



TEXAS

Health and Human Services

Stephanie Muth, Executive Commissioner

Request for Applications (RFA)

Grant for

*The Rural Texas Strong Program – Initiative 4: The Next Generation
of the Small Town Doctor and Team*

RFA No. HHS0017212

APPLICATION SUBMISSION DEADLINE

May 27, 2026, by 10:30 a.m. Central Time

SECTION I. EXECUTIVE SUMMARY, DEFINITIONS, AND STATUTORY AUTHORITY.....	5
1.1 Executive Summary	5
1.2 Definitions and Acronyms.....	6
1.3 Statutory Authority.....	10
1.4 Standards.....	10
SECTION II. SCOPE OF GRANT	10
2.1 Purpose.....	10
2.2 Program Background.....	10
2.3 Eligible Activities.....	11
2.3.1 Recruitment and Training Activities.....	11
2.3.2 Retention Activities.....	13
2.4 Program Requirements.....	13
2.4.1 Project Management.....	13
2.4.2 Self-Monitoring Requirements.....	14
2.4.3 Project Funding.....	14
2.4.4 Grant Administration.....	15
2.4.5 Partnership or Collaborative Agreements.....	15
2.5 Required Reports.....	16
2.5.1 Agreements with Partners.....	17
2.5.2 Financial Status Reports.....	17
2.5.3 Performance Reports.....	17
2.5.4 Supporting Documentation.....	17
2.5.5 Post-Grant Term Reporting.....	17
2.5.6 Reporting Format.....	17
2.5.7 Reporting Due Dates.....	17
2.5.8 Advanced Notice for Reporting Extensions.....	18
2.5.9 Early Project Completion.....	18
2.5.10 Audit Risk Reduction Plan.....	18
2.6 Management of Funds During Grant Term.....	18
2.7 Performance Measures and Monitoring.....	19
2.7.1 HHSC Performance Assessment.....	19
2.7.2 Performance Improvements.....	19
2.8 Financial Status Reports.....	20
2.9 Limitations on Grants to Units of Local Government.....	20
SECTION III. APPLICANT ELIGIBILITY REQUIREMENTS	21
3.1 Eligible Applicants.....	21
3.2 Legal Authority to Apply.....	21
3.3 Application Screening Requirements.....	21
3.4 Grant Award Eligibility.....	22
3.5 Grants for Political Polling Prohibited.....	22
3.6 Bankruptcy.....	23

SECTION IV. PROJECT PERIOD	23
4.1 Project Period	23
4.2 Project Closeout	23
SECTION V. GRANT FUNDING AND REIMBURSEMENT INFORMATION	23
5.1 Grant Funding Source and Available Funding.....	23
5.2 No Guarantee of Disbursement Amounts.....	24
5.3 Grant Funding Prohibitions and Limitations.....	24
5.4 Cost Sharing or Matching Requirements	27
5.5 Payment Method	27
SECTION VI. APPLICATION FORMS AND EXHIBITS FOR SUBMISSION	27
6.1 Applicant Information for Evaluation and Selection.....	27
6.2 Project Information.....	28
6.2.1 Executive Summary	28
6.2.2 Project Narrative	28
6.2.3 Identification of Key Partners	30
6.2.4 Sustainability and Retention Plans	30
6.2.5 Letters of Commitment and Support.....	30
6.3 Proposed Budget	30
6.4 Indirect Costs.....	32
6.5 Administrative Applicant Information	33
6.5.1 Applicant Information.....	33
6.5.2 Contract and Litigation History.....	33
6.5.3 Financial Management and Administrative Questionnaire	33
6.6 Affirmations and Certifications.....	34
SECTION VII. RFA ADMINISTRATIVE INFORMATION AND INQUIRIES.....	34
7.1 Schedule of Events	34
7.2 Sole Point of Contact and Exceptions	35
7.2.1 SOLE POINT OF CONTACT.....	35
7.2.2 EXCEPTIONS TO THE SOLE POINT OF CONTACT	35
7.2.3 PROHIBITED COMMUNICATIONS	36
7.3 RFA Questions and Requests for Clarification	36
7.4 Ambiguity, Conflict, Discrepancy, Clarifications.....	37
7.5 Responses to Questions or Request for Clarifications	37
7.6 Changes, Amendment or Modification to RFA	37
7.7 Exceptions and Assumptions.....	38
7.8 Applicant Conference.....	38
SECTION VIII. APPLICATION ORGANIZATION AND SUBMISSION REQUIREMENTS.....	39
8.1 Application Receipt.....	39
8.2 Application Submission	39
8.3 Required Submission Method	39
8.4 Costs Incurred for Application.....	40

8.5	Application Composition	40
8.6	Application Withdrawals or Modifications	40
SECTION IX. APPLICATION SCREENING AND EVALUATION		41
9.1	Overview	41
9.2	Initial Compliance Screening of Applications	41
9.3	Questions or Requests for Clarification for Applications	42
9.4	Evaluation Criteria	42
9.5	Scoring Methodology	42
9.6	Selection Methodology and Considerations	42
9.7	In the Event of a Tie	44
9.8	Past Performance	44
9.9	Compliance for Participation in State Contracts	45
SECTION X. AWARD OF GRANT AGREEMENT PROCESS		46
10.1	Final Selection	46
10.2	Negotiations	46
10.3	Disclosure of Interested Parties	47
10.4	Execution and Announcement of Grant Agreement(s)	48
SECTION XI. GENERAL TERMS AND CONDITIONS		48
11.1	Grant Application Disclosure	48
11.2	Texas Historically Underutilized Businesses (HUBs)	48
SECTION XII. APPLICATION CONFIDENTIAL OR PROPRIETARY INFORMATION		48
12.1	Texas Public Information Act – Application Disclosure Requirements	49
12.2	Applicant Waiver – Intellectual Property	50
SECTION XIII. SUBMISSION CHECKLIST		51
SECTION XIV. LIST OF FORMS AND EXHIBITS		52

SECTION I. EXECUTIVE SUMMARY, DEFINITIONS, AND STATUTORY AUTHORITY

1.1 EXECUTIVE SUMMARY

The Texas Health and Human Services Commission (HHSC), the System Agency, is accepting applications for the Rural Texas Strong Initiative 4: The Next Generation of the Small Town Doctor and Team.

The purpose of this program is to assist eligible rural healthcare providers with recruiting and training healthcare professionals in rural Texas communities by building local education and training pipelines and developing and implementing retention strategies for providers or professionals practicing in rural areas.

Applicants should reference **Section II, Scope of Grant**, for further detailed information regarding the purpose, background, eligible population, eligible activities and requirements.

Grant Name:	Rural Texas Strong Initiative 4: The Next Generation of the Small Town Doctor and Team
RFA No.:	HHS0017212
Deadline for Applications:	May 27, 2026, by 10:30 a.m. Central Time
Deadline for Submitting Questions or Requests for Clarifications:	May 8, 2026, by 5:00 p.m.
Estimated Total Available Funding:	\$322,000,000.00
Estimated Total Number of Awards:	Multiple
Estimated Max Award Amount:	\$725,000.00
Match Required, if any:	No match required
Anticipated Project Start Date:	No later than September 30, 2026
Length of Project Period:	Refer to Section IV, Project Period
Eligible Applicants:	See Section 3.1, Eligible Applicants

To be considered for screening, evaluation, and award, Applicants must provide and submit all required information and documentation as set forth in **Section VIII, Application Organization and Submission Requirements**, and **Section XIII, Submission Checklist**, by the Deadline for Submission of Applications set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda. See **Section 9.2, Initial Compliance Screening for Applications**, for further details.

1.2 DEFINITIONS AND ACRONYMS

Unless a different definition is specified, or the context clearly indicates otherwise, the definitions and acronyms given to a term below apply whenever the term appears in this RFA. All other terms have ordinary and common meanings. Refer to all exhibits to this RFA for additional definitions.

“Addendum” means a written clarification or revision to this RFA, including exhibits, forms, and attachments, as issued and posted by HHSC to the HHS Grants RFA website. Each Addendum will be posted and must be signed by the Applicant and returned with its Application. Reference to more than one Addendum will be referenced in this RFA as “Addenda.”

“Allied Health Professionals” means healthcare professionals who are licensed or certified (other than physicians, dentists, optometrists, podiatrists, pharmacists, chiropractors, clinical psychologists, social workers, or registered nurses) in a health-related science and who share responsibility for delivering healthcare services.

“Applicant” means any person or legal entity that submits an Application in response to this RFA. The term includes the individual submitting the Application who is authorized to sign the Application on behalf of the Applicant and to bind the Applicant under any Grant Agreement that may result from the submission of the Application. May also be referred to in this RFA as “Respondent.”

“Application” means all documents the Applicant submits in response to this RFA, including all required forms and exhibits. May also be referred to in this RFA as “Solicitation Response.”

“Behavioral Health Clinic” means a clinic that is licensed or certified by HHSC that provides treatment of mental, emotional, or substance use disorders or is staffed by licensed or certified individuals that provide the same care.

“Budget” means the financial plan for carrying out the Grant Project, as formalized in the Grant Agreement, including awarded funds, submitted as part of the Application in response to this RFA. An Applicant’s proposed budget may differ from the HHSC-approved Budget executed in the final Grant Agreement.

“Business Day” means, unless otherwise defined by applicable law or rule, any day except a Saturday, Sunday, or a national or state holiday as defined in Section 662.003 of the Texas Government Code.

“Categorical Budget” means the detailed financial schedule that breaks down proposed project costs into specific line-item categories—such as personnel, travel, supplies, and indirect costs—to define how grant funds will be spent and reimbursed.

“CFR” means the Code of Federal Regulations which is the codification of the general and permanent rules published in the Federal Register by the executive departments and agencies of the Federal Government.

“Community Health Worker” means a person certified by the Texas Department of State Health Services, who helps connect people in their community with healthcare and social services. They understand the culture, language, and life experiences of the people they serve. They help individuals find the services they need, provide information about health, help people become more independent, and offer support through activities like outreach, guiding patients, teaching about health, giving informal advice, and assisting in patient information gathering and evaluation.

“Cost Reimbursement” means a payment method in which a Grantee is reimbursed for costs that are reasonable, allowable, and allocable in accordance with the Grant Agreement and consistent with the Grant Project Budget approved by HHSC.

“Direct Cost” means those costs that can be identified specifically with a particular final cost objective under the Grant Project responsive to this RFA or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. Costs incurred for the same purpose in like circumstances must be treated consistently as either direct or indirect costs. Direct costs include, but are not limited to, salaries, travel, equipment, and supplies directly benefiting the grant-supported Project or activity.

“Emergency Medical Services Provider” means an emergency services provider or first responder organization licensed by the Texas Department of State Health Services that that uses, operates, or maintains emergency medical services vehicles, medical equipment, and emergency medical services personnel to provide emergency medical services.

“Equipment” pursuant to 2 CFR § 200.1, means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$10,000. See 2 CFR §200.1 for specific definitions of Capital assets, Computing devices, General purpose equipment, Information technology systems, Special purpose equipment, and Supply.

“Federally Qualified Health Center” means a federal designation for community-based outpatient clinics that provide comprehensive primary care, preventive services, and dental/mental health services, regardless of a patient's ability to pay.

“General Ledger” means a set of numbered accounts a business uses to keep track of financial transactions that may include assets, liabilities, equity, revenue, and expenses.

“Grant Agreement” means the agreement entered into by HHSC and the Grantee as a result of this RFA, including the Signature Document and all attachments and amendments. May also be referred to in this RFA as “Contract.”

“Grantee” means the Party receiving funds under any Grant Agreement awarded under this RFA. May also be referred to as “Subrecipient” or “Contractor.”

“Grant Management System” or “GMS” means the external HHS Grants Portal used by Applicants to submit Applications for HHSC RFAs. The HHS Grants Portal is a comprehensive online platform that enables applicants to seamlessly apply for grants, receive funding, and efficiently manage their grants, ensuring a streamlined and transparent process from application to funding management.

“Health Professional Shortage Area” or “HPSA” means an area designation by the U.S. Health Resources and Services Administration (HRSA) indicating a shortage of primary care, dental, or mental health providers. The shortage in providers in a HPSA is quantified by a score. HPSAs can be geographic areas, specific population groups, or facilities (such as prisons or clinics) that lack sufficient healthcare resources.

“HHS” includes both the Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS).

“HHSC” means the Health and Human Services Commission.

“Independent Primary Care Physician” means a licensed primary care physician who has control over the practice’s operations and financial management and operates the practice without being owned or employed by a hospital system, insurance network, or healthcare system.

“Independent Specialty Physician” means a licensed medical physician who practices in a specialty field (e.g., cardiology, oncology, dermatology, OB-GYN), has control over the practice’s operations and financial management, and operates the practice without being directly owned or employed by a hospital system, insurance network, or healthcare system.

“Indirect Cost” means those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. Indirect costs represent the expenses of doing business that are not readily identified with the Grant Project responsive to this RFA but are necessary for the general operation of the organization and the conduct of activities it performs.

“Indirect Cost Rate” is a device for determining in a reasonable manner the proportion of indirect costs each program should bear. It is the ratio (expressed as a percentage) of the Grantee’s indirect costs to a direct cost base.

“Performance Improvement Plan” or “PIP” is a formal documented action plan to remediate poor performance or lack of compliance with mandatory grant obligations.

“Pharmacy” means a facility that provides pharmacy services in accordance with state and federal laws that is not directly affiliated with any chain, is not owned (or operated) by a publicly traded company, and is licensed by the Texas State Board of Pharmacy.

“Project” or “Grant Project” means the specific work and activities that are supported by the funds provided under the Grant Agreement as a result of this RFA.

“Project Period” is the period of time set forth in the Grant Agreement during which Grantees may perform approved grant-funded activities to be eligible for reimbursement or payment. Unless otherwise specified, the Project Period begins on the Grant Agreement Effective Date and ends on the Grant Agreement termination or expiration date. May also be referred to in this RFA as “Grant Term.”

“RFA” means this Request for Applications, including all parts, exhibits, forms, attachments, and Addenda. May also be referred to herein as “Solicitation.”

“Rural Health Clinic” means a federal designation for a clinic designed to increase access to primary care services for Medicare and Medicaid beneficiaries in rural, underserved communities.

“Rural Hospital” is defined in Section 548.0351(6-b) of the Texas Government Code as “a health care facility licensed under Chapter 241, Health and Safety Code, that: (A) is located in a county with a population of 68,750 or less; or (B) has been designated by the Centers for Medicare and Medicaid Services as a critical access hospital, rural referral center, or sole community hospital and: (i) is not located in a metropolitan statistical area; or (ii) if the hospital has 100 or fewer beds, is located in a metropolitan statistical area.”

“Spend Period” means each period of the Grant Term in which funds are allocated as defined in **Section 6.3, Proposed Budget.**

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

“System Agency” means HHSC, DSHS, or both, that will be a party to any Grant Agreement resulting from the RFA.

“TxGMS” means the Texas Grant Management Standards published by the Texas Comptroller of Public Accounts.

1.3 STATUTORY AUTHORITY

Federal funding for this Grant Project is authorized under the One Big Beautiful Bill Act, as amended and codified in Public Law 119-21, Section 71401. All awards are subject to the availability of appropriated federal funds, and any modifications or additional requirements that may be imposed by law. Federal funding awarded to HHSC is through the program listed below:

Federal Grant Program:	Rural Health Transformation Program
Federal Awarding Agency:	Centers for Medicare and Medicaid Services (CMS)
Funding Opportunity No.:	CMS-RHT-26-001
Assistance Listing Number and Program Title:	93.798 Rural Health Transformation (RHT) Program

1.4 STANDARDS

Awards made as a result of this RFA are subject to all policies, terms, and conditions set forth in or included with this RFA as well as applicable statutes, requirements, and guidelines including the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200).

SECTION II. SCOPE OF GRANT

2.1 PURPOSE

This funding opportunity invites grant Applications requesting funding for the Rural Texas Strong Initiative 4: The Next Generation of the Small Town Doctor and Team. The purpose of this program is to assist eligible rural healthcare providers with recruiting and training healthcare professionals in rural Texas communities by building local education and training pipelines and providing incentives for clinicians to practice in rural areas.

Funded as authorized under the One Big Beautiful Bill Act, this initiative seeks to enable eligible healthcare providers to implement recruiting and/or training Projects during the Project Period that utilize at least one of the following approaches: (1) career path development for local high school students; (2) scholarships for recent high school graduates (3) relocation or signing bonuses for early, mid, or late career professionals; or (4) creation of a new residency training program, fellowship, or combination program, including by partnering with academic institutions or an existing teaching hospital.

2.2 PROGRAM BACKGROUND

The sustainability of rural healthcare in Texas is increasingly threatened by persistent workforce shortages, aging provider populations, and limited pipelines for recruiting and retaining the next generation of healthcare professionals in small and rural communities.

Many rural areas face significant barriers in attracting physicians, nurses, and allied health professionals due to geographic isolation, limited training opportunities, and financial constraints. This initiative seeks to address these challenges by investing in innovative strategies that build, grow, and sustain a locally rooted healthcare workforce. By supporting programs that expand training pathways, strengthen partnerships with educational institutions, and create incentives for providers to live and work in rural communities, this initiative aims to ensure long-term access to quality care and improve the overall resilience of rural health systems across Texas.

The Rural Texas Strong Initiative 4: The Next Generation of the Small Town Doctor and Team is part of Texas' Rural Health Transformation Program, Rural Texas Strong, and is supported by the Centers for Medicare & Medicaid Services (CMS) of the U.S. Department of Health and Human Services (USDHHS) as part of a financial assistance award to the State of Texas with 100 percent of funding provided by CMS/USDHHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by CMS/USDHHS, or the U.S. Government.

2.3 ELIGIBLE ACTIVITIES

This grant program shall fund activities and costs as allowed by the laws, regulations, rules, and guidance governing fund use identified in the relevant sections of this RFA. Only grant-funded activities authorized under this RFA are eligible for reimbursement and payment under any Grant Agreement awarded as a result of this RFA.

2.3.1 Recruitment and Training Activities.

One focus of this RFA is to build local education and training pipelines at Texas Rural Hospitals and other eligible healthcare providers in rural Texas through at least one of the following approaches: (a) career path development for local high school students; (b) scholarships for recent high school graduates (c) relocation or signing bonuses for early, mid, or late career professionals; or (d) creation of a new residency training program, fellowship, or combination program, including by partnering with academic institutions or an existing teaching hospital. Regardless of the selected approach, all proposed activities must be exclusively designed to recruit, train, or retain individuals for employment by Grantee under its own practice and/or at its facility.

A. Approach: Career path development for local high school students. Activities to address this approach must include one or more of the following:

1. Implementation of a program to create a pipeline of healthcare professionals from local schools by exposing students early to healthcare professions (e.g., high school healthcare career exploration programs, career days, healthcare facility tours, hands-on experiences, shadowing at the Grantee's practice and/or facility); or
2. Implementation of a dual credit or certification program in partnership with an academic institution.

Grantee's practice and/or facility must be prioritized as the location for any clinical requirements of the program, if applicable. Examples include implementing a paid high school student internship or apprenticeship program at the Grantee's practice and/or facility; developing a healthcare simulation and skills labs in a local high school (e.g., medical mannequins, simulators, various medical equipment).

B. Approach: Scholarships for recent high-school graduates. Activities to address this approach must include, but are not limited to, providing scholarships to recent high school graduates who will enroll, or to those who are already enrolled in, a healthcare program that would produce a professional that is identified as needed by Grantee. Grantee shall require any individual receiving direct funding in the form of scholarship using Grant funds to agree to enter into employment at the Grantee's practice and/or facility for a minimum of five years through a contract or agreement. Grantees are strongly encouraged to prioritize individuals from within the local community.

C. Approach: Relocation or signing bonuses for early, mid, or late career professionals. Grantee activities under this approach must focus on increasing the overall workforce in rural areas. Recruitment of professionals already practicing in rural counties in Texas is not an eligible activity under this RFA. Grantee shall provide competitive relocation or signing bonuses to health professionals and require any individual receiving direct funding in the form of relocation or signing bonuses to agree to enter into employment at Grantee's practice and/or facility for a minimum of five (5) years through a contract or executed agreement. Requirements to address this approach must include, but are not limited to, the following:

1. The healthcare professional must start employment at Grantee's practice and/or facility within the Project Period and hold a valid Texas license, permit, certification, or other form of authorization required by state law or regulation to work in a healthcare profession in Texas (herein collectively referred to as a "license"); and
2. Either:
 - a. Received their license, permit, certification, or other form of authorization required by state law or regulation to work in a healthcare profession in the field in Texas under which they enter into employment with a Grantee in the previous 12 months prior to entering into employment with a Grantee; or
 - b. Previously practiced in another state (and is eligible to work in the State of Texas) or another Texas county with a population of 68,751 or more (verifiable through paystubs) immediately prior to entering employment with a Grantee.

D. Approach: Creation of a new resident training program, fellowship, or combination program, including by partnering with academic institutions or an existing teaching hospital. Under this approach, Grantee shall use funding for costs associated with activities to include, but not limited to, the following: planning, accreditation, site readiness, equipment, affiliation agreements, curriculum design, technology upgrades, and/or housing for participants.

While in partnership with an academic institution or teaching hospital, Grantee shall use funds to implement one of the following at the academic institution or teaching hospital:

1. A rural residency program;
2. A rural track residency program;
3. A rural fellowship program; or
4. A rural teaching health center residency program.

A proposed residency or fellowship program may be developed for any type of health professional for whom completion of a residency or fellowship is required for licensure, certification, or independent practice within their discipline. Inclusive of the time of participating in the residency or fellowship, Grantee shall require the individual to provide care at a healthcare practice or facility in rural Texas for a minimum of five years as a requirement of their participation.

2.3.2 Retention Activities.

Another focus of this RFA is to develop and implement retention strategies for providers or professionals practicing in rural areas.

Allowable retention activities may include, but are not limited to, financial incentives, professional development opportunities, workload support, or other strategies that enhance mentor engagement and long-term participation. See **Section 6.3, Proposed Budget**, regarding grant fund allocation for retention activities.

Applicants should clearly describe how proposed retention activities will contribute to sustaining mentorship capacity and improving outcomes.

2.4 PROGRAM REQUIREMENTS

Completion of the Grantee's activities must be completed no later than April 30, 2031.

All Grant Projects funded under this RFA shall meet the following program requirements.

2.4.1 Project Management.

Grantee shall assign designated staff to perform the following Project management activities:

- A. Serve as the primary point of contact with HHSC to provide the Project status and respond to all inquiries;
- B. Direct the comprehensive lifecycle of all Project activities to ensure oversight in the planning and implementation phases;

- C. Collaborate Project-related tasks with all contractors, subcontractors, organizational partners, Grantee staff, and other technical professionals as needed throughout the Project Period;
- D. Track and reconcile Project expenses against the Budget to ensure fiscal integrity and adherence to grant requirements;
- E. Facilitate transparent reporting by managing the flow of Project updates, milestone achievements, and expenditure tracking; and
- F. Identify and mitigate Project vulnerabilities through early detection and collaborative problem-solving with Grantee leadership and HHSC.

2.4.2 Self-Monitoring Requirements.

Grantee shall monitor and effectively implement the Project and the quality of the services provided as described below.

- A. Grantee shall implement a systematic monitoring process to track milestone completion, maintain schedule adherence, and ensure high-quality, cost-efficient execution by the Project's conclusion.
- B. Grantee is exclusively accountable to fulfill all obligations and requirements of the Grant Agreement. The use of partners, contractors, or subcontractors does not mitigate or diminish the Grantee's responsibility to perform in accordance with the Grant Agreement.
- C. Grantee shall implement corrective action(s) as necessary, to ensure the successful and timely completion of the Project. Grantee shall take corrective actions upon the discovery of any Project insufficiencies, including, but not limited to, when:
 - 1. The Project encounters process or workflow failures, resource or staffing issues, or unexpected financial constraints;
 - 2. Grantee Project staff misses reporting due dates; or
 - 3. Potential issues (e.g., scope creep; schedule delays; sustainability failures; partner, contractor or subcontractor issues; or other factors that impact the success of the Project).
- D. Grantee shall notify HHSC of any insufficiencies or corrective action(s) to remedy the insufficiencies, via the reports that are required to be submitted to HHSC under **Section 2.5, Required Reports**. Upon HHSC request, Grantee shall provide documentation evidencing its corrective action(s) to remedy the insufficiencies identified in its required reports.

2.4.3 Project Funding.

Grant funds must be exclusively allocated to implement the activities described in the Grantee's Project Narrative. Expenses outside the scope of the Project are strictly forbidden. Grantee shall spend awarded grant funding in compliance with all applicable

state and federal laws, rules and regulations for the benefit of the Grantee and the communities that they serve. See **Section 2.6, Management of Funds During Grant Term.**

2.4.4 Grant Administration.

Throughout the Grant Term, the Grantee is responsible for performing and participating in the administrative tasks described below.

- A. Grantee shall maintain an appropriate contract administration system to ensure that all terms, conditions, and specifications of this Contract are met.
- B. Grantee shall retain a General Ledger from Grantee's computerized system that has accounts assigned to track financial transactions related to the Grant.
- C. Grantee shall preserve written or electronic records of all information related to grant programming, activities, operations, and expenditures.
- D. Grantee shall establish quality assurance and quality improvement processes to monitor the progress of the initiative(s).
- E. Grantee shall provide comprehensive reporting on or before the due dates in accordance with **Section 2.5, Required Reports.**
- F. Grantee shall maintain written or electronic records of all documentation related to grant programming, activities, operations, and expenditures.
- G. Grantee shall ensure all grant documentation is complete, accurate, and maintained in an organized fashion.
- H. Grantee shall cooperate fully with HHSC staff during site visits and provide reasonable access to facilities, staff, and relevant Project information to HHSC to assist HHSC in assessing progress on the Project and to determine the impact to the community.
- I. Grantee shall attend all required HHSC meetings and trainings as directed by HHSC.
- J. Grantee shall ensure that recipients of federal grant funds are not otherwise ineligible to receive funds under the Grant Agreement.
- K. Grantee shall provide additional documentation or clarification as requested and within a timeframe as specified by HHSC.

2.4.5 Partnership or Collaborative Agreements.

All partnerships, if any, must operate under a centralized Project framework that ensures full integration of all activities and objectives. Grantee shall execute an agreement with each identified partner and submit the executed agreement to HHSC by or before 30 calendar days of the Effective Date of the Grant Agreement.

2.5 REQUIRED REPORTS

HHSC will monitor Grantee’s performance, including, but is not limited to, reviewing financial and programmatic reports and performance measures under the Grant Agreement. Grantee must submit the following reports by their respective due dates:

REPORT	FREQUENCY	DUE DATE*
Executed agreements with partners, if any	One-time	On or before 30 calendar days following Effective Date of Grant Agreement.
Cost Reimbursement Invoices	Monthly	Invoices are due on or before the 15th of each month following the month the service was provided.
Financial Status Report (FSR)	Quarterly	1. January 15 2. April 15 3. July 15 4. October 15
Progress Report	Quarterly	1. January 15 2. April 15 3. July 15 4. October 15
Support Documentation	Quarterly	1. January 15 2. April 15 3. July 15 4. October 15
Narrative Report Including Financial Summary	Once per Spend Period	Due by or before 30 calendar days following end of each Spend Period.
Post-Grant Term Reporting	One-time	Upon HHSC request at any time during the two-year period following the end of Grant Term.
Audit Risk Reduction Plan	One-time	60 calendar days after receipt of recommendations of audit risk assessment and mitigation recommendations

**Due dates that fall on a weekend or holiday are due by the next Business Day.*

Grantee shall provide all applicable invoices and reports in the format specified by HHSC in an accurate, complete, and timely manner and shall maintain appropriate supporting backup documentation. Failure to comply with submission deadlines for required reports, Financial Status Report or other requested information may result in HHSC, in its sole discretion, placing the

Grantee on financial hold without first requiring a corrective action plan in addition to pursuing any other corrective or remedial actions under the Grant Agreement.

2.5.1 Agreements with Partners.

Grantee shall submit any fully executed agreement with all identified partners, if applicable following the Effective Date of the Grant Agreement. Agreements must clearly define the roles, responsibilities, and scope of work of each partner as it relates to the implementation of grant-funded activities.

2.5.2 Financial Status Reports.

Grantee must submit FSRs in accordance with **Section 2.8, Financial Status Reports.**

2.5.3 Performance Reports.

During the Project Period, the Grantee shall submit a quarterly comprehensive performance report as directed by HHSC detailing current and future Project monitoring efforts, validating the achievement of milestones and key deliverables, and including a thorough description of current activities and mitigation strategies for any past or future operational barriers or constraints encountered.

2.5.4 Supporting Documentation.

Grantee shall submit to HHSC detailed and accurate supporting documentation that validates Project expenditures and explicitly identifies the allowable costs incurred for the Project (e.g., copies of “paid” invoices and receipts). The invoices and receipts must be provided in Portable Document Format (PDF), Joint Photographic Experts Group (JPEG), or other HHSC-approved formats.

2.5.5 Post-Grant Term Reporting.

Grantee shall provide updated data related to funded activities as requested by HHSC any time during the two-year period following the end of Grant Term.

2.5.6 Reporting Format.

Grantee shall provide all applicable reports in the format specified by HHSC in an accurate, complete, and timely manner and shall maintain appropriate supporting backup documentation.

2.5.7 Reporting Due Dates.

Failure to comply with submission deadlines for required reports, Financial Status Reports, or other requested information may result in HHSC, in its sole discretion, placing the Grantee on financial hold without first requiring a PIP in addition to pursuing any other corrective or remedial actions under the Grant Agreement.

2.5.8 Advanced Notice for Reporting Extensions.

For any anticipated submission delays by Grantee, Grantee shall provide 10 calendar days' advance notice to HHSC, including the proposed revised deadline for HHSC review and written approval. Frequent Grantee requests for reporting extensions are subject to HHSC compliance reviews and potential corrective actions.

2.5.9 Early Project Completion.

HHSC reserves the right to revise reporting requirements upon the verified early completion of the Project.

2.5.10 Audit Risk Reduction Plan.

Grantee shall collaborate with HHSC-designated entity to conduct a comprehensive risk assessment and develop an Audit Risk Reduction Plan. Grantee shall submit the completed Audit Risk Reduction Plan to HHSC in accordance with timelines established in the Grant Agreement. The submission must include a detailed mitigation plan that identifies specific strategies, actions, and timelines to address and reduce all risks identified through the assessment process.

2.6 MANAGEMENT OF FUNDS DURING GRANT TERM

The Grant Term consists of five (5) Spend Periods, each with a defined funding allocation and period of availability. While Spend Periods may overlap, each period is distinct and must be managed separately. During periods of overlap, Grantee may have simultaneous access to funding from more than one Spend Period. This overlap is designed to facilitate continuity of Project activities and to prevent disruptions between funding cycles.

Grantee shall plan for and account for this overlap in both programmatic and financial management. Grantees may not claim or utilize funds from subsequent Spend Periods, until all funds from a Spend Period are fully exhausted, or the Spend Period has lapsed.

Grantee shall budget all grant funding over the span of five state fiscal years (2027-2031); however, Grantee shall ensure that all expenditures are accurately assigned to the appropriate Spend Period and align with the approved funding for that period. Grantee shall maintain financial tracking systems to comprehensively and clearly distinguish expenditures by Spend Period. Funds may not be commingled, transferred, or expended outside of their designated Spend Period.

Noncompliance with these requirements may result in corrective action, including disallowance of costs or recapture of funds.

HHSC reserves the right to adjust the allocation percentage(s) over any Spend Period under the Grant Agreement at any time to ensure alignment with funding availability.

2.7 PERFORMANCE MEASURES AND MONITORING

HHSC will look solely to Grantee for the performance of all Grantee obligations and requirements in the Grant Agreement. Grantee shall not be relieved of its obligations for any nonperformance by its subgrantees or subcontractors, if any.

Grant Agreement(s) are subject to HHSC's performance monitoring activities throughout the duration of the Project Period. This evaluation may include a reassessment of Project activities and services to determine whether they continue to be effective throughout the Grant Term.

Grantee shall regularly collect and maintain data that measures the performance and effectiveness of activities under the Grant Agreement in the manner, and within the timeframes specified in this RFA and the Grant Agreement, or as otherwise specified by HHSC.

Grantee shall submit the necessary information and documentation regarding all requirements, including reports and other deliverables, through its Performance Report and supporting documentation on or before the deadlines set forth in **Section 2.5, Required Reports**.

If requested by HHSC, Grantee shall report on the progress towards completion of the Project and other relevant information as determined by HHSC during the Project Period. To remain eligible for renewal funding, if any, Grantee must be able to show the scope of services provided and their impact, quality, and levels of performance against approved goals, and that Grantee's activities and services effectively address and achieve the Project's stated purpose.

2.7.1 HHSC Performance Assessment.

HHSC staff and/or its representatives may monitor and audit Grantee's performance under the Grant Agreement. Grantee will cooperate fully and assist HHSC with the coordination of the activities listed below including, but not limited to:

- A. Periodic site visits to monitor for compliance with federal and state requirements;
- B. Efficient use of grant funds;
- C. Project progression; and
- D. Adherence to the requirements set forth in the Grant Agreement.

2.7.2 Performance Improvements.

HHSC may, at its sole discretion, require the Grantee to adopt a formal Performance Improvement Plan to address any deficiencies that compromise Project completion or for failure to comply with the mandatory obligations of the Grant Agreement. HHSC reserves the right to impose remedial measures including the following:

- A. Written PIP;
- B. Additional reporting as directed by HHSC;
- C. Placing Grantee on a financial hold (i.e., withholding payments) until resolution of deficiency or compliance issue;
- D. Termination of Grant Agreement; or
- E. Any or all remedies that may be available under the Grant Agreement and/or permitted by law.

2.8 FINANCIAL STATUS REPORTS

Grantee shall submit quarterly FSRs to HHSC as required in **Section 2.5, Required Reports**, for HHSC review and financial assessment. Through submission of an FSR, Grantee certifies that:

- A. Any applicable invoices have been reviewed to ensure all grant-funded purchases of goods or services have been completed, performed, or delivered in accordance with Grant Agreement requirements;
- B. All services performed by Grantee have been completed in compliance with the terms of the Grant Agreement;
- C. The amount of the FSR being submitted with addition of previously approved FSRs does not exceed the maximum liability of the Grant Award; and
- D. All expenses shown on the FSR are allocable, allowable, actual, reasonable, and necessary to fulfill the purposes of the Grant Agreement.

2.9 LIMITATIONS ON GRANTS TO UNITS OF LOCAL GOVERNMENT

The General Appropriations Act (GAA) sets limitations on grants to units of local government. Article IX, Section 4.04 of the GAA states:

- A. The monies appropriated by [the GAA] may not be expended in the form of a grant to, or a contract with, a unit of local government unless the terms of the grant or contract require that the monies received under the grant or contract will be expended subject to limitations and reporting requirements similar to those provided by:
 - 1. Parts 2, 3, and 5 of this Article (except there is no requirement for increased salaries for local government employees);
 - 2. Government Code, Sections 556.004, 556.005, and 556.006; and
 - 3. Government Code, Sections 2113.012 and 2113.101.
- B. In this section, "unit of local government" means:
 - 1. a council of governments, a regional planning commission, or a similar regional planning agency created under Local Government Code, Chapter 391;
 - 2. a local workforce development board; or
 - 3. a community center as defined by Health and Safety Code, Section 534.001(b).

SECTION III. APPLICANT ELIGIBILITY REQUIREMENTS

3.1 ELIGIBLE APPLICANTS

Eligible Applicants for this grant opportunity are healthcare providers that are physically located in, and provide healthcare services to, a Texas county with a population of 68,750 or less (per Table P1, U.S. Census Bureau, 2020 Census) **or** are a Rural Hospital, **and** must be licensed or certified to operate and provide health care and related services. Eligible healthcare providers (as defined in **Sec. 1.2, Definitions and Acronyms**) include, but are not limited to, the following:

- A. Rural Hospitals;
- B. Behavioral Health Clinics;
- C. Rural Health Clinics;
- D. Federally Qualified Health Centers;
- E. Pharmacies;
- F. Emergency Medical Services Providers;
- G. Independent Primary Care Physicians;
- H. Independent Specialty Physicians; and
- I. Allied Health Professionals.

Prioritization will be given to Applicants that identify a behavioral health professional as the primary type of healthcare provider or professional needed at the Applicant's practice and/or facility, as described in **Section 9.6, Selection Methodology and Considerations**.

Preference through scoring will be in accordance with **Section 9.5, Scoring Methodology**.

3.2 LEGAL AUTHORITY TO APPLY

By submitting an Application in response to this RFA, Applicant certifies that it has legal authority to apply for the Grant Agreement that is the subject of this RFA and is eligible to receive awards. Further, Applicant certifies it will continue to maintain any required legal authority and eligibility throughout the entire duration of the Grant Term, if awarded. All requirements apply with equal force to Applicant and, if the recipient of an award, Grantee and its subgrantees or subcontractors, if any.

Each Applicant may only submit one Application.

3.3 APPLICATION SCREENING REQUIREMENTS

In order to be considered an Applicant eligible for evaluations, Applicant must meet the following minimum requirements:

- A. Applicant must meet the definition of an eligible healthcare provider as defined in **Section 3.1, Eligible Applicants.**
- B. Applicant must submit all completed Application forms and exhibits as required by **Section VI, Application Forms and Exhibits for Submission.**
- C. Applicant must submit a completed Application by the date identified as the “Deadline for Submission of Applications,” established in **Section 7.1, Schedule of Events.**

3.4 GRANT AWARD ELIGIBILITY

By submitting an Application in response to this RFA, Applicant certifies that:

- A. Applicant and all its identified subsidiaries intending to participate in the Grant Agreement are eligible to perform grant-funded activities, if awarded, and are not subject to suspension, debarment, or a similar ineligibility determined by any state or federal entity;
- B. Applicant is in good standing under the laws of Texas, and has provided HHS with any requested or required supporting documentation in connection with this certification;
- C. Applicant shall remain in good standing and be eligible to conduct its business in Texas and shall comply with all applicable requirements of the Texas Secretary of State and the Texas Comptroller of Public Accounts;
- D. Applicant is currently in good standing with all licensing, permitting, or regulatory bodies that regulate any or all aspects of Applicant’s operations;
- E. Applicant is currently in good standing with HHSC and is free of any outstanding financial liabilities to HHSC.
- F. Applicant maintains all payment arrangements and is in good standing with HHSC and does not owe any financial obligations or debts to the State of Texas resulting in an active vendor hold with HHSC or the Texas Comptroller’s Office; and
- G. Applicant is not delinquent in taxes owed to any taxing authority of the State of Texas as of the deadline for submitting an application under this RFA.

3.5 GRANTS FOR POLITICAL POLLING PROHIBITED

Pursuant to the General Appropriations Act, Article IX, Section 4.03, none of the funds appropriated by the General Appropriations Act may be granted to or expended by any entity which performs political polling. This prohibition does not apply to a poll conducted by an academic institution as part of the institution’s academic mission that is not conducted for the benefit of a particular candidate or party. By submitting a response to this RFA, Applicant certifies that it is not ineligible for a Grant Agreement pursuant to this prohibition.

3.6 BANKRUPTCY

If at any time during the Project Period, Grantee enters bankruptcy proceedings, whether voluntary or involuntary, Grantee shall provide written notice to HHSC within five (5) calendar days of such action. This notice must include the following:

- A. Date on which the bankruptcy petition was filed;
- B. Identity of the court where in which the bankruptcy petition was filed;
- C. A copy of any and all legal pleadings;
- D. A listing of government grant and cooperative agreement numbers; and
- E. Granting or funding agencies for all government grants and cooperative agreements against which final payment has not been made.

SECTION IV. PROJECT PERIOD

4.1 PROJECT PERIOD

The Project Period is anticipated to be **September 30, 2026**, through **April 30, 2031**.

All Project funds allocated for each respective Spend Period must be expended within that respective Spend Period. The ensuing close-out period is for administrative close-out purposes only and does not permit additional service delivery or resource allocation.

4.2 PROJECT CLOSEOUT

HHSC will programmatically and financially close the grant award and end the Grant Agreement when HHSC determines Grantee has completed all applicable actions and work in accordance with Grant Agreement requirements. Grantee shall submit all required financial, performance, and other reports as required in the Grant Agreement. The Project close-out date is 60 calendar days after the Grant Agreement end date. Funds not obligated by Grantee by the end of the Project Period and not expended by the Project close-out date will revert to HHSC.

SECTION V. GRANT FUNDING AND REIMBURSEMENT INFORMATION

5.1 GRANT FUNDING SOURCE AND AVAILABLE FUNDING

The total amount of funding available under the Rural Texas Strong Initiative 4: The Next Generation of the Small Town Doctor and Team grant program is **\$322,000,000.00** for the entire Project Period.

Of the \$322,000,000.00 available for awards under this program, \$75,000,000.00 will be prioritized funding for eligible Applicants who identify a behavioral health provider or professional as the primary type of provider or professional needed at their practice and/or

facility. The purpose of this prioritization is to ensure dedicated investment in expanding access to behavioral health services in underserved rural areas.

It is HHSC's intention to make multiple awards to Applicants that successfully demonstrate commitment to the recruitment and training of healthcare professionals in rural Texas communities by building local education and training pipelines and developing and implementing retention strategies for providers or professionals to practice in rural areas.

Applicant is strongly cautioned to only apply for the amount of grant funding it can **responsibly expend** to avoid lapsed funding at the end of the Project Period. Successful Applications may not be funded to the full extent of Applicant's proposed budget in order to ensure grant funds are available for the broadest possible array of communities and programs.

Grant funds must only be used for actual, allowable, and allocable expenses that occur within the Project Period. No spending or costs incurred prior to the Effective Date of the award will be eligible for reimbursement.

5.2 NO GUARANTEE OF DISBURSEMENT AMOUNTS

There is no guarantee of total disbursements to be paid to any Grantee under any Grant Agreement, if any, resulting from this RFA. Grantee should not expect to receive additional or continued funding under future RFA opportunities and should maintain sustainability plans in case of discontinued grant funding. Any additional funding or future funding may require submission of a new Application through a subsequent RFA.

Receipt of an Application in response to this RFA does not constitute an obligation or expectation of any award of a Grant Agreement or funding of a grant award at any level under this RFA.

5.3 GRANT FUNDING PROHIBITIONS AND LIMITATIONS

Grant funds may not be used to support the following services, activities, and costs:

- A. Computers, laptops, tablets, or smartphones;
- B. Servers, cybersecurity, or other IT-related equipment or hardware;
- C. Construction or building expansion, purchasing or significant retrofitting of buildings, cosmetic upgrades, or any other cost that materially increases the value of the capital asset or useful life as a direct cost;
- D. Pre-award costs;
- E. Meeting matching requirements for any other federal funds or local entities;
- F. Services, equipment, or supports that are the legal responsibility of another party under federal, State, or tribal law, such as vocational rehabilitation or education services;

- G. Services, equipment, or supports that are the legal responsibility of another party under any civil rights law, such as modifying a workplace or providing accommodations that are obligations under law;
- H. Goods or services not allocable to the Project;
- I. Supplanting existing State, local, tribal, or private funding of infrastructure or services, such as staff salaries;
- J. Supplanting funding for in-process or planned construction projects;
- K. The cost of independent research and development, including their proportionate share of indirect costs. See 2 CFR § 300.477;
- L. Funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order;
- M. Meals, unless in limited circumstances such as:
 - 1. Subjects and patients under study;
 - 2. Where specifically approved as part of the Project or program activity, such as in programs providing children's services; or
 - 3. As part of a per diem or subsistence allowance provided in conjunction with allowable travel;
- N. Activities prohibited under 2 CFR § 200.450 and the USHHS Grants Policy Statement, including, but not limited to:
 - 1. Paying the salary or expenses of any grant recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or executive order proposed or pending before the Congress or any State government, State legislature, or local legislature or legislative body.
 - 2. Lobbying, but awardees can lobby at their own expense if they can segregate federal funds from other financial resources used for lobbying;
- O. The purchase of covered telecommunications and video surveillance equipment (See 2 CFR § 200.216) as well as financial assistance to households for installation and monthly broadband internet costs;
- P. Operating expenses, debt retirement, or recruitment/retention of providers;
- Q. Any use of grant funds to replace (supplant) funds that have been budgeted for the same purpose through non-grant sources;
- R. Inherently religious activities such as prayer, worship, religious instruction, or proselytization;
- S. Lobbying or advocacy activities with respect to legislation or to administrative changes to regulations or administrative policy (cf. 18 U.S.C. § 1913), whether conducted directly or indirectly;

- T. Any portion of the salary of, or any other compensation for, an elected or appointed government official;
- U. Vehicles for general agency use (to be allowable, vehicles must have a specific use related to Project objectives or activities);
- V. Entertainment, amusement, or social activities and any associated costs including, but not limited to, admission fees or tickets to any amusement park, recreational activity, or sporting event unless such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
- W. Costs of promotional items, and memorabilia, including models, gifts, and souvenirs;
- X. Food, meals, beverages, or other refreshments, except for eligible per diem associated with grant-related travel, where pre-approved for working events, or where such costs are incurred for components of a program approved by the grantor agency and are directly related to the program's purpose;
- Y. Membership dues for individuals;
- Z. Any expense or service that is readily available at no cost to the grant Project;
- AA. Any activities related to fundraising;
- BB. Equipment and other capital expenditures such as capital improvements, property losses and expenses, real estate purchases, mortgage payments, remodeling, the acquisition or construction of facilities, or other items that are unallowable pursuant to 2 CFR § 200.439;
- CC. All grant funds shall be used only for the implementation of proposed eligible activities and may not be used for administrative personnel costs, travel expenses, or indirect costs.
- DD. Any other prohibition imposed by federal, state, or local law; and
- EE. Other unallowable costs as listed under 2 CFR pt. 200, Subpart E – Cost Principles, General Provisions for Selected Items of Cost, where applicable.

Grantee shall not require a non-compete agreement with any provider or professional recruited through activities funded under the Grant Agreement.

Renovation Limitations. Minor alteration and renovation projects include small modifications aimed at enhancing the functionality of the facility where Project activities will take place. In general, minor modifications to an existing building footprint, existing infrastructure, and existing rooms within a facility would be considered minor building alterations or renovations. For example, renovations or retrofitting to convert underutilized cost intensive spaces within existing health care facilities to a clinic or community-based treatment spaces would qualify. Acceptable examples include, but are not limited to, the following:

- A. Interior modifications: Installing or relocating interior walls and partitions to create new offices or meeting rooms;
- B. Lighting and electrical: Upgrading light fixtures to more energy-efficient systems

- C. Heating, Ventilation, and Air-Conditioning (HVAC) and plumbing: Replacing vents and thermostats for better climate control;
- D. Accessibility improvements: Installing automatic door openers to enhance accessibility
- E. Security and safety: Installing or upgrading security cameras or access control panels; and
- F. Workspace reconfiguration: Creating open office layouts or converting private offices to better suit needs.

5.4 COST SHARING OR MATCHING REQUIREMENTS

Cost Sharing or Matching funds are not a requirement of this RFA.

5.5 PAYMENT METHOD

Grant Agreements awarded under this RFA will be funded on a Cost Reimbursement basis for reasonable, allowable, and allocable Grant Project Direct Costs. Under the Cost Reimbursement payment method, Grantee is required to finance operations and will only be reimbursed for actual, allowable, and allocable costs incurred and supported by adequate documentation. Advanced payments are not allowed under this program. Any exception must be requested in writing with justification and is subject to review and approval by HHSC.

SECTION VI. APPLICATION FORMS AND EXHIBITS FOR SUBMISSION

Note: Applicants must refer to **Section XIII, Submission Checklist**, for the complete checklist of documents that must be submitted with an Application under this RFA.

6.1 APPLICANT INFORMATION FOR EVALUATION AND SELECTION

Applicant shall fill out **Exhibit C, Evaluation and Selection Form**, in its entirety and provide the following information:

- A. The county in which the Applicant is located and whether that county has a population of 68,750 or less **or** assertion that Applicant is a Rural Hospital;
- B. Licensure or certification information of the Applicant to be able to provide and practice healthcare;
- C. The primary type of healthcare professional or provider needed as identified within an Applicant's Application and whether the type identified is considered to be a behavioral health provider;
- D. Applicant's most recent HPSA Primary score available (county based) assigned by the Health Resources and Services Administration. HHSC reserves the right to validate the score provided by Applicant;

- E. The location of Applicant's or Applicant organization's primary place of business (Applicant headquarters);
- F. Total amount of funding requested in Applicant's proposed budget. Applicant must ensure the information provided aligns with the Applicant's proposed budget submitted in the GMS and that the total is no more than the award amount as set forth in **Section 5.1, Grant Funding Source and Available Funding** and allocated per **Section 6.3, Proposed Budget**; and
- G. Rate of uninsured individuals in Applicant's county from the most recent census data (S2701 American Community Survey 5-Year Estimates).

HHSC reserves the right to validate or verify any information provided by Applicant on **Exhibit C, Evaluation and Selection Form**, and this form will be used as part of the Application evaluation and selection process by HHSC.

6.2 PROJECT INFORMATION

Information provided in this section will not be used in the evaluation and scored. The information will be used as part of the grant monitoring activities by HHSC for Applicants that are selected and awarded a Grant.

Using the appropriate forms indicated below and attached to this RFA, Applicants shall describe their proposed activities, processes, and methodologies to satisfy all objectives described in **Section II, Scope of Grant**, including the Applicant's problem statement, supporting data, Project approach and activities, organizational capacity, performance management, target population, and use of effective, high-impact strategies. Applicants should identify all proposed tasks to be performed, including all Project activities, during the Project Period.

Applicants **must** complete and submit all required forms and exhibits. **Applicants that fail to submit completed documents as set forth in this RFA with their Application may be disqualified.**

6.2.1 Executive Summary

Using **Form B, Executive Summary**, Applicant shall describe a high-level summary that outlines what activities the Project will implement, what outcomes it shall achieve, and how success will be measured.

6.2.2 Project Narrative

Using **Form C, Project Narrative**, Applicant shall include a detailed description of all activities selected for their high probability of success while ensuring implementation is grounded in realistic timeframes. In the Project Narrative, Applicant shall identify the below.

- A. **Part I: Needed Healthcare Professionals or Providers** – Applicant may identify up to five healthcare professionals or providers that are in need at the Applicant’s practice and/or facility and the challenges that the staff vacancies create for the Applicant.
1. Applicant shall identify one primary type of professional or provider that is in most need, along with up to four more secondary types of needed professionals or providers. The primary type of professional or provider identified shall, at a minimum, be the focus of all implemented activities.
 2. Using the checkbox provided, Applicant shall indicate whether the primary provider or professional needed is considered a behavioral health provider.
 3. Applicant shall include the number needed of each type of professional or provider identified, a description of the roles and responsibilities of each identified healthcare professional or provider in need, and how their work contributes to the accessibility of care provided by the Applicant to the community in which it is located.
- B. **Part II: Approach** – Using the checkboxes provided, Applicant shall identify the Approach(es) chosen to implement under the proposed Project (see **Section 2.3, Eligible Activities**).
1. For each chosen approach, include a detailed description of all activities to be implemented and include associated timelines.
 2. Each selected approach must focus, at a minimum, on either training or recruiting the primary type of professional or provider most needed as determined by the Applicant.
 3. If applicable, include specific details on any funding amounts provided to any student or professional or provider along with any associated requirements tied to the funding.
 4. If applicable, include specific details on any Applicant partnerships with academic institutions (e.g., local high school, institutions of higher education), such as name, type of institution, and their role and responsibilities in the implementation of the Project. A letter of commitment from each identified institution must be submitted with this Application and attest to their role and commitment to the success of the Project. **Any Application that does not include a letter of commitment from an identified partner will be disqualified.**
 5. If applicable, include specific details on any frameworks, agreements, or Memoranda of Understanding that will result from the implementation of an approach if Grant Agreement is awarded.
- C. **Part III: Work Plan & Timelines** – Using **Form C, Project Narrative**, Applicants must provide detailed information on all proposed activities (including retention activities, if any) to be completed and funded under each Spend Period. Include funding amounts associated with each activity, details on any activities of identified partners, and any associated metrics Applicant proposes to use to measure success.

6.2.3 Identification of Key Partners

Using **Form D, Identification of Key Partners**, Applicants shall identify and describe all partners involved in the proposed Project as set out in the form instructions.

6.2.4 Sustainability and Retention Plans

A. Using **Form E, Sustainability & Retention Plans**, Applicant shall submit a Sustainability Plan that includes a comprehensive strategy that addresses the long-term operational continuity after end of the Grant Term. Applicant shall include details regarding continued commitment(s) from partnerships, if applicable, that would bolster sustainability.

B. Using **Form E, Sustainability & Retention Plans**, Applicant shall submit a Retention Plan, centered on mentorship, that includes a comprehensive strategy to retain all newly recruited staff by ensuring they are welcomed into a supporting community with an ongoing culture of mentorship and how the Applicant will sustain these activities in conjunction with community partners. Applicant shall identify these community partners and their role in supporting trained students and retaining recruited staff. Applicant shall include a signed letter of commitment from all identified community partners, if any, that clearly states their role and commitment to the retention efforts. Mentorship with recruited professionals or providers and scholarship recipients should include check-ins at least monthly.

6.2.5 Letters of Commitment and Support

Applicant shall upload executed letters of commitment from all partner entities. **Applications without the required signed letters of commitment from identified partners shall be disqualified.**

6.3 PROPOSED BUDGET

Applicant must submit its proposed budget in the GMS budget tab.

The proposed budget must map out all allowable expenses to support Project activities within the Project Period and in alignment with the requirements of this RFA.

When completing the budget in GMS, Applicant shall submit proposed Categorical Budgets that total the requested funding amount over the span of the five applicable state fiscal years while keeping in mind that the total amount of budgeted funds must equal the total funding amount across all Spend Periods. The Spend Periods identified below must adhere to the following allocation percentage distribution:

	Spend Period 1: 9/30/26 – 9/30/27	Spend Period 2: 10/31/26 – 9/30/28	Spend Period 3: 10/31/27 – 9/30/29	Spend Period 4: 10/31/28 – 9/30/30	Spend Period 5: 10/31/29 - 4/30/31
Not to Exceed Allocation Percentage	30.62%	31.29%	32.54%	2.57%	2.98%

Applicant shall enter the Categorical Budgets in GMS based on the following fiscal years using the corresponding GMS Budget tab.

State Fiscal Year (SFY)	9/1/2026 - 8/31/2027	9/1/2027 - 8/31/2028	9/1/2028 - 8/31/2029	9/1/2029 - 8/31/2030	9/1/2030 - 4/30/2031
GMS Budget Tab	2027	2028	2029	2030	2031

Over the course of the Grant Term, HHSC will provide ongoing technical assistance to support Grantees in monitoring expenditures, meeting required spending thresholds, and ensuring alignment with program timelines. This may include guidance on the amount of funding that should be expended within specific timeframes and notification of any adjustments needed to remain in compliance with grant requirements. Applicants should be aware that budget estimates may be refined in coordination with HHSC throughout the Project Period to ensure appropriate and timely use of funds.

As the majority of the funding will be distributed during Spend Periods 1–3, Applicant shall prioritize core program implementation of primary deliverables during these periods. Activities proposed for Spend Periods 4–5 should be limited in scope and must be focused on sustainability, retention, and maintenance of established efforts rather than new or large-scale implementation.

Up to ten percent (10%) of total grant funds awarded under a Grant Agreement may be used toward retention activities specifically designed to support and retain individuals serving in mentorship, preceptorship, or training roles under the proposed Project.

Applicant’s budget proposal must demonstrate how funding is phased over time in alignment with proposed Project activities, approaches, and milestones.

Applicants must ensure that Project costs outlined in the proposed budget are reasonable, allowable, allocable, and developed in accordance with applicable state and federal grant requirements. Reasonable costs are those if, in nature and amount, do not exceed that which would be incurred by a prudent person under the circumstances prevailing at the time the

decision was made to incur the cost. A cost is allocable to a particular cost objective if the cost is chargeable or assignable to such cost objective in accordance with relative benefits received. See 2 CFR § 200.403 or TxGMS Cost Principles, Basic Considerations (pgs. 31-34), for additional information related to factors affecting allowability of costs.

Applicants will utilize the budget template provided in the GMS and identify all budget line items. Budget categories must be broken into specific budget line items that allow HHSC to determine if proposed costs are reasonable, allowable, and necessary for the successful performance of the Project. Applicants must enter all costs in the budget tables and explain why the cost is necessary and how the cost was established.

If selected for a grant award under this RFA, only HHSC-approved budget items in the Budget will be considered eligible for reimbursement.

See **Section 2.6, Management of Funds During Grant Term**, for additional information regarding funding during the Project Period.

Submission of the proposed budget in GMS is mandatory. Applicants that fail to submit a complete budget as set forth in this RFA will be disqualified.

6.4 INDIRECT COSTS

Applicants are required to complete and submit **Form H, Indirect Costs Rate (ICR) Questionnaire**, with required supporting documentation. The questionnaire initiates the acknowledgment or approval of an ICR for use with the System Agency cost-reimbursable contracts. Entities declining the use of indirect cost cannot recover indirect costs on any System Agency award or use unrecovered indirect costs as match.

HHS typically accepts the following approved ICRs:

1. Federally Approved Indirect Cost Rate Agreement
2. State of Texas Approved Indirect Cost Rate

The System Agency, at its discretion, may request additional information to support any approved ICR agreement.

If the Applicant does not have an approved ICR agreement, the Applicant may be eligible for the fifteen percent (15%) de minimis rate or may request to negotiate an ICR with HHS.

For Applicants requesting to negotiate an ICR with HHS, the ICR Proposal Package will be provided by the HHS Federal Funds Indirect Cost Rate Group to successful Grantees. The ICR Proposal Package must be completed and returned to the HHS Federal Funds Indirect Cost Rate Group no later than three (3) months post-award.

The HHS Federal Funds Indirect Cost Rate group will contact applicable Grantees after Grant Agreement execution to initiate and complete the ICR process. Grantees should

respond within thirty (30) Business days, or the request will be cancelled, and indirect costs may be disallowed.

Once HHS acknowledges an existing rate or approves an ICR, the Grantee will receive one of the three indirect cost approval letters: ICR Acknowledgement Letter, ICR Acknowledgement Letter – Fifteen Percent De Minimis, or the ICR Agreement Letter.

If an Indirect Cost Rate Letter is required but it is not issued at the time of Grant Agreement execution, the Grant Agreement will be amended to include the Indirect Cost Rate Letter after the ICR Letter is issued.

Approval or acceptance of an ICR will not result in an increase in the amount awarded or affect the agreed-upon service or performance levels throughout the life of the award.

6.5 ADMINISTRATIVE APPLICANT INFORMATION

6.5.1 Applicant Information

Applicant must complete and sign **Form A, Applicant Information**. If a governmental or nonprofit entity, Applicant must also complete and submit the additional appropriate form:

A. **Form A-1, Governmental Entity Authorized Officials and Other Key Personnel;**
or

B. **Form A-2, Nonprofit Entity**

6.5.2 Contract and Litigation History

Applicant must complete **Form G, Contract and Litigation History**, and provide a complete disclosure of any alleged or significant contractual or grant failures.

In addition, Applicant must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Applicant or in which Applicant has been judged guilty or liable. Failure to comply with the terms of this provision may disqualify Applicant. See also **Exhibit A, HHS Solicitation Affirmations v. 2.10**, where Applicant certifies it does not have any existing claims against or unresolved audit exceptions with the State of Texas or any agency of the State of Texas.

Application may be rejected based upon Applicant's prior history with the State of Texas or with any other party that demonstrates, without limitation, unsatisfactory performance, adversarial or contentious demeanor, or significant failure(s) to meet contractual or grant obligations.

6.5.3 Financial Management and Administrative Questionnaire

Applicant must complete **Form F, Financial Management and Administrative Questionnaire**.

6.6 AFFIRMATIONS AND CERTIFICATIONS

Applicants must complete and sign the following affirmations and certifications:

- A. **Exhibit A, HHS Solicitation Affirmations, v. 2.10;**
- B. Federal Assurances and Certifications:
 - 1. **Exhibit E, Assurances – Non-Construction Programs;**
 - 2. **Exhibit F, Certification Regarding Lobbying;**
 - 3. **Exhibit G, Federal Funding Accountability and Transparency Act (FFATA) Certification Form; and**
- C. **Exhibit H, CMS Notice of Award, Acknowledgment of Receipt.**

SECTION VII. RFA ADMINISTRATIVE INFORMATION AND INQUIRIES

7.1 SCHEDULE OF EVENTS

EVENT	DATE/TIME
Funding Announcement Posting Date Posted to GMS website and HHS Grants RFA website	April 27, 2026
Applicant Conference Attendance is Optional	May 4, 2026, at 2:00 PM Central Time
Deadline for Submitting Questions or Requests for Clarification	May 8, 2026, at 5:00 PM Central Time
Date Answers to Questions or Requests for Clarification Posted	May 14, 2026
Deadline for Submission of Applications NOTE: Applications must be <u>RECEIVED</u> by HHSC by this deadline if not changed by subsequent Addenda to be considered eligible.	May 27, 2026, by 10:30 a.m. Central Time
Anticipated Notice of Award	September 1, 2026
Anticipated Project Start Date	September 30, 2026

Applicants must ensure their applications is received by HHSC in accordance with the **Deadline for Submission of Applications (May 27, 2026, 10:30 am)** indicated in this Schedule of Events or as changed by subsequent Addenda posted to the [HHS Grants RFA](#) website.

All dates are tentative and HHSC reserves the right to change these dates at any time. At the sole discretion of HHSC, events listed in the Schedule of Events are subject to scheduling changes and cancellation. Scheduling changes or cancellation

determinations made prior to the Deadline for Submission will be published by posting an addendum to the [HHS Grants RFA](#) website. After the Deadline for Submission, if there are delays that significantly impact the anticipated award date, HHSC, at its sole discretion, may post updates regarding the anticipated award date to the [Procurement Forecast](#) on the HHS Procurement Opportunities [web page](#). Each Applicant is responsible for checking the HHS Grants RFA website and Procurement Forecast for updates.

7.2 SOLE POINT OF CONTACT AND EXCEPTIONS

7.2.1 SOLE POINT OF CONTACT

All requests, questions or other communication about this RFA shall be made by email **only** to the Grant Specialist designated as HHSC's Sole Point of Contact listed below:

Name	Alexis Jimerson, CTCD, CTCM
Title	Grant Specialist, HHSC Procurement and Contracting Services
Address	Procurement and Contracting Services Building 1100 W 49th St. MC: 2020 Austin, TX 78756
Phone	512-231-5664
Email	SPPPCS@hhs.texas.gov

Applicants shall not use this e-mail address for submission of an Application. Follow the instructions for submission as outlined in Section VIII, Application Organization and Submission Requirements.

7.2.2 EXCEPTIONS TO THE SOLE POINT OF CONTACT

Exceptions to **Section 7.2.1, Sole Point of Contact** are as follows:

- A. An Applicant with a technical question about or needing assistance with the use of the GMS External Portal is permitted to direct its written question(s) via email to GMSSupport@hhs.texas.gov, or call 512-776-2091, GMS Support Help Desk, M-F, 8 a.m. – 5 p.m. CT.
- B. The Sole Point of Contact may expressly designate in writing another HHSC representative to speak to Applicant during grant negotiations as part of the normal grant review process, if any.

7.2.3 PROHIBITED COMMUNICATIONS

Applicants and their representatives shall not contact other HHS personnel regarding this RFA.

This restriction (on only communicating in writing by email with the Sole Point of Contact identified above) does not preclude discussions between Applicant and agency personnel for the purpose of conducting business unrelated to this RFA.

Failure of an Applicant or its representatives to comply with these requirements may result in disqualification of the Application.

7.3 RFA QUESTIONS AND REQUESTS FOR CLARIFICATION

Written questions and requests for clarification of this RFA are permitted if submitted by email to the Sole Point of Contact by the deadline established in Section 7.1, Schedule of Events, or as may be amended in Addenda, if any, posted to the HHS Grants RFA website.

Applicants' names will be removed from questions in any responses released. All questions and requests for clarification must include the following information. Submissions that do not include this information may not be accepted:

- A. RFA Number;
- B. Section or paragraph number from this Solicitation;
- C. Page number of this Solicitation;
- D. Exhibit or other attachment and section or paragraph number from the exhibit or other attachment;
- E. Page number of the exhibit;
- F. Language, topic, section heading being questioned; and
- G. Question.

The following contact information must be included in the e-mail submitted with questions or requests for clarification:

- A. Name of individual submitting question or request for clarification;
- B. Organization name;
- C. Phone number; and
- D. E-mail address.

HHSC may review and, at its sole discretion, may respond to questions or other written requests received after the deadline.

7.4 AMBIGUITY, CONFLICT, DISCREPANCY, CLARIFICATIONS

Applicants must notify the Sole Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission or other error in the RFA in the manner and by the deadline for submitting questions. Each Applicant submits its Application at its own risk.

If Applicant fails to properly and timely notify the Sole Point of Contact of any ambiguity, conflict, discrepancy, exclusionary specification, omission or other error in the RFA, Applicant, whether awarded a Grant Agreement or not:

- A. Shall have waived any claim of error or ambiguity in the RFA and any resulting Grant Agreement;
- B. Shall not contest the interpretation by HHSC of such provision(s); and
- C. Shall not be entitled to additional reimbursement, relief, or time by reason of any ambiguity, conflict, discrepancy, exclusionary specification, omission, or other error or its later correction.

7.5 RESPONSES TO QUESTIONS OR REQUEST FOR CLARIFICATIONS

Responses to questions or other written requests for clarification will be consolidated and HHSC will post responses in one or more Addenda on the [HHS Grants RFA](#) website. Responses will not be provided individually to requestors.

HHSC reserves the right to amend answers previously posted at any time prior to the deadline for submission of Applications. Amended answers will be posted on the [HHS Grants RFA](#) website in a separate, new Addendum or Addenda. It is Applicant's responsibility to check the [HHS Grants RFA](#) website or contact the Sole Point of Contact for a copy of the Addendum with the amended answers.

7.6 CHANGES, AMENDMENT OR MODIFICATION TO RFA

HHSC reserves the right to change, amend, modify or cancel this RFA. All changes, amendments and modifications or cancellation will be posted by Addendum on the HHS Grants RFA website.

It is the responsibility of each Applicant to periodically check the HHS Grants RFA website for any additional information regarding this RFA. Failure to check the posting website will in no way release any Applicant or awarded Grantee from the requirements of posted Addenda or additional information. No HHS agency will be responsible or liable in any regard for the failure of any individual or entity to receive notification of any posting to the websites or for the failure of any Applicant or awarded Grantee to stay informed of all postings to these websites. If the Applicant fails to monitor these websites for any changes or modifications to this RFA, such failure will not relieve the Applicant of its obligation to fulfill the requirements as posted.

7.7 EXCEPTIONS AND ASSUMPTIONS

Applicants are highly encouraged, in lieu of including exceptions in their Applications, to address all issues that might be advanced by way of exception or assumptions by submitting questions or requests for clarification pursuant to **Section 7.3, RFA Questions and Requests for Clarification**.

Exhibit D, Exceptions Form should only be used if Applicant has specific exceptions to the terms and conditions applicable to this Grant. No exception, nor any other term, condition, or provision in an Application that differs, varies from, or contradicts this RFA, will be considered to be part of any Grant Agreement resulting from this RFA unless expressly made a part of the Grant Agreement in writing by HHSC.

7.8 APPLICANT CONFERENCE

HHSC will conduct an Applicant conference on the date and time set out in **Section 7.1, Schedule of Events**. The Applicant conference will include the review of the Application submission using the GMS external portal, which will be the sole method of submission for this RFA. Attendance is optional and not required, however, is strongly encouraged.

People with disabilities who wish to attend the conference and require auxiliary aids or services should contact the Sole Point of Contact identified in **Section 7.2, Sole Point of Contact and Exceptions**, at least seventy-two (72) hours before the meeting in order to have reasonable accommodations made by HHSC.

Attendance will be recorded virtually, and each attendee must provide his/her name, attendee's entity name, and attendee email address.

All questions and requests for clarification must be presented in writing. Reference **Section 7.3, RFA Questions and Requests for Clarification** for the required format and information to be included.

HHSC reserves the right to amend responses to questions and requests for clarification after posting at any time prior to the Deadline for Submission of Applications. Amended answers will be posted on the HHS Grants RFA website in a separate, new Addendum or Addenda.

CONFERENCE INFORMATION:

The conference will be held through TEAMS, which may be accessed at:

Conference Instructions:

<https://events.teams.microsoft.com/event/30b3ba7a-7e7f-4a22-83e9-9db53f7d2685@9bf97732-82b9-499b-b16a-a93e8ebd536b>

1. Click the **Register** button
2. To register, the participants must have the following information ready:
 - a. First and last name of each attendee/registrant
 - b. Business e-mail address for the attendee/registrant
 - c. Applicant's organization name
 - d. Job title of attendee/registrant

SECTION VIII. APPLICATION ORGANIZATION AND SUBMISSION REQUIREMENTS

8.1 APPLICATION RECEIPT

Applications must be received by HHSC by the Deadline for Submission of Applications specified in **Section 7.1, Schedule of Events**, or subsequent Addenda. GMS will not allow late submission of Applications. Applications received after the Deadline for Submission of Applications may be ruled ineligible. Applicants should allow for adequate time for submission before the posted Deadline for Submission.

No HHS agency will be held responsible for any Application that is mishandled prior to receipt by HHSC. It is the Applicant's responsibility to ensure its Application is received by HHSC before the Deadline for Submission of Applications. No HHS agency will be responsible for any technical issues that result in late delivery, non-receipt of an application, inappropriately identified documents, or other submission issues that may lead to disqualification.

All Applications become the property of HHSC after submission and receipt and will not be returned to Applicant.

Applicants understand and acknowledge that issuance of this RFA or retention of Applications received in response to this RFA in no way constitutes a commitment to award Grant Agreement(s) as a result of this RFA.

8.2 APPLICATION SUBMISSION

By submitting an Application in response to this Solicitation, Applicant represents and warrants that the individual submitting the Application and any related documents on behalf of the Applicant is authorized to do so and to bind the Applicant under any Grant Agreement that may result from the submission of an Application.

8.3 REQUIRED SUBMISSION METHOD

Applicants must submit their completed Applications by the Deadline for Submission of Applications provided in **Section 7.1, Schedule of Events**, or subsequent Addenda, using the approved method identified below. Applications submitted by any other method (e.g., email) will not be considered and will be disqualified.

Required Submission Method: Grants Management System (GMS) External Portal Submission. Refer to the Grants Management System External User Guide for instructions for submission at

<https://www.hhs.texas.gov/sites/default/files/documents/grants-management-system-external-user-guide.pdf>.

Applicants shall submit their Applications in the GMS External Portal in accordance with **Section XIII, Submission Checklist**. Refer to **Exhibit I, Grants Management System (GMS) External Portal Information**, for instruction on accessing the GMS External portal.

See **Section 7.2.2, Exceptions to the Sole Point of Contact**, for questions or issues regarding GMS.

8.4 COSTS INCURRED FOR APPLICATION

All costs and expenses incurred in preparing and submitting an Application in response to this RFA and participating in the RFA selection process are entirely the responsibility of the Applicant.

8.5 APPLICATION COMPOSITION

All Applications must:

- A. Be responsive to all RFA requirements;
- B. Be clearly legible; and
- C. For uploaded files, they should be properly paginated, as applicable, formatted as an 8 ½" x 11" page with 1-inch margins, and use a 12 point or larger font, except that a smaller font may be used for page headers and footers, footnotes, and illustrations such as tables, charts, diagrams, figures, graphs and other visual aids. If a font smaller than 12 point is used, the text when printed on 8 ½" x 11" paper must not require magnification to be legible. Times New Roman font is preferred.

8.6 APPLICATION WITHDRAWALS OR MODIFICATIONS

Applicant may modify its Application within GMS up until the submission deadline set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda. The modification must be received by HHSC by the Deadline for Submission of Applications set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda.

An Applicant may withdraw its Application through the GMS prior to the Deadline for Submission of Applications set forth in **Section 7.1, Schedule of Events**. After the Deadline for Submission of Applications, an Applicant must reach out to the Sole Point of Contact to withdraw its Application.

No modification request received after the Deadline for Submission of Applications, set forth in **Section 7.1, Schedule of Events**, or subsequent Addenda, will be considered. Additionally, in the event of multiple Applications received, the most timely received and/or modified Application will replace the Applicant's original and all prior submission(s) in its entirety and the original submission(s) will not be considered.

SECTION IX. APPLICATION SCREENING AND EVALUATION

9.1 OVERVIEW

- A. A three-step selection process will be used:
1. Application screening to determine whether the Applicant meets the minimum requirements of this RFA;
 2. Evaluation based upon specific selection criteria and scoring methodology; and
 3. Final selection based upon State priorities and other relevant factors, as outlined in **Section 10.1, Final Selection**.
- B. Applications implementing multiple approaches will not receive a preference, higher scoring, or higher ranking over those focusing on a single approach. See **Section 3.1, Eligible Applicants**, addressing the preferences applicable to this RFA.

9.2 INITIAL COMPLIANCE SCREENING OF APPLICATIONS

All Applications received by the Deadline for Submission of Applications as outlined in **Section 7.1, Schedule of Events**, or subsequent Addenda, will be screened by HHSC to determine which Applications meet all the minimum requirements of this RFA and are deemed responsive and qualified for further consideration. See **Section 3.3, Application Screening Requirements**.

At the sole discretion of HHSC, Applications with errors, omissions, or compliance issues may be considered non-responsive and may not be considered. The remaining Applications will continue to the evaluation stage and will be considered in the manner and form as which they are received. HHSC reserves the right to waive minor informalities in an Application. A "minor informality" is an omission or error that, in the determination of HHSC if waived or modified, would not give an Applicant an unfair advantage over other Applicants or result in a material change in the Application or RFA requirements.

Any disqualifying factor set forth in this RFA does not constitute an informality (e.g., **Exhibit A, HHS Solicitation Affirmations v2.10**, or submitting a budget in the GMS).

HHSC, at its sole discretion, may give an Applicant the opportunity to submit missing information or make corrections at any point after receipt of Application. The missing information or corrections must be submitted to the Sole Point of Contact e-mail address

in **Section 7.2, Sole Point of Contact and Exceptions**, by the deadline set by HHSC. Failure to respond by the deadline may result in the rejection of the Application and the Applicant not being considered for award.

9.3 QUESTIONS OR REQUESTS FOR CLARIFICATION FOR APPLICATIONS

HHSC reserves the right to ask questions or request clarification or revised documents for a submitted Application from any Applicant at any time prior to award. HHSC reserves the right to select qualified Applications received in response to this RFA without discussion of the Applications with Applicants.

9.4 EVALUATION CRITERIA

All eligible Applicants will be evaluated and scored based on the following criteria:

- A. HPSA score point (3 points for every HPSA score point)
- B. Primary type of healthcare professional or provider needed (15 points)
- C. Location of Applicant's headquarters (10 points)

Applicants will be scored using the scoring methodology set out below. See also, **Section 6.1, Applicant Information for Evaluation and Selection**, of the RFA.

9.5 SCORING METHODOLOGY

All eligible Applications will be evaluated and scored in accordance with the following scoring methodology using the evaluation criteria set out above:

- A. **Three (3) points** for every HPSA score point. The most recent HPSA score (primary, county based) provided by Applicant on **Exhibit C, Evaluation and Selection Form**, will be used to determine the number of points. HHSC reserves the right to validate the HPSA score against the information maintained by the Health Resources and Services Administration.
- B. Type of healthcare professional/provider needed. **15 points** if the primary type of professional or provider identified as needed is a Primary Care Physician, Community Health Worker, or an EMT or Paramedic. **0 points** for all other types of professional or provider.
- C. Location of Applicant's headquarters. **10 points** if Applicant's or Applicant organization's primary place of business (headquarters) is in Texas. **0 points** if Applicant's or Applicant organization's primary place of business (headquarters) is outside of Texas.

9.6 SELECTION METHODOLOGY AND CONSIDERATIONS

After scoring, all eligible Applicants will be ranked as a total group. The following selection considerations and preferences will be used to determine potential award recommendations.

- A. At least one award will be made per eligible rural county. If only one Application is submitted in a county, it shall be awarded.
- B. After awarding the initial group of awards based on county, Applications will be separated into two groups according to the primary type of provider or professional Applicant identified as most needed. All Applications identifying a behavioral health type of provider or professional will be placed in group 1. For Applications where Applicant identifies all other types of providers or professionals, Applications will be placed in group 2.
- C. Behavioral Health Prioritized Selection Process:
 1. All eligible Applications in group 1 will be ranked by score.
 2. Applications in group 1 will be funded from behavioral health prioritization funds. Funding will be awarded to Applications in group 1 by rank starting with the highest ranked Application until all available funding from the prioritization funds has been assigned.
 3. If any remaining Applications from group 1 remain unfunded after selection exhausts the prioritization amount, those Applications shall be regrouped with all other submitted Applications.
 4. If all Applications from group 1 are funded, any prioritization funds that remain shall be used to fund all other Applications submitted for the program.
- D. After awarding the behavioral health prioritization funding, the remaining Applications (including any unfunded Applications, if any, from the process in Subsection (3) above), will be grouped by the primary type of healthcare professional or provider the Applicant had identified as most needed. Applications will be grouped into the following categories:
 1. Primary Care Physician;
 2. Community Health Worker;
 3. EMT/Paramedic;
 4. All others.
- E. Then, Applications in each group shall be ranked by score. For Applications in the Primary Care Physician, Community Health Worker, and EMT/Paramedic groups, funding decisions will be made using a round-robin approach, with selections being made of the top-ranked Application in each group first, then the next highest-ranked Application in each group, and so on, until funds are exhausted.
- F. If any funding remains after the completion of the round-robin process described above, the funds will be awarded to the highest-scoring Applications that identified “all other”

as the primary type of professional or provider needed until the remaining funds are exhausted.

9.7 IN THE EVENT OF A TIE

Any tie in scoring that needs to be resolved to award funding will favor the Application with the highest HPSA score reported. If a tie still remains, preference will be given to the Application requesting the lower amount of funding. If a tie still persists after applying these factors, preference will be given to the Applicant located in a county with the highest rate of uninsured individuals per most recent census data (S2701 American Community Survey 5-Year Estimates) provided on **Exhibit C, Evaluation and Selection Form**.

9.8 PAST PERFORMANCE

HHSC reserves the right to request additional information and conduct investigations as necessary to evaluate any Application. By submitting an Application, the Applicant generally releases from liability and waives all claims against any party providing information about the Applicant at the request of HHSC.

HHSC may examine Applicant's past performance which may include, but is not limited to, information about Applicant provided by any governmental entity, whether an agency or political subdivision of the State of Texas, another state, or the federal government.

HHSC, at its sole discretion, may also initiate investigations or examinations of Applicant performance based upon any information available to HHSC, including media reports. Any negative findings, as determined by HHSC in its sole discretion, may result in HHSC removing the Applicant from further consideration for award.

Past performance information regarding Applicants may include, but is not limited to:

- A. Notices of termination;
- B. Cure notices;
- C. Assessments of liquidated damages;
- D. Litigation;
- E. Audit reports; and
- F. Non-renewals of grants or contracts based on Applicant's unsatisfactory performance.

Applicants also may be rejected as a result of unsatisfactory past performance under any grant(s) or contract(s) as reflected in vendor performance reports, reference checks, or other sources. An Applicant's past performance may be considered in the initial screening process and prior to making an award determination.

Reasons for which an Applicant may be denied a Grant Agreement at any point after Application submission include, but are not limited to:

- A. If applicable, Applicant has an unfavorable report or grade on the CPA Vendor Performance Tracking System (VPTS). VPTS may be accessed at: <https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/>;
- B. Applicant is currently under a corrective action plan through HHSC or DSHS;
- C. Applicant has a record of repeated non-responsiveness to HHSC written requests;
- D. Applicant has a history of repeated non-compliance with contractual obligations;
- E. Applicant has contracts or purchase orders that have been cancelled in the previous 12 months for non-performance or substandard performance; or
- F. Any other performance issue that demonstrates that awarding a Grant Agreement to Applicant would not be in the best interest of the State.

9.9 COMPLIANCE FOR PARTICIPATION IN STATE CONTRACTS

Prior to award of a Grant Agreement as a result of this RFA and in addition to the initial screening of Applications, all required verification checks will be conducted.

The information (e.g., legal name and, if applicable, assumed name (d/b/a), tax identification number, DUNS number) provided by Applicant will be used to conduct these checks. At HHSC's sole discretion, Applicants found to be barred, prohibited, or otherwise excluded from award of a Grant Agreement may be disqualified from further consideration under this Solicitation, pending satisfactory resolution of all compliance issues.

Checks include:

A. State of Texas Debarment and Warrant Hold

Applicant must not be debarred from doing business with the State of Texas (<https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/debarred-vendors.php>) or have an active warrant or payee hold placed by the Comptroller of Public Accounts (CPA).

B. U.S. System of Award Management (SAM) Exclusions List

Applicant must not be excluded from contract participation at the federal level. This verification is conducted through SAM, the official website of the U.S. Government which may be accessed at:

<https://sam.gov/https://www.sam.gov/SAM/pages/public/searchRecords/search.jsf>

C. Divestment Statute Lists

Applicant must not be listed on the Divestment Statute Lists provided by CPA, which may be accessed at:

<https://comptroller.texas.gov/purchasing/publications/divestment.php>

1. Designated Foreign Terrorist Organizations;
2. Scrutinized Companies with ties to Foreign Terrorist Organizations;
3. Scrutinized Companies with Ties to Sudan;

4. Financial Companies that Boycott Energy Companies FAQ;
5. List of Financial Companies that Boycott Energy Companies FAQ;
6. Companies that Boycott Israel; and
7. Scrutinized Companies with Ties to Iran.

D. HHS Office of Inspector General

Applicant must not be listed on the HHS Office of Inspector General Texas Exclusions List for people or businesses excluded from participating as a provider: <https://oig.hhsc.state.tx.us/oigportal2/Exclusions>

E. U.S. Department of Health and Human Services

Applicant must not be listed on the U.S. Department of Health and Human Services Office of Inspector General's List of Excluded Individuals/Entities (LEIE), excluded from participation as a provider, unless a valid waiver is currently in effect: <https://exclusions.oig.hhs.gov/>.

HHSC reserves the right to conduct additional checks to determine eligibility to receive a Grant Agreement.

SECTION X. AWARD OF GRANT AGREEMENT PROCESS

10.1 FINAL SELECTION

After initial screening for eligibility and Application completeness, and initial evaluation against the criteria listed in **Section 9.4, Evaluation Criteria**, HHSC may apply other considerations such as program policy or other selection factors that are essential to the process of selecting Applications that individually or collectively achieve program objectives. In applying these factors, HHSC may consult with internal and external subject matter experts.

After evaluating the Applicant's Application, HHSC will determine if the Application meets all RFA requirements. HHSC will issue a determination regarding the Application's adherence to RFA requirements. HHSC reserves the right to cancel this RFA, issue partial awards, or decline to award any grant agreements at any time and at its sole discretion.

HHSC will make final funding decisions based on Applicant eligibility, evaluation rankings, the funding methodology above, and include as applicable: Applicant's long-term financial sustainability, geographic area(s) with targeted population, state priorities, reasonableness, availability of funding, cost-effectiveness, and other relevant factors.

All funding recommendations will be considered for approval by the HHSC Deputy Chief Financial Officer, or their designee.

10.2 NEGOTIATIONS

After selecting Applicants for award, HHSC may engage in negotiations with selected Applicants. As determined by HHSC, the negotiation phase may involve direct contact between the selected Applicant and HHSC representatives by virtual meeting, by phone, and/or by email. Negotiations should not be interpreted as a preliminary intent to award funding unless explicitly stated in writing by HHSC and is considered a step to finalize the Application to a state of approval and discuss proposed grant activities. During negotiations, selected Applicants may expect:

- A. An in-depth discussion of the submitted Application and proposed budget; and
- B. Requests from HHSC for revised documents, clarification, or additional detail regarding the Applicant's submitted Application. These clarifications and additional details, as required, must be submitted in writing by Applicant as finalized during the negotiation.

Final funding amounts and Grant Agreement provisions are determined at the sole discretion of HHSC.

10.3 DISCLOSURE OF INTERESTED PARTIES

Subject to certain specified exceptions, Section 2252.908 of the Texas Government Code, Disclosure of Interested Parties, applies to a contract of a state agency that has a value of \$1 million or more; requires an action or vote by the governing body of the entity or agency before the contract may be signed; or is for services that would require a person to register as a lobbyist under Chapter 305 of the Texas Government Code.

One of the requirements of Section 2252.908 is that a business entity (defined as "any entity recognized by law through which business is conducted, including a sole proprietorship, partnership, or corporation") must submit a Form 1295, Certificate of Interested Parties, to HHSC at the time the business entity submits the signed contract.

Applicant represents and warrants that, if selected for award of a Grant Agreement as a result of this RFA, Applicant will submit to HHSC a completed, certified and signed Form 1295, Certificate of Interested Parties, at the time the potential Grantee submits the signed Grant Agreement.

Form 1295 involves an electronic process through the Texas Ethics Commission (TEC). The on-line process for completing the Form 1295 may be found on the TEC public website at: https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm.

Additional instructions and information to be used to process Form 1295 will be provided by HHSC to the potential Grantee(s). Potential Grantee(s) may contact Sole Point of Contact or designated Contract Manager for information needed to complete Form 1295.

If the potential Grantee does not submit a completed, certified, and signed TEC Form 1295 to HHSC with the signed Grant Agreement, HHSC is prohibited by law from executing a contract, even if the potential Grantee is otherwise eligible for award. HHSC, as

determined in its sole discretion, may award the Grant Agreement to the next qualified Applicant, who will then be subject to this procedure.

10.4 EXECUTION AND ANNOUNCEMENT OF GRANT AGREEMENT(S)

HHSC intends to award one or more Grant Agreements as a result of this RFA. However, not all Applicants who are deemed eligible to receive funds are assured of receiving a Grant Agreement.

At any time and at its sole discretion, HHSC reserves the right to cancel this RFA, make partial award, or decline to award any Grant Agreement(s) as a result of this RFA.

The final funding amount and the provisions of the grant will be determined at the sole discretion of HHSC.

HHSC may announce tentative funding awards through an “Intent to Award Letter” once the HHSC Program Deputy Chief Financial Officer and relevant HHSC approval authorities have given approval to initiate and/or execute grants. Receipt of an “Intent to Award Letter” does not authorize the recipient to incur expenditures or begin Project activities, nor does it guarantee current or future funding.

Upon execution of a Grant Agreement(s) as a result of this RFA, HHSC will post a notification of all grants awarded to the [HHS Grants RFA](#) website.

SECTION XI. GENERAL TERMS AND CONDITIONS

11.1 GRANT APPLICATION DISCLOSURE

In an effort to maximize state resources and reduce duplication of effort, HHSC, at its discretion, may require the Applicant to disclose information regarding the application for, or award of, state, federal, and/or local grant funding to the Applicant or subgrantee or subcontractor (i.e. organization who will participate, in part, in the operation of the Project) within the past two years.

11.2 TEXAS HISTORICALLY UNDERUTILIZED BUSINESSES (HUBS)

In procuring goods and services using funding awarded under this RFA, Grantee must use HUBs or other designated businesses as required by law or the terms of the state or federal grant under which this RFA has been issued. See, e.g., 2 CFR 200.321. If there are no such requirements, HHSC encourages Applicant to use HUBs to provide goods and services.

For information regarding the Texas HUB program, refer to CPA’s website:
<https://comptroller.texas.gov/purchasing/vendor/hub/>.

SECTION XII. APPLICATION CONFIDENTIAL OR PROPRIETARY INFORMATION

12.1 TEXAS PUBLIC INFORMATION ACT – APPLICATION DISCLOSURE REQUIREMENTS

Applications and resulting Grant Agreements are subject to the Texas Public Information Act (PIA), Texas Government Code Chapter 552, and may be disclosed to the public upon request. Other legal authorities also require HHSC to post grants and applications on its public website and to provide such information to the Legislative Budget Board for posting on its public website.

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

- A. On **Form I, Public Information Act (PIA) Disclosure Form**, select ‘YES’ in response to Section 1; in Section 2, identify the specific portion(s) of the Application that Applicant claims are exempt from disclosure and identify the claimed exemption under the PIA; and, in Section 3, upload the full PIA copy of the Application.
- B. **Certify – HHS Solicitation:** Certify, in the designated section of **Exhibit A, HHS Solicitation Affirmations v. 2.10**, Applicant’s confidential information assertion and the filing of its **Form I, Public Information Act (PIA) Disclosure Form**, of the RFA.

By submitting an Application under this RFA, Applicant agrees that, if Applicant does not mark YES on Form I, Public Information Act Disclosure Form, of the RFA and provide the required certification in Exhibit A, HHS Solicitation Affirmations v. 2.10, the Application will be considered to be public information that may be released to the public in any manner including, but not limited to, in accordance with the Public Information Act, posted on HHSC’s public website, and posted on the Legislative Budget Board’s public website.

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

No Applicant should submit a Public Information Act Copy indicating that the entire Application is exempt from disclosure. Merely making a blanket claim that the entire Application is protected from disclosure because it contains any amount of confidential, proprietary, trade secret, or privileged information is not acceptable, and may make the entire Application subject to release under the PIA.

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

HHSC will strictly adhere to the requirements of the PIA regarding the disclosure of public information. As a result, by participating in this RFA, the Applicant acknowledges that all information, documentation, and other materials submitted in its Application may be subject to public disclosure under the PIA. HHSC does not have authority to agree that any information submitted will not be subject to disclosure. Disclosure is governed by the PIA and by rulings of the Office of the Texas Attorney General. Applicants are advised to consult with their legal counsel concerning disclosure issues resulting from this process and to take precautions to safeguard trade secrets and proprietary or otherwise confidential information. HHSC assumes no obligation or responsibility relating to the disclosure or nondisclosure of information submitted by Applicants.

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

12.2 APPLICANT WAIVER – INTELLECTUAL PROPERTY

SUBMISSION OF ANY DOCUMENT TO ANY HHS AGENCY IN RESPONSE TO THIS SOLICITATION CONSTITUTES AN IRREVOCABLE WAIVER, AND AGREEMENT BY THE SUBMITTING PARTY TO FULLY INDEMNIFY THE STATE OF TEXAS AND HHS FROM ANY CLAIM OF INFRINGEMENT REGARDING THE INTELLECTUAL PROPERTY RIGHTS OF THE SUBMITTING PARTY OR ANY THIRD PARTY FOR ANY MATERIALS SUBMITTED TO HHS BY THE SUBMITTING PARTY.

SECTION XIII. SUBMISSION CHECKLIST

HHSC, in its sole discretion, will review all Applications received and will determine if any or all Applications which do not include complete, signed copies of these forms, exhibits and addenda, may be disqualified. Incomplete Applications may be disqualified. See Section 9.2, Initial Compliance Screening of Applications for further detail.

This Submission Checklist identifies the documentation, forms, and exhibits that are required to be submitted as part of the Application through the GMS portal.

Documentation	RFA Reference
<i>All forms are in-system GMS entry</i>	
Form A, Applicant Information	Section 6.5.1
Form A-1, Governmental Entity, if applicable	Section 6.5.1(A)
Form A-2, Nonprofit Entity, if applicable	Section 6.5.1(B)
Form B, Executive Summary	Section 6.2.1
Form C, Project Narrative	Section 6.2.2
Form D, Identification of Key Partners	Section 6.2.3
Form E, Sustainability & Retention Plans	Section 6.2.4
Form F, Financial Management and Administrative Questionnaire	Section 6.5.3
Form G, Contract and Litigation History	Section 6.5.2
Form H, Indirect Costs Rate (ICR) Questionnaire	Section 6.4
Form I, Public Information Act Disclosure Form	Section 12.1
Letters of Commitment and Support from Partners (required) (Submitted as uploaded file(s) in GMS)	Section 6.2.5
Proposed Budget (In-system GMS entry)	Section 6.3
Exhibit A, HHS Solicitation Affirmations v. 2.10 (In-system GMS entry)	Section 6.6
Exhibit C, Evaluation and Selection Form (In-system GMS entry)	Section 6.1
Exhibit D, Exceptions Form (if applicable) (In-system GMS entry)	Section 7.7
Exhibit E, Assurances – Non-Construction Programs (Submitted as uploaded file in GMS)	Section 6.6
Exhibit F, Certification Regarding Lobbying (Submitted as uploaded file in GMS)	Section 6.6

Exhibit G, Federal Funding Accountability and Transparency Act (FFATA) Certification Form (Submitted as uploaded file in GMS)	Section 6.6
Exhibit H, CMS Notice of Award, Acknowledgment of Receipt (Acknowledgement is an in-system GMS entry; federal notice of award is a PDF file)	Section 6.6
Addenda: Each Addendum, if any, must be signed and submitted with the Application (Submitted as uploaded file in GMS)	Sections 7.1, 7.5, and 7.6

SECTION XIV. LIST OF FORMS AND EXHIBITS

Forms - All forms are in-system GMS forms.

Form A	Applicant Information
Form A-1	Governmental Entity Authorized Officials & Other Key Personnel
Form A-2	Nonprofit Entity
Form B	Executive Summary
Form C	Project Narrative
Form D	Identification of Key Partners
Form E	Sustainability & Retention Plans
Form F	Financial Management and Administrative Questionnaire
Form G	Contract and Litigation History
Form H	Indirect Costs Rate (ICR) Questionnaire
Form I	Public Information Act (PIA) Disclosure Form

Exhibits – Except as noted below, exhibits are provided as portable document format (PDF) files with the RFA

Exhibit A	HHS Solicitation Affirmations v. 2.10 (In-system GMS document)
Exhibit B	HHS Uniform Terms and Conditions (UTC) – Grant v.3.5
Exhibit B-1	HHS Additional Provisions – Grant Funding
Exhibit C	Evaluation and Selection Form (In-system GMS document)
Exhibit D	Exceptions Form (In-system GMS document)
Exhibit E	Assurances – Non-Construction Programs
Exhibit F	Certification Regarding Lobbying
Exhibit G	Federal Funding Accountability and Transparency Act (FFATA) Certification Form
Exhibit H	CMS Notice of Award, Acknowledgment of Receipt (Acknowledgement is an in-system GMS document; federal notice of award is a PDF file)
Exhibit I	Grants Management System (GMS) External Portal Information