



**SOLICITATION NO:** RFA 005 – CDC COVID 19 Vaccine Outreach– 2021 – NPS

**SOLICITATION NAME:** Request for Applications for CDC COVID 19 Vaccine Outreach

<b>DATE ISSUED:</b>	September 2, 2021
<b>Threshold Review Due</b>	<b>Tuesday, September 14, 2021, 3 PM CST</b>
<b>RFA Application Date Due:</b>	<b>Wednesday, September 29, 2021, 3 PM CST</b>
<b>Anticipated Start date of contract:</b>	<b>November 1, 2021</b>
<b>Questions regarding the RFA and Technical Assistance</b> questions regarding entry into Partnergrants <b>are due on or before</b>	Tuesday, September 28, 2021 at 3 PM CST
<b>Questions must be submitted in writing to the Authorized Contact Person or through Partnergrants</b>	<b>Authorized Contact Person:</b> Natasha Ponczek Shoemake Contract Management Specialist III E-Mail: <a href="mailto:APHCompetitions@AustinTexas.gov">APHCompetitions@AustinTexas.gov</a>
<b>Questions and Answers will be available:</b>	In Partnergrants and on the solicitation website: <a href="#">CDC COVID19 Vaccine Outreach RFA Website</a>
<b>Optional Pre-Bid Meetings- Dates and Times:</b> Note: Materials will be posted in PG and on the website	Wednesday, September 8, 2021 10:00 am – 11:30 pm CST
<b>Pre-Bid Meeting Location:</b>	Registration Required with this link to get the Conference Call details: <a href="#">Eventbrite Link</a>

**APH is only accepting applications through the Partnergrants database. No paper copies will be accepted.**

All Applicants must:

1. Confirm that their organization is a registered vendor with the City of Austin
  - To confirm enter the organization’s City of Austin Vendor Number when registering as a user in the Partnergrants system (see #2 below).
    - To find the City of Austin Vendor Number please visit [Austin Finance Online](#). and search for the organization’s legal name.
  - To register to become a potential City of Austin vendor, go to [Austin Finance Online](#) to register.
2. Be a registered user in the Partnergrants system. The applications will be submitted through this web-based system. To register, visit the Partnergrants site and click on “Register Here.” Note that the organization’s City of Austin Vendor number is required to complete registration in Partnergrants.



This solicitation is comprised of the following required sections. Please carefully read each section including those incorporated by reference. By signing this document, you are agreeing to all the items contained herein and will be bound to all terms.

FORM NO.	TITLE OF REQUIRED FORMS	REQUIRES RESPONSES DUE
	Note: Forms 1-3 must be scanned, signed or filled out and uploaded into Partnergrants.	
1	OFFER SHEET	Wednesday, September 29, 2021 By 3PM CST
2	RFA APPLICATION	
3	COA CERTIFICATIONS AND DISCLOSURES	
SECTION NO.	TITLE	INFORMATION ONLY
A	THRESHOLD REVIEW FORM	<i>Form input in Partnergrants Due Tuesday, September 14, 2021</i>
B	STANDARD SOLICITATION PROVISIONS AND INSTRUCTIONS	Information Only
C	RFA SCOPE OF WORK	
D	APH CLIENT ELIGIBILITY REQUIREMENTS	
E	STANDARD APH AGREEMENT BOILERPLATE	
F	APPLYING FOR APH-FUNDED OPPORTUNITY – PARTNERGRANTS INSTRUCTIONS	
G	CDC COVID Vaccine Outreach Work Statement for Deliverables – SAMPLE	

\* Completed forms marked with an asterisk are not required for Application submission, but rather provided as reference.

**INTERESTED PARTIES DISCLOSURE**

In addition, Section 2252.908 of the Texas Government Code requires the successful Applicant to complete a Form 1295 “Certificate of Interested Parties” that is signed and includes an “unsworn declaration” for a grant agreement award requiring City Council authorization. The “Certificate of Interested Parties” form must be completed on the [Texas Ethics Commission website](#), printed, signed and submitted to the City by the authorized agent of the Business Entity with acknowledgment that disclosure is made under oath and under penalty of perjury prior to final grant agreement execution.



**CITY OF AUSTIN, TEXAS**

**Austin Public Health**

**REQUEST FOR APPLICATION (RFA) OFFER SHEET**



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

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

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

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

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