



# Request for Proposals (RFP) SSAU 2024-002 Rundberg Community Services

## Pre-Bid Teams Meeting

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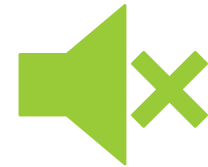
May 7, 2:00 PM CST  
May 9, 10:00 PM CST

**RFP Authorized Contact Person:**  
Helen Howell  
[APHCompetitions@austintexas.gov](mailto:APHCompetitions@austintexas.gov)

# Welcome & Introductions

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- ❑ Please share your name, organization, and contact info in the chat
- ❑ Everyone is muted with cameras off until Q&A segment
- ❑ Materials for the meeting are located in [PartnerGrants](#) and on the [Competition Website](#).
- ❑ Questions can be typed in the chat or sent to [APHCompetitions@AustinTexas.gov](mailto:APHCompetitions@AustinTexas.gov). Emailed questions may not be answered during the presentation.
- ❑ After the presentation, submit comments and questions to [APHCompetitions@AustinTexas.gov](mailto:APHCompetitions@AustinTexas.gov) or via [PartnerGrants](#).



# AGENDA

Overview and Funding Information

Scope of Work

Submission Instructions

RFP Exhibits and Forms

Important Information

Question and Answer

# RFP Overview and Funding Information

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The City of Austin (City) seeks proposals in response to this Request for Proposals (RFP) from qualified social service providers (Offerors) with demonstrated experience in providing the following culturally relevant services:

1. Low-cost, high-quality classes in English for Speakers of other Languages (ESOL)
2. Language access services
3. Nutrition education
4. Food access, including but not limited to neighborhood pantries, mobile markets, and delivery
5. Community building and engagement resources and opportunities
6. Healthcare access and mental health support
7. Social resource support, such as enrollment in and navigation of public benefits.

# Services Solicited

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Offerors must provide services in the Rundberg area, defined as the area in North Austin bounded by Braker Lane to the north, Highway 183 and North Lamar to the south, Metric Blvd to the west, and Cameron/Dessau Road to the east.

The City allows and encourages Offerors to propose solutions to meet community needs effectively. The below list is a non-exhaustive summary of possible programs:

- High-quality classes in English for Speakers of other Languages (ESOL), at a low cost or free for clients.
- Language access services, including interpretation and translation to promote access to social Services
- Culturally appropriate nutrition education
- Food access, including but not limited to neighborhood pantries, mobile markets, and delivery
- Community building and engagement, including but not limited to spaces that provide opportunities for safe physical activity and social cohesion

# Services Solicited, Continued

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- Social/resource support, such as access to social services for families affected by economic instability. Example services include but are not limited to enrollment in and navigation of public benefits such as EBT, health insurance, and exploring tax credits
- Access to culturally sensitive health care including:
  - Referrals to and education on the importance of primary care
  - Dental health
  - Strategies for prevention and management of chronic diseases in adults such as diabetes and hypertension
  - Behavioral and mental health
  - Care for survivors of trauma and/or violence

Programs centered around violence prevention and permanent supportive or rapid rehousing are not authorized for this funding and will not be considered at this time.

# Priority Populations

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## Priority Populations:

- People who live, work and/or attend school in Rundberg, defined as the area in North Austin bounded by Braker Lane to the north, Highway 183 and North Lamar to the south, Metric Blvd to the west, and Cameron/Dessau Road to the east.
- People living at or below 200% of the federal poverty line.
- People who do not speak English as their primary language.

# Priority Populations

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## City of Austin Client Eligibility Requirements

Clients must meet all requirements as described in [Exhibit D : City of Austin Client Eligibility Requirements](#) (Exhibit D of this Solicitation Package). Some eligibility criteria may be waived for specific program models. Changes to eligibility are subject to negotiation and approval by APH staff.



# Funding and Timeline

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**Total Funding:** ≥ \$175,000

**Contract Term:** The agreements will have an anticipated effective start date of September 15, 2024 for a 12-month period.

**Request Limits:** Requests must be for at least \$75,000

**Anticipated Number of Awarded Agreements:** 1-3 agreements

|  |  |
|--|--|
| <b>Date Issued:</b>  | Thursday, May 2, 2024  |
| <b>Proposal Due Date:</b>  | <b>Thursday, May 30, 2024, 3 PM CST</b>  |
| <b>Intent to Apply Due Date:</b>   | <b>Thursday, May 16, 2024, 3 PM CST</b>  |
| Anticipated Start date of contracts:   | Monday, September 16, 2024   |
| Questions regarding the RFP are due on or before:  | Thursday, May 23, 2024, 3 PM CST   |
| Technical Assistance regarding submission of the RFP in PartnerGrants are due on or before:                      | Wednesday May 29, 5 PM CST   |
| Questions must be submitted in writing to the <a href="#">Authorized Contact Person</a> or through PartnerGrants | <b>Authorized Contact Person:</b><br>Name: Helen Howell<br>Title: Social Services Funding Specialist Senior<br><a href="mailto:APHCompetitions@austintexas.gov">E-Mail:APHCompetitions@austintexas.gov</a> |
| Questions and Answers will be available:   | <b>In <a href="#">PartnerGrants</a> and on the solicitation website:</b><br><br><a href="#">Ssau-rfp-2024-002-rundberg-community-services</a>  |
| Optional Pre-Bid Meeting Date(s) and Time(s):  | Pre-bid meeting 1: May 7, 2-3:30 PM CST<br><a href="#">EventBrite Registration</a><br><br>Pre-bid meeting 2: May 9, 10-11:30 PM CST<br><a href="#">EventBrite Registration</a>                             |
| Optional Office Hours Dates and Times  | Office Hours 1: May 14, 2-3:00 PM CST<br><a href="#">EventBrite Registration</a><br><br>Office Hours 2: May 15, 11-12:00 PM CST<br><a href="#">EventBrite Registration</a>                                 |

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# RFP Scope of Work

# Applicant Minimum Qualifications to be considered

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- Agency must have a minimum of two years established, successful experience providing services described in the Scope of Work
- Be a non-profit organization or quasi-governmental entity able to conduct business in the State of Texas, and legally contract with Austin Public Health.
- Have submitted all applicable tax returns to the IRS and the State of Texas (e.g., Form 990 or 990-EZ and state and federal payroll tax filings).
- Be eligible to contract and are not debarred from contracting with the City of Austin, State of Texas and Federal government, according to SAM.gov, and State and City Debarment information.

# Applicant Minimum Qualifications - Continued

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- Be current in its payment of Federal and State payroll taxes.
- Not owe past due taxes to the City.
- Have the ability to meet Austin Public Health's standard agreement terms and conditions, which includes Social Services Insurance Requirements.
- Have an active Board of Directors that meets regularly and reviews program performance, financial performance, and annually approves the agency budget. The Board of Directors shall have a strong commitment to fundraising to ensure well-funded, sustainable programs and operations.

# Data Collection and Reporting:

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The agencies will track and report the number of unduplicated clients served and document proof of the services provided where applicable. Client tracking should include methods for securely recording identity, zip code, income, and demographics of the people served without violating client confidentiality.

The City does not collect personal health information (PHI) or personal identifying information (PII). No PHI or PII should be submitted to the City and if collected by the agency, must be securely maintained.

Organizations will be required to report the following performance measures to Austin Public Health.

# Data Collection and Reporting: Outputs and Outcomes

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Performance Measures The awardee(s) will be required to report on the following output

## **Output:**

Number of unduplicated clients served in a 12-month period

## **Outcome**

1. Percent of individuals who achieve healthy outcomes as a result of receiving services through Health Equity Social Service Contracts

Numerator: Number of individuals who report improvement in physical, mental, emotional, or social functioning

Denominator: Number of individuals receiving services through Health Equity Social Service Contracts

# Principles of Service Delivery

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1. Trauma-Informed Practices: Successful applicants will apply [the principles of trauma-informed practice](#) to program and service delivery: safety, choice, collaboration, trustworthiness, and empowerment
2. Language Access Plan: Applicants will be in development of or already have developed a [Language Access Plan](#). A language access plan is a document that guides the implementation of translation and interpretation services. Language access plans include a four-factor assessment that links service provision with the languages spoken in a grantee's geographic service area.



# Principles of Service Delivery - Continued

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3. Referrals: Applicants should offer access to referrals and information on how to access other services and providers.
4. Program Accessibility: Programs should actively seek to eliminate barriers to services such as lack of transportation, limited communication and outreach, immigration documentation status, institutional barriers, and other restrictions.
5. Equitable Service Delivery: Offerors must ensure that programs are providing services that meet the needs of diverse populations, considering systemic, institutional, and environmental barriers and inequities that exist and seeking to mitigate the effects on participant outcomes.

# Best Practices

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**Service providers are encouraged to incorporate the following best practices:**

- Evidence-based Practices: Evidence-based practices are those which have been developed from research, are found to produce meaningful outcomes, can be standardized, and replicated, and often have existing tools to measure adherence to the model. Offerors are encouraged to use evidence-based practices in their proposed program designs.
  
- Incorporating Perspectives from People with Lived Experience: Programs should be designed with input from individuals with lived expertise.

# Best Practices

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**Service providers are encouraged to incorporate the following best practices:**

- Livable Wage: The City of Austin recommends Offerors follow Strategic Direction measure EOA.C.3 and pay at least a livable wage to all staff working on the program (EOA.C.3 - Dollars-per hour wage that an individual must earn to support a family in Austin | Open Data | City of Austin Texas).
- Collaboration with the Community: Successful candidates will participate in local working groups and engage with community stakeholders

# Austin Public Health Emergency Response

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All agencies that are awarded funding through Austin Public Health Requests for Proposals are expected to provide emergency services in the event of a public health emergency (see Sections 8.6 and 8.6.1 of Exhibit E: Standard Boilerplate). Should agencies be called upon to engage in response activities, contract resources may be shifted or new uses of resources approved within an awarded program budget at the discretion of the City.

# Proposal Evaluation

- A total of 100 points may be awarded to the proposal.
- **Proposal sections:**
  1. Experience and Cultural Competence
  2. Program Design
  3. Data Informed Program Management
  4. Cost Effectiveness
- Evaluation criteria:
  - How does the proposal align with RFP goals
  - Is each question adequately addressed.

| RFP SSAU-2024-002 Rundberg Community Services |   |  |
|---|---|--|
| Form 1: Offer Sheet                           | Offerors must print, sign, scan and upload signed forms.  | No points, but Offeror must submit signed form.  |
| <b>Form 2: RFP Proposal</b>                   |   |  |
| Part I: Fiscal and Administrative Capacity    | Agency Information  | No points awarded, but Offeror must pass threshold defined in Offeror Minimum Qualifications in C - Scope of Work. |
| <b>Part 2: Scored Proposal</b>                |   |  |
| Section 1: Experience and Cultural Competence | Agency Experience & Performance<br>Principles of Service Delivery<br>Cultural Competence & Racial Equity  | <b>25 points</b>   |
| Section 2: Program Design                     | Program Work Statement<br>Goals and Objectives<br>Clients Served<br>Outreach<br>Program Services and Delivery<br>Program Accessibility<br>Referrals<br>Evidence Based Practices<br>Collaboration with Community | <b>40 points</b>   |
| Section 3: Data Informed Program Management   | Data Security & Systems Management<br>Quality Improvement & Feedback<br>Performance Measures  | <b>15 points</b>   |
| Section 4: Cost Effectiveness                 | Program Staffing & Time<br>Program Budget and Narrative   | <b>10 points</b>   |
| Form 3  | Cost Effectiveness & Number of individuals served/ total budget = Cost Analysis   | <b>10 points</b>   |
|   |   | <b>Total: 100 points</b>   |
| Form 4: COA Certifications and Disclosures    | Offerors must print, sign, scan and upload signed forms.  | No points, but Offeror must submit signed form.  |

# 5 Minute Break

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## Contact Info:

Drop your name, organization, contact info in the chat

## Collaboration:

Agencies may apply with a subgrantee that is skilled in an activity that the applicant could leverage.

Interested parties are welcome to drop a comment with **“Interested in Collaboration,”** share how they might add value, along with contact info.



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# Submission Instructions

# Initial Steps: Registration

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## All Applicants must:

- 1) Register as a vendor with the City of Austin.
  - To find the City of Austin Vendor Number, please visit Austin Finance Online and search for the organization's legal name.
  - To register to become a potential City of Austin vendor, go to [Austin Finance Online](#).
  
- 2) Register in the [PartnerGrants](#) system, which is where Proposals will be submitted
  - To register, visit PartnerGrants and click on "Register Here."
  - Note that the organization's City of Austin Vendor number is required to complete registration in PartnerGrants.



# PartnerGrants Database

- Website:  
<https://PartnerGrants.austintexas.gov>
- PartnerGrants is an online/web-based database APH uses for contract management
- **Proposals must be submitted through the PartnerGrants system**
- Paper proposals will not be accepted

**APH** Austin Public Health  
PREVENT. PROMOTE. PROTECT.

## Login

Enter your user id and password

User ID  
Password

**SIGN IN**

[Forgot User ID?](#) [Forgot Password?](#)

[Click here to Register](#)

### Single Sign On Users

[Click Here to Access Single Sign On Tool](#)

### Interested in the current posted Opportunities?

[View Current Funding Opportunities](#)

## Announcements

PartnerGrants recently underwent a system-wide upgrade. Various improvements include:

- A modern, fresh new look to this platform
- The Main Menu page displayed immediately after login becomes a dynamic, left side menu
- The new page displayed immediately after login is your Dashboard. Any existing workflow requiring your attention will be loaded and accessible here.
- Enhanced sorting, selecting, and navigation options added
- To view, [click here](#)

This system is intended for authorized use by City of Austin registered, non-profit, tax-exempt, partner organizations, seeking and/or awarded various grant-funds, managed through Austin Public Health (APH), Office of Telecommunications and Regulatory Affairs (TARA), and Downtown Austin Community Court (DACC), that promote health, digital, and/or judicial equity.

For non-profit organizations applying for available funding, and HAVE NEVER registered as a potential vendor with the City of Austin, [Click HERE](#) to REGISTER with Austin Finance Online FIRST.

Don't know if your non-profit organization is a City of Austin registered vendor? Need to locate your organization's City of Austin vendor code? [Click HERE](#) to SEARCH by Organization's Legal Name.

If your non-profit organization is already registered as a potential City of Austin vendor, please continue above all announcements by logging in or registering to this site.

### Reduce Potential Delays When Applying for Available Funding

If it has not yet already, register your non-profit organization with Austin Finance Online FIRST NOW. Once approved, return to PartnerGrants to complete the registration on this page.

**REGISTERING YOUR NON-PROFIT ORGANIZATION WITH AUSTIN FINANCE ONLINE MUST OCCUR PRIOR TO BEING AUTHORIZED ACCESS INTO THIS SYSTEM.**

Once registered in this system, applicants must also keep a valid, pre-approved Annual Agency Threshold Application on file to apply for available social services funding.

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# Submission Instructions: Pre-Application

# Annual Threshold Application

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- Offerors must have completed an Annual Agency Threshold Application in the [PartnerGrants database](#).
- This form must be submitted once per 12 months per agency and remains valid for all competitions closing within that time period. The threshold application will be reviewed by APH staff and the agency will be notified once approved, usually within five to seven business days.
- Retain approval emails and note the submission date for future use
- If you aren't sure if you have completed this step, please email [APHCompetitions@austintexas.gov](mailto:APHCompetitions@austintexas.gov)

# Annual Threshold Application

This form is for reference only, information therein must be submitted via PartnerGrants.

Confirm and document the following:

## I. Board of Directors

- Meet 4 times per year
- Supports by-laws

## II. Agency Administration

- Submitted 990/990-EZ, tax filings
- Not debarred from City of Austin or federal government
- 501C3

### I. BOARD OF DIRECTORS

- Yes  No 1. The Board meets regularly (at least four times per year)  
 Yes  No 1. The Board composition supports what is stated in the by-laws

Documentation Required for this section:

- Upload Current Board of Directors Bylaws  
 Upload list of Board Members with their positions and terms

### II. AGENCY ADMINISTRATION

- Yes  No 1. Agency has submitted all applicable tax returns to the IRS and the State of Texas (e.g. Form 990 or 990-EZ and state and federal payroll tax filings)  
 Yes  No 2. Agency is eligible to contract with the City of Austin and not debarred from doing business with the City of Austin, State of Texas or Federal government  
 Yes  No 3. Agency is a non-profit organization able to conduct business in the state of Texas

Documentation Required for this section:

- Upload copy of the most recently filed IRS Form 990 or 990 EZ (no older than 2018), if applicable  
 Upload proof of agency non-profit status (ex. By-laws, Articles of Incorporation, IRS Tax Exempt Designation, Texas Department of State letter)

### III. AGENCY CERTIFICATION

- Yes  No 1. Agency is current in its payment of Federal and State payroll taxes  
 Yes  No 2. Agency does not owe past due taxes to the City  
 Yes  No 3. Within the last two years, Agency has required experience outlined in the Scope of Work.  
 Yes  No 4. If agencies have been funded by other entities (including but not limited to City of Austin, Travis County, St. David's Foundation or other foundations, State of Texas or federal government), the agency has received monitoring reports without findings.

Documentation Required (can duplicate the items required in previous sections):

- Upload any final monitoring reports from funders within the last two years. If report had no findings, please include only the summary letter. Please combine reports into one PDF.

Confirmation in Partnergrants: By selecting Confirm, applicant certifies that board chair and executive director approves all responses and attachments provided.

# Annual Threshold Application - Continued

Confirm and document the following:

### III. Agency Certification

- Current in payroll tax payments
- No past taxes owed to City
- 2 years' of experience required in Scope of Work
- No monitoring findings from other funders

#### I. BOARD OF DIRECTORS

- Yes  No 1. The Board meets regularly (at least four times per year)  
 Yes  No 1. The Board composition supports what is stated in the by-laws

Documentation Required for this section:

- Upload Current Board of Directors Bylaws  
 Upload list of Board Members with their positions and terms

#### II. AGENCY ADMINISTRATION

- Yes  No 1. Agency has submitted all applicable tax returns to the IRS and the State of Texas (e.g. Form 990 or 990-EZ and state and federal payroll tax filings)  
 Yes  No 2. Agency is eligible to contract with the City of Austin and not debarred from doing business with the City of Austin, State of Texas or Federal government  
 Yes  No 3. Agency is a non-profit organization able to conduct business in the state of Texas

Documentation Required for this section:

- Upload copy of the most recently filed IRS Form 990 or 990 EZ (no older than 2018), if applicable  
 Upload proof of agency non-profit status (ex. By-laws, Articles of Incorporation, IRS Tax Exempt Designation, Texas Department of State letter)

#### III. AGENCY CERTIFICATION

- Yes  No 1. Agency is current in its payment of Federal and State payroll taxes  
 Yes  No 2. Agency does not owe past due taxes to the City  
 Yes  No 3. Within the last two years, Agency has required experience outlined in the Scope of Work.  
 Yes  No 4. If agencies have been funded by other entities (including but not limited to City of Austin, Travis County, St. David's Foundation or other foundations, State of Texas or federal government), the agency has received monitoring reports without findings.

Documentation Required (can duplicate the items required in previous sections):

- Upload any final monitoring reports from funders within the last two years. If report had no findings, please include only the summary letter. Please combine reports into one PDF.


Confirmation in Partnergrants: By selecting Confirm, applicant certifies that board chair and executive director approves all responses and attachments provided.

# Threshold: PartnerGrants Instructions

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## Once logged into PartnerGrants:

- Click on “Funding Opportunities”
- Then click opportunity title “Annual Agency Threshold Application-Applicants for Funding Start Here” to complete a new threshold application

|  |       |               |   |                       |   |                            |
|--|-------|---------------|---|-----------------------|---|----------------------------|
|  <b>Funding Opportunities</b> > | 13161 | <b>Posted</b> | City of Austin -<br>Austin Public<br>Health | Agency<br>Information | Annual Agency Threshold Application<br><b>Applicants for Funding Start Here</b> | Apr 19,<br>2022 3:56<br>PM |
|--|-------|---------------|---|-----------------------|---|----------------------------|

- ❑ Click Start New Application
- ❑ Title your application “[Your Organization’s Name] – Agency Threshold Checklist – [Primary Contact’s Initials].” For example – Austin Public Health – Agency Threshold Checklist - HH

# Threshold: PartnerGrants Instructions, Continued

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- Complete General Information - click **Save Form Information** between each entry to complete all required fields
- Provide explanations as needed, and include all required attachments to minimize delays
- Make sure you click **SUBMIT** and receive a confirmation email

# Intent to Apply Form

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- Offerors must complete an Intent to Apply form prior to the Proposal (Final Application)
- Submit your Intent to Apply form(s) by the due date indicated on the Offer Sheet: Thursday, May 16, 2024, 3 PM CST
- **Mark all items complete AND click Submit** to ensure your Intent to Apply is submitted
  - Once complete, you will receive an automated confirmation from the PartnerGrants system verifying the form has changed status from Editing to Submitted.



# Intent to Apply Form (Continued)

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- To complete an Intent to Apply form:
  - Once logged into PartnerGrants, click on “Funding Opportunities” and then opportunity title “RFP SSAU-2024-002 Rundberg Community Services”
  - Click Start New Application (you may have multiple active Applications)
- **Part 1: General Information**
  - Complete each field, clicking Save Form Information after completing each step to open the next section of the form
  - Save and click the title of the next section, “Intent to Apply”
- **Part 2: Ongoing Threshold Certification**
  - Certify that you have completed the Annual Agency Threshold Application
  - Enter the date (month and year are sufficient) of Annual Agency Threshold Application SUBMISSION

# Intent to Apply Form (Continued)

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- **Part 3: Proposal Description**
  - Enter a brief, but descriptive title that is not the title of the RFP and program description
  - Enter a Program Type, if applicable
  - Enter a Program Description to provide an overview of proposed services
- **Mark Complete** and click **Submit**

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# RFP Exhibits and Forms

# Exhibits

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The Offer Sheet lists forms that must be completed by the Offeror.

Exhibits are for reference and should be reviewed in full by all Offerors prior to completing a Proposal.

| Exhibit Number | Title   | Guidance         |
|----------------|---|------------------|
| A              | Threshold Review  | Information Only |
| B              | Standard Solicitation Provisions and Instructions               |                  |
| C              | Scope of Work   |                  |
| D              | APH Client Eligibility Requirements                             |                  |
| E              | Standard APH Agreement Boilerplate and Exhibits                 |                  |
| F              | Applying for APH-Funded Opportunity: PartnerGrants Instructions |                  |


# Exhibit A – Application Threshold Checklist

The Annual Agency Threshold Application **MUST** be completed in the PartnerGrants System.

If you have not already completed this step, you can use this form for reference while assembling your materials.

## A– RFP Application Threshold Checklist


Instructions: This form is provided as reference only.

This information must be uploaded in Partnergrants as part of the Annual Agency Threshold Application. See Offer Sheet for instructions. Any required attachments are indicated by a  symbol.

### I. BOARD OF DIRECTORS

- Yes  No 1. The Board meets regularly (at least four times per year)
- Yes  No 1. The Board composition supports what is stated in the by-laws

Documentation Required for this section:

-  Upload Current Board of Directors Bylaws
-  Upload list of Board Members with their positions and terms

### II. AGENCY ADMINISTRATION

- Yes  No 1. Agency has submitted all applicable tax returns to the IRS and the State of Texas (e.g. Form 990 or 990-EZ and state and federal payroll tax filings)
- Yes  No 2. Agency is eligible to contract with the City of Austin and not debarred from doing business with the City of Austin, State of Texas or Federal government

# Exhibit B – Solicitation Provisions and Instructions

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- ❑ See Exhibit B - Standard Solicitation Provisions and Instructions for information about Proposal Format and Submission Requirements.
- ❑ The Application must be submitted in the [PartnerGrants database](#). No late submissions will be accepted. Note that where the application materials say “at,” “prior to,” or “by or before,” this means that the PartnerGrants system will not allow you to submit documents at or after that time.
- ❑ All documents must be uploaded into PartnerGrants. No paper copies will be accepted.
  - ❑ Only name your uploaded documents with **letters and numbers**. To reduce possible submission and/or review delays, please ensure the title of any attached file from your local drive DOES NOT contain any special characters. Letters and numbers are acceptable.

# Submission Forms

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| Form Number | Title                              | Guidance  |
|-------------|------------------------------------|---|
| 0           | Intent to Apply                    | Approved Annual Agency Threshold Application and Intent to Apply for each Proposal in <u>PartnerGrants</u> <b>due by Thursday, May 16, 2024, 3 PM CST</b> |
| 1           | Offer Sheet                        | Forms 1-4 must be filled out, signed, scanned, and uploaded into <u>PartnerGrants</u> by <b>Thursday, May 30, 2024, 3 PM CST</b>                          |
| 2           | RFP Proposal                       |   |
| 3           | Program Budget and Funding Summary |   |
| 4           | COA Certifications and Disclosures |   |

# Form 1: Offer Sheet

- ❑ The Offer Sheet is required for your proposal to be valid and must be submitted after your Intent to Apply, along with your Proposal and other documents.
- ❑ On the Offer sheet, the organization’s representative states that they are authorized to submit this proposal for funding.
- ❑ It also states that the representative has received and read the entire RFP document packet and agrees to be bound by the terms therein.
- ❑ Signature by an authorized representative is required for the City of Austin to accept the proposal.

The undersigned, by their signature, represents that they are submitting a binding offer and is authorized to bind the Applicant to fully comply with the solicitation document contained herein. The Offeror, by submitting and signing below, acknowledges that they have received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

|   |  |
|---|--|
| Company Name:   |  |
| Company Address:                                      |  |
| City, State, Zip:                                     |  |
| Federal Tax ID No.:                                   |  |
| Printed Name of Officer or Authorized Representative: |  |
| Title:  |  |
| Email Address:  |  |
| Phone Number:   |  |

**Signature of Officer or Authorized Representative:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\* This Offer Sheet must be signed and submitted in PartnerGrants to be considered for award. Electronic Signature is acceptable.






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# Form 2 – RFP Proposal

# RFP Proposal

## Proposal Section Tips:

- Make sure to answer every question and every part of each question.
- Some questions include drop down boxes with preselected answers indicated by 
- Make sure to review any links within the RFP – you can find them in the RFP document, on the website and in PartnerGrants.
- We expect that you take the time to review the links to include the guidance provided in your answers.

**PROPOSAL INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. An Offeror can only apply for one distinct program per proposal. Offerors may submit multiple proposals for different programs, which may include programs in different service categories. All questions are in green text boxes. Click on the text boxes beneath the questions to type in your answers. Any required attachments are indicated by a  symbol, and drop-down menus are indicated by a  symbol.

**Please note:** Only name uploaded documents with letters and numbers. To reduce possible submission and/or review delays, please ensure any attached file from your local drive DOES NOT contain any special characters. Letters and numbers are acceptable.

The total word count limit is **15,000** for this entire word document (including proposal questions and your answers). The word count is indicated below left on your screen or if you go to the top of the screen to Search “word count”. The total number of words already included in this proposal is ~3744. Please ensure your proposal is less than 11,256 words, or 15,000 total with the questions and instructions included.

**Table 1: Required APH Documents.** The following must be completed and/or submitted in PartnerGrants:

| Form Number | Title                              | Guidance   |
|-------------|------------------------------------|--|
| 1           | Offer Sheet                        | Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants.<br><b>Due Thursday, May 30, 2024, 3 PM CST</b> |
| 2           | RFP Proposal                       |  |
| 3           | Program Budget and Narrative       |  |
| 4           | COA Certifications and Disclosures |  |

## PART I. Fiscal and Administrative Capacity - Unscored

### Pre-Application

**Annual Agency Threshold Application:** The Annual Agency Threshold Application must be completed in PartnerGrants by or before the Intent to Apply deadline stated in the Offer Sheet. This form must be submitted once per 12 months and remains valid for all competitions closing within that time. This threshold will be reviewed by APH staff, and the agency will be notified once approved.

**RFP Intent to Apply:** After submitting the Annual Agency Threshold Application, the agency will be able to submit an **Intent to Apply** through this RFP Opportunity. Intent to Apply forms will only be approved and access to Final Proposals granted once the Annual Agency Threshold Application approval has been

# Proposal Format and Submission Requirements

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**ALL DOCUMENTS MUST BE UPLOADED INTO PartnerGrants. NO PAPER COPIES WILL BE ACCEPTED.**

## Step 1: Proposal Instructions

- This form should be submitted in .doc or .docx format with only letters and numbers in the file title.
- **Total word count in the Form 2-RFP Proposal document is **15,000** words which includes the questions. Proposals that exceed 15,000 words will not be considered.**
- There are about 3,744 words in Form 2-RFP Proposal, and this is included in the 15,000 words limit.
- MS Word automatically counts the number of words in a document and displays it in the status bar at the bottom of the screen.
- The following documents will not count towards the total word count:
  - Attachments submitted to answer a question like policies and procedures, staff positions, etc.
  - Attachments 1-Offer Sheet, 3 - Budget and Narrative, 4-COA Certifications.

# Proposal Format and Submission Requirements

- Offerors must type answers into the section that says “Click or tap here to enter text” after each question or in the required tables.
- Agency Information is boxed and highlighted in blue, and all questions are boxed and highlighted in green. Editing is restricted in the document except in the answer boxes.
- For each question, please provide a response or write N/A for not applicable in the boxes provided. It is preferable to be repetitive rather than to leave sections incomplete.

## Agency Information

No points are assigned to questions in this section, but a response is required for each question. All Proposals must have satisfactory answers in this section to be evaluated for potential award. If this question was referenced in Exhibit C - Scope of Work, the letter and number reference is included in parentheses at the end of the question.

**Name of your Organization:** Click or tap here to enter text.

**Program Name:** Click or tap here to enter text.

**Total Amount Requested:** Click or tap here to enter text.

1. Does your organization have the ability to meet Austin Public Health’s Social Services [Insurance Requirements](#) prior to entering into a contract? Provide any additional information.

Click or tap here to enter text.

2. Will your organization be able to meet all the Terms and Conditions listed in Exhibit E-Standard Boilerplate and Exhibits? Provide any additional information.

Click or tap here to enter text.

# Proposal Format and Submission Requirements

Offerors must use this template for the proposal and cannot submit a proposal that does not include the questions and narrative.

If compiling responses in a separate document:

- Offerors must include all questions and narrative before their answer, so the Proposal appears the same as the provided template.
- Make sure to include the exact wording of the drop-down menus.

## Agency Information

No points are assigned to questions in this section, but a response is required for each question. All Proposals must have satisfactory answers in this section to be evaluated for potential award. If this question was referenced in Exhibit C - Scope of Work, the letter and number reference is included in parentheses at the end of the question.

**Name of your Organization:** Click or tap here to enter text.

**Program Name:** Click or tap here to enter text.

**Total Amount Requested:** Click or tap here to enter text.


1. Does your organization have the ability to meet Austin Public Health's Social Services [Insurance Requirements](#) prior to entering into a contract? Provide any additional information.

Click or tap here to enter text.

2. Will your organization be able to meet all the Terms and Conditions listed in Exhibit E-Standard Boilerplate and Exhibits? Provide any additional information.

Click or tap here to enter text.







# Attachment Submission Requirements

- All Proposal files must be uploaded in PartnerGrants
- Some questions include required or optional attachments indicated by a  symbol.
  - Upload under the designated required attachment item in PartnerGrants or one of the Additional Supplemental Document optional attachments.
  - Remember to clearly title each file using only letters and numbers.
  - Try to consolidate to one file for each question.

| 📎 - Named Attachments   |          |
|---|----------|
| Named Attachment  | Required |
| 1 - Offer Sheet   | ✓        |
| 2 - RFP Application   | ✓        |
| 3 - Program Budget and Funding Summary                        | ✓        |
| 4 - COA Certifications and Disclosures                        | ✓        |
| ASD1 - Additional Supporting Documentation-pdf, if applicable |          |
| ASD2 - Additional Supporting Documentation-pdf, if applicable |          |
| ASD3 - Additional Supporting Documentation-pdf, if applicable |          |







# Proposal Questions: Racial Equity

- Equity is a core value driving the implementation of City services. To advance equitable outcomes, the City of Austin is leading with a lens of racial equity and healing.

| Racial Equity Self-Assessment Item  | Choose from the  drop down menu that describes your stage of implementation: Planning; Implementation; or Fully Integrated Implementation | Describe what the agency's board, staff and programs are doing to implement these items. |
|---|--|--|
| We have access to data on racial/ethnic disparities to guide our work.  | Click here for Drop Down Menu   | Click or tap here to enter text.   |
| Our work includes performance measures to determine how well we are doing to address racial disparities.              | Click here for Drop Down Menu   | Click or tap here to enter text.   |
| Our board has developed and implemented a plan to address racial disparities in our programs and in our organization. | Click here for Drop Down Menu   | Click or tap here to enter text.   |
| Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities     | Click here for Drop Down Menu   | Click or tap here to enter text.   |
| Our agency hosts or participates in training events dedicated to improving equitable outcomes.                        | Click here for Drop Down Menu   | Click or tap here to enter text.   |

# Proposal Questions: Racial Equity

- The City’s definition of Equity is the condition when every member of the community has a fair opportunity to live a long, healthy, and meaningful life. Equity is embedded into Austin’s values system and means changing hearts and minds, transforming local government from the inside out, eradicating disparities, and ensuring all Austin community members share in the benefits of community progress.

| Racial Equity Self-Assessment Item  | Choose from the  drop down menu that describes your stage of implementation: Planning; Implementation; or Fully Integrated Implementation | Describe what the agency’s board, staff and programs are doing to implement these items. |
|---|--|--|
| We have access to data on racial/ethnic disparities to guide our work.  | Click here for Drop Down Menu   | Click or tap here to enter text.   |
| Our work includes performance measures to determine how well we are doing to address racial disparities.              | Click here for Drop Down Menu   | Click or tap here to enter text.   |
| Our board has developed and implemented a plan to address racial disparities in our programs and in our organization. | Click here for Drop Down Menu   | Click or tap here to enter text.   |
| Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities     | Click here for Drop Down Menu   | Click or tap here to enter text.   |
| Our agency hosts or participates in training events dedicated to improving equitable outcomes.                        | Click here for Drop Down Menu   | Click or tap here to enter text.   |



# Proposal Questions: Performance Measures

- Complete each required Output and Outcome in the tables provided and include explanations as needed below.

## PERFORMANCE MEASURES

23. Please provide: A) Output Measure(s) and B) Outcome Measures below.

**23 A. Output Measures:** Provide a proposed 12-month goal for the number of unduplicated clients served by the total program as well as any additional context. The goal should be based on past performance experience, budgeted program costs, and best estimates. The contract goal for unduplicated clients served should be for the total program including City funding and all other funding sources.

Proposals must include the following output:

| Type of Output  | Output Wording  | 12-month Goal #                    |
|-----------------|---|------------------------------------|
| Required Output | Total Number of Unduplicated Clients Served per 12-month period | Click or tap here to enter goal #. |

**23B. Social Services Outcome Measures:** Proposals must include the following standard Social Services outcome measure. Please enter a program goal for the numerator, denominator, and percentage.

| Outcome 1:   | 12-month Goal  |
|--|--|
| <b>Numerator:</b> Number of individuals who report improvement in physical, mental, emotional, or social functioning                                 | Click or tap here to enter numerator #.                      |
| <b>Denominator:</b> Number of individuals receiving services through Health Equity Social Service Contracts  | Click or tap here to enter denominator #.                    |
| <b>Outcome:</b> Percent of individuals who achieve healthy outcomes as a result of receiving services through Health Equity Social Service Contracts | Click or tap here to enter outcome percentage % (num/denom). |

# Proposal Questions: Program Staffing and Cost Effectiveness

- Upload job/position descriptions of program staff and/or volunteers working with clients. Applicants may attach up to 5 additional pages that include job/position descriptions as supplemental documentation.
  - Pages beyond the allowable 5 total will not be considered when evaluating applications.
- Describe the overall staffing plan to accomplish activities in the proposed program and complete the Program Staffing chart.

Example Program Staffing chart

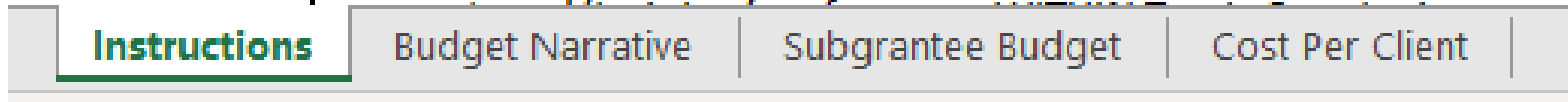
| Funding Source             | Program Staff - Title     | FTE          | Responsibilities  |
|----------------------------|---------------------------|--------------|---|
| <i>APH Social Services</i> | <i>Executive Director</i> | 0.05         | Review and sign contract, etc.                                      |
| <i>APH Social Services</i> | <i>Program Director</i>   | 0.20         | Train and supervise program staff, review performance reports, etc. |
| <i>Travis County HHSD</i>  | <i>Case Managers</i>      | 2.00         | Provide direct services, compile performance reports, etc.          |
| <i>NA</i>                  | <i>Volunteers</i>         | 8.00         | Table at events, etc.   |
|                            | <i>Total FTEs</i>         | <i>10.25</i> |   |

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# Form 3 – Program Budget and Narrative

# Form 3 - Program Budget and Narrative

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- Complete Form 3: Budget and Narrative (Excel Spreadsheet) and upload completed document into PartnerGrants.
- There are four tabs in the spreadsheet: Instructions, Budget and Narrative, Subgrantee Budget, and Cost Per Client. The Instructions include examples of allowable costs.

# Budget and Narrative Tab

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## Budget and Narrative Form:

- Enter the Agency Name, Program Name, and number of unduplicated clients per 12-month period in Cell B4 under the Budget and Narrative worksheet.
- The Cost Per Client worksheet will use this to automatically determine the Cost Per Client based on the overall program budget and the overall number of clients to be served.

|   | A  | B |
|---|--|---|
| 1 | <b>Form 3 - Program Budget and Narrative</b> |   |
| 2 | <b>Agency Name:</b>                          |   |
| 3 | <b>Program Name:</b>                         |   |
| 4 | <b>Total Proposed Clients Served:</b>        |   |

# Budget and Narrative Tab (Continued)

## Budget and Narrative Form:

- Complete a budget for 12-month period for requested City Funding only
  - Period: September 16, 2024 through September 30, 2025
- For every budget line containing a requested amount of City of Austin Funding, enter a short description or list of items included in that budget line in Column E
- Examples are provided in the Instructions tab

| Budget Line-Item   | Requested COA Funding 12 months | Amounts Funded by ALL OTHER Sources for the SAME program 12 months | Total Budget (All Funding Sources) 12 Months | Complete an explanation for each City-funded line item. |
|--|---------------------------------|--|--|---|
| <b>Salaries</b>  |                                 |  |  |   |
| Personnel (benefits and payroll taxes)   |                                 |  | \$0.00                                       |   |
| <b>Operations</b>  |                                 |  |  |   |
| General Operations   |                                 |  | \$0.00                                       |   |
| Outsourced Professional Services   |                                 |  | \$0.00                                       |   |
| Supplemental Programmatic Services   |                                 |  | \$0.00                                       |   |
| Training/Travel Outside of Austin/Travis County  |                                 |  | \$0.00                                       |   |
| <b>Financial Assistance to Clients</b>   |                                 |  |  |   |
| Rental Assistance  |                                 |  | \$0.00                                       |   |
| General Housing Assistance   |                                 |  | \$0.00                                       |   |
| Direct Client Assistance   |                                 |  | \$0.00                                       |   |
| Client Food and Beverage   |                                 |  | \$0.00                                       |   |
| <b>Sub-Grantees - Use SubGrantee Budget worksheet to enter amounts (If applicable)</b> |                                 |  |  |   |
| Sub-Grantee Personnel  | \$0.00                          | \$0.00   | \$0.00                                       |   |
| Sub-Grantee Operations   | \$0.00                          | \$0.00   | \$0.00                                       |   |
| Sub-Grantee Direct Assistance  | \$0.00                          | \$0.00   | \$0.00                                       |   |
| Sub-Grantee Other  | \$0.00                          | \$0.00   | \$0.00                                       |   |
| <b>Program Income</b>  |                                 |  |  |   |
| Program Income   |                                 |  | \$0.00                                       |   |
| <b>Other</b>   |                                 |  |  |   |
| Other  |                                 |  | \$0.00                                       |   |
| <b>Total:</b>  | <b>\$0.00</b>                   | <b>\$0.00</b>  | <b>\$0.00</b>                                |   |

# Subgrantee Tab

## Subgrantees:

- If working with Subgrantees, include the Subgrantee name, start and end dates of their work, a brief description of services, number of clients served by each Subgrantee, specific line items included, and the ANNUAL amount of City of Austin and funding from other sources in the table
- These totals will automatically fill in the Subgrantee section of the Budget and Narrative Tab

| Form 3 - Program Budget and Narrative |             |           |                            |                             |                    |            |                      |               |  |
|---------------------------------------|-------------|-----------|----------------------------|-----------------------------|--------------------|------------|----------------------|---------------|--|
| Agency Name:                          |             |           |                            |                             |                    |            |                      |               |  |
| Program Name:                         |             |           |                            |                             |                    |            |                      |               |  |
| Total Proposed Clients Served:        |             |           |                            |                             |                    |            |                      |               |  |
| SubGrantee Name:                      | Start Date: | End Date: | Services Agreed to Perform | Unduplicated Clients Served | Line-Items         | COA Amount | Other Funded Amount: | Total Amount: |  |
|                                       |             |           |                            |                             | Personnel:         |            |                      | \$0.00        |  |
|                                       |             |           |                            |                             | Operations:        |            |                      | \$0.00        |  |
|                                       |             |           |                            |                             | Direct Assistance: |            |                      | \$0.00        |  |
|                                       |             |           |                            |                             | Other              |            |                      | \$0.00        |  |
|                                       |             |           |                            |                             | Personnel:         |            |                      | \$0.00        |  |
|                                       |             |           |                            |                             | Operations:        |            |                      | \$0.00        |  |
|                                       |             |           |                            |                             | Direct Assistance: |            |                      | \$0.00        |  |
|                                       |             |           |                            |                             | Other              |            |                      | \$0.00        |  |
|                                       |             |           |                            |                             | Personnel:         |            |                      | \$0.00        |  |

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# Form 4 – COA Certifications and Disclosures



# Form 4: COA Certifications and Disclosures

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- ❑ Be sure to complete the signature block on page 5

**The Offeror hereby certifies that they have reviewed all of the above disclosures and agrees to comply with the requirements and disclosures.**

|                      |  |
|----------------------|--|
| CONTRACTOR NAME      |  |
| Authorized Signature |  |
| Title                |  |
| Date                 |  |

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# Important Information

# Communication with the City

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## Question and Answer Process

- Questions regarding the RFP must be directed to the Authorized Contact Person:
  - Helen Howell at [APHCompetitions@austintexas.gov](mailto:APHCompetitions@austintexas.gov).
- Only the information provided by the Authorized Contact Person is valid
- Official Questions and Answers will be published on the [Competition Website](#) weekly

## Anti-lobbying ordinance

- Request for Proposal process: Anti-lobbying ordinance does not apply

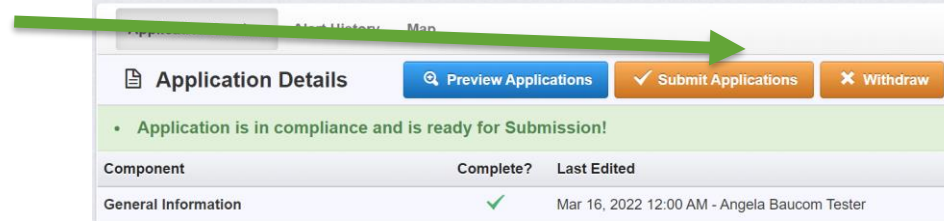
# Important Tips

- Please make sure to get your application ready *early* to meet deadlines
- Technical assistance video for submitting an application in PG: [APH PartnerGrants - YouTube](#)
  - The appearance of some items may have changed, but the process is very similar
- You may also contact Allan McCracken – [Allan.McCracken@Austintexas.gov](mailto:Allan.McCracken@Austintexas.gov)

|  |   |
|--|---|
| Date Issued:   | Thursday, May 2, 2024   |
| Proposal Due Date:   | Thursday, May 30, 2024, 3 PM CST  |
| Intent to Apply Due Date:  | Thursday, May 16, 2024, 3 PM CST  |
| Anticipated Start date of contracts:   | Monday, September 16, 2024  |
| Questions regarding the RFP are due on or before:  | Thursday, May 23, 2024, 3 PM CST  |
| Technical Assistance regarding submission of the RFP in PartnerGrants are due on or before:                      | Wednesday May 29, 5 PM CST  |
| Questions must be submitted in writing to the <a href="#">Authorized Contact Person</a> or through PartnerGrants | <b>Authorized Contact Person:</b><br>Name: Helen Howell<br>Title: Social Services Funding Specialist Senior<br>E-Mail: <a href="mailto:APHCompetitions@austintexas.gov">APHCompetitions@austintexas.gov</a> |
| Questions and Answers will be available:   | <b>In <a href="#">PartnerGrants</a> and on the solicitation website:</b><br><br><a href="#">Ssau-rfp-2024-002-rundberg-community-services</a>   |
| Optional Pre-Bid Meeting Date(s) and Time(s):  | Pre-bid meeting 1: May 7, 2-3:30 PM CST<br><a href="#">EventBrite Registration</a><br><br>Pre-bid meeting 2: May 9, 10-11:30 PM CST<br><a href="#">EventBrite Registration</a>                              |
| Optional Office Hours Dates and Times  | Office Hours 1: May 14, 2-3:00 PM CST<br><a href="#">EventBrite Registration</a><br><br>Office Hours 2: May 15, 11-12:00 PM CST<br><a href="#">EventBrite Registration</a>                                  |

# Important Tips

- To submit Intent to Apply and Final Proposals in PartnerGrants, you must first **MARK AS COMPLETE AND THEN HIT SUBMIT**.



- Check that you receive a confirmation email from the PartnerGrants system indicating the status of your application is “Submitted.” Mark as Complete is NOT the same thing as Submit.
- You must have BOTH an Annual Agency Threshold on file for the Agency AND an Intent to Apply form submitted prior to submitting your final application.
- We are unable to make exceptions for internet outages or other technical difficulties in submitting the application by the deadline. Please plan accordingly.
- Watch for emails from [APHCompetitions@austintexas.gov](mailto:APHCompetitions@austintexas.gov) in the days prior to the deadline in case of reminders or notes about the status of your application and DON'T share PartnerGrants accounts.



**That was a lot of information.  
We can help clear it up.**

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**Questions?**

Contact: [APHCompetitions@austintexas.gov](mailto:APHCompetitions@austintexas.gov)



**Thank You  
for Your Participation**

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