Y	Provides Immunization services and oversees clinic operations	0.42	RN License	\$6,355.54	12	\$32,032
Public Health Supervisor	Y	Oversee epidemiology surveillance	0.2	NA	\$2,463.41	12	\$5,912
Public Health Specialist	N	Oversee epidemiology surveillance and oversees TVFC activities	1.15	NA	\$1,939.36	12	\$26,763
Licensed Vocational Nurse	N	Provides Immunization services and oversees clinic operations	2.85	LVN License	\$2,020.37	12	\$69,097
Licensed Vocational Nurse	Y	Provides Immunization services and oversees clinic operations	0.95	LVN License	\$2,020.37	12	\$23,032
Office Supervisor	N	Provides management quality assurance support for Immunization program	0.95	NA	\$1,495.17	12	\$17,045
Medical Assistant	N	Assist with providing Immunization services under RN and LVN supervision	5.7	NA	\$1,424.56	12	\$97,440
Secretary	N	Provides clerical and purchasing support for all centers	0.95	NA	\$1,623.61	12	\$18,509
Clinical Assistant - 15 Filled & 1 Vacant	Y	Provides clerical, quality assurance and direct clients services and TVFC activities	15.2	NA	\$1,264.00	12	\$230,554
Customer Relations Clerk	N	Responsible for billing and provides accounts payable support for the program	0.95	NA	\$1,424.93	12	\$16,244

Senior Office Assistant - 4 Filled and 1 Vacant	N	Provides clerical, quality assurance and direct clients services and TVFC activities	4.75	NA	\$1,220.19	12	\$69,551
<b>SalaryWage Total</b>							<b>\$752,273</b>

**FRINGE BENEFITS**

Fica Medicare - 1.45%, Fica - 6.20%, Unemployment Compensation - .20%, Health Insurance Contributions - 1.83%, Life Insurance - .23%, City Pension Plan Contribution - 11.65% and Workers' Compensation - 8.44%

	<b>Fringe Benefit Rate %</b>	<b>30.00%</b>
	<b>Fringe Benefits Total</b>	<b>\$225,682</b>

## 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 Employees Attending	Travel Costs	
PROGRAM RELATED TRAININGS & MEETINGS	Attend meeting regarding immunization updates and DSHS trainings as needed and required by program	Midland, TX	2	Mileage	\$500
				Airfare	\$0
				Meals	\$440
				Lodging	\$970
				Other Costs	\$100
				<b>Total</b>	<b>\$2,010</b>
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	<b>\$0</b>
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	<b>\$0</b>
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	<b>\$0</b>
				Mileage	
				Airfare	
				Meals	
				Lodging	
				Other Costs	
				<b>Total</b>	<b>\$0</b>

Total for Conference / Workshop Travel

\$2,010

**Other / Local Travel Costs**

Justification	Number of Miles	Mileage Reimbursement Rate	Mileage Cost (a)	Other Costs (b)	Total (a) + (b)
Local travel to provide immunization services to County, conduct ImmTrac outreach visits; participate in Co-CASA audits, TMF's, surveys	16875	\$0.505	\$8,522		\$8,522
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0
			\$0		\$0

**Total for Other / Local Travel** \$8,522

Other / Local Travel Costs: \$8,522

Conference / Workshop Travel Costs: \$2,010

**Total Travel Costs:** \$10,532

Indicate Policy Used:

Respondent's Travel Policy

State of Texas Travel Policy



## **FORM I-3a: Minimum Computer Specifications Form [OPTIONAL]**

The following table contains minimum computer equipment specifications required for computer equipment purchases approved DSHS. Please see notes on the next page for additional requirements.

<b>Minimum Computer Equipment Specifications (Revised 06/01/2007)</b>	
Processor	Pentium® 4 or D, Processor - 2.8 GHz, 800 MHz FSB or higher or Intel Core 2 Processor - 1.8 GHz, 800 MHz FSB or higher or AMD Athlon 64 or 64 X2 Processor - 2.0 GHz or higher
Memory	1 GB RAM, 667MHz or higher
Video Card	128 MB RAM PCI Express or AGP or higher
Hard Drives	80 GB EIDE 7200RPM or higher
Floppy Drive	1.44MB 3.5 Inch Floppy Drive or USB Card Reader
Network Adapter (NIC)	Fast Ethernet 100 Mbps or higher
CDROM	EIDE or SATA 52X speed CD ROM drive or higher
Audio Solutions	Sound Blaster Compatible
Speakers	Business Audio Speakers or higher
Keyboards	PS/2 or USB Keyboard
Mouse:	PS/2 or USB 2-Button Optical Scroll Mouse or higher
Operating System	Windows® XP Professional (SP2 or newer)
Monitor:	17 inch SVGA color monitor .28 mm, support 1024 x 768 resolution or higher (optional)
Hardware Support Services	3Yr Ltd Warranty On-Site Service or higher
Security	Antivirus and Anti-Spyware Software

**Notes:**

- a.) A complete system price must not exceed \$1,500.00 for a desktop/laptop system. Please submit justification when the purchase cost for a system exceeds these limits.
  
- b.) When contractor budgets are prepared to purchase computer equipment, complete computer equipment specifications, including printers, must be submitted to DSHS.
  
- c.) Vendors who assemble systems with generic (clone) computer parts or upgrade components must complete and submit the attached vendor certification to the quote and equipment specifications the vendor presents to the DSHS contractor. The vendor's certification must be submitted to DSHS along with the contractor's budget to purchase computer equipment.
  
- d.) Due to market volatility, the pricing of computer equipment or peripherals may fluctuate greatly within weeks. The DSHS considers vendor quotations issued greater than 30 days from the current date to be expired or non-current. A DSHS contractor should submit current vendor specifications and quotations to the DSHS with their requests to purchase equipment.

*If awarded funds to purchase equipment under this RFP and you need additional information, please contact **Austin Metro Branch Manager, Information Technology Section, 512-458-7271.***

## Vendor Certification for Computer Equipment Purchased by DSHS Contractor

(Attach to Vendor's computer equipment quote and specifications.)

1) All equipment components shall be new at time of purchase, of current production, and shall include the manufacturer's standard equipment, accessories (power cords, cables, etc.) and component documentation.

2) All equipment components shall be one hundred percent (100%) IBM-compatible microcomputers, capable of running the same software, and capable of operating with add-on/options cards designed to run in IBM-compatible microcomputers.

3) All equipment shall be certified 100% Microsoft Windows 2003 or higher and Novell Netware 6.5 compatible. All equipment purchased for use as network file servers shall be Microsoft/National Software Testing Laboratories-certified to operate Windows 2003 Advanced Server and Novell-certified to operate as a Netware 6.5 server.

4) DSHS is aware problems may develop in computer equipment due to heat generated by the components. The vendor must certify its computer system is designed in such a manner to allow for adequate heat dissipation and the vendor shall repair, replace, or add additional components to systems that have problems that are determined to be heat-related.

5) DSHS expects systems and equipment purchased by DSHS contractors will be quality merchandise. Further, we expect the equipment will operate properly at the time of initial installation. DSHS hereby establishes and defines Excessive Failure as a failure rate greater than one percent (1%) of the items specified and provided to a DSHS contractor by the vendor that becomes non-operational and/or unusable during the course of normal operation. All problems must be repaired or replaced at the vendor's expense, including parts, labor, and any necessary freight or handling charges. If the vendor does not repair and/or replace the defective system(s)/component(s) within twenty-four (24) business hours of notification, the DSHS and/or its contractor shall have the right to take whatever reasonable actions are necessary to repair and/or replace the defective system(s)/components(s), and shall have the right to recover from the vendor all expenses incurred from these actions. Intentional or accidental damage of any system(s) and/or component(s) caused by employees and/or clients and/or acts of nature to the equipment shall not be construed as failure for the

Authorized Vendor Signature / Date \_\_\_\_\_

Printed Name / Title / Phone \_\_\_\_\_

Company Name / Address \_\_\_\_\_

\_\_\_\_\_



## FORM I-5: CONTRACTUAL Budget Category Detail Form

Legal Name of Respondent:

CITY OF EL PASO

List contracts for services related to the scope of work that is to be provided by a third party. If a third party is not yet identified, describe the service to be contracted and show contractors as "To Be Named." Justification for any contract that delegates \$100,000 or more of the scope of the project in the respondent's funding request, must be attached behind this form.

CONTRACTOR NAME (Agency or Individual)	DESCRIPTION OF SERVICES (Scope of Work)	Justification	METHOD OF PAYMENT (Hourly, Unit, or Cost Reimbursement)	# of Hours or Units of Service	HOURLY / UNIT RATE (If Applicable)	TOTAL
N/A						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0

Total Amount Requested for CONTRACTUAL:

\$0

## FORM I-6: OTHER Budget Category Detail Form

Legal Name of Respondent:

CITY OF EL PASO

Description of Item	Purpose & Justification	Total Cost
PRINT SHOP.	Duplication services as needed to produce TVFC newsletters, Immunization schedules, surveys and manuals	\$899
OUTSIDE CONTRACTS	Contracts for handling of hazardous materials and Sharp's containers for 6 clinic sites; repairs for clinical and office equipment	\$6,574
OFFICE EQUIPMENT LEASES	Copier leases for clinic sites	\$321
PHONE	Phone charges for clinic sites, T-1 lines and data communication	\$2,790
LONG DISTANCE	Postage meter fees and postage to send out reminders	\$5,009
POSTAGE	Charges for cell phones provided to TVFC and Immunization outreach staff and Supervisory Personnel	\$269
PAGING SERVICES	Shipping charges as needed	\$63
SHIPPING SERVICES		
PROMOTIONAL		

Total Amount Requested for Other:

**\$15,924**

# FORM I - 7 Indirect Costs

Legal Name of Respondent:

CITY OF EL PASO

Total amount of indirect costs allocable to the project:

Amount: \$32,139

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: 9.442% AS ADOPTED BY CITY OF EL PASO  
TYPE:  
BASE:

x

**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:**