

REQUEST FOR APPLICATIONS

COVER SHEET

Issued: Tuesday, December 11, 2012	Description: Youth Development and Enrichment Services RFA RFA# 2013-01-15	
Pre-Application Conference Dates, Times and Locations: 1. Thursday, December 20, 2012 1:30 PM City of Austin Health & Human Services East Austin Neighborhood Center 211 Comal Street Austin, Texas 78702	OR	2. Friday, December 21, 2012 10:00 AM City of Austin Health & Human Services East Austin Neighborhood Center 211 Comal Street Austin, Texas 78702
<i>Note: Attendance is optional to one of these conferences</i>		
Request for Explanations or Clarifications in Writing Only Deadline: Wednesday, January 2, 2013, no later than 12:00 Noon. E-mail: Ron.Hubbard@austintexas.gov Responses to written questions will be posted on the HHSD website. http://www.austintexas.gov/department/maternal-and-child-health		
Applications Due No Later Than: <u>3:00 P.M., Tuesday, January 15, 2013</u> NOTICE: Late applications will <u>not</u> be accepted		
RFA Authorized Contact Person: Ron Hubbard Early Childhood Coordinator Family Health Unit Phone: (512) 972-5028 E-mail: Ron.Hubbard@austintexas.gov	Deliver Completed Application prior to Due Date and Time to: City of Austin Health and Human Services Department Family Health Unit, Attn: Ron Hubbard 7201 Levander Loop, Building #E Austin, Texas 78702 (off Airport Road, just north of 183/Montopolis Bridge)	

**REQUEST FOR APPLICATIONS (RFA)
2012 Youth Development and Enrichment Services**

INTRODUCTION

On September 12, 2012 , the Austin City Council added funding to the Health and Human Services Department (HHSD) budget for youth services in the Holly Neighborhood. The principle objective of this solicitation is intended to enable HHSD to purchase services that improve the lives of youth. Funding was designated to address gaps in social services for Austin’s youth, with a specific focus on youth who live or attend school in the Holly Neighborhood area. Services to be funded will provide opportunities for development and enrichment which might otherwise not be available for youth in this community.

A total of \$95,000 of the City of Austin Social Services funding is available for this competition. Multiple administrative awards from \$5,000 to \$30,000 are anticipated.

Applicants are required to submit a request from \$5,000 to \$30,000 for the initial 7-month contract period.. City staff will determine if the requested maximum amount is sufficient when two or more entities submit an application. Staff can make necessary adjustment during the negotiation process.

Contracts awarded as a result of this competition will be effective March 1, 2013 ending September 31, 2013.

Agencies currently receiving City of Austin Social Services funding are not eligible to apply for these funds. If you have questions regarding your organization’s eligibility for funding through this RFA, please contact Ron Hubbard at Ron.Hubbard@austintexas.gov or 972-5028.

Target Populations and Services

Target population:

Note: The term “youth” in this document applies to children and youth ages 0 to 18 years.

The target population will be children and youth that live or attend school in the Holly Neighborhood area that is bounded to the south by Lady Bird Lake, to the east by Shady Lane, to the north by East 7th Street, and to the west by the IH 35 access road.

Services

The two areas of focus will be Youth Development and Enrichment Services.

1. Youth Development Services are designed to assist youth in their emotional, behavioral and social needs.
2. Youth Enrichment Services are designed to provide youth with opportunities to build confidence and self-esteem, as well as increase skills in decision making, conflict resolution and leadership.

These programs will provide innovative strategies to assist youth to build their essential skills and knowledge necessary for adulthood.

An agency's application may include both types of services, however, the maximum award is \$30,000 per applicant.

The City of Austin reserves the right to adjust the contract amount or scope of work over the contract period based on the ability of the contractor to expend funds and accomplish activities in a timely manner. The contract amount and scope of work are based on the availability of funds, application review, community needs, and other factors. When the City determines adjustments need to be made, the City will provide at least 30-days' notice to contractor.

SOLICITATION

2012 Youth Development and Enrichment Services

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***NOTE:** Sections 100 and 300 are on the Internet at: <http://austintexas.gov/department/standard-bid-documents> , but are not included with this application. Refer to the "Standard Solicitation Documents for Purchases" selections. When reading, substitute the words "applicant" and "application" for "proposer" and "proposal." Do not use the addresses or phone numbers from the Internet documents. Use the addresses and phone numbers within this document. If you do not have Internet access, it is available at the Austin Public Libraries, or you can obtain the paper documents from the Health and Human Services Department (contact information below.)

For a copy of Section 100 and 300, Budget and Performance documents, or sample HHS social services contracts please contact Ron Hubbard at Ron.Hubbard@austintexas.gov or 512-972-5028 located at Health and Human Services Department, 7201 Levander Loop, Building #C, Austin, Texas 78702.

REQUEST FOR APPLICATION (RFA) 2012

Youth Development and Enrichment Services

SCOPE OF WORK

Purpose and Goals

During the budget process, the City Council added funding to Health and Human Services to the social services budget for youth services in the Holly Neighborhood. HHSD recognizes that providing Youth Development and Enrichment Services to youth affect the health of the entire community. Funding was designated to address gaps in social services for Austin's youth, with a specific focus youth in the Holly Neighborhood. Services to be funded will provide opportunities for development and enrichment which might otherwise not be available for youth in this community.

The following recommendations which received the support of the Public Health and Human Service committee should determine whether an organization responds to the Request for Application (RFA). Eligible applicants will meet the following requirements:

- Agencies currently receiving City of Austin Social Services funding are not eligible to apply for these funds. If you have questions regarding your organization's eligibility for funding through this RFA, please contact Ron Hubbard at Ron.Hubbard@austintexas.gov or 972-5028.
- Any nonprofit with an IRS 501(c) (3) designation that can legally contract with the City of Austin as determined by the City Purchasing Office is eligible to submit an Application. A signed letter on the organization's letterhead verifying 501(c) (3) status and a copy of the organization's IRS 501(c)(3) Determination letter must be provided with the application.

In addition, applicants must meet the requirements indicated below:

- Applicants are responsible for completing and maintaining documentation for Criminal Background Checks for all staff, volunteers, interns or any individuals who will be in contact with youth in connection with program services.
- Applicants must agree to work with the City of Austin Health and Human Services Department (HHSD) to develop a capacity building plan for their organization, which will determine how capacity building funds are used. Capacity building will include technical assistance and training provided both by HHSD staff and external community partners.
- Applicants must agree to participate with City of Austin Health and Human Services staff to complete the Administrative and Fiscal Review process by May 31, 2013.

The Applicant's ability to implement the program(s) proposed at the start of the contract (approximately March 1, 2013) is essential. Organizations unable to meet this deadline should not submit an application.

Applicants must demonstrate their agency's success in assisting youth and successfully providing development and enrichment services including demonstrated ability to successfully serve African-American and/or Hispanic/Latino youth with agency programs.

Awards will be determined on the application scores and the best mix of projects that result in the most significant positive difference for youth.

Program Services and Target Populations

Funding is focused on the following priorities:

Target Populations and Services

Target population:

Note: The term “youth” in this document applies to children and youth ages 0 to 18 years.

The target population will be children and youth that live or attend school in the Holly Neighborhood.

Services

The two areas of focus will be Youth Development and Enrichment Services.

1. Youth Development Services are designed to assist youth in their emotional, behavioral and social needs. The applicant should show demonstrate how youth will show an increase in decision making, conflict resolution and leadership skills.
2. Youth Enrichment Services are designed to provide youth with opportunities to build confidence and self-esteem.

These programs will provide innovative strategies to assist youth to build their essential skills and knowledge necessary for adulthood.

Given diverse community needs, the City is intentionally leaving program service options open for the areas described above, allowing nonprofit providers to request funding to best meet the needs of Austin’s youth in a successful manner.

Eligibility Guidelines

- Youth who live in or attend school in the Holly Neighborhood (bounded to the south by Lady Bird Lake, to the east by Shady Lane, to the north by East 7th Street, and to the west by the IH 35 access road).
- Youth who qualify for free or reduced lunch or whose family income is less than 200% of poverty.
- Applicants will be required to identify the subpopulation(s) they plan to serve.
- Applicants must also describe how your organization provides services to youth with prior history of involvement with the juvenile justice system.

Participation in Youth Services Mapping System (YSM)

All agencies receiving funding will be required to enter program information into the Youth Services Mapping system and keep information current. More information on YSM can be found at:

<http://www.ysm-austin.org/>

Funding Period

A 7-month contract period anticipated to be from March 1, 2013 through September 30, 2013 with 12-month contract extensions possible subject to contract performance and funding availability. The 12-month extensions will be for same amount of money as the 7-month contract.

Available Funding

A total of \$95,000 is available for a 7-month contract period. Applicants are required to submit a request which from \$5,000 to \$30,000. An agency’s application may include both priorities; however, the maximum award is \$30,000 per applicant.

NOTE: The City of Austin reserves the right to adjust the contract amount or scope of work over the contract period based on community needs, 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 30-days’ notice to the contractor.

Eligible Expenses

<p style="text-align: center;">Operations Costs</p> <ul style="list-style-type: none"> • Personnel • Operating Expenses (e.g. organization’s rent and utilities, insurance, local travel, phone, copier) <p style="text-align: center;">Capital Outlay Costs</p> <ul style="list-style-type: none"> • Equipment with a per unit cost of greater than \$1,000 only <p style="text-align: center;">Capacity Building Costs</p>	<p style="text-align: center;">Direct Assistance to Client Costs</p> <ul style="list-style-type: none"> • Financial assistance to clients (stipends for youth employment) • Food and beverages for clients • Other costs such as field trips, recognition and incentives
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Eligible Applicants

- Any nonprofit with an IRS 501(c)(3) designation that can legally contract with the City of Austin as determined by the City Purchasing Office is eligible to submit an Application. City policy does not permit entering into a contract with an entity that owes taxes to the City. A signed letter on the organization’s letterhead verifying non-profit status and a copy of the organization’s IRS 501(c)(3) Determination letter must be included with the application packet.
- Agencies currently receiving City of Austin Social Services funding are not eligible to apply for these funds. If you have questions regarding your organization’s eligibility for funding through this RFA, please contact Ron Hubbard at Ron.Hubbard@austintexas.gov or 972-5028.
- Applicants are responsible for completing and maintaining documentation for Criminal Background Checks for all staff, volunteers, interns or any individuals who will be in contact with youth in connection with program services. The cost of this requirement should be considered when developing this program budget.

- Applicants must be able to meet the City's insurance requirements for social service contractors. See the insurance requirements in Attachment A of this RFA. The cost of this requirement should be considered when developing this program budget.
- Must agree to provide the City a complete audit or financial review and the auditor's opinion and management letters (if selected as the Contractor) or agree to use capacity building funds to engage an auditor, if appropriate. The cost of this requirement should be considered when developing this program budget.
- The Applicant and its principals may not be currently suspended or debarred from doing business with the Federal Government, as indicated by the GSA list of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.
- Organization must have a minimum of one year of successful experience providing services to youth including demonstrated ability to successfully serve African-American and/or Hispanic/Latino youth with agency programs.

Application Due Date And Time

Tuesday, January 15, 2013 no later than 3:00 P.M.

Late applications will not be accepted.

City of Austin Health and Human Services Department

SECTION 200: SOLICITATION INSTRUCTIONS

1. EQUAL OPPORTUNITY

- A. **Equal Employment Opportunity:** No Applicant, nor Applicant's agent, shall engage in any discriminatory employment practice as defined in chapter 5-4 of the City Code. No Application submitted to the City shall be considered, nor any Purchase Order issued, or any Contract awarded by the City unless the Applicant has executed and filed with the City a current Non-Discrimination Certificate. Applicants shall sign and return with their Application, the Non-Discrimination Certification located in Section 700 herein.
- B. **Americans with Disabilities Act (ADA) Compliance:** No Applicant, nor Applicant's agent, shall engage in any discriminatory employment practice against individuals with disabilities as defined in the ADA.

2. ELIGIBLE APPLICANTS

Please see the Scope of Work for eligibility criteria.

3. LEGAL AUTHORITY

The funding of a contract award to provide the requested services will be in accordance with applicable City of Austin regulations, rules, and program guidance.

4. SOLICITATION

- A. **Review of Documents:** Applicants are expected to examine all documents that make up the Solicitation. Applicants shall promptly notify the City of any omission, ambiguity, inconsistency or error that they may discover upon examination of the Solicitation. Applicants must use a complete Solicitation to prepare Applications. The City assumes no responsibility for any errors or misrepresentations that result from the use of incomplete Solicitations.
- B. **Location of Documents:** Solicitations are issued by the Contract Awarding Authority. The location and phone number for the Contract Awarding Authority are specified in the advertisement and in the Solicitation.

5. WRITTEN EXPLANATIONS OR CLARIFICATIONS

Any material information given to one Applicant concerning a Solicitation will be furnished as an Addendum to all Applicants who have been issued a Solicitation. Any explanation, clarification, interpretation or change to the Solicitation made in any other manner is not binding upon the City, and Applicants shall not rely upon such explanation, clarification, interpretation or change. Oral explanations or instructions given before the award of the Contract are not binding.

The deadline for requesting an explanation, clarification, or interpretation is no later than 12:00 Noon on Wednesday, January 2, 2013. Requests for explanations, clarifications or interpretations must be emailed to Ron Hubbard at: Ron.Hubbard@austintexas.gov.

City of Austin Health and Human Services Department

The communication must clearly identify the Applicant's name and the Solicitation name. Any material information given to one Applicant concerning a Solicitation will be furnished as an Addendum to all Applicants who have been issued a Solicitation.

6. PRE-APPLICATION CONFERENCE

All potential applicants may attend one of the pre-Application conferences. Applicants can attend either at 1:30 p.m., Thursday, December 20, 2012 OR at 10:00 a.m., Friday December 21, 2012. Both pre-Application conferences will be held at the City of Austin Health & Human Services, East Austin Neighborhood Center, 211 Comal Street, Austin, Texas 78702. Attendance by interested applicants is recommended.

7. PREPARATION OF APPLICATIONS

Page length: The Application must be no longer than 8 pages not including the cover letter, signed certifications and budget forms. The Applicant must use Times New Roman font size 11, single-sided pages.

Signature: The Applicant must sign each document in the Solicitation requiring a signature. Any changes made to the Application must be initialed by the Applicant.

8. SUBMISSION OF APPLICATIONS:

Applications are due no later than 3:00 p.m., Tuesday, January 15, 2013.

Unless otherwise specified, Applicants are required to submit an original and three (3) copies.

A. **Documents required with the Application:** The following documents must be submitted with the Application:

- i. The signed Non-Discrimination Certification (Section 700)
- ii. The signed Non-Suspension or Debarment Certification (Section 900)
- iii. The signed letter on organization's letterhead verifying 501(c)(3) status and a copy of the organization's IRS 501(c)(3) Determination letter
- iv. The completed Work Statement (Section 500: Program Description)
- v. Budget documents (Section 500)
- vi. Proposer's affidavit of non-collusion, non-conflict of interest, and anti-lobbying form (Section 800)
- vii. Any other document included in the Solicitation requiring completion by the Applicant

All other pages in the Solicitation should be retained by the Applicant.

B. Hand-Delivery

In order to ensure receipt of the application by the due date and time, Applicants must hand-deliver their Application to the address below.

Applications must be returned in a sealed envelope or container marked on the outside with the:

- i) Applicant's name & address
- ii) Name of Solicitation:
HHSD: 2013 Holly Neighborhood Youth Services RFA #2013-01-15
- iii) Date and time submitted

City of Austin Health and Human Services Department

Mailed, emailed, telegraphic, or facsimile Applications will not be accepted.

Street Address for Hand Delivery or Courier Service
City of Austin
Health and Human Services Department
Family Health Unit Attn: Ron Hubbard
7201 Levander Loop, Building E
Austin, Texas 78702
Phone: (512) 972-5028

- C. **Late Applications:** Applications must be received by the Health and Human Services Department no later than 3:00 p.m. on January 15, 2013. All Applications received after the Due Date and Time will be considered late and will be returned to the Applicant unopened. **The time stamp clock at the front entry way at the Health and Human Services Department is the time of record and is verified with the local time service at (512) 476-7744.** It is the sole responsibility of the Applicant to ensure timely delivery of the Application. The City will not be responsible for failure of service on the part of the U.S. Postal Office, courier companies, or any other form of delivery service chosen by the Applicant.

9. MODIFICATION OR WITHDRAWAL OF APPLICATIONS

- A. **Modification of Applications:** Applications may be modified in writing at any time prior to the Due Date and Time.
- B. **Withdrawal of Applications:** Written requests to withdraw an Application may be submitted to Ron Hubbard via email to Ron.Hubbard@austintexas.gov at any time prior to the Due Date and Time. An Applicant may also withdraw an Application in person, provided the withdrawal is made prior to Due Date and Time. All requests for withdrawal must also be signed by the Applicant. Withdrawn Applications may be resubmitted, with or without modifications, up to the due date Tuesday, January 15, 2013 at 3:00 p.m.

10. OPENING OF APPLICATIONS/ RELEASE OF INFORMATION

- A. **Opening of Applications:** As authorized by Texas Local Government Code Section 252.049(b), Applications will be opened in a manner that avoids disclosure of the contents to competing Applicants and keeps the contents confidential during negotiations. Until the negotiations are completed, only the number and identity of the Applicants submitting Applications will be made available to the public.
- B. **Release of Information:** Under Texas law, information relating to Requests for Applications may be kept confidential until a contract has been awarded. Information relative to this RFA shall not be released by the City during the application evaluation process or prior to contract award.

City of Austin Health and Human Services Department

11. RESERVATIONS

The City expressly reserves the right to:

- A. Specify approximate quantities in the Solicitation;
- B. Extend the Solicitation closing date and time;
- C. Waive as an informality, minor deviations from specifications provided they do not affect competition or result in functionally unacceptable Goods or Services;
- D. Waive any minor informality in any Application or Solicitation procedure (a minor informality is one that does not affect the competitiveness of the Applicant);
- E. Add additional terms or modify existing terms in the Solicitation;
- F. Reject an Application containing exceptions, additions, qualifications or conditions not called for in the Solicitation;
- G. Reject an Application received from an Applicant who is debarred or suspended by the City;
- H. Reject an Application received from an Applicant who is currently debarred or suspended by the Federal Government (Applicable if project receives Federal funding);
- I. Reject an Application that contains fraudulent information;
- J. Reject an Application that has material omissions;
- K. Reject or cancel any or all Applications;
- L. Reissue a Solicitation; and/or
- M. Procure any item by other means.

12. NEGOTIATIONS

The City reserves the right to negotiate all elements which comprise the Applicant's Application to ensure that the best possible consideration be afforded to all concerned.

13. CONTRACT INCORPORATION

Applicant should be aware that the contents of the successful Application may become a part of the subsequent contractual documents. Failure of the successful Applicant to accept this obligation may result in the cancellation of any award. Any damages accruing to the City as a result of the successful Applicant's failure to contract may be recovered from the successful Applicant.

14. PAYMENT

The Contractor will be paid for eligible, actual expenses on a reimbursement basis.

15. OPPORTUNITY TO PROTEST

The Health and Human Services Department has the authority to settle or resolve any claim of an alleged deficiency or protest. The procedures for notifying the City of Austin of an alleged deficiency or filing a protest are listed below. If you fail to comply with any of these requirements, the Health and Human Services Department may dismiss your complaint or protest.

- A. **Prior to the Application Due Date and Time:** If you are a prospective Applicant and you become aware of the facts regarding what you believe is a deficiency in the Solicitation process before the Due Date and Time for receipt of Applications, you must notify the City in writing of the alleged deficiency by Wednesday, January 2, 2013 at 12:00 Noon, giving the City an opportunity to resolve the situation prior to the Application Due Date and Time Tuesday, January 15, 2013 at 3:00 p.m.

City of Austin Health and Human Services Department

- B. **After the Application Due Date and Time:** If you submit an Application to the City and you believe that there has been a deficiency in the Solicitation process or the award, you have the opportunity to protest the Solicitation process or the recommended award as follows:
- i. You must file *written notice* of your intent to protest within four (4) calendar days of the date that you know or should have known of the facts relating to the protest. If you do not file a written notice of intent within this time, you have waived all rights to protest the Solicitation process or the award.
 - ii. You must file your written protest within fourteen (14) calendar days of the date that you know or should have known of the facts relating to the protest unless you know of the facts before the Offer has been closed. If you know of the facts before those dates, you must notify the City as stated above.
 - iii. You must submit your protest in writing and must include the following information:
 - 1) your name, address, telephone and fax number;
 - 2) the solicitation name and number
 - 3) a detailed statement of the factual grounds for the protest, including copies of any relevant documents.
 - iv. Your protest must be concise and presented logically and factually to help with the City's review.
 - iv. When the City receives a timely written protest, HHSD will determine whether grounds for your protest are sufficient. A decision will usually be made within fifteen (15) calendar days after review of the complaint.
 - v. The City will send you a copy of the Health and Human Services Department's decision after the appropriate City staff has reviewed the decision.

16. POST APPLICATION DOCUMENTS REQUIRED FROM SUCCESSFUL APPLICANT

- A. **Certificates of Insurance:** Insurance is required. The Applicant (and collaborating partners in some circumstances) must provide Certificates of Insurance in the amounts and for the coverage required to the Health and Human Services Department prior to the contract initiation, or as otherwise required by the Solicitation. A certificate is not required with the Application. Insurance Requirements are included in Attachment A.
- B. **Administrative and Fiscal Review (AFR):** The Applicant agrees to participate with City of Austin Health and Human Services staff to complete an AFR due by May 31, 2013. An AFR is not required with the Application. AFR requirements are included in Attachment B.

City of Austin Health and Human Services Department

500: PROGRAM DESCRIPTION

RFA 2012 PROPOSED PROGRAM WORK STATEMENT FORMAT AND EVALUATION FACTORS

YOUTH DEVELOPMENT AND ENRICHMENT SERVICES

It is strongly advised that Applicants carefully consider the Work Statement when responding to this RFA.

- **Work Statement Format:** The work statement should be organized in the structure below.
 - **Competitive Selection:** This procurement will comply with applicable City of Austin Policy. The City will select the successful Applicant on a rational basis. The Application review team will be comprised of City HHSD staff and others. Evaluation factors outlined after each section of the work statement shall be applied to all eligible Applicants in comparing Applications and selecting successful Applicants. Award of a contract may be made without discussion with Applicants after the Applications are received. Applications should, therefore, be submitted on the most favorable terms.
 - **Evaluation:** A total of 75 points is possible for the proposed program description. Evaluation factors and the maximum score per section are noted at the end of each section. All responses will be evaluated as to how the proposed program will align with the goals outlined in the Scope of Work and to ensure that each required response in the Work Statement has been adequately addressed.
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Section I

Accomplishments, Experience, and Community Service Coordination

1. Describe experience in the provision of successfully serving youth.
2. Include specific information describing agency’s experience youth development and /or enrichment services focused on increasing confidence and self-esteem, as well as increased skills in decision making, conflict resolution or leadership.
3. Describe any agency participation in the Ready by 21 Coalition, Children and Youth Mental Health Planning Partnership and/or other relevant community planning activities.

Evaluation Section I	10
Accomplishments, Experience, and Community Service Coordination	points
<ul style="list-style-type: none">• Services to youth Documentation demonstrates level of success in providing the activities described	
<ul style="list-style-type: none">• Services to youth which include experience youth development and/or enrichment services focused on increasing confidence and self-esteem, as well as increased skills in decision making, conflict resolution or leadership	
<ul style="list-style-type: none">• Demonstrates participation in community planning	

City of Austin Health and Human Services Department

Section II Targeted Populations

All applicants are required to identify the target population(s) they intend to serve. All clients must meet the criterion listed below.

Eligible Participants/Clients

Youth who live in or attend school in the Holly Neighborhood (78702 – bounded to the south by Lady Bird Lake, to the east by Shady Lane, to the north by East 7th Street, and to the west by the IH 35 access road) and qualify for free or reduced lunch or whose family income is less than 200% of poverty

Target Populations and Services

Target population:

Note: The term “youth” in this document applies to children and youth ages 0 to 18 years.

The target population will be children and youth who live in or attend school in the Holly Neighborhood.

Services

The two areas of focus will be Youth Development and Enrichment Services.

1. Youth Development Services are designed to assist youth in their emotional, behavioral and social needs. The applicant should show demonstrate how youth will show an increase in decision making, conflict resolution and leadership skills.
2. Youth Enrichment Services are designed to provide youth with opportunities to build confidence and self-esteem.

These programs will provide innovative strategies to assist youth to build their essential skills and knowledge necessary for adulthood.

A. Target Population(s) & Eligibility Determination

1. Describe the priority target population to be served and the rationale for services.
2. Describe how youth will be recruited and engaged.
3. Describe how your organization provides services to youth with prior history of involvement with the juvenile justice system.

B. Cultural Competency for the Target Population(s)

The term “cultural competency” refers to providing services, support or other assistance in a manner that is responsive to the beliefs, interpersonal styles, attitudes, language and behaviors of individuals who are receiving services in a manner that has the greatest likelihood of ensuring their maximum participation in the service. Describe how the agency will deliver services so that cultural and language differences are not a barrier to services. Include the preferred staffing qualifications to ensure they will understand and be sensitive to the needs of culturally diverse populations.

City of Austin Health and Human Services Department

Evaluation Section II Targeted Populations	10 points
Eligibility	
<ul style="list-style-type: none"> • Specific priority target client population(s) to be served are defined • Strategies to recruit and engage youth are well defined and appropriate • Describe how your organization provides services to youth with prior history of involvement with the juvenile justice system. 	
Cultural Competency	
<ul style="list-style-type: none"> • Strategies are culturally inclusive and appropriate for target populations 	

**Section III
Project Activities**

Given diverse community needs, the City is intentionally leaving program service options open for the areas described above, allowing nonprofit providers to request funding to best meet the needs of Austin’s at-risk youth in a successful manner.

A. Youth Development Focus - are designed to assist youth in their emotional, behavioral and social needs. The applicant should show demonstrate how youth will show an increase in decision making, conflict resolution and leadership skills.

- 1) What services will be provided? Provide a detailed description.
- 2) Youth will increase decision making, conflict resolution and leadership skills.
- 3) Describe what types of youth development activities will be provided that will lead to desired outcomes.

B. Youth Enrichment Focus - successfully increase confidence, self-esteem.

- 1) What services will be provided? Provide a detailed description
- 2) Describe what types of enrichment activities will be provided that will lead to desired outcomes.
- 3) Describe any field trip activities, how they relate to desired outcomes and how they will be facilitated and supervised.

Evaluation Section III Project Activities	25 points
Overall Evaluation Factors	
<ul style="list-style-type: none"> • Responsive to goals and other information presented in the RFA • Structure and strategies are feasible and well-defined • Services can be implemented in a timely manner 	
For Youth Development Services Focus	
<ul style="list-style-type: none"> • Address emotional, behavioral and social needs • Specific activities are outlined and relevant • Decision making, conflict resolution and leadership are feasible and well-defined • Supervision of youth is adequate for safety and accountability 	

City of Austin Health and Human Services Department

For Youth Enrichment Services Focus
<ul style="list-style-type: none">• Services proposed provide enrichment activities which will lead to desired outcomes
<ul style="list-style-type: none">• Any field trip activities planned are well planned and relevant
<ul style="list-style-type: none">• Supervision of youth is adequate

Section IV Performance Measures

All Applicants must report the unduplicated count of individuals served. Additional measures may be added, however please limit total number of Outputs to no more than four. Applicants should also describe their plan for measuring the outcomes of the services provided.

Measures will be reported monthly. Goals should reflect the number anticipated for the 7-month contract period.

Required Measures

Output Measures

Youth Development Focus

1. Unduplicated count of individuals served
2. Number of individuals who participated in training to increase decision making, conflict resolution or leadership skills

Youth Enrichment Focus

1. Unduplicated count of individuals served
2. Number of individuals who participated in enrichment activities focused on increasing confidence and self-esteem

Outcome Measures

Describe how you plan to measure the impact of services delivered. In other words, how will you show that youth served benefited from the services provided? For example, how will youth served demonstrate:

- Increased school readiness
- Increased youth involvement in positive activities
- Increased confidence and self esteem
- Increased decision-making, conflict resolution or leadership skills

City of Austin Health and Human Services Department

OUTPUT MEASURES

OUTPUT # 1	<u>City of Austin Goal</u>	<u>Other Funding Goal</u>	<u>TOTAL</u>
Number of Unduplicated Clients served			

OUTPUT # 2	<u>City of Austin Goal</u>	<u>Other Funding Goal</u>	<u>TOTAL</u>
(Measure name)			

OUTPUT # 3	<u>City of Austin Goal</u>	<u>Other Funding Goal</u>	<u>TOTAL</u>
(Measure name)			

OUTPUT # 4	<u>City of Austin Goal</u>	<u>Other Funding Goal</u>	<u>TOTAL</u>
(Measure name)			

OUTCOME MEASURES

Please enter a narrative description of how you plan to measure the impact of services delivered. How will you demonstrate that youth served benefited from the services provided?

Evaluation Section IV Performance Measures	10 points
<ul style="list-style-type: none"> Both Output and Outcome measures are included as required and goals are reasonable and measurable Additional measures are applicable to determining results of the project(s) 	

Section V

Data Management and Reporting, Program Evaluation and Quality Improvement

Data collection, management and reporting is required. Successful Applicants will provide performance reports throughout the contract period.

A. Data Management and Reporting

Provide information regarding any past experience with data management and reporting. Describe how data is gathered on program clients, and any current processes used to compile and report this information to funders or other community partners.

Evaluation Section V Data Management and Reporting, Program Evaluation and Quality Improvement	5 points
Data Management and Reporting	
<ul style="list-style-type: none"> Demonstrates past experience in data management and reporting 	

City of Austin Health and Human Services Department

Section VI Budget Information

Applicants are required to submit budget information which from \$5,000 - \$30,000 for the 7-month contract period. Applicants must complete all budget forms incorporated into the RFA (forms are located after the budget evaluation factors listed below).

Eligible Expenses

The following items are eligible for reimbursement.

Operations Costs

- Personnel
- Operating Expenses (e.g. organization's rent and utilities, insurance, local travel, phone, copier)

Capital Outlay Costs

- Equipment with a per unit cost of greater than \$1,000 only

Direct Assistance to Client Costs

- Financial Assistance to clients
- Food and beverages for clients
- Other costs such as field trips, recognition and incentives

A. Program Budget

Enter the total amount of funding requested for the program and each subsection. All expenses should be identifiable, reasonable, and necessary.

B. Budget Narrative

Enter a description of all costs included in the program budget. Equipment purchases and any proposed out of Travis County travel must be itemized.

C. Staff Positions

Attach brief job descriptions or resumes for key staff to perform the described services and/or activities.

Evaluation Part VI Budget Information	10 points
Program Budget	
<ul style="list-style-type: none">• Budget is reasonable and appropriate for the proposed work plan• Budget totals \$5,000 - \$30,000 for the contract period• Sufficient detail provided in budget narrative	

City of Austin Health and Human Services Department

Staff Positions
<ul style="list-style-type: none">• Brief job descriptions or resumes for key staff that will perform the described services and/or activities are attached• Staff hours per week and percent paid by City funds)

Section VII

Overall Evaluation Factors Regarding Applicant

All applicants are required to submit the most recent Independent Audit or Financial Review, if available. For those organizations who do not have audited financial statements, please state that these documents are not currently available.

Overall Evaluation Factors Regarding Applicant	5 points
<ul style="list-style-type: none">• Most recent audit or financial review (unqualified/qualified/going concern identified) if available.	

City of Austin Health and Human Services Department

PROGRAM BUDGET

Program's Line Item Budget	Requested CITY OF AUSTIN Amount	Amount Funded by ALL OTHER Sources	TOTAL Budget (ALL funding sources)
PERSONNEL			
1. Salaries and Benefits			
A. Subtotals: PERSONNEL			
OPERATING EXPENSES			
1. General Operating Expenses			
2. Out of County Travel			
3. Other			
B. Subtotals: OPERATING EXPENSES			
DIRECT ASSISTANCE for PROGRAM CLIENTS			
4. Food/Beverage for Clients			
5. Financial Assistance for Clients (specify)			
6. Other (describe)			
C. Subtotals: DIRECT ASSISTANCE			
CAPITAL OUTLAY (with per Unit Cost <u>greater than \$1,000 ONLY</u>)			
7. Capital Outlay			
D. Subtotals: CAPITAL OUTLAY			
TOTALS			
GRAND TOTALS (A + B + C + D)			
PERCENT SHARE of Total for Funding Sources:	%	%	100%

City of Austin Health and Human Services Department

Program Budget NARRATIVE
Social Service Contracts – City of Austin

PERSONNEL	NARRATIVE/ Descriptions
1. Salaries and Benefits	
OPERATING EXPENSES	
2. General Operating Expenses	
3. Out of County Travel (itemized)	
4. Other (specify)	
DIRECT ASSISTANCE	
4. Food/Beverage for Clients	
5. Financial Assistance for Clients (specify)	
6. Other (specify)	
CAPITAL OUTLAY	
7. Capital Outlay (itemized)	

City of Austin Health and Human Services Department

600: APPLICATION PREPARATION INSTRUCTIONS

Application Preparation Instructions

1. Application must be no longer than 8 pages, not including cover letter, letter verifying 501(c)(3) status, signed certifications, budget forms or any resumes attached.
2. The Applicant must use Times New Roman font, no smaller than size 11. An original Application and three copies must be printed on single-sided 8½ x 11 inch plain white paper. 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.
3. The Application shall be organized in the following format and informational sequence. All pages shall be sequentially numbered with the agency and program name on each page.
 - Part A:** Cover letter on agency stationery (not included in page limit) including:
 - a. The name of the proposed program and the amount of funding requested.
 - b. The name, address, email address and telephone number of the person in your organization authorized to negotiate contract terms and render binding decisions on contract matters.
 - c. A statement that the Application is valid for a minimal period of one hundred and twenty (120) days subsequent to the RFA closing date.
 - d. A statement of your compliance with all applicable rules and regulations of Federal, State and Local governing entities; and compliance with terms of this RFA.
 - Part B:** A signed letter on agency letterhead verifying 501(c)(3) status and a copy of the organization's IRS 501(c)(3) Determination letter (not included in page limit)
 - Part C:** Table of Contents (included in eight-page limit)
 - Part D:** Required Attachments – completed forms #700, #800, #900 (not included in page limit)
 - Part E:** Program Description – Section 500 (eight-page limit, not including budget forms)
 - Part F:** Budget forms (editable forms are provided)
 - Part G:** Agency audited financial statements (if available)

Due Date and Time

The Application must be submitted to HHSD no later than 3:00 PM, Tuesday, January 15, 2013. Late applications will not be accepted.

4. **Exceptions**

If any exceptions are taken to any portion of the Solicitation, the Applicant must clearly indicate the exceptions taken and include a full explanation as a separate attachment to the Application. The failure to identify exceptions with a full explanation will constitute acceptance by the Applicant of the Solicitation as proposed by the City. The City reserves the right to reject an Application containing exceptions, additions, qualifications or conditions not called for in the Solicitation.

5. **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.

6. **Administrative and Fiscal Review Required**

As a part of capacity building requirements, applicants must agree to participate with City of Austin Health and Human Services staff to complete an Administrative and Fiscal Review (AFR) by May 31, 2013. The AFR shall be submitted separately from the Application. Attachment B lists the information which will be included in the AFR.

City of Austin Health and Human Services Department

**City of Austin, Texas
Equal Employment/Fair Housing Office
700: NON-DISCRIMINATION CERTIFICATION (RFA)**

I hereby certify that our firm conforms to the City Code, TITLE 5, Chapter 5-4: Discrimination in Employment by City Contractors, § 5-4-2, Discriminatory Employment Practices Prohibited as reiterated below:

The Contractor has agreed:

- (1) Not to engage in any discriminatory employment practice defined in Chapter 5-4;
- (2) To take affirmative action to ensure that applicants are employed and that employees are treated during employment, without discrimination being practiced against them as defined in Chapter 5-4. Such affirmative action shall include, but not be limited to, employment, promotion, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rate of pay or other forms of compensation; and selection for training or any other terms, conditions, or privileges of employment;
- (3) To post in conspicuous places, available to the employees and applicants for employment, notices to be provided by the Equal Employment/Fair Housing Office setting forth the provision of Chapter 5-4;
- (4) To state in all Solicitations or advertisements for employees placed by or on behalf of the Contractor, that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, national origin, sexual orientation, gender identity, disability, sex or age;
- (5) To obtain a written statement from any labor union or labor organization furnishing labor or service to the Contractors in which such union or organization has agreed not to engage in any discriminatory employment practices as defined in Chapter 5-4 and to take affirmative action to implement the policies and provisions of that Chapter;
- (6) To cooperate fully with the City and the Equal Employment/Fair Housing Office in connection with any investigation or conciliation effort of the Equal Employment/Fair Housing Office to ensure that the purpose of the provisions against discriminatory employment practice is being carried out; and
- (7) To require that all subcontractors having 15 or more employees who hold any subcontract providing for the expenditure of \$2,000 or more in connection with any contract with the City subject to the terms of this chapter that they not engage in any discriminatory employment practice as defined Chapter 5-4.

Contractor's Name:

Signature of Officer or
Authorized
Representative:

Date:

Printed Name:

Title

City of Austin Health and Human Services Department

City of Austin, Texas 800: PROPOSER'S AFFIDAVIT OF NON-COLLUSION, NON-CONFLICT OF INTEREST

State of Texas

County of Travis

The undersigned "Affiant" is a duly authorized representative of the Offeror for the purpose of making this Affidavit, and, after being first duly sworn, has deposed and stated and hereby deposes and states, to the best of his or her personal knowledge and belief as follows:

The term "**Offeror**", as used herein, includes the individual or business entity submitting the Offer and for the purpose of this Affidavit includes the directors, officers, partners, managers, members, principals, owners, agents, representatives, employees, other parties in interest of the Offeror, and anyone or any entity acting for or on behalf of the Offeror, including a subcontractor in connection with this Offer.

1. **Anti-Collusion Statement.** The Offeror has not in any way directly or indirectly:
 - a. colluded, conspired, or agreed with any other person, firm, corporation, Offeror or potential Offeror to the amount of this Offer or the terms or conditions of this Offer.
 - b. paid or agreed to pay any other person, firm, corporation Offeror or potential Offeror any money or anything of value in return for assistance in procuring or attempting to procure a contract or in return for establishing the prices in the attached Offer or the Offer of any other Offeror.
2. **Preparation of Solicitation and Contract Documents.** The Offeror has not received any compensation or a promise of compensation for participating in the preparation or development of the underlying Solicitation or Contract documents. In addition, the Offeror has not otherwise participated in the preparation or development of the underlying Solicitation or Contract documents, except to the extent of any comments or questions and responses in the solicitation process, which are available to all Offerors, so as to have an unfair advantage over other Offerors, provided that the Offeror may have provided relevant product or process information to a consultant in the normal course of its business.
3. **Participation in Decision Making Process.** The Offeror has not participated in the evaluation of Offers or other decision making process for this Solicitation, and, if Offeror is awarded a Contract hereunder, no individual, agent, representative, consultant, subcontractor, or subconsultant associated with Offeror, who may have been involved in the evaluation or other decision making process for this Solicitation, will have any direct or indirect financial interest in the Contract, provided that the Offeror may have provided relevant product or process information to a consultant in the normal course of its business.
4. **Present Knowledge.** Offeror is not presently aware of any potential or actual conflicts of interest regarding this Solicitation, which either enabled Offeror to obtain an advantage over other Offerors or would prevent Offeror from advancing the best interests of the City in the course of the performance of the Contract.
5. **City Code.** As provided in Sections 2-7-61 through 2-7-65 of the City Code, no individual with a substantial interest in Offeror is a City official or employee or is related to any City official or employee within the first or second degree of consanguinity or affinity.
6. **Chapter 176 Conflict of Interest Disclosure.** In accordance with Chapter 176 of the Texas Local Government Code, the Offeror:
 - a. does not have an employment or other business relationship with any local government officer of the City or a family member of that officer that results in the officer or family member receiving taxable income;
 - b. has not given a local government officer of the City one or more gifts, other than gifts of food, lodging, transportation, or entertainment accepted as a guest, that have an aggregate value of more than \$250 in the twelve month period preceding the date the officer becomes aware of the execution of the Contract or that OWNER is considering doing business with the Offeror.

City of Austin Health and Human Services Department

- c. as required by Chapter 176 of the Texas Local Government Code, Offeror must file a Conflict of Interest Questionnaire with the Office of the City Clerk no later than 5:00 P.M. on the seventh (7th) business day after the commencement of contract discussions or negotiations with the City or the submission of an Offer, or other writing related to a potential Contract with the City. The questionnaire is available on line at the following website for the City Clerk:

Information: <http://www.austintexas.gov/department/conflict-interest-questionnaire>
Form: <http://www.ethics.state.tx.us/forms/CIQ.pdf>

There are statutory penalties for failure to comply with Chapter 176.

If the Offeror cannot affirmatively swear and subscribe to the forgoing statements, the Offeror shall provide a detailed written explanation in the space provided below or, as necessary, on separate pages to be annexed hereto.

OFFEROR'S EXPLANATION:

Contractor's Name:

Printed
Name:

Title

Signature of Officer or Authorized Representative: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

_____ My Commission Expires _____
Notary Public

City of Austin Health and Human Services Department

City of Austin, Texas

900: NON-SUSPENSION OR DEBARMENT CERTIFICATION

The City of Austin is prohibited from contracting with or making prime or sub-awards to parties that are suspended or debarred or whose principals are suspended or debarred from Federal, State, or City of Austin Contracts. Covered transactions include procurement contracts for goods or services equal to or in excess of \$25,000.00 and all non-procurement transactions. This certification is required for all Vendors on all City of Austin Contracts to be awarded and all contract extensions with values equal to or in excess of \$25,000.00 or more and all non-procurement transactions.

The Offeror hereby certifies that its firm and its principals are not currently suspended or debarred from bidding on any Federal, State, or City of Austin Contracts.

Contractor's Name:

Signature of Officer
or Authorized
Representative:

Date:

Printed Name:

Title

**ATTACHMENT A -- RFA# 2013-01-15
INSURANCE REQUIREMENTS FOR CITY CONTRACTS**

Contractor shall have, and shall require all Subcontractors of every tier providing services under this Contract to have, Standard Insurance meeting the General Requirements as set forth below and sufficient to cover the needs of Contractor and/or Subcontractor pursuant to applicable generally accepted business standards. Depending on services provided by Contractor and/or Subcontractor(s), Supplemental Insurance Requirements or Alternate Insurance Options shall be imposed as follows:

I. General Requirements Applicable to All Contractors' Insurance.

The following requirements (A-J) apply to the **Contractor and to Subcontractor(s) of every tier** performing services or activities pursuant to the terms of this Contract. Contractor acknowledges and agrees to the following concerning insurance requirements applicable to Contractor and Contractor's Subcontractor(s):

- A. The minimum types and limits of insurance indicated below shall be maintained throughout the duration of the Contract.
- B. Insurance shall be written by companies licensed in the State of Texas with an A.M. Best rating of B+ VII or higher.
- C. Prior to commencing work under this Contract, the required insurance shall be in force as evidenced by a Certificate of Insurance issued by the writing agent or carrier. A copy of the Certificate of Insurance shall be forwarded to the Human Services Administration Unit upon request. Execution of this Contract will not occur until such evidence of insurance has been provided and accepted by the City.
- D. Certificates of Insurance shall include the endorsements outlined below and shall be submitted to the Human Services Administration Unit. The Certificate(s) shall show the City of Austin Contract number and all endorsements by number.
- E. Insurance required under this Contract which names City of Austin as Additional Insured shall be considered primary for all claims.
- F. Insurance limits shown below may be written as primary or structured using primary and excess or umbrella coverage that follows the form of the primary policy.
- G. City shall be entitled, upon its request and without expense, to receive certified copies of policies and endorsements.
- H. City reserves the right to review insurance requirements during any term of the Contract and to require that Contractor make reasonable adjustments when the scope of services has been expanded.
- I. Contractor shall not allow any insurance to be cancelled or lapse during any term of this Contract. Contractor shall not permit the minimum limits of coverage to erode or otherwise be reduced. Contractor shall be responsible for all premiums, deductibles and self-insured retention. All deductibles and self-insured retention shall be shown on the Certificates of Insurance.
- J. Insurance coverages specified in this Contract are not intended and will not be interpreted to limit the responsibility or liability of the Contractor or Subcontractor(s).

- K. The City will accept endorsements providing equivalent coverage if the insurance carrier does not use the specific endorsements indicated below.

II. Specific Requirements

The following requirements (II.A - II.D, inclusive) apply to the **Contractor and to Subcontractor(s) of every tier** performing services or activities pursuant to the terms of this Contract. Contractor acknowledges and agrees to the following concerning insurance requirements applicable to Contractor and Contractor's Subcontractor(s):

A. Workers' Compensation and Employers' Liability Insurance

1. Coverage shall be consistent with statutory benefits outlined in the Texas Workers' Compensation Act.
2. Employers' Liability limits are
 - \$100,000 bodily injury each accident
 - \$100,000 bodily injury by disease
 - \$500,000 policy limit
3. Policies under this Section shall apply to State of Texas and include the following endorsements in favor of City of Austin:
 - a. Waiver of Subrogation (Form 420304)
 - b. Thirty (30) day Notice of Cancellation (Form 420601)

B. Commercial General Liability Insurance

1. Minimum limits:
 - \$500,000* combined single limit per occurrence for coverage A and B.

*Supplemental Insurance Requirement
If eldercare, childcare, or housing for clients is provided,
the required limits shall be: \$ 1,000,000 per occurrence
2. The Policy shall contain or be endorsed as follows:
 - a. Blanket Contractual liability for this Contract
 - b. Products and Completed Operations
 - c. Independent Contractor Coverage
3. The Policy shall also include the following endorsements or endorsements providing equivalent coverage in favor of City of Austin:
 - a. Waiver of Subrogation (Form CG 2404)
 - b. Thirty (30) day Notice of Cancellation (Form CG 0205)
 - c. City of Austin named as additional insured (Form CG 2010)
4. If care of a child is provided outside the presence of a legal guardian or parent, the Contractor shall provide coverage for sexual abuse and molestation for a minimum limit of \$500,000 per occurrence.

- C. The policy shall be endorsed to cover injury to a child while the child is in the care of the Contractor or Subcontractor.

D. Business Automobile Liability Insurance

1. Minimum limits:

\$500,000 combined single limit per occurrence

- a. If any form of transportation for clients is provided, coverage for all owned, non-owned, and hired vehicles shall be maintained with a combined single limit of *\$1,000,000* per occurrence.
- b. If no transportation services of any type are provided, and use of a motor vehicle is strictly limited to travel to and from work or work sites, evidence of Personal Auto Policy coverage with limits of: *\$100,000/\$300,000/\$100,000* may be provided in lieu of Business Automobile Liability Insurance.

2. The Policy shall also include the following endorsements or endorsements providing equivalent coverage in favor of City of Austin:

- a. Waiver of Subrogation (Form TE 2046A)
- b. Thirty (30) day Notice of Cancellation (Form TE 0202A)
- c. City of Austin named as additional insured (Form TE 9901B)

E. Professional Liability Insurance

Coverage shall be provided with a minimum limit of *\$500,000* per claim to cover negligent acts, errors, or omissions arising out of Professional Services under this Contract.

F. Blanket Crime Policy Insurance

If an advance against Contract Funds is requested or received in an amount greater than *\$5,000*, a Blanket Crime Policy shall be required with limits equal to or greater than the sum of all Contract Funds allocated by the City. Acceptance of alternative limits shall be approved by Risk Management.

G. Directors and Officers Insurance

Directors and Officers Insurance with a minimum of not less than *\$1,000,000* per claim shall be in place for protection from claims arising out of negligent acts, errors or omissions for directors and officers while acting in their capacities as such. If coverage is underwritten on a claims-made basis, the retroactive date shall be coincident with or prior to the date of the Agreement and the certificate of insurance shall state that the coverage is claims made and the retroactive date. The coverage shall be continuous for the duration of the Agreement and for not less than twenty-four (24) months following the end of the Agreement. Coverage, including renewals, shall have the same retroactive date as the original policy applicable to the Agreement or evidence of prior acts or an extended reporting period acceptable to the City may be provided. The Contractor shall, on at least an annual basis, provide the City with a certificate of insurance as evidence of such insurance.

H. Property Insurance

If the Contract provides funding for the purchase of property or equipment, the Contractor shall provide evidence of all risk property insurance for a value equivalent to the replacement cost of the property or equipment.

**ATTACHMENT B
RFA# 2013-01-15**

**CITY OF AUSTIN
HEALTH AND HUMAN SERVICES DEPARTMENT**

SAMPLE

ADMINISTRATIVE AND FISCAL REVIEW (AFR) FORM



City of Austin HHSD - Human Services Division

P. O. Box 1088 ♦ Austin, Texas 78767 ♦ (512) 972-5031 ♦ Fax (512) 972-5025

**ADMINISTRATIVE AND FISCAL REVIEW (AFR)
For City Partner agencies**

Agency Name: _____

Please provide two (2) signed, original, hard copies of the Checklist and AFR Report with all applicable Attachments as follows to: City of Austin Health & Human Services, Community Services Division, Attn: Community Based Resources, P. O. Box 1088, Austin, TX 78767; or hand deliver to: 7201 Levander Loop, Building E, Attn: Community Based Resources.

Please provide the following items:	Required Attachments (continued):
<input type="checkbox"/> Two copies of Completed Update Checklist (this page)	<input type="checkbox"/> Current Annual Financial Audit Report (for FYE 20__) Date Board approved current audit: <u>MM-DD-YYYY</u>
<input type="checkbox"/> Two copies of completed AFR Report (all remaining pages in this document)	<input type="checkbox"/> Management Letter for current Annual Audit (if issued by CPA)
One copy each of Required AFR Attachments:	<input type="checkbox"/> Board minutes (signed and approved) from last three (3) Board meetings
<input type="checkbox"/> Most recent fiscal year end budget versus actuals <input type="checkbox"/> Current fiscal year budget <input type="checkbox"/> Most recent IRS Form 990 or 990 EZ	<input type="checkbox"/> Organization chart <input type="checkbox"/> Most recent monthly financial statements <input type="checkbox"/> Any "major documents" revised during last 12 months (bylaws, policies, procedures, etc.) <input type="checkbox"/> Next fiscal year's proposed budget (if available)

AFR REPORT REQUIREMENTS

For submitted original and hard copies, please...

- Use paper clips. Do not staple.
- Use double-sided copies when possible.
- Use white, 8 1/2 x 11 paper.
- Do not change the font or margin settings.
- Make sure attachments are clearly labeled.
- Collate materials in the order of the documents listed in the left column above.
- Do not attach any materials not specifically requested.

AGENCY INFORMATION for ADMINISTRATIVE & FISCAL REVIEW (AFR) REPORT

Do you authorize City staff to share this information with United Way Capital Area? Yes No

Agency Legal Name: _____	Other (dba) Agency Name: _____
Mailing Address: City, State, Zip: _____	Street Address: City, State, Zip: _____
Main Phone Number: _____	Agency's Web site: _____
Tax ID Number: _____	City Vendor Code: _____

Contact for this AFR: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Executive Director/CEO: _____	Board Chair: _____
Phone Numbers: Work: _____ Cell: _____	Mailing Address: City, State, Zip: _____
Email: _____	Phone Numbers: Work: _____ Cell: _____
	Email: _____
Financial Contact: _____	Volunteer Contact: _____
Title: _____	Title: _____
Phone: Work: _____	Phone: Work: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

CERTIFICATION OF AFR Update

The Board Chair and Executive Director affirm that the information in this document is true and accurate and has been authorized by the board of directors.

Board Chairperson (typed name)

Signature

Executive Director/CPO/CEO (typed name)

Signature

1) SUCCESSION OF AUTHORITY (After Exec.Dir/Board Chair) IN CASE OF DISASTER/ EMERGENCY

Succession of Authority – NAME of 1st in line AFTER <u>Executive Director or</u> _____ <u>Board Chair:</u>	Succession of Authority – NAME of 2nd in line AFTER <u>Executive Director or</u> _____ <u>Board Chair:</u>	Succession of Authority – NAME of 1st in line AFTER Executive Director or Board Chair: _____
Phone: _____	Work: _____ Cell: _____	Phone: _____ Work: _____ Cell: _____
Cell: _____		Cell: _____
Fax: _____		Fax: _____

2) Identify which of these Accessibility features are available at Agency's MAIN Office Location:	<input type="checkbox"/> Accessible main entrance	3) Provide the Total Number of Unduplicated Clients served last fiscal year by ALL of this Agency's programs: [Enter number]				
	<input type="checkbox"/> Within 1 block of public bus stop					
	<input type="checkbox"/> Designated wheelchair accessible parking					
	<input type="checkbox"/> Policy for provision of Accessible services	4) Agency's Fiscal Year starting and ending Months				
	<input type="checkbox"/> Accessible public restroom	<table border="1"> <tr> <td>Fiscal Year starts:</td> <td>[Enter month]</td> </tr> <tr> <td>Fiscal Year ends:</td> <td>[Enter month]</td> </tr> </table>	Fiscal Year starts:	[Enter month]	Fiscal Year ends:	[Enter month]
Fiscal Year starts:	[Enter month]					
Fiscal Year ends:	[Enter month]					

5) Agency Programs and Brief Description (maximum 25 words each):

Program 1 Name: _____ Description (25 words or less): _____ Primary service provided: _____ If Shelter/Housing, indicate number of beds: [Enter number] If Child Care, indicate number of children: [Enter number]	Program 2 Name: _____ Description (25 words or less): _____ Primary service provided: _____ If Shelter/Housing, indicate number of beds: [Enter number] If Child Care, indicate number of children: [Enter number]
Program 3 Name: _____ Description (25 words or less): _____ Primary service provided: _____ If Shelter/Housing, indicate number of beds: [Enter number] If Child Care, indicate number of children: [Enter number]	Program 4 Name: _____ Description (25 words or less): _____ Primary service provided: _____ If Shelter/Housing, indicate number of beds: [Enter number] If Child Care, indicate number of children: [Enter number]

If your agency has more than 4 programs, copy and insert the blocks above to include all remaining programs (or attach a separate sheet with that same info).

6) Agency Branch Offices:

Branch Office 1 Name: _____	Office Contact Person: _____
Physical Address of this Branch _____	Contact Phone: _____
City: _____	Primary service provided: _____
State: _____	If Shelter/Housing, indicate number of beds: [Enter number]
Zip Code: _____	If Child Care, indicate number of children: [Enter number]

Brief Description of Programs offered at this Branch Office: _____

Identify which of these Accessibility features are available at this branch:

<input type="checkbox"/> Accessible main entrance	<input type="checkbox"/> Within 1 block of public bus stop	
<input type="checkbox"/> Designated wheelchair accessible parking	<input type="checkbox"/> Policy for provision of Accessible services	<input type="checkbox"/> Accessible public restroom

Branch Office 2 Name: _____	Office Contact Person: _____
Physical Address of this Branch _____	Contact Phone: _____
City: _____	Primary service provided: _____
State: _____	If Shelter/Housing, indicate number of beds: [Enter number]
Zip Code: _____	If Child Care, indicate number of children: [Enter number]

Brief Description of Programs offered at this Branch Office: _____

Identify which of these Accessibility features are available at this branch:

<input type="checkbox"/> Accessible main entrance	<input type="checkbox"/> Within 1 block of public bus stop	
<input type="checkbox"/> Designated wheelchair accessible parking	<input type="checkbox"/> Policy for provision of Accessible services	<input type="checkbox"/> Accessible public restroom

Branch Office 3 Name: _____	Office Contact Person: _____
Physical Address of this Branch _____	Contact Phone: _____
City: _____	Primary service provided: _____
State: _____	If Shelter/Housing, indicate number of beds: [Enter number]
Zip Code: _____	If Child Care, indicate number of children: [Enter number]

Brief Description of Programs offered at this Branch Office: _____

Identify which of these Accessibility features are available at this branch:

<input type="checkbox"/> Accessible main entrance	<input type="checkbox"/> Within 1 block of public bus stop	
<input type="checkbox"/> Designated wheelchair accessible parking	<input type="checkbox"/> Policy for provision of Accessible services	<input type="checkbox"/> Accessible public restroom

If your agency has more than 3 branch offices, copy and insert the blocks above to include all remaining branches (or attach a separate sheet with that same info).

AGENCY VISION AND MISSION STATEMENTS

7-A) Vision: [Enter text]

7-B) Mission: [Enter text]

AGENCY OVERVIEW

8) Describe the community issues the agency is attempting to address; please cite independent data sources. Include a description of the target population (the population most at risk of experiencing the issues described as well as demographic and geographic characteristics. (500 words max.)

[Enter text]

9) List the agency's affiliations, licensures, certifications or accreditations

[Enter text]

AGENCY'S BOARD OF DIRECTORS

10) Number of board members: [Enter number]

11) Frequency of board meetings: [Enter text]

12) Please briefly describe the board and volunteer committee structure including functions and activities.

[Enter text]

13) Please briefly describe how the board participates in fundraising activities.

[Enter text]

Yes No **14) Does the board review program performance?**

Yes No **15) Does the board annually approve the budget?**

16) If necessary, please include further explanation for any items in this section. Identify which item(s) it pertains to.

[Enter text]

17) BOARD MEMBERS INFORMATION

Applicable for FY: [Enter fiscal year]

Board member 1 Name: _____

Job Title: _____

Mailing Address: _____

Business Affiliation: _____

City: _____

Gender: _____

State: _____

Ethnicity: _____

Zip Code: _____

Race: _____

Phone: Daytime: _____

Board Term: _____

Email: _____

Board Position: _____

Current Board Member Status: **Active** **Not Active**

BOARD MEMBERS INFORMATION (continued)

Applicable for FY: [Enter fiscal year]

Board member 2 Name: _____	Job Title: _____
Mailing Address: _____	Business Affiliation: _____
City: _____	Gender: _____
State: _____	Ethnicity: _____
Zip Code: _____	Race: _____
Phone: Daytime: _____	Board Term: _____
Email: _____	Board Position: _____

Current Board Member Status: **Active** **Not Active**

Applicable for FY: [Enter fiscal year]

Board member 3 Name: _____	Job Title: _____
Mailing Address: _____	Business Affiliation: _____
City: _____	Gender: _____
State: _____	Ethnicity: _____
Zip Code: _____	Race: _____
Phone: Daytime: _____	Board Term: _____
Email: _____	Board Position: _____

Current Board Member Status: **Active** **Not Active**

Applicable for FY: [Enter fiscal year]

Board member 4 Name: _____	Job Title: _____
Mailing Address: _____	Business Affiliation: _____
City: _____	Gender: _____
State: _____	Ethnicity: _____
Zip Code: _____	Race: _____
Phone: Daytime: _____	Board Term: _____
Email: _____	Board Position: _____

Current Board Member Status: **Active** **Not Active**

BOARD MEMBERS INFORMATION (continued)

Applicable for FY: [Enter fiscal year]

Board member 5 Name: _____ **Job Title:** _____

Mailing Address: _____ **Business Affiliation:** _____

City: _____ **Gender:** _____

State: _____ **Ethnicity:** _____

Zip Code: _____ **Race:** _____

Phone: Daytime: _____ **Board Term:** _____

Email: _____ **Board Position:** _____

Current Board Member Status: **Active** **Not Active**

Applicable for FY: [Enter fiscal year]

Board member 6 Name: _____ **Job Title:** _____

Mailing Address: _____ **Business Affiliation:** _____

City: _____ **Gender:** _____

State: _____ **Ethnicity:** _____

Zip Code: _____ **Race:** _____

Phone: Daytime: _____ **Board Term:** _____

Email: _____ **Board Position:** _____

Current Board Member Status: **Active** **Not Active**

Applicable for FY: [Enter fiscal year]

Board member 7 Name: _____ **Job Title:** _____

Mailing Address: _____ **Business Affiliation:** _____

City: _____ **Gender:** _____

State: _____ **Ethnicity:** _____

Zip Code: _____ **Race:** _____

Phone: Daytime: _____ **Board Term:** _____

Email: _____ **Board Position:** _____

Current Board Member Status: **Active** **Not Active**

If your agency has more than 7 board members, copy and insert the blocks above to include the same information requested for all remaining members (or attach a separate sheet with that same info).

AGENCY ADMINISTRATION

Yes No **18) Do financial policies and procedures outline internal controls including separation of duties, accounts receivable, accounts payable, investments, reconciliation and classification of accounts?**

Yes No **19) The agency has written personnel and operating policies.**

20) Number of paid full and part-time staff: [Enter number]

21) Briefly describe how the board, staff and volunteers reflect the community the agency serves.
[Enter text]

22) Briefly describe how volunteers are utilized to enhance operations or service delivery.
[Enter text]

23) Provide the total number of all volunteers utilized during the agency's last fiscal year: [Enter number]

24) Provide the total number of volunteer hours over the agency's last fiscal year: [Enter number]

25) Please calculate the agency's fundraising and administrative percentage of overall revenues using information from the most recent IRS Form 990 and the formula below.

For present 990's dating back to 2008, 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). **No other methods may be used to calculate this percentage.** Multiply the answer by 100.

For short form filers (IRS Form 990EZ), your organization must utilize the long form [IRS Form 990](#) to determine your fundraising and administrative percentage calculation. Your organization is not required to complete and resubmit the entire long form to the IRS, just determine the calculation from the long form (IRS Form 990) parts identified above.

$$\frac{\text{Line 25 (C.)} + \text{Line 25 (D.)}}{\text{Line 12}} \times 100 = [\text{percent}]\%$$

Yes No **26) Is the fundraising and administrative percentage over 25%?**

27) If percentage is above 25%, please include a brief explanation and a plan for reducing this percentage.
[Enter text]

28) Please briefly describe how participation in community collaborations has been beneficial to the agency including how it has impacted clients served. Please use specific examples.
[Enter text]

29) If necessary, please include further explanation for any items in this section. Identify which item(s) it pertains to.
[Enter text]

FINANCIAL INFORMATION

- Yes No **30) 990 forms have been submitted to the IRS.**
- Yes No **31) The agency is current on its payment of payroll taxes.**
- Yes No **32) The agency received an unqualified audit opinion for the last two fiscal years.**
- Yes No **33) The audit management letter, if issued, does not identify material financial management issues, or, if issues are noted, the agency has implemented changes as necessary.**
- Yes No **34) Agency has at least three funding sources.**
- Yes No **35) Is any one source of funding more than 75% of the overall budget?**

36) If yes, briefly describe the rationale or what actions the agency is taking to develop more funding sources.

[Enter text]

37) Agency's Current FY Budget (Excluding In-Kind): \$[Enter amount]

Revenue

State and Federal Grants: _____%

City of Austin Grants/Contracts: _____%

Travis County Grants/Contracts: _____%

Fundraising: _____%

Foundation Grants: _____%

Special Events: _____%

Contributions & Major Gifts: _____%

United Way: _____%

Client Fees: _____%

Interest and Other: _____%

Expenses

Management: _____%

Program: _____%

38) Please briefly describe and estimate the value of in-kind support the agency receives.

[Enter text]

- Yes No **39) The agency has operating reserves of at least one month.**
- Yes No **40) If not, does the agency have a fund development or financial management plan to build reserves?**
- Yes No **41) The agency's audits from the two previous fiscal years show that the agency kept operating expenses within revenues.**

42) Briefly describe how dollars have been used to leverage other funds.

[Enter text]

43) How much money will the agency be bringing into the community through leveraging? Please describe and include amounts and sources.

[Enter text]

44) If necessary, please include further explanation for any items in this section. Identify which item(s) it pertains to.

[Enter text]
