**Form 2: RFA APPLICATION**

**APPLICATION INSTRUCTIONS: Fill out this document and upload the document into Partnergrants. All questions are highlighted in green. Click or tap on the sections below the Questions and type in your answers. Any required attachments are indicated by a**  **symbol, and drop-down menus are indicated by a**  **symbol.**

**Please note:** If any document is uploaded, the name of the document must not include any characters other than letters and numbers, or the database will not allow it to be uploaded.

**The total word count limit is 15,000 for the entire word document (including 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”.**

**Required APH Documents:**

**The following must be completed and/or submitted in Partnergrants.**

|  |  |  |
| --- | --- | --- |
| **FORM NUMBER** | **TITLE** | **Requires Applicant Response DUE** |
| 1 | OFFER SHEET | Wednesday, October 13, 2021 by 3 PM CSTIn Partnergrants |
| 2 | RFA APPLICATION |
| 3 | PROGRAM BUDGET AND NARRATIVE |
| 4 | COA CERTIFICATIONS AND DISCLOSURES |

**PART I. Fiscal and Administrative Capacity**

**Minimum Threshold Review**

**Agency Information**

No points are assigned to questions in this section, but a response is required for each question. These questions will be used to better understand the agency and to determine if your organization is eligible to contract with the City of Austin. All Applications must have satisfactory answers in this section in order to be evaluated for potential award. If this question was referenced in the Scope of Work (Section C), the letter and number reference is included in parenthesis 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 $ amount.

**Question 1:** Does your organization have the ability to meet Austin Public Health’s Social Services [Insurance Requirements](https://www.austintexas.gov/sites/default/files/files/Health/Social%20Services/INSURANCE%20Requirements-%20Soc%20Serv%20contracts%20%28Rev%2004-2019%29.pdf) prior to entering into a contract? Provide any additional information.

Click or tap here to enter text.

**Question 2:** Will your organization be able to meet all the Terms and Conditions listed in the F-Standard Boilerplate? Provide any additional information.

Click or tap here to enter text.

**Question 3:** What is your organization’s annual budget?

Click or tap here to enter text.

**Question 4:** Provide a brief description of the Agency applying for this funding (e.g., mission statement).

Click or tap here to enter text.

**Question 5:** Provide the following contact information for the person in your organization authorized to negotiate Agreement terms and render binding decisions on Agreement matters.

**Name:** Click or tap here to enter text.
**Title:** Click or tap here to enter text.
**Email Address:** Click or tap here to enter text.
**Phone:** Click or tap here to enter text.

**Question 6**: Provide any additional comments or clarifications about your organization.

Click or tap here to enter text.

**Question 7: Please tell us in the box below how you organization meets the VIII. Applicant Minimum Requirements C. – J. Please upload proof of the following:**

Required Threshold Attachments – Please  upload one PDF with all items combined.

[ ]   Current Board of Directors Bylaws

[ ]  Copy of the most recently filed IRS Form 990 or 990 EZ (no older than FY2019)

[ ]  Proof of agency non-profit status (ex. IRS Tax Exempt Designation, Texas Department of State letter)

Click or tap here to enter text.

[ ] Appropriate items are attached to the application in Partnergrants.

**SCORED APPLICATION SECTIONS - Total Points Available: 100**

**Part II. Executive Summary and References**

**Applicants must answer every question and every part of each question. 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.

**Question 8A Executive Summary**: In the box below, provide an Executive Summary in brief, concise terms of your qualifications related to this RFQS. Include the number of years your organization has been in business, a summary of your organization’s history and experience, and how your organization is the most qualified to carry out the C- Scope of Work.

Click or tap here to enter text.

**Question 8B References:** Provide a list of three (3) current or previous references from Funding Agencies who have information about your organization’s experience managing relevant local, state, and/or federal contracts for a minimum of one (1) year. All reference information shall be documented and verifiable. References must be aware that they are being listed and agreeable to City interview for follow-up. Please  upload 1 PDF to answer this question with all references combined.

Each reference listed shall include the following:

* Agency
* Agency contract manager name and title, phone number, and email address
* Year contract was awarded and length of contract

Click or tap here to enter text.

[ ] Appropriate items are attached to the application in Partnergrants.

**Part III. Personnel and Cost Effectiveness:**

**Question 9A:**

Provide a general explanation and organizational chart for your agency which specifies the structure and reporting responsibilities of personnel.

Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations.

If the use of subcontractors is proposed, identify their placement in the structure and provide a description for each subcontractor’s responsibilities.

Click or tap here to enter text.

[ ] Appropriate items are attached to the application in Partnergrants.

**Question 9B.** Please provide a list of each staff person/position. For each staff position please include the following:

1.  upload resumes and/or professional experience and education for executive leadership listed on the organizational chart, including any professional trainings, degrees and/or certifications held
2. Provide the average retention rate of staff having direct interaction with and service provision to clients
3. Provide details of what experience, if any, staff assigned to this contract has with:
* Housing First, Rapid Re-Housing, Permanent Supportive Housing, Motivational Interviewing, Trauma Informed Care, Harm Reduction, and/or other evidence-based practices for serving homeless and chronically homeless populations
* Coordinating with law enforcement, emergency first responders, hospital systems, mental/behavioral health systems, and/or criminal justice systems
* Communications with media, City of Austin, and/or implementing broad communication messages to the community as a demonstration of leadership in the homeless services system

Click or tap here to enter text.

[ ] Appropriate items are attached to the application in Partnergrants.

**Program Budget and Funding Summary**

**Question 10:** Please fill out the 3 - Budget and Funding Summary form. (Excel spreadsheet) and upload completed document into Partnergrants to complete this question. There are three tabs in the spreadsheet: Program Budget and Narrative, Funding Summary and Instructions.

**Program Budget**

* All line item amounts must be entered as WHOLE DOLLARS.
* If no funds are budgeted for a line item, leave it blank.
* The dollar amount requested in your Application’s Program Budget and Narrative must reflect both the first three months of one-time funding from July 1, 2022 – September 30, 2022, AND the 12-months of ongoing funding from October 1, 2022 – September 30, 2023.
* Calculate and check all subtotals and totals, including the percentages by funding source at the bottom, and ensure all line item amounts, subtotals, and totals are in WHOLE DOLLARS and are correct.

# Budget Narrative Instructions

# 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.

# Do not enter narrative for budget lines that are blank or budgeted amounts from Other Funding.

[ ] AttachForm 3. Program Budget and Funding Summary Forms is completed and attached to application in Partnergrants.

**Part IV. – Experience and Cultural Competency**

Question 11A: Provide a narrative of your specific expertise, experience, and compliance regarding the following items in C- Scope of Work in the box below:

* + IV A 1-5 Eligible Activities
	+ VII. Applicant Minimum Qualifications – A. Experience providing services
	+ VIII.B. Housing search and location services

Click or tap here to enter text.

Question 11B: Please  Upload past performance reports received during the past two years or more of contracts that demonstrate the service or related services for which your Agency is applying. Performance reports can include:

* + Quarterly performance reports when combined, demonstrate at least two years of services
	+ Annual reports provided to the community or board when combined, demonstrate at least two years.
* NOTE: Please explain in the text box below if you are not able to provide these reports, or you are submitting other reports, or if you have any clarification to provide in response to the question.

Click or tap here to enter text.

[ ] Past performance reports are attached to the application in Partnergrants.

**CULTURAL COMPETENCE & RACIAL EQUITY**

City of Austin’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.

Equity is one of six strategic anchors of the City of Austin’s strategic direction, and 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.

**Question 12:** Describe how your agency and the proposed program includes an implementation strategy that advances racial equity:

* in the community and
* within your organization

Click or tap here to enter text.

**Question 13:** Rate your organization for each of the following questions with “Implementation Started” or “Plan to Implement”. **Use the**  **drop down** menu to choose and then explain your answer in the next box.

|  |  |  |
| --- | --- | --- |
| **Racial Equity Self-Assessment Item** | **Choose from the** Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... **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.** |
| 1. We have access to data on racial/ethnic disparities to guide our work.
 | Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ...Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Our work includes performance measures to determine how well we are doing to address racial disparities.
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Our board has developed and implemented a plan to address racial disparities in our programs and in our organization.
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | 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 MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |

**Alignment with CLAS Standards**

Applicant’s policies and practices are required to align with the following [National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53) and Health Care in order to advance health equity and improve service delivery for diverse populations. The goals of the CLAS standards are to correct inequities that currently exist in the provision of health and social services and to be more responsive to the individual needs of all patients/consumers. Ultimately, the aim of the standards is to contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans. There are 15 CLAS standard grouped under four themes:

* Principal Standard
* Governance, Leadership and Workforce
* Communication and Language Assistance
* Engagement, Continuous Improvement and Accountability

The principal standard is:

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Five of the 15 Standards are listed below:

1. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
2. Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area
3. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
4. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

11. Collect and maintain accurate and reliable demographic data to monitor the impact of CLAS on health equity and outcomes and to inform service delivery

*Agencies are encouraged to implement all 15 CLAS Standards listed* [*here*](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53)*.*

**Question 14:**

1. Describe how your policies and practices will align with the National Culturally and Linguistically Appropriate Services **(CLAS) standards**. Applicants must describe specific CLAS standards that will be met.
2. Describe your **accessibility infrastructure** (disability access, language access, technology) to provide equitable supportive services to clients with disabilities, in different languages and how you will reach persons with limited access to technology.
3. Describe how you will **tailor messaging** to communicate with diverse audiences including messaging and practices that are gender-inclusive and affirming, that promote racial equity, and are inclusive of clients who are immigrants or refugees (documented or undocumented).

Please  attach appropriate policies and procedures.

Click or tap here to enter text.

[ ] Appropriate policies are attached to the application in Partnergrants.

**Part V. – Service Capacity:**

**Question 15:** Define in detail your understanding of the requirements presented in C- Scope of Work and your organization’s capacity to provide the listed services and operations, specifically addressing Items:

IV. Services Solicited A. Program Services

IV. B. Principles of Service Delivery

IV. C. Other Requirements

Click or tap here to enter text.

**Question 16:** Describe the data management process and flow for the proposed program. How will data be collected, where will it be kept and how will it be used to report program performance to the City? Detail the systems and capacity your organization has to track and report program reach (unduplicated client count, zip code, demographic data, etc.). Please specifically address the requirements from C-Scope of Work:

IV. Services Solicited D. Client Eligibility Requirements

V. Collecting and Reporting Data A. Key performance measures

V. B. Data Collection and Reporting Requirements

 Click or tap here to enter text.

**Part VI. – Sample Documents:**

**Question 17:** Provide sample documents corresponding to the following Items in C- Scope of Work:

1. Sample policies and procedures demonstrating service delivery and client eligibility criteria to respond to:

IV. Services Solicited B. Principles of Service Delivery

IV. D. Client Eligibility Requirements

V. Collecting and Reporting Data A. Key Performance Measures

V. B. Data Collection and Reporting Requirements

1. Sample of data system generated program performance demonstrating high data quality and high program performance to respond to:

V. Collecting and Reporting Data B. Data Collection and Reporting Requirements

Click or tap here to enter text.

[ ] Appropriate policies are attached to the application in Partnergrants.

[ ] Appropriate reports are attached to the application in Partnergrants.