**Form F:**

**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 submitted in PartnerGrants.**

|  |  |  |
| --- | --- | --- |
| **Form** | **TITLE** | **Requires Applicant Response (X)** |
| A | OFFER SHEET | X |
| F | RFA APPLICATION | X |
| H | PROGRAM BUDGET JUSTIFICATION | X |
| J | COA CERTIFICATIONS AND DISCLOSURES | X |
| PartnerGrants | PROGRAM WORK STATEMENT | X |
| PartnerGrants | PROGRAM BUDGET AND NARRATIVE | X |
| PartnerGrants | THRESHOLD REVIEW | X |

**PART I. Fiscal and Administrative Capacity**

**Section 1. Minimum Threshold Review**

The **Threshold Review Form** must be completed in PartnerGrants. These questions will be used 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.

**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.

**Section 2. 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 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 (Form E), 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.

**Services Applying for:** 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(Rev%2004-2019).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 form I -APH Standard HOPWA Agreement? 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.

**Part II. SCORED APPLICATION SECTIONS - Total Points Available: 100**

**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.**

**Section 1: Experience and Cultural Competence**

Applicants must demonstrate that they have the ability to deliver housing and supportive services in a culturally appropriate manner, with the goal to increase housing stability and access to and retention in primary medical services.

**AGENCY EXPERIENCE**

**Question 7:** Describe your experience and success providing the services you are applying for in this application.

If your agency has not provided this specific service, please describe your agency’s experience providing similar services or services to this population.

If this is a new program describe how your previous experience and expertise will inform your ability to implement the new services successfully.

Click or tap here to enter text.

**Question 8:** Describe how past performance demonstrates that your agency's/program's ability to meet targets and make a positive impact on the community,

Click or tap here to enter text.

**Question 9:** Describe your experience reaching and serving diverse communities. Demonstrate with data how your organization positively impacts communities of color and other historically marginalized communities.  Documents to support this may be attached to this application.

Click or tap here to enter text.

**Question 10:**  Attach past performance reports received during the past two years or more of contracts that demonstrate the service or a related services for which your Agency is applying. Performance reports can include:

1. Quarterly performance reports when combined, demonstrate at least two years of services
2. Annual reports provided to the community or board when combined, demonstrate at least two years.
3. If you are not able to provide a performance report, please explain in the textbox below.
4. In the textbox below, please explain if you are not able to provide these reports, submitting other reports, or any clarifications you may have to the question.

Click or tap here to enter text.

**Question 11:**  Attach all monitoring reports received during the past two years or more of contracts.

Click or tap here to enter text.

**CULTURAL COMPETENCY**

**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.

Click or tap here to enter text.

**Question 13:** Describe how your **agency** advances racial and ethnic equity within your agency’s culture.

Click or tap here to enter text.

**Question 14:** Rate your organization for each of the following three 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. | Click here for 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 15:** 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.

Please  attach appropriate policies and procedures.

Click or tap here to enter text.

Appropriate policies are attached to the application in PartnerGrants.

**Section 2: Program Design**

Applicants must propose to provide at least one or a combination of the following program services:

1. Tenant-Based Rental Assistance
2. Project-Based Rental Assistance
3. Supportive Services
4. Master Leasing
5. Permanent Housing Placement
6. Short-Term Rental, Mortgage, and Utility Assistance
7. Facility-Based Housing
8. Hotel/Motel Assistance
9. Short-Term Supported Housing
10. Housing Information Services
11. Resource identification

**Question 16:** Describe the program services this program will provide, referencing at least one or more of the Program Services listed above.

Click or tap here to enter text.

**Question 17:** Complete the following prompts using the [Program Work Statement Form in PartnerGrants](https://partnergrants.austintexas.gov/). Complete prompts 5-13 For each program service that your agency is applying for. Enter “N/A” for prompt 13.

1. **[Client Access:](Client Access: Description: Describe how clients will be located and directed to the HIV services program. Describe barriers that hinder or prevent clients from accessing services, and actions that will be taken to reduce or eliminate identified barriers to service delivery. Service Linkage, Referral, and Collaboration Description:  Describe how service activities link clients to primary medical care, including initial access to care and ongoing retention in care. Describe how clients are referred to other agencies for medical care and/or support services. Describe how referrals are documented in client records, including follow-up documentation on results of referrals. Briefly describe external collaborative activities related to services delivery.Client Input and Involvement Description: Describe how clients will have input in the delivery of services, including the service/care plan. 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10. **Location Description** - Location(s) of these service activities
11. **Staffing Description** - List staff position titles, educational degrees, licensure (if applicable), gender, race and/or ethnicity, and any other relevant qualifications of each person assigned to this service. Do not mention positions that are not listed in the Budget Justification. Give a brief job description for each position. Indicate if a position is vacant. List subcontractors, if any, and provide the same information. Describe use of volunteers, if any, including number of volunteers, number of hours, and duties.
12. **Quality Management Description** - Describe how client data will be used to assess progress in meeting outcome targets for this service. Describe how service activities will be evaluated in order to assure delivery of quality services consistent with the Austin TGA/HSDA Standards of Care for this service.
13. **Part A Responsibilities, If Applicable** – Put N/A for this question.

**Question 18:** Describe your Agency’s readiness to begin providing services. When will your organization start administering/providing the proposed services? This will require that the information system, staff and other necessary program elements are in place.

Click or tap here to enter text.

**Question 19:** The [HIV National Strategic Plan](https://hivgov-prod-v3.s3.amazonaws.com/s3fs-public/HIV-National-Strategic-Plan-2021-2025.pdf) is a roadmap for ending the HIV epidemic in the United States by 2030. The HIV Plan is the nation’s third consecutive five-year national HIV strategy and covers 2021-2025, with a 10-year goal of reducing new HIV infections by 90% by 2030. (Read about the prior [National HIV/AIDS Strategies](https://www.hiv.gov/federal-response/hiv-national-strategic-plan/national-hiv-aids-strategies-2010-2020).)

Describe you how your program or services contribute to the goals of the HIV National Strategic Plan

* Prevent new HIV infections
* Improve HIV-related health outcomes of people with HIV
* Reduce HIV-related disparities and health inequities
* Achieve integrated and coordinated efforts that address the HIV epidemic among all partners and stakeholders.

Click or tap here to enter text.

**Question 20:** Describe existing and planned engagement strategies that will be used to reach eligible households.

Click or tap here to enter text.

**Performance Metrics**

**Question 21:** Please provide a) Output; b) Outcome Measure in forms below:

1. **OUTPUT MEASURES**

Provide a proposed a 12-month goal for the number of unduplicated households 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 households served should be for the total program including City funding and all other funding sources.

Applications must include the following outputs for each service category applied for:

|  |  |
| --- | --- |
| **Type of Output** | **Total 12-month Goal #** |
| Tenant-Based Rental Assistance | Click or tap here to enter goal #. |
| Project-Based Rental Assistance | Click or tap here to enter goal #. |
| Supportive Services | Click or tap here to enter goal #. |
| Master Leasing | Click or tap here to enter goal #. |
| Permanent Housing Placement | Click or tap here to enter goal #. |
| Short-Term Rent, Mortgage and Utility Assistance | Click or tap here to enter goal #. |
| Facility-Based Housing | Click or tap here to enter goal #. |
| Hotel/Motel Assistance | Click or tap here to enter goal #. |
| Short-Term Supported Housing | Click or tap here to enter goal #. |
| Housing Information Services | Click or tap here to enter goal #. |
| Resource Identification | Click or tap here to enter goal #. |
| Total Unduplicated Households Served | Click or tap here to enter goal #. |

Explain how the data for the proposed output measures will be collected and tracked.

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

Using the above data, how will success be evaluated in your program?

Click or tap here to enter text.

1. **OUTCOME (RESULTS) MEASURE**

**Proposed Outcome:** Provide an outcome measure that will allow the program to evaluate the intention of the services offered and include proposed numeric goals.

|  |  |  |
| --- | --- | --- |
| **OUTCOME Measure** |  | **Total Program Annual Goal** # |
| Click or tap here to enter outcome numerator text. |  | Click or tap here to enter numerator #. |
| Click or tap here to enter outcome denominator text. |  | Click or tap here to enter denominator #. |
| Click or tap here to enter outcome percentage text. |  | Click or tap here to enter outcome percentage %age (num/denom). |

Explain how the data for the proposed outcome measures will be collected and tracked.

Click or tap here to enter text.

Describe how the data will be calculated for the outcome measure.

Click or tap here to enter text.

Using the proposed outcome measure, how will you use this data to improve the program and program delivery.

Click or tap here to enter text.

**Austin Public Health Priorities**

**Strategic Direction 2023**

The Austin City Council adopted a strategic direction on March 8, 2018, guiding the City of Austin for the next three to five years, through a shared vision: Together we strive to create a complete community where every Austinite has choices at every stage of life that allow us to experience and contribute to all the following outcomes: Economic Opportunity and Affordability, Mobility, Safety, Health & Environment, Culture and Lifelong Learning, and Government that Works for All.

All City funding should align with Strategic Direction 2023 (SD23). More information can be found here: [Strategic Direction 2023](https://www.austintexas.gov/financeonline/afo_content.cfm?s=73&p=160).

Please see the Complete Report: [Strategic Direction 2023](https://www.austintexas.gov/financeonline/afo_content.cfm?s=73&p=160) and [SD2023 Outcomes Metrics Master List](https://austinstrategicplan.bloomfire.com/series/3304505/posts/3302571-outcome-metrics-master-list)

Programs funded under this RFA must support achievement of metrics and indicators for the Health and Environment and/or Economic Opportunity and Affordability Learning Outcomes:

**Economic Opportunity and Affordability**: Having economic opportunities and resources that enable us to thrive in our community.

**Homelessness**

**SD23 Outcome 1: Number of persons experiencing homelessness.**

**SD23 Outcome 2: Number and percentage of persons who successfully exit from homelessness.**

**SD23 Outcome 3: Number of people who return to homelessness after moving into housing.**

**Question 22: Key Performance Metric (SD23):** Explain how the proposed program supports at least one of the Strategic Direction 2023 outcome(s) listed above.

Click or tap here to enter text.

Propose how data will be collected to support the outcome.

Click or tap here to enter text.

**Section 3: Data-Informed Program Management**

The ability to collect, track, and report client demographics and program output(s) and outcome(s) is a priority for the City.

The applicant should have demonstrated experience that they will use data to evaluate and improve their programming, increase racial equity and their program's impact on the community and through data collection and evaluation.

**Question 23:** 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?

Click or tap here to enter text.

**Question 24:** Describe the organization’s process of internal controls and systems implemented to ensure data accuracy and data security. Who has access to the data, what kind of training is provided to staff to ensure data is collected accurately and completely?

Click or tap here to enter text.

**Question 25:** Describe how data are used in your organization for identifying problems in (1) program design, (2) service delivery, and (3) expenditures and (3) equity, and how that information is used to improve practices and program effectiveness.

Click or tap here to enter text.

**Question 26:**Describe what data will be shared with planning bodies and/or service providers to improve community understanding of the population’s needs. In the response include how data will be shared without violating client confidentiality.

Click or tap here to enter text.

**Question 27:** If your program has homelessness as a primary eligibility requirement, the program will be required to enter data into the Homeless Management Information Systems (HMIS) database. Will your agency be able to start entering data into HMIS?If yes, please describe your agency’s ability to comply with the HMIS community database requirements described in the [ECHO HMIS Policy and Procedures Manual](https://www.austinecho.org/wp-content/uploads/2019/07/ECHO-HMIS-Policies-and-Procedures-Manual-%E2%80%93-02-07-2019.pdf). Include any equipment needed, and how many staff will be needing HMIS licenses.

Click or tap here to enter text.

**Section 4: Cost Effectiveness**

**Program Staffing and Time**

**Question 28:** Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations. Include education, licenses, credentials, qualifications, and/or certifications required for staff members that work directly with clients in the proposed program?

Click or tap here to enter text.

**Question 29:** In the box below briefly describe position descriptions, education, licenses, credentials, qualifications, and/or certifications required for staff members that work directly with clients in the proposed program. Include information about the lived experience of staff that is complementary to the priority population to be served.

**Required** **Attachments:**  Attach Resumes or job position descriptions of program staff working with clients Applicants may attach up to 5 additional pages that include staff resumes and/or job descriptions as supplemental documentation for this question.

Click or tap here to enter text.

Staff resumes or job/descriptions are attached to application in PartnerGrants (as applicable).

**Question 30:** Complete the *Program Staffing form* below*.*

Instructions:

1. List CITY FUNDED positions FIRST, then list OTHER-FUNDED Staff positions that will be working on the program that you are applying for in this RFA. If you have a number of volunteers who are certified providing key programmatic services, please list them in this table as well.
2. List position titles only (do not include staff names) for all staff – programmatic, administrative, and executive level – who will be partially or totally funded by the requested CITY FUNDING portion of the Budget in this application.
3. Provide the corresponding percentages of Full Time Equivalent (FTE) positions for each position.
4. Total all full and partial FTE positions at the bottom.

Example:

|  |  |  |
| --- | --- | --- |
| ***Funding Source*** | ***Title*** | ***FTE*** |
| *APH Social Services* | *Program Director* | 0.20 |
| *APH Social Services* | *Executive Director* | 0.05 |
| *Travis County HHSD* | *Case Manager* | 1.00 |
| *Travis County HHSD* | *Case Manager* | 1.00 |
| *NA* | *Certified Volunteers Peer Educators* | 8.00 |
|  | *Total FTEs* | *10.25* |

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **List Program Staff by Title**  **(City-funded positions first, then Other Funded positions)** | **Program Staff FTE Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
|  | **TOTAL FTEs =** | Click here to enter TOTAL FTEs. |

**Program Budget and Narrative**

**Question 31:** Complete the [Program Budget and Narrative Form in PartnerGrants](https://partnergrants.austintexas.gov/). Input the information for Direct Service Costs, Administrative Costs, and Service Category Budget and Narrative directly into PartnerGrants. Provide this information for each service category applied for. Complete form H – Program Budget Justification and upload it into the Service Category Cost Allocation section.

**Question 32:** Complete the Funding Summary table below. Include the funding source, grant/contract name (if applicable), and ANNUAL amount of all funding including the requested City of Austin funding in the table.

|  |  |  |  |
| --- | --- | --- | --- |
| **Funding Source** | **Grant/Contract Name** | **Funding Period** | **Funding Amount** |
| *City of Austin* | *HOPWA* | 10/01/2022 – 09/30/2023 | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
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|  |  | **TOTAL Funding =** | Click or tap here to enter text. |

**Question 33:** Provide the total amount of City funding requested and a summary description of the budget justification for the program strategy/strategies.

Click or tap here to enter text.

**Question 34:** Explain how you have considered efficient allocation of financial and staff resources when determining the budget and staffing plan for the proposed program.

Click or tap here to enter text.

**Question 35:** In the following table, state the average cost per client using the total budget. In your description of “total budget” include the requested City of Austin funding and all other funding that would be allocated to the proposed program. The response should also include the total number of clients served in the proposed program regardless of funding source.

|  |  |
| --- | --- |
| Total Program Funding: Amount of City Funding Requested in this Application | $Click here to enter Amount of City Funding Requested in this Application. |
| Total Clients Served by Program: Number of Clients from Output 1 in this Application | # Click here to enter Number of Clients from Output 1. |
| Cost Per Client: Calculate by dividing dollar amount of Program Funding by Number of Clients Served by Program. | = $Click here to enter Dollar amount of Program Funding Divided by Number of Clients. |

**Question 36:** Describe why the cost per client is appropriate for the level of services being provided.

Click or tap here to enter text.

**Question 37:** Describe the social impact or return on investment for clients and the community resulting from the proposed services. Social impact and/or return on investment refers to the proposed program’s positive impact on social, financial, environmental, or quality of life factors for clients and/or the community.

Click or tap here to enter text.

**SECTION 5: BONUS**

**Bonus Questions: Healthy Service Delivery**

A maximum of ten (10) points will be awarded toApplicants who create a healthy service environment for their clients, visitors, and staff. Applicants will be awarded the point values indicated below for having implemented or agreeing to implement by the date services begin any or all four (4) Healthy Service Environment.

Technical assistance is available from Austin Public Health’s Chronic Disease & Injury Prevention program to assist Applicants in planning and implementing a Tobacco-free Campus policy, Mother-Friendly Workplace policy, and Employee Wellness Initiative. Please call 512-972-5222 for additional information.

* 1. **Tobacco-free Campus**

Applicant has established and is enforcing a tobacco-free worksite policy and has developed initiatives and programming that promotes tobacco-free living.

A tobacco-free campus policy states:

* Use of tobacco products of any kind are not permitted on any property owned, leased, or rented by the organization (indoors and outdoors). This also includes parking areas and company cars. The policy applies to all employees, subcontractors, temporary workers, and visitors.

**Bonus Question A:** If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Upload the approved and signed policy/policies in PartnerGrants.

Click or tap here to enter text.

Appropriate tobacco-free campus policy is signed and attached to application in PartnerGrants.

* 1. **Mother-Friendly Workplace**

Applicant actively promotes and supports breastfeeding by employees and maintains a written worksite lactation support policy that is regularly communicated to employees. The policy includes:

* Employer provides work schedule flexibility, including scheduling breaks and work patterns to provide time for expression of milk;
* The provision of accessible locations allowing privacy;
* Access nearby to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment; and
* Access to hygienic storage alternatives in the workplace for the mother’s breast milk (may include the allowance of personal coolers onsite).

**Bonus Question B:** If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Upload attach the approved and signed policy/policies in PartnerGrants.

Click or tap here to enter text.

Appropriate mother-friendly workplace policy is signed and attached to application in PartnerGrants.

* 1. **Employee Wellness Initiative**

Applicant has a comprehensive Employee Wellness Initiative in place that promotes nutrition, physical activity, tobacco-free living, and the mental health of employees. The initiative encompasses healthy changes to the physical worksite environment as well as formal, written health promotion policies, programs or benefits impacting all employees. The initiative is promoted through educational and issue awareness efforts by the Applicant, signage and a supportive company culture, championed by leadership.

**Bonus Question C:** If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Upload the approved and signed policy/policies in PartnerGrants.

Click or tap here to enter text.

Appropriate employee-wellness initiative policy is signed and attached to application in PartnerGrants.

* 1. **Violence Prevention Policy**

Applicant is committed to providing a safe environment for working and conducting business. Applicant will not tolerate or ignore behaviors that are threatening or violent in nature. Applicant has a procedure to guide the identification and reporting of threats and workplace violence.

**Bonus Question D:** If applicable, describe how the Applicant plans to implement one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Upload the approved and signed policy/policies in PartnerGrants.

Click or tap here to enter text.

Appropriate violence prevention policy is signed and attached to application in PartnerGrants.