



THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER AT HOUSTON

June 28, 2010

City of Brownsville
 1001 E. Elizabeth St.
 Brownsville, Texas 78522

The Federal Office of Management and Budget Circular A-133 "Audits of Institutions of Higher Education and Other Nonprofit Institutions" requires that recipients of federal awards who are subject to the provisions of OMB Circular A-133 comply with the audit requirements of OMB Circular A-133.

As a subrecipient of federal funds, you are required to certify that your Institution is in compliance with A-133 requirements. Accordingly, please check the appropriate box below and provide any required documentation.

Our current A-133 audit for FY _____ is not yet complete. We anticipate the audit will be completed by _____. Upon completion, we will send you a copy of the audit report and our responses to any audit findings.

NOTE: If the current A-133 audit is not yet complete, please check the appropriate section below for the last completed audit.

Our last A-133 audit, completed for FY 2009 presented no material weaknesses, no reportable conditions and no audit findings related to any subcontract(s) from The University of Texas Health Science Center at Houston.

OR,

Our last A-133 audit completed for FY _____ presented material weakness, reportable conditions or other audit findings related to our funding from The University of Texas Health Science Center at Houston. Enclosed is a copy of the audit report. Relevant findings and our response can be found on **page(s)** _____.

We are not subject to the requirements of A-133 because:
 We are a for-profit organization/Foreign (Non U.S.) entity
 We expended less than \$500,000 in federal funds
 Other (please explain)

AND,

In lieu of an A-133 audit, we enclose the following for your records:

An audited financial statement
 Independent auditor's management letter
 Other (please explain)

I certify that the above checked boxes accurately represent the organization I represent. Further, I certify that all relevant material findings in the audit report have been disclosed.

Please make any changes or corrections to the contact name or your mailing address in the space provided. Your responses should be sent to the **Contracts Section, Office of Sponsored Projects, The University of Texas Health Science Center at Houston, PO Box 20036, Houston, TX 77225-0036**. Thank you for your cooperation.

Signature: Date: 06/28/10 FY End Date: Septmeber 30, 2009
 Name and Title: Charlie Cabler Contact Phone: (956) 548-6007
 Address: 1001 E. Elizabeth St. Contact E-mail: charlie@cob.us
Brownsville, Texas 78520



Department of State Health Services

FORM A: FACE PAGE

Proposal for Financial Assistance [RFP Number]

This form requests basic information about the respondent and project, including the signature of the authorized representative. The face page is the cover page of the proposal and must be completed in its entirety.

RESPONDENT INFORMATION																			
1) LEGAL BUSINESS NAME: The University of Texas Health Science Center at Houston																			
2) MAILING Address Information (include mailing address, street, city, county, state and zip code): Check if address change <input type="checkbox"/> Office of Sponsored Projects PO Box 20036 Houston, TX 77225-0036																			
3) PAYEE Name and Mailing Address (if different from above): Check if address change <input type="checkbox"/> Same as above																			
4) Federal Tax ID No. (9 digit), State of Texas Comptroller Vendor ID No. (14 digit) or Social Security Number (9 digit) : 741761309 <small>*The respondent acknowledges, understands and agrees that the respondent's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</small>																			
5) TYPE OF ENTITY (check all that apply): <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> City</td> <td><input type="checkbox"/> Nonprofit Organization*</td> <td><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> FQHC</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> HUB Certified</td> <td><input checked="" type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Faith Based (Nonprofit Org)</td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input checked="" type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private		<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual																	
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC																	
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> HUB Certified	<input checked="" type="checkbox"/> State Controlled Institution of Higher Learning																	
<input type="checkbox"/> State Agency	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> Hospital																	
<input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Private																	
	<input type="checkbox"/> Faith Based (Nonprofit Org)	<input type="checkbox"/> Other (specify): _____																	
<small>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</small>																			
6) PROPOSED BUDGET PERIOD: Start Date: 03/01/10 End Date: 08/31/11																			
7) COUNTIES SERVED BY PROJECT: Include completed list of counties to be served behind Face Page. Cameron County, Texas																			
8) AMOUNT OF FUNDING REQUESTED: \$298,288	10) PROJECT CONTACT PERSON Name: Jennifer L. Gay, Ph.D. Phone: 9568826754 Fax: 9568825152 E-mail: Jennifer.L.Gay@uth.tmc.edu																		
9) PROJECTED EXPENDITURES Does respondent's projected state or federal expenditures exceed \$500,000 for respondent's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <small>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</small>	11) FINANCIAL OFFICER Name: Laura Smith, VP, Finance&LegAffairs Phone: 7135004907 Fax: 7135004939 E-mail: paf@uth.tmc.edu																		
The facts affirmed by me in this proposal are truthful and I warrant the respondent is in compliance with the assurances and certifications contained in APPENDIX A: DSHS Assurances and Certifications. I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.																			
12) AUTHORIZED REPRESENTATIVE Check if change <input type="checkbox"/> Name: Whitney C. Houston Title: Grants Director Phone: 7135003999 Fax: 7135000355 E-mail: osp@uth.tmc.edu	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE 14) DATE <p style="text-align: center; font-size: 1.2em;">1-6-10</p>																		

Texas Counties and Regions in Alphabetical Order

Legal Business Name of Respondent: The University of Texas Health Science Center at Houston

COUNTIES SERVED BY PROJECT - Item 7 of Form A: Face Page: Check counties to be served and include behind Form A: Face Page.

Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R	Counties	<input type="checkbox"/>	R
-A-			Crosby	<input type="checkbox"/>	01	Hays	<input type="checkbox"/>	07	Martin	<input type="checkbox"/>	09	Schleicher	<input type="checkbox"/>	09
Anderson	<input type="checkbox"/>	04	Culberson	<input type="checkbox"/>	10	Hemphill	<input type="checkbox"/>	01	Mason	<input type="checkbox"/>	09	Scurry	<input type="checkbox"/>	02
Andrews	<input type="checkbox"/>	09	-D-			Henderson	<input type="checkbox"/>	04	Matagorda	<input type="checkbox"/>	06	Shackelford	<input type="checkbox"/>	02
Angelina	<input type="checkbox"/>	05	Dallam	<input type="checkbox"/>	01	Hidalgo	<input type="checkbox"/>	11	Maverick	<input type="checkbox"/>	08	Shelby	<input type="checkbox"/>	05
Aransas	<input type="checkbox"/>	11	Dallas	<input type="checkbox"/>	03	Hill	<input type="checkbox"/>	07	McCulloch	<input type="checkbox"/>	09	Sherman	<input type="checkbox"/>	01
Archer	<input type="checkbox"/>	02	Dawson	<input type="checkbox"/>	09	Hockley	<input type="checkbox"/>	01	McLennan	<input type="checkbox"/>	07	Smith	<input type="checkbox"/>	04
Armstrong	<input type="checkbox"/>	01	Deaf Smith	<input type="checkbox"/>	01	Hood	<input type="checkbox"/>	03	McMullen	<input type="checkbox"/>	11	Somervell	<input type="checkbox"/>	03
Atascosa	<input type="checkbox"/>	08	Delta	<input type="checkbox"/>	04	Hopkins	<input type="checkbox"/>	04	Medina	<input type="checkbox"/>	08	Starr	<input type="checkbox"/>	11
Austin	<input type="checkbox"/>	06	Denton	<input type="checkbox"/>	03	Houston	<input type="checkbox"/>	05	Menard	<input type="checkbox"/>	09	Stephens	<input type="checkbox"/>	02
-B-			DeWitt	<input type="checkbox"/>	08	Howard	<input type="checkbox"/>	09	Midland	<input type="checkbox"/>	09	Sterling	<input type="checkbox"/>	09
Bailey	<input type="checkbox"/>	01	Dickens	<input type="checkbox"/>	01	Hudspeth	<input type="checkbox"/>	10	Milam	<input type="checkbox"/>	07	Stonewall	<input type="checkbox"/>	02
Bandera	<input type="checkbox"/>	08	Dimmit	<input type="checkbox"/>	08	Hunt	<input type="checkbox"/>	03	Mills	<input type="checkbox"/>	07	Sutton	<input type="checkbox"/>	09
Bastrop	<input type="checkbox"/>	07	Donley	<input type="checkbox"/>	01	Hutchinson	<input type="checkbox"/>	01	Mitchell	<input type="checkbox"/>	02	Swisher	<input type="checkbox"/>	01
Baylor	<input type="checkbox"/>	02	Duval	<input type="checkbox"/>	11	-I-			Montague	<input type="checkbox"/>	02	-T-		
Bee	<input type="checkbox"/>	11	-E-			Irion	<input type="checkbox"/>	09	Montgomery	<input type="checkbox"/>	06	Tarrant	<input type="checkbox"/>	03
Bell	<input type="checkbox"/>	07	Eastland	<input type="checkbox"/>	02	-J-			Moore	<input type="checkbox"/>	01	Taylor	<input type="checkbox"/>	02
Bexar	<input type="checkbox"/>	08	Ector	<input type="checkbox"/>	09	Jack	<input type="checkbox"/>	02	Morris	<input type="checkbox"/>	04	Terrell	<input type="checkbox"/>	09
Blanco	<input type="checkbox"/>	07	Edwards	<input type="checkbox"/>	08	Jackson	<input type="checkbox"/>	08	Motley	<input type="checkbox"/>	01	Terry	<input type="checkbox"/>	01
Borden	<input type="checkbox"/>	09	Ellis	<input type="checkbox"/>	03	Jasper	<input type="checkbox"/>	05	-N-			Throckmorton	<input type="checkbox"/>	02
Bosque	<input type="checkbox"/>	07	El Paso	<input type="checkbox"/>	10	Jeff Davis	<input type="checkbox"/>	10	Nacogdoches	<input type="checkbox"/>	05	Titus	<input type="checkbox"/>	04
Bowie	<input type="checkbox"/>	04	Erath	<input type="checkbox"/>	03	Jefferson	<input type="checkbox"/>	05	Navarro	<input type="checkbox"/>	03	Tom Green	<input type="checkbox"/>	09
Brazoria	<input type="checkbox"/>	06	-F-			Jim Hogg	<input type="checkbox"/>	11	Newton	<input type="checkbox"/>	05	Travis	<input type="checkbox"/>	07
Brazos	<input type="checkbox"/>	07	Falls	<input type="checkbox"/>	07	Jim Wells	<input type="checkbox"/>	11	Nolan	<input type="checkbox"/>	02	Trinity	<input type="checkbox"/>	05
Brewster	<input type="checkbox"/>	10	Fannin	<input type="checkbox"/>	03	Johnson	<input type="checkbox"/>	03	Nueces	<input type="checkbox"/>	11	Tyler	<input type="checkbox"/>	05
Briscoe	<input type="checkbox"/>	01	Fayette	<input type="checkbox"/>	07	Jones	<input type="checkbox"/>	02	-O-			-U-		
Brooks	<input type="checkbox"/>	11	Fisher	<input type="checkbox"/>	02	-K-			Ochiltree	<input type="checkbox"/>	01	Upshur	<input type="checkbox"/>	04
Brown	<input type="checkbox"/>	02	Floyd	<input type="checkbox"/>	01	Karnes	<input type="checkbox"/>	08	Oldham	<input type="checkbox"/>	01	Upton	<input type="checkbox"/>	09
Burleson	<input type="checkbox"/>	07	Foard	<input type="checkbox"/>	02	Kaufman	<input type="checkbox"/>	03	Orange	<input type="checkbox"/>	05	Uvalde	<input type="checkbox"/>	08
Burnet	<input type="checkbox"/>	07	Fort Bend	<input type="checkbox"/>	06	Kendall	<input type="checkbox"/>	08	-P-			-V-		
-C-			Franklin	<input type="checkbox"/>	04	Kenedy	<input type="checkbox"/>	11	Palo Pinto	<input type="checkbox"/>	03	Val Verde	<input type="checkbox"/>	08
Caldwell	<input type="checkbox"/>	07	Freestone	<input type="checkbox"/>	07	Kent	<input type="checkbox"/>	02	Panola	<input type="checkbox"/>	04	Van Zandt	<input type="checkbox"/>	04
Calhoun	<input type="checkbox"/>	08	Frio	<input type="checkbox"/>	08	Kerr	<input type="checkbox"/>	08	Parker	<input type="checkbox"/>	03	Victoria	<input type="checkbox"/>	08
Callahan	<input type="checkbox"/>	02	-G-			Kimble	<input type="checkbox"/>	09	Parmer	<input type="checkbox"/>	01	-W-		
Cameron	<input checked="" type="checkbox"/>	11	Gaines	<input type="checkbox"/>	09	King	<input type="checkbox"/>	01	Pecos	<input type="checkbox"/>	09	Walker	<input type="checkbox"/>	06
Camp	<input type="checkbox"/>	04	Galveston	<input type="checkbox"/>	06	Kinney	<input type="checkbox"/>	08	Polk	<input type="checkbox"/>	05	Waller	<input type="checkbox"/>	06
Carson	<input type="checkbox"/>	01	Garza	<input type="checkbox"/>	01	Kleberg	<input type="checkbox"/>	11	Potter	<input type="checkbox"/>	01	Ward	<input type="checkbox"/>	09
Cass	<input type="checkbox"/>	04	Gillespie	<input type="checkbox"/>	08	Knox	<input type="checkbox"/>	02	Presidio	<input type="checkbox"/>	10	Washington	<input type="checkbox"/>	07
Castro	<input type="checkbox"/>	01	Glasscock	<input type="checkbox"/>	09	-L-			-R-			Webb	<input type="checkbox"/>	11
Chambers	<input type="checkbox"/>	06	Goliad	<input type="checkbox"/>	08	Lamar	<input type="checkbox"/>	04	Rains	<input type="checkbox"/>	04	Wharton	<input type="checkbox"/>	06
Cherokee	<input type="checkbox"/>	04	Gonzales	<input type="checkbox"/>	08	Lamb	<input type="checkbox"/>	01	Randall	<input type="checkbox"/>	01	Wheeler	<input type="checkbox"/>	01
Childress	<input type="checkbox"/>	01	Gray	<input type="checkbox"/>	01	Lampasas	<input type="checkbox"/>	07	Reagan	<input type="checkbox"/>	09	Wichita	<input type="checkbox"/>	02
Clay	<input type="checkbox"/>	02	Grayson	<input type="checkbox"/>	03	La Salle	<input type="checkbox"/>	08	Real	<input type="checkbox"/>	08	Wilbarger	<input type="checkbox"/>	02
Cochran	<input type="checkbox"/>	01	Gregg	<input type="checkbox"/>	04	Lavaca	<input type="checkbox"/>	08	Red River	<input type="checkbox"/>	04	Willacy	<input type="checkbox"/>	11
Coke	<input type="checkbox"/>	09	Grimes	<input type="checkbox"/>	07	Lee	<input type="checkbox"/>	07	Reeves	<input type="checkbox"/>	09	Williamson	<input type="checkbox"/>	07
Coleman	<input type="checkbox"/>	02	Guadalupe	<input type="checkbox"/>	08	Leon	<input type="checkbox"/>	07	Refugio	<input type="checkbox"/>	11	Wilson	<input type="checkbox"/>	08
Collin	<input type="checkbox"/>	03	-H-			Liberty	<input type="checkbox"/>	06	Roberts	<input type="checkbox"/>	01	Winkler	<input type="checkbox"/>	09
Collingsworth	<input type="checkbox"/>	01	Hale	<input type="checkbox"/>	01	Limestone	<input type="checkbox"/>	07	Robertson	<input type="checkbox"/>	07	Wise	<input type="checkbox"/>	03
Colorado	<input type="checkbox"/>	06	Hall	<input type="checkbox"/>	01	Lipscomb	<input type="checkbox"/>	01	Rockwall	<input type="checkbox"/>	03	Wood	<input type="checkbox"/>	04
Comal	<input type="checkbox"/>	08	Hamilton	<input type="checkbox"/>	07	Live Oak	<input type="checkbox"/>	11	Runnels	<input type="checkbox"/>	02	-Y-		
Comanche	<input type="checkbox"/>	02	Hansford	<input type="checkbox"/>	01	Llano	<input type="checkbox"/>	07	Rusk	<input type="checkbox"/>	04	Yoakum	<input type="checkbox"/>	01
Concho	<input type="checkbox"/>	09	Hardeman	<input type="checkbox"/>	02	Loving	<input type="checkbox"/>	09	-S-			Young	<input type="checkbox"/>	02
Cooke	<input type="checkbox"/>	03	Hardin	<input type="checkbox"/>	05	Lubbock	<input type="checkbox"/>	01	Sabine	<input type="checkbox"/>	05	-Z-		
Coryell	<input type="checkbox"/>	07	Harris	<input type="checkbox"/>	06	Lynn	<input type="checkbox"/>	01	San	<input type="checkbox"/>	05	Zapata	<input type="checkbox"/>	11
Cottle	<input type="checkbox"/>	02	Harrison	<input type="checkbox"/>	04	-M-			Augustine	<input type="checkbox"/>	05	Zavala	<input type="checkbox"/>	08
Crane	<input type="checkbox"/>	09	Hartley	<input type="checkbox"/>	01	Madison	<input type="checkbox"/>	07	San Jacinto	<input type="checkbox"/>	11			
Crockett	<input type="checkbox"/>	09	Haskell	<input type="checkbox"/>	02	Marion	<input type="checkbox"/>	04	San Patricio	<input type="checkbox"/>	07			

FORM B: PROPOSAL TABLE OF CONTENTS AND CHECKLIST

Legal Business Name of Respondent:

The University of Texas Health Science Center at Houston

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

COMPONENT I				
FORM	DESCRIPTION	Included	Page #	Not Applicable
A	Face Page - completed, and proper signatures and date included	<input checked="" type="checkbox"/>	1	
B	Proposal Table of Contents and Checklist - completed and included	<input checked="" type="checkbox"/>	3	
C	Contact Person Information - completed and included	<input checked="" type="checkbox"/>	5	
D	Administrative Information - completed and included (with supplemental documentation attached if required)	<input checked="" type="checkbox"/>	6	
E	HUB Subcontracting Plan - completed and included	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>
F	Child Support Form	<input checked="" type="checkbox"/>	15	<input type="checkbox"/>
G	Financial Management and Administration Questionnaire	<input checked="" type="checkbox"/>	16	
H	Vendor Identification	<input checked="" type="checkbox"/>	22	
COMPONENT II – ATTACHMENT A*				
Strategies to Promote the Availability of Affordable Healthy Food and Beverages and Strategies to Support Healthy Food and Beverage Choices				
I	Respondent Background - included	<input type="checkbox"/>		<input type="checkbox"/>
J	Assessment Narrative – included	<input type="checkbox"/>		<input type="checkbox"/>
K	Performance Measures - included	<input type="checkbox"/>		<input type="checkbox"/>
L	Work Plan – included	<input type="checkbox"/>		<input type="checkbox"/>
M	Budget Summary Form - completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	<input type="checkbox"/>		<input type="checkbox"/>
M-1-M-6	Budget Category Detail Forms – down load from ESBD - completed and included	<input type="checkbox"/>		<input type="checkbox"/>
N	Basic Implementation Evidence of Readiness (only required for respondents seeking Basic Implementation funding – see Section II.A. for definitions)	<input type="checkbox"/>		<input type="checkbox"/>
---	Letters of Participation (template located in Appendix B of Component I; a letter is required for each partner listed on Form J item #4)	<input type="checkbox"/>		<input type="checkbox"/>
COMPONENT II – ATTACHMENT B*				
Strategies to Encourage Physical Activity or Limit Sedentary Activity among Children and Youth and Strategies to Create Safe Communities that Support Physical Activity				
I	Respondent Background - included	<input checked="" type="checkbox"/>	30	<input type="checkbox"/>
J	Assessment Narrative – included	<input checked="" type="checkbox"/>	32	<input type="checkbox"/>
K	Performance Measures - included	<input checked="" type="checkbox"/>	36	<input type="checkbox"/>
L	Work Plan – included	<input checked="" type="checkbox"/>	40	<input type="checkbox"/>

M	Budget Summary Form - completed and included (with most recently approved indirect cost agreement and letters of good standing if applicable)	<input checked="" type="checkbox"/>	49	<input type="checkbox"/>
M-1-M-6	Budget Category Detail Forms – down load from ESBD - completed and included	<input checked="" type="checkbox"/>	50	<input type="checkbox"/>
N	Basic Implementation Evidence of Readiness (only required for respondents seeking Basic Implementation funding – see Section II.A. for definitions)	<input checked="" type="checkbox"/>	69	<input type="checkbox"/>
---	Letters of Participation (template located in Appendix B of Component I; a letter is required for each partner listed on Form J item #4)	<input checked="" type="checkbox"/>	72	<input type="checkbox"/>

FORM C: CONTACT PERSON INFORMATION

Legal Business Name of Respondent:

The University of Texas Health Science Center at Houston

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

<p>Contact: <u>Jennifer L. Gay, PhD</u></p> <p>Title: <u>Principal Investigator</u></p> <p>Phone: <u>956-882</u> <u>Ext.6754</u></p> <p>Fax: <u>9568825152</u></p> <p>E-mail: <u>Jennifer.L.Gay@uth.tmc.edu</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p><u>80 Fort Brown, SPH Building</u></p> <p><u>Brownsville</u></p> <p><u>Cameron County</u></p> <p><u>Texas, 78520</u></p>
<p>Contact: <u>Whitney C. Houston</u></p> <p>Title: <u>Grants Director</u></p> <p>Phone: <u>713-500</u> <u>Ext.3999</u></p> <p>Fax: <u>7135000355</u></p> <p>E-mail: <u>osp@uth.tmc.edu</u></p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p><u>Office of Sponsored Projects</u></p> <p><u>PO Box 20036</u></p> <p><u>Harris County</u></p> <p><u>Houston, TX 77225-0036</u></p>
<p>Contact: _____</p> <p>Title: _____</p> <p>Phone: _____ <u>Ext.</u> _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Contact: _____</p> <p>Title: _____</p> <p>Phone: _____ <u>Ext.</u> _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Contact: _____</p> <p>Title: _____</p> <p>Phone: _____ <u>Ext.</u> _____</p> <p>Fax: _____</p> <p>E-mail: _____</p>	<p>Mailing Address (incl. street, city, county, state, & zip):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

FORM D: ADMINISTRATIVE INFORMATION

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

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

Legal Business Name of Respondent:

The University of Texas Health Science Center at Houston

Identifying Information

1. The respondent must attach the following information:

If a Governmental Entity

- Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

If a Nonprofit or For Profit Entity

- Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).
- Full names (last, first, middle), and addresses for each partner, officer, and director as well as the full names and addresses for each person who owns five percent (5%) or more of the stock if respondent is a for-profit entity.

2. Is respondent a nonprofit organization?

YES NO

If YES, respondent must include evidence of its nonprofit status with the proposal. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence.

- (a) A copy of a currently valid IRS exemption certificate.
- (b) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the respondent organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (c) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (d) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the respondent organization is a local nonprofit affiliate.

FORM D: ADMINISTRATIVE INFORMATION continued

Names (last, first, middle) and addresses for the officials who are authorized to enter into a contract on behalf of the respondent.

Name: Houston, Whitney C.
UTHSCH Grants Director
Address: Office of Sponsored Projects
PO Box 20036
Houston, TX 77225-0036

Name: Ogden, Jodi S., MBA
UTHSCH Contracts Director
Address: Office of Sponsored Projects
PO Box 20036
Houston, TX 77225-0036

Name: Kincaid, Johnna K.
UTHSCH Executive Director
Address: Office of Sponsored Projects
PO Box 20036
Houston, TX 77225-0036

FORM D: ADMINISTRATIVE INFORMATION continued

Conflict of Interest and Contract History

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

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

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

YES NO

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

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

YES NO

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

5. Has any member of respondent's executive management, project management, governing board or principal officers been employed by the State of Texas 24 months prior to the proposal due date?

YES NO

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

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

YES NO

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

YES NO

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

	DSHS Contract Number(s)
Data Analysis of Existing Studies of Birth Defects	U50/CCU615232-Mark Canfield, PhD
Data Analysis of Existing Studies of Birth Defects	U01/DD000494- Mark Canfield, PhD
Texas Demonstration to Maintain Independence	

If NO, respondent must be able to demonstrate fiscal solvency. Submit a copy of the organization's most recently audited balance sheet, statement of income and expenses and accompanying financial footnotes. If an organization does not have audited financial statements, submit a copy of the organization's most recent IRS Form 990 and an explanation why an audited financial statement is not available. DSHS will review the documents that are submitted and may, at its sole discretion, reject the proposal on the grounds of the respondent's financial capability.

8. Is respondent or any member of respondent's executive management, project management, board members or principal officers:

- Delinquent on any state, federal or other debt;
- Affiliated with an organization which is delinquent on any state, federal or other debt; or
- In default on an agreed repayment schedule with any funding organization?

YES NO

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

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

YES NO

If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract and a contract reference number, and provide copies of any and all decisions or orders related to the suspension, termination, or non-renewal by the contracting entity.

10. Does this proposal include financial participation by a person or entity that has been convicted of violating federal law, or been assessed a penalty in a federal civil administrative enforcement action, in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or any other disaster occurring after September 24, 2005, under Government Code §2155.006 and 2161.053?

YES NO

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

FORM E: HISTORICALLY UNDERUTILIZED BUSINESS (HUB)

**Subcontracting Plan
Information**

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

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

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

The purpose of the HUB Program is to promote equal business opportunities for economically disadvantaged persons (as defined by TGC §2161.001(3)) to contract with the State of Texas in accordance with the goals specified in the State of Texas Disparity Study. The HUB goals per 34 TAC §20.13 are: **11.9% for heavy construction other than building contracts; 26.1% for all building construction, including general contractors and operative builders contracts; 57.2% for all special trade construction contracts; 20% for professional services contracts; 33% for all other services contracts; and 12.6% for commodities contracts.**

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

Please note:

If a web link on the HUB forms does not work, copy and paste the link into your web browser.

FORM E-1: HUB SUBCONTRACTING PLAN (HSP)

In accordance with Gov't Code §2161.252, the contracting agency has determined that subcontracting opportunities are probable under this contract. Therefore, respondents, including State of Texas certified Historically Underutilized Businesses (HUBs), must complete and submit a State of Texas HUB Subcontracting Plan (HSP) with their solicitation response.

NOTE: Responses that do not include a completed HSP will be rejected pursuant to Gov't Code §2161.252(b).

The HUB Program promotes equal business opportunities for economically disadvantaged persons to contract with the State of Texas in accordance with the goals specified in the State of Texas Disparity Study. The HUB goals defined in 34 TAC §20.13 are: *11.9 percent for heavy construction other than building contracts, 26.1 percent for all building construction, including general contractors and operative builders contracts, 57.2 percent for all special trade construction contracts, 20 percent for professional services contracts, 33 percent for all other services contracts, and 12.6 percent for commodities contracts.*

-- Agency Special Instructions/Additional Requirements --

SECTION 1 - RESPONDENT AND SOLICITATION INFORMATION

- a. Respondent (Company) Name: The University of Texas Health Science Center at Houston State of Texas VID #: 37447447444000
 Point of Contact: Laura Smith, VP, Finance & Legislative Affairs Phone #: 7135004940
- b. Is your company a State of Texas certified HUB? - Yes - No
- c. Solicitation #: HPCDP/OBES 0378.1

SECTION 2 - SUBCONTRACTING INTENTIONS

After having divided the contract work into reasonable lots or portions to the extent consistent with prudent industry practices, the respondent must determine what portion(s) of work, including goods or services, will be subcontracted. Note: In accordance with 34 TAC §20.12., a "Subcontractor" means a person who contracts with a vendor to work, to supply commodities, or contribute toward completing work for a governmental entity. Check the appropriate box that identifies your subcontracting intentions:

- Yes, I will be subcontracting portion(s) of the contract.
 (If Yes, in the spaces provided below, list the portions of work you will be subcontracting, and go to page 2.)
- No, I will not be subcontracting any portion of the contract, and will be fulfilling the entire contract with my own resources.
 (If No, complete SECTION 9 and 10.)

Line Item # - Subcontracting Opportunity Description	Line Item # - Subcontracting Opportunity Description
(#1) Contracting services for the purpose of purchasing and maintenance of park equipment	(#11) -
(#2) -	(#12) -
(#3) -	(#13) -
(#4) -	(#14) -
(#5) -	(#15) -
(#6) -	(#16) -
(#7) -	(#17) -
(#8) -	(#18) -
(#9) -	(#19) -
(#10) -	(#20) -

Enter your company's name here: The University of Texas Health Science Center at Houston Solicitation #: HPCDP/OBES 0378.1

IMPORTANT: You must complete a copy of this page for each of the subcontracting opportunities you listed in SECTION 2. You may photocopy this page or download copies at: <http://www.cpa.state.tx.us/procurement/prog/hub/hub-subcontracting-plan/>.

SECTION 3 - SUBCONTRACTING OPPORTUNITY

Enter the line item number and description of the subcontracting opportunity you listed in SECTION 2.

Line Item # 1 Description: Contracting services for the purpose of purchasing and maintenance of park equipment

SECTION 4 - MENTOR-PROTÉGÉ PROGRAM

If respondent is participating as a Mentor in a State of Texas Mentor Protégé Program, submitting their Protégé (Protégé must be a State of Texas certified HUB) as a subcontractor to perform the portion of work (subcontracting opportunity) listed in SECTION 3, constitutes a good faith effort towards that specific portion of work. Will you be subcontracting the portion of work listed in SECTION 3 to your Protégé?

- Yes (If Yes, complete SECTION 8 and 10.) - No / Not Applicable (If No or Not Applicable, go to SECTION 5.)

SECTION 5 - PROFESSIONAL SERVICES CONTRACTS ONLY

This section applies to Professional Services Contracts only. All other contracts go to SECTION 6.

Does your HSP contain subcontracting of 20% or more with HUB(s)?

- Yes (If Yes, complete SECTION 8 and 10.) - No / Not Applicable (If No or Not Applicable, go to SECTION 6.)

In accordance with Gov't Code §2254.004, "Professional Services" means services: (A) within the scope of the practice, as defined by state law of accounting; architecture; landscape architecture; land surveying; medicine; optometry; professional engineering; real estate appraising; or professional nursing; or (B) provided in connection with the professional employment or practice of a person who is licensed or registered as a certified public accountant; an architect; a landscape architect; a land surveyor; a physician, including a surgeon; an optometrist; a professional engineer; a state certified or state licensed real estate appraiser; or a registered nurse.

SECTION 6 - NOTIFICATION OF SUBCONTRACTING OPPORTUNITY

Complying with a, b and c of this section constitutes Good Faith Effort towards the portion of work listed in SECTION 3. After performing the requirements of this section, complete SECTION 7, 8 and 10.

- a. Provide written notification of the subcontracting opportunity listed in SECTION 3 to three (3) or more HUBs. Use the State of Texas' Centralized Master Bidders List (CMBL), found at: <http://www.cpa.state.tx.us/procurement/proq/cmb/>, and its HUB Directory, found at: <http://www.window.state.tx.us/procurement/cmb/hubonly.html>, to identify available HUBs. Note: Attach supporting documentation (letters, phone logs, fax transmittals, electronic mail, etc.) demonstrating evidence of the good faith effort performed.
- b. Provide written notification of the subcontracting opportunity listed in SECTION 3 to a minority or women trade organization or development center to assist in identifying potential HUBs by disseminating the subcontracting opportunity to their members/participants. A list of trade organizations and development centers may be accessed at: <http://www.cpa.state.tx.us/procurement/proq/hub/mwb-links-1/>. Note: Attach supporting documentation (letters, phone logs, fax transmittals, electronic mail, etc.) demonstrating evidence of the good faith effort performed.
- c. Written notifications should include the scope of the work, information regarding the location to review plans and specifications, bonding and insurance requirements, required qualifications, and identify a contact person. Unless the contracting agency has specified a different time period, you must allow the HUBs no less than five (5) working days from their receipt of notice to respond, and provide notice of your subcontracting opportunity to a minority or women trade organization or development center no less than five (5) working days prior to the submission of your response to the contracting agency.

SECTION 7 - HUB FIRMS CONTACTED FOR SUBCONTRACTING OPPORTUNITY

List three (3) State of Texas certified HUBs you notified regarding the portion of work (subcontracting opportunity) listed in SECTION 3. Specify the vendor ID number, date you provided notice, and if you received a response. Note: Attach supporting documentation (letters, phone logs, fax transmittals, electronic mail, etc.) demonstrating evidence of the good faith effort performed.

Company Name	VID #	Notice Date (mm/dd/yyyy)	Was Response Received?
N/A		/ /	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
		/ /	<input type="checkbox"/> - Yes <input type="checkbox"/> - No
		/ /	<input type="checkbox"/> - Yes <input type="checkbox"/> - No

SECTION 8 - SUBCONTRACTOR SELECTION

List the subcontractor(s) you selected to perform the portion of work (subcontracting opportunity) listed in SECTION 3. Also, specify the expected percentage of work to be subcontracted, the approximate dollar value of the work to be subcontracted, and indicate if the company is a Texas certified HUB.

Company Name	VID #	Expected % of Contract	Approximate Dollar Amount	Texas Certified HUB?
City of Brownsville, TX	N/A	65%	\$192,571	<input type="checkbox"/> - Yes <input checked="" type="checkbox"/> - No*

If the subcontractor(s) you selected is not a Texas certified HUB, provide written justification of your selection process below:

The property is owned by the City and the City will not allow construction of new parks without their authorization. Therefore we did not provide written notifications to potential HUBs as the work to be subcontracted by the City of Brownsville cannot be done by another entity. The HUB policy for the City of Brownsville will be followed for purchases made through their subcontract.

Enter your company's name here: The University of Texas Health Science Center at Houston

Solicitation #: HPCDP/OBES 0378.1

SECTION 9 - SELF PERFORMANCE JUSTIFICATION

(If you responded "No" to SECTION 2, you must complete SECTION 9 and 10.)

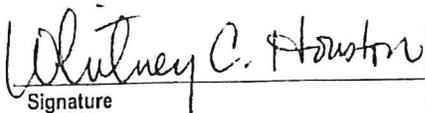
Does your response/proposal contain an explanation demonstrating how your company will fulfill the entire contract with its own resources?

- Yes If Yes, in the space provided below, list the specific page/section of your proposal which identifies how your company will perform the entire contract with its own equipment, supplies, materials and/or employees.
- No If No, in the space provided below, explain how your company will perform the entire contract with its own equipment, supplies, materials, and/or employees.

SECTION 10 - AFFIRMATION

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

- The respondent must submit monthly compliance reports (Prime Contractor Progress Assessment Report – PAR) to the contracting agency, verifying their compliance with the HSP, including the use/expenditures they have made to subcontractors. (The PAR is available at: <http://www.cpa.state.tx.us/procurement/prog/hub/hub-forms/ProgressAssessmentReportForm.xls>).
- The respondent must seek approval from the contracting agency prior to making any modifications to their HSP. If the HSP is modified without the contracting agency's prior approval, respondent may be subject to debarment pursuant to Gov't Code §2161.253(d).
- The respondent must, upon request, allow the contracting agency to perform on-site reviews of the company's headquarters and/or work-site where services are to be performed and must provide documents regarding staff and other resources.

	Whitney C. Houston	Grants Director	1-6-10
Signature	Printed Name	Title	Date



FORM F: CHILD SUPPORT CERTIFICATION (REQUIRED)

Department of State Health Services

Child Support Certification

The Texas Family Code, §231.006, VTCA places certain restrictions on child support obligors. Contracts with governmental entities or nonprofit corporations are not subject to §231.006.

The contractor identified below is not a governmental entity or a nonprofit corporation and certifies to the following:

1. The contractor is: (check one)

- An individual or sole proprietor, or
- A business entity (corporation, partnership, joint venture, limited liability company, association, etc.)

2. The contractor certifies the following is a complete list of the names and social security numbers of either (A) the individual or sole proprietor who is the contractor or (B) each partner, shareholder, or owner with an ownership interest of at least 25% of the contractor/business entity: (attach additional sheet if necessary).

(A) Printed Name: _____
 Social Security Number: _____

(B) Printed Name: _____
 Social Security Number: _____

3. Under the Texas Family Code, §231.006, VTCA the contractor certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment withheld if this certification is inaccurate. A child support obligor who is more than 30 days delinquent in paying child support or a business entity in which the obligor (who is more than 30 days delinquent) is the sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive the specified grant, loan or payment. The contractor understands that it is the contractor's responsibility to verify whether a child support obligor who is more than 30 days delinquent is the sole proprietor, partner, shareholder or owner with an ownership interest of at least 25%.

4. Printed Name of Contractor: The University of Texas Health Science Center at Houston
 Printed Name of Authorized Representative: Whitney C. Houston, Grants Director
 Signing this Certification: Whitney C. Houston, Grants Director
 Signature of Authorized Representative: *Whitney C. Houston*
 Date: 1-6-10

**FORM G: FINANCIAL MANAGEMENT AND ADMINISTRATION
QUESTIONNAIRE [REQUIRED]**

Name of Organization: The University of Texas Health Science Center at Houston

Introduction

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

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

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

Financial and Administrative Requirements

All contractors must comply with applicable cost principles, audit requirements, and administrative requirements listed below: [Note - The Federal Office of Management and Budget (OMB) is in the process of relocating Circulars to Title 2 of the Code of Federal Regulations (CFR).]

Applicable Cost Principles	Audit Requirements	Administrative Requirements
OMB Circular A-87 (2CFR225), State & Local Governments	OMB Circular A-133 and UGMS	Uniform Grant Management Standards (UGMS), OMB Circular A-102, and applicable Federal awarding agency common rule
OMB Circular A-21 (2CFR220), Educational Institutions	OMB Circular A-133	OMB Circular A-110 (2CFR215), and applicable Federal agency common rule
OMB Circular A-122 (2CFR230), Non-Profit Organizations	OMB Circular A-133 and UGMS	UGMS, OMB Circular A-110 (2CFR215), and applicable Federal awarding agency common rule
48 CFR Part 31 (Contract Cost Principles Procedures, or uniform cost accounting standards that comply with cost principles acceptable to the federal or state awarding agency), For-profit Organization other than a hospital and an organization named in OMB Circular A-122 as not subject to that circular.	Program audit conducted by an independent certified public accountant must be in accordance with Governmental Auditing Standards.	UGMS, and applicable Federal agency common rule

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

Circulars (CFRs): http://www.whitehouse.gov/omb/grants/grants_circulars.html

Federal agency common rules: <http://www.whitehouse.gov/omb/grants/chart.html>

Code of Federal Regulations: <http://www.access.gpo.gov/nara/cfr/cfr-table-search.html>

Uniform Grant Management Standards:
<http://www.governor.state.tx.us/divisions/stategrants/guidelines/>

Federal Department of Health and Human Services, Grants Policy Statement:
<http://www.hhs.gov/grantsnet/adminis/gpd/>

ACCOUNTING SYSTEM

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

- a) Is the accounting system computerized, manual or a combination of both;
- b) How are different types of transactions (i.e. cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger;
- c) When do you close your general ledger (i.e. monthly by the 10th of the following month);
- d) How are transactions organized, maintained, and summarized in financial reports. If your accounting system is computerized, indicate the name/type.

Answers:

- a) UTHSCH's accounting system is computerized and uses PEOPLESOFT software;
- b) all transactions are recorded and posted to the general ledgers;
- c) general ledgers are closed monthly by the 10th of the following month;
- d) financial system is computerized. UTHSCH uses PEOPLESOFT software;

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

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

YES NO

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

YES NO

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

YES NO

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

YES NO

5. Are time records (i.e. time sheets) maintained for all employees where their actual time/effort is recorded and specifically identified to a particular cost objective?

YES NO

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

YES NO

GENERAL ADMINISTRATION & INTERNAL CONTROLS

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

YES NO

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

YES NO

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

YES NO

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

YES NO

5. Are all disbursements approved prior to payment?

YES NO

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

YES NO

7. Are there written procedures and internal controls established for the procurement of goods and services?

YES NO

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

YES NO

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

YES NO

10. Do supporting documents accompany checks for the check signer's signature?
 YES NO
11. Are supporting documents marked when paid to prevent reuse or duplication of payment?
 YES NO
12. Are invoices coded to identify allocation of payment by cost objective and sub-account?
 YES NO
13. Does your organization stay current with payments of its accounts payable, payroll taxes and other liabilities, loans, taxes, etc.?
 YES NO
14. As program income is to be used for program purposes, are there procedures and controls to ensure proper use, accountability, and allocation?
 YES NO
15. Do you have written personnel policies?
 YES NO
16. Does your policy require individual daily time and attendance records for personnel (part-time, full-time, and/or in-kind volunteers)?
 YES NO
17. Do procedures ensure that time and attendance reports can be specifically traced to costs recorded in the general ledger for each payroll period for each cost objective?
 YES NO
18. Do you have written job descriptions with set salary levels for each employee?
 YES NO
19. Do you have on file authorizations covering rates of pay, withholding and deductions for each employee?
 YES NO

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

Approved by: Whitney C. Houston, Grants Director

Print Name: Whitney C. Houston, Grants Director

Signature: Whitney C. Houston

Title: Grants Director

FORM H: VENDOR IDENTIFICATION

<u>VENDOR INFORMATION NEW or Update Information</u>																	
<p>1a. Legal name of Other Party (OP) as it appears on documentation from IRS, Comptroller, or Secretary of State. This is the name that will appear on the contract document either as "Contractor" or by name. If using an assumed name, please attach documentation from Office of the Secretary of State or County Attorney.</p> <p>The University of Texas Health Science Center at Houston</p>																	
<p>1b. OP Address (Include Street and Mailing Addresses, City, County, State and Zip Code):</p> <p>Office of Sponsored Projects PO Box 20036 Houston, TX 77225-0036</p>																	
<p>1c. PAYEE Name and Mailing Address (as it should appear on financial instruments and remittances):</p> <p>The University of Texas Health Science Center at Houston Office of Sponsored Projects PO Box 20036 Houston, TX 77225-0036</p>																	
<p>1d. Federal Employer Identification No. [FEIN] (9 digit), name and Social Security Number (SSN), if individual, or State of Texas Comptroller Vendor Identification No. (14 digit). FEIN: 741761309</p> <p>NOTE: Use of SSN may result in it becoming part of documents that are subject to the Public Information Act. DSHS will not redact SSN when releasing information to the public.</p>																	
<p>1e. Mail code, if known (3 digits):</p>																	
<p>2. TYPE OF ENTITY (enter appropriate letter in box): C Is your entity certified as a HUB? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">A. City or County (Governmental Entity)</td> <td style="width: 25%;">E. Texas Non-profit Corporation *</td> <td style="width: 25%;">I. Sole Proprietor</td> <td style="width: 25%;">M. Out-of-State Corp</td> </tr> <tr> <td>B. State Agency</td> <td>F. Texas For Profit Corporation*</td> <td>J. Individual</td> <td>N. Other ***</td> </tr> <tr> <td>C. State Institution of Higher Learning</td> <td>G. Professional Association*</td> <td>K. Partnership**</td> <td></td> </tr> <tr> <td>D. Other Political Subdivision</td> <td>H. Regular Association</td> <td>L. Limited Partnership**</td> <td></td> </tr> </table> <p>*Please provide 10-digit charter or file number assigned by the Secretary of State: _____</p> <p>** Please provide the name and SSN or FEIN of each partner. <u>City of Brownsville</u> <u>74-600422</u></p> <p>***If "Other", specify. _____</p>		A. City or County (Governmental Entity)	E. Texas Non-profit Corporation *	I. Sole Proprietor	M. Out-of-State Corp	B. State Agency	F. Texas For Profit Corporation*	J. Individual	N. Other ***	C. State Institution of Higher Learning	G. Professional Association*	K. Partnership**		D. Other Political Subdivision	H. Regular Association	L. Limited Partnership**	
A. City or County (Governmental Entity)	E. Texas Non-profit Corporation *	I. Sole Proprietor	M. Out-of-State Corp														
B. State Agency	F. Texas For Profit Corporation*	J. Individual	N. Other ***														
C. State Institution of Higher Learning	G. Professional Association*	K. Partnership**															
D. Other Political Subdivision	H. Regular Association	L. Limited Partnership**															
<p>3a. Legal name of person or entity authorized to contract with Department of State Health Services.</p> <p>The University of Texas Health Science Center at Houston</p>																	
<p>3b. Typed Name & Title of Person Authorized to Sign Contracts:</p> <p>Whitney C. Houston, Grants Director</p>	<p>3b. Telephone</p> <p>7135003999</p>																
<p>3c. Typed Name & Title of Contact Person (Contract Documents and Correspondence)</p> <p>Whitney C. Houston, Grants Director</p>	<p>3c. Telephone</p> <p>7135003999</p>																
<p>3d. Contact Person's E-mail Address</p> <p>osp@uth.tmc.edu</p>																	
<p>4a. Signature of person Authorized to Sign Contracts :</p> <p style="font-size: 1.5em; font-family: cursive;">Whitney C. Houston</p>	<p>4b. Date</p> <p style="font-size: 1.5em;">1-10-10</p>																

CSCU # EF29-1239T - Revised 10/14/2008