

**CITY OF AUSTIN
AUSTIN PUBLIC HEALTH DEPARTMENT
APPLICATION PREPARATION INSTRUCTIONS AND
EVALUATION FACTORS
SOLICITATION NUMBER: DFA2017MA**

APPLICATION SUBMISSION REQUIREMENTS

The Applicant must submit its response in two **SEPARATE** sealed envelopes.

ENVELOPE #1 – THRESHOLD REVIEW

This sealed envelope must contain the following:

1. **Application Threshold Checklist – Section 0610**
2. **Required Attachments**
 - a. Current Board of Directors by-laws
 - b. Approved Board of Directors minutes during the previous fiscal year reflecting the Board has a documented process that:
 1. reviews program performance
 2. approves budgets
 3. reviews financial performance
 4. approves audit reports
 - c. Copy of the most recently filed 990 or 990 EZ, or Extension to File documentation (no older than FY 2014)
 - d. A complete set of audited financial statements which include the auditor's opinion and any management letters, covering the two most recent consecutive audit years

The envelope should be labeled: THRESHOLD REVIEW CHECKLIST
[NAME OF AGENCY]
[NAME OF PROPOSED PROGRAM]

ENVELOPE #2 – APPLICATION DOCUMENTS

This sealed envelope must contain the following:

1 original and 3 flash drives each containing all the elements below:

1. Completed Application
2. Required Attachments
3. Optional Attachments (If applicable)

The envelope should be labeled: APPLICATION DOCUMENTS
[NAME OF AGENCY]

BOTH SETS OF ENVELOPES SHOULD BE SHIPPED IN A BOX (OR BOXES) WITH THE SOLICITATION NUMBER **DFA2017MA CLEARLY MARKED ON THE OUTSIDE AND IDENTIFY WHICH ENVELOPE IS IN WHICH PACKAGE.**

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Application Format

The Applicant must use size 12 Times New Roman font. An original Application must be printed double-spaced on single-sided 8½ x 11 inch plain white paper with 1” margins and no Page Scaling. Do not submit booklets, pamphlets, or other bulky items. Do not use covers, card stock, staples, binders, notebooks, or dividers with tabs. Fasten the proposal with binder clips only.

An application cannot exceed **8 (eight) pages**, excluding table of contents, signed certifications, budget forms, resumes, job descriptions or other required attachments outlined in the sections below. An **additional 5 (five) pages** is allowed if an application responds to any or all of the items in Section V of this RFA.

The actual application itself should be organized and labeled using the following informational sequence:

SECTION I. Prior Experience

Total points: 25

A. Overall Evaluation Factors Regarding Applicant

1. Describe the Applicant’s experience within the last five (5) years managing relevant local, state, and/or federal grants or contracts and include the contact information of the funder for each grant or contract(s) identified, e.g., Funder Contact’s name, title, and phone number.
 - a. The Applicant must describe any relevant Austin Public Health Department funding received within the last five (5) years.

Attach all monitoring reports received within the previous 24 months of administering the relevant Austin Public Health Department, other local, state, and/or federal grants or contracts.

2. Describe experience within the last five (5) years providing services identical and/or similar to those proposed in this application.
3. Describe average turn-around time for making authorized payments to vendors
4. Describe system for monitoring funds utilization and appropriate notification regarding any concerns as they arise.

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SECTION II. Project Activities

Total points: 25

Describe in detail how the agency will meet the requirements of the Scope of Work for this Request for Application. Include the following information in your proposal:

1. Organizational structure for accepting payment requests and processing payments to vendors as the fiscal agent.
2. Internal control structure and process to ensure timely payments are made to vendors on behalf of CSBG clients
3. Anticipated turn-around time between receiving a request for payment and payments made to vendors
4. Capacity and process for handling expedited requests when a client is facing eviction or disconnect of utilities and anticipated turn-around time for expedited payments
5. Process and timeline for addressing any issues with payments not processed correctly or within the expected time frame.
6. Oversight and management of the program.

SECTION III. Project Staffing and Management Structure Total points: 15

1. Describe the overall staffing plan to accomplish activities including project leadership reporting responsibilities and daily program operations. Chart which specific staff will be involved, including leadership and reporting responsibilities and the person or persons who will interface with City project management and team personnel
2. Describe individual experience for personnel who will be actively engaged in the project. Supply the project title, year, reference name, title, email, and phone number of principal person for whom prior projects were accomplished. Provide detailed background information, including professional training, licenses, and certifications.
3. Attach resumes or position descriptions for key staff to perform the described services and/or activities, including qualifications of the Chief Fiscal Officer responsible for the budget.
4. Describe how your agency will administer the direct financial assistance in accordance with Texas Administrative Code Title 10, Part 1, Chapter 1, Subchapter D, Rule §1.402 regarding procedures for approving financial transactions, internal control, segregation of duties.

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SECTION IV. Data Management and Program Evaluation

Total points: 10

1. Describe how the agency will address all aspects of data management, for both hard copy and electronic records, including: data collection, data entry, data integrity and confidentiality, and the generation of required reports.
2. What monitoring or oversight will be provided to ensure complete and standardized records? Describe how data is used to identify problems, steps to determine corrective actions, and how the Applicant will ensure corrective actions will be effective.
3. What steps will be taken to ensure that required reports can be generated within required timelines?

SECTION V – Cost Effectiveness

Total points: 25

The application will be evaluated on how well it addresses **all** of the following:

A. Budget

Applicants must use Section 0650 – Program Budget and Narrative to provide the required budget information. All expenses should be identifiable, reasonable, and necessary. For the purposes of CSBG, all operational costs (including supervision and other administrative functions) shall be included in the total contract amount of \$103,221.

Eligible Expenses:

1. Direct Financial Assistance may include:
 1. Rental application fees
 2. Security deposits
 3. Rent payments
 4. Utility deposits
 5. Utility payments (including arrears, required to re-establish or maintain service)
2. Personnel and Operations Costs (including direct wages, and administrative costs related to management, supervision and oversight) The proposed personnel and operations costs as a percentage of the overall budget will be a determining factor in awarding the contract

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3. Describe the Applicant's fundraising and administrative percentage, calculated from its most recent Form 990. To do so, add the amount in Part IX (Statement of Functional Expenses), Line 25, Column C (Management and General Expenses) to the amount in Line 25, Column D (Fundraising Expenses), and divide the sum by Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue), and multiply the result by 100. No other methods may be used to calculate this percentage.

For organizations that filed the short form (IRS Form 990EZ), utilize the long form (IRS Form 990) at <http://www.irs.gov/pub/irs-pdf/f990.pdf> (and instructions <http://www.irs.gov/pub/irs-pdf/i990.pdf>) to determine your fundraising and administrative percentage calculation. Your organization is not required to complete and resubmit the entire long form to the IRS, but must determine the calculation from the long form (IRS Form 990) parts identified above.

SECTION V – Bonus Evaluation Points

Total points: 10

A. Healthy Service Environment

Maximum 10 points

A maximum of 10 points will be awarded for Applicants 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 prior to 4/01/17 any or all of the four (4) Healthy Service Environment policies with a maximum award of 10 points for all four (4) policies described below.

- **Tobacco-free Campus (3 points)** - 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, sub-grantees, temporary workers and visitors.
- **Mother-Friendly Workplace (3 points)** - 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

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- 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).
 - **Employee Wellness Initiative (3 points)** - The 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.
 - **Violence Prevention Policy (1 point)** - The Applicant is committed to providing a safe environment for working and conducting business. The Applicant will not tolerate or ignore behaviors that are threatening or violent in nature. The Applicant has a procedure to provide guidance for identifying and reporting threats and workplace violence.
1. If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies outlined above. Include the approved and signed policy/policies as an attachment to the application.
 2. If applicable, describe how the Applicant plans to implement one or more of the Healthy Service Environment policies outlined above. Include the key personnel, by position name only, responsible for ensuring implementation. Also, describe any technical assistance which will be provided to assist the Applicant to implement the selected policy/policies.

Technical assistance is available from the Austin Public Health Department Chronic Disease Prevention and Control Program to assist Applicants in planning and implementing a Tobacco-free Campus policy, Mother-Friendly Workplace policy and Employee Wellness Initiative. They can be contacted at 512-972-6760.

Additional Information:

Proposal Acceptance Period: All applications shall be valid until award, negotiation, and execution of agreements as directed by Austin City Council.

Proprietary Information: All material submitted to the City becomes public property and is subject to the Texas Open Records Act upon receipt. If an Applicant does not desire proprietary information in the proposal to be disclosed, each page must be identified and marked proprietary at time of submittal. The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what

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information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.

Authorized Negotiator: Include name, address, and telephone number of person in your organization authorized to negotiate Grant Agreement terms and render binding decisions on Grant Agreement matters.

Exceptions: Please be advised that exceptions to any portion of the Solicitation may jeopardize acceptance of the application.

Application Preparation Costs: All costs directly or indirectly related to preparation of a response to the RFA or any oral presentation required to supplement and/or clarify an application which may be required by the City shall be the sole responsibility of the Applicant.

Contract Adjustments: The City of Austin reserves the right to adjust the contract amount or scope of work over the contract period based on community needs, Applicant's ability to expend funds in a timely manner or any other factor. When the City determines adjustments need to be made, the City will provide at least a 90-day notice to the contractor.