Form 2 - RFP PROPOSAL

**PROPOSAL INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. An Offeror can only apply for one distinct program per proposal. Offerors may submit multiple proposals for different programs, which may include programs in different service categories. All questions are in green text boxes. Click on the text boxes beneath the questions to type in your answers. Any required attachments are indicated by a  symbol, and drop-down menus are indicated by a  symbol.

**Please note:** Only name uploaded documents with letters and numbers. To reduce possible submission and/or review delays, please ensure any attached file from your local drive DOES NOT contain any special characters. Letters and numbers are acceptable.

**The total word count limit is 15,000 for this entire word document (including proposal questions and your answers).** The word count is indicated below left on your screen or if you go to the top of the screen to Search “word count”.

**Table 1: Required APH Documents**. The following must be completed and/or submitted in Partnergrants:

|  |  |  |
| --- | --- | --- |
| **Form Number** | **Title** | **Guidance** |
| 1 | Offer Sheet | Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants.**Due July 7, 2023** |
| 2 | RFP Proposal  |
| 3 | Program Budget and Funding Summary  |
| 4 | COA Certifications and Disclosures |

**PART I. Fiscal and Administrative Capacity - Unscored**

**Pre-Application**

**Annual Agency Threshold Application:** The **Annual Agency Threshold Application** must be completed in PartnerGrants by or before the Intent to Apply deadline stated in the Offer Sheet. This form must be submitted once per 12 months and remains valid for all competitions closing within that time. This form must be submitted once per 12 months and remains valid for all competitions closing within that time.

**RFP Intent to Apply:** After submitting the Annual Agency Threshold Application, the agency will be able to submit an **Intent to Apply** through this RFP Opportunity. Intent to Apply forms will only be approved and access to Final Proposals granted once the Annual Agency Threshold Application approval has been verified. A separate Intent to Apply form must be completed for each Proposal. Offerors may submit multiple Proposals to an RFP.

**Agency Information**

No points are assigned to questions in this section, but a response is required for each question. These questions will be used to determine if your organization is eligible to contract with the City of Austin. All Proposals must have satisfactory answers in this section to be advanced to the evaluation phase for potential award. If this question was referenced in the Exhibit C - Scope of Work, the letter and number reference is included in parentheses at the end of the question. If submitting on behalf of a collaborative (a subgrantee agreement between another agency or agencies with the Offeror serving as the APH Grantee and primary fiscal agent), the primary fiscal agent should complete this part of the Proposal.

**Name of your Organization:** Click or tap here to enter text.

**Program Name:** Click or tap here to enter text.

**Total Amount Requested:** Click or tap here to enter $ amount.

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

Click or tap here to enter text.

1. Will your organization be able to meet all the Terms and Conditions listed in Exhibit E-Standard Boilerplate and Exhibits? Provide any additional information.

Click or tap here to enter text.

1. Provide a brief description of the Agency applying for this funding (e.g., mission statement).

Click or tap here to enter text.

1. Provide a brief description of the Program that the agency is applying for with this funding. (1-3 sentence program summary).

Click or tap here to enter text.

1. What is your organization’s annual budget?

Click or tap here to enter text.

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

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

1. **Emergency Response:** In the event of a public health emergency, what response services would your agency be prepared to provide to support Austin Public Health and the City of Austin’s response? (Exhibit C – Scope of Work, Section VIII)

Click or tap here to enter text.

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

**Offerors must answer every question and every part of each question. Any required attachments are indicated by a**  **symbol, and drop-down menus are indicated by a**  **symbol.**

**Please note:** Only name uploaded documents with letters and numbers. To reduce possible submission and/or review delays, please ensure any attached file from your local drive DOES NOT contain any special characters. Letters and numbers are acceptable.

**Section 1: Experience and Cultural Competence**

Offerors must demonstrate that they, members of their board, or leadership staff have experience delivering high quality services in Austin/Travis County for a minimum of 2 years.

**AGENCY EXPERIENCE & PERFORMANCE:**

1. Describe your experience providing the same or similar services to what is being proposed.

Click or tap here to enter text.

1. Demonstrate with past performance your agency's/program's ability to meet goals and make a positive impact on the community. Please upload previous performance reports or data from no later than 2019 that demonstrate the service or related services for which you are applying. These can include quarterly performance reports or annual reports provided to community or agency leadership that indicate:
a. Number of unduplicated individuals served in a 12-month period
b. Number of hours of service provided to high priority Medicare users
c. Number of calls to EMS by enrolled individuals
d. Number of individuals achieving healthy outcomes

Please  attach performance reports.

Please explain if you are not able to provide these reports, if you are submitting other reports, or if you have any clarification that is being provided to respond to this question. If these data points are not available at the time of application deadline, how can the applicant obtain past data for comparison during the pilot study?

Click or tap here to enter text.

[ ]  **Check here to indicate that** past performance reports are attached to the proposal in Partnergrants.

**PRINCIPLES OF SERVICE DELIVERY**

1. **Trauma-Informed Practices:** Describe existing and planned strategies for providing programming and services that integrate trauma-informed practices into services delivery environments and processes.

Click or tap here to enter text.

1. **Language Access Planning:** Describe your language access plan (LAP). If you are in development of the LAP, describe the process for receiving input and the steps remaining to finalize the LAP. Specifically describe how the LAP impacts different types of services included, but not limited to:
* Outreach
* Intake
* Service Delivery

Please  attach appropriate LAP policies and procedures.

Click or tap here to enter text.

[ ]  **Check here to indicate that** appropriate LAP policies are attached to the proposal in PartnerGrants.

**CULTURAL COMPETENCE & RACIAL EQUITY**

City of Austin’s definition of Equity is the condition when every member of the community has a fair opportunity to live a long, healthy, and meaningful life. Equity is embedded into Austin’s values system and means changing hearts and minds, transforming local government from the inside out, eradicating disparities, and ensuring all Austin community members share in the benefits of community progress.

Equity is one of six strategic anchors of the City of Austin’s strategic direction, and a core value driving the implementation of City services. To advance equitable outcomes, the City of Austin is leading with a lens of racial equity and healing.

1. **Equitable Service Delivery:** Describe your experience reaching and successfully serving diverse communities including the identified service.

 Please attach appropriate documents such as policies, demographic reports, etc. to support your described experience.

Click or tap here to enter text.

[ ]  **Check here to indicate that,** if applicable, documents demonstrating experience are attached to the proposal in PartnerGrants.

1. Rate your organization for each of the following questions with “Planning Stage,” “Implementation Stage,” or “Fully Integrated Implementation.” **Use the**  **drop down** menu to choose and then explain your answer in the next box.

|  |  |  |
| --- | --- | --- |
| **Racial Equity Self-Assessment Item** | **Choose from the** Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... **drop down menu the option that describes your stage of implementation: Planning; Implementation; or Fully Integrated Implementation.**  | **Describe what the agency’s board, staff and programs are doing to implement these items.** |
| 1. We have access to data on racial/ethnic disparities to guide our work.
 | Click here for Drop Down Menu Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text.  |
| 1. Our work includes performance measures to determine how well we are doing to address racial disparities.
 | Click here for Drop Down Menu Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text.  |
| 1. Our board has developed and implemented a plan to address racial disparities in our programs and in our organization.
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text.  |
| 1. Our agency has anti-racist policies and procedures which intend to demonstrate the commitment of conducting day-to-day operations and governance in an anti-discriminatory and anti-racist manner and environment.
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text.  |
| 1. Our agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities.
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text.  |
| Our agency hosts or participates in training events dedicated to improving equitable outcomes. | Click here for Drop Down Menu Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text.  |

**Section 2: Program Design**

**PROGRAM WORK STATEMENT**

In this section, keep answers concise and only describe concrete services and actions of the program you are proposing. Answer each item fully, making sure to address each part of each question.

1. **Program Goals and Objectives:** Describe the program type you propose and the purpose of the program, including goals, objectives, and how program success is defined.

Click or tap here to enter text.

1. **Program Services and Delivery:** Provide a description that addresses the entire scope of the proposed program including:

a) an overview of the program strategy/strategies for service delivery.

b) a detailed description of program activities, including how services are delivered.

c) if submitting on behalf of a collaborative (a subgrantee agreement between another agency or agencies with the Offeror serving as the APH Grantee and primary fiscal agent), a description of the framework and how the activities described in the Scope of Work will be delineated and how accountability will be maintained.

Click or tap here to enter text.

1. **Evidence-Based Practices:** Briefly describe how the program incorporates evidence-based practices per Exhibit C – Scope of Work.

Click or tap here to enter text.

1. **Collaboration with Community:** Briefly describe how the program will participate in the local CHA-CHIP working groups and engage with community stakeholders.

Click or tap here to enter text.

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

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

**DATA MANAGEMENT**

1. **Data Security and Systems Management:** Describe the systems that your organization has in place to collect and report program data, including data required to report on performance measures. Include data management process and flow, and how data will be collected and stored. Describe the organization’s process of internal controls and systems implemented to ensure data accuracy and data security. Include who has access to the data, what kind of training is provided to staff to ensure data is collected accurately, completely, and securely.

Click or tap here to enter text.

1. **Quality Improvement and Feedback:** Describe how data are used in your organization for identifying problems in (1) program design, (2) service delivery, and (3) expenditures and (4) equity, and how that information is used to improve practices and program effectiveness. Please respond to each item.

Click or tap here to enter text.

**PERFORMANCE MEASURES**

1. **Please provide: A) Output Measure(s) and B) Outcome Measures below.**

**20A**. **Output Measures**: Provide a proposed a 6-month goal for the number of unduplicated clients served by the total program as well as any additional context. The goal should be based on past performance experience, budgeted program costs, and best estimates.  The contract goal for unduplicated clients served should be for the total program including City funding and all other funding sources.

Proposals must include the following output:

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **6-month Goal #****September 1, 2023 – February 29, 2024** |
| Required Output | Total Number of Unduplicated Clients Served per 6-month period | Click or tap here to enter goal #. |

**20Ai**. Describe how the data will be calculated for the output.

Click or tap here to enter text.

**20Aii.** Provide an explanation for determining the annual goal.

Click or tap here to enter text.

**20Aiii.** Describe how demographic and eligibility data will be collected from clients and the method for reporting this data.

Click or tap here to enter text.

**20B**. **Output Measures**: Provide a proposed 6-month goal for the number of hours of service provided to high priority Medicare users by the total program as well as any additional context. The goal should be based on past performance experience, budgeted program costs, and best estimates.  The contract goal for unduplicated clients served should be for the total program including City funding and all other funding sources.

Proposals must include the following output:

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **6 month Goal #****September 1, 2023 – February 29, 2024** |
| Required Output | Total Number of hours of service provided to high priority Medicare users | Click or tap here to enter goal #. |

**20Bi**. Describe how the data will be calculated for the output.

Click or tap here to enter text.

**20Bii.** Provide an explanation for determining the annual goal.

Click or tap here to enter text.

**20Biii.** Describe how demographic and eligibility data will be collected from clients and the method for reporting this data.

Click or tap here to enter text.

**20C**. **Output Measures**: Provide a proposed a 6-month goal for the number of EMS calls by enrolled individuals receiving in home attendant care services.

Proposals must include the following output:

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **6-month Goal #****September 1, 2023 – February 29, 2024** |
| Required Output | Total Number of Unduplicated Clients Served per 6-month period | Click or tap here to enter goal #. |

**20Ci**. Describe how the data will be calculated for the output.

Click or tap here to enter text.

**20Cii.** Provide an explanation for determining the annual goal.

Click or tap here to enter text.

**20Ciii.** Describe how demographic and eligibility data will be collected from clients and the method for reporting this data.

**20D**. **Social Services Outcome Measure**: Proposals must include the following standard Social Services outcome measure. Please enter a program goal for the numerator, denominator, and percentage.

**Outcome 1**: Percent of individuals who achieve healthy outcomes as a result of receiving services through Health Equity Social Service Contracts

**Numerator:** Number of individuals who report improvement in physical, mental, emotional, or social functioning

**Denominator**: Number of individuals receiving services through Health Equity Social Service Contracts

|  |  |
| --- | --- |
| **Outcome 1:**  | **12-month Goal** |

|  |  |  |
| --- | --- | --- |
| **Numerator**: Number of individuals who report improvement in physical, mental, emotional, or social functioning |  | Click or tap here to enter numerator #. |
| **Denominator**: Number of individuals receiving services through Health Equity Social Service Contracts |  | Click or tap here to enter denominator #. |
| **Outcome**: Percent of individuals who achieve healthy outcomes as a result of receiving services through Health Equity Social Service Contracts |  | Click or tap here to enter outcome percentage % (num/denom). |

**20Di.** Describe how the data will be calculated for the outcome measure.

Click or tap here to enter text.

**20Dii.** Provide an explanation for determining the annual goal (numerator, denominator, and percentage).

Click or tap here to enter text.

**20E**. **Supplemental Outcome Measure:**  Proposals must include the following supplemental outcome measure. Please enter a program goal for the numerator, denominator, and percentage.

**Outcome 1**: Percent of individual Personal Attendants likely to retain their positions for at least 12 months

**Numerator:** Number of Personal Attendants employed by the agency who agree that practices, including pay rate by the agency, would encourage them to stay for 12+ months in this position

**Denominator**: Number of Personal Attendants employed by the agency

|  |  |
| --- | --- |
| **Supplemental Outcome 1:**  | **12-month Goal** |

|  |  |  |
| --- | --- | --- |
| **Numerator**: Number of Personal Attendants employed by the agency who agree that practices, including pay rate by the agency, would encourage them to stay for 12+ months in this position |  | Click or tap here to enter numerator #. |
| **Denominator**: Number of Personal Attendants employed by the agency  |  | Click or tap here to enter denominator #. |
| **Outcome**: Percent of individual Personal Attendants likely to retain their positions for at least 12 months |  | Click or tap here to enter outcome percentage % (num/denom). |

**20Ei.** Describe how the data will be calculated for the outcome measure.

Click or tap here to enter text.

**20Eii.** Provide an explanation for determining the annual goal (numerator, denominator, and percentage).

Click or tap here to enter text.

**Section 4: Cost Effectiveness**

**PROGRAM STAFFING AND TIME**

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

If submitting on behalf of a collaborative (a subgrantee agreement between another agency or agencies with the Offeror serving as the APH Grantee and primary fiscal agent), include staffing to support accountability and coordination.

Click or tap here to enter text.

1. In the box below briefly describe position descriptions, education, licenses, credentials, qualifications, background check requirements and/or certifications required for staff members and/or volunteers that work directly with clients in the proposed program.

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

Click or tap here to enter text.

[ ] **Check here to indicate that** job/position descriptions are attached to proposal in PartnerGrants (as applicable).

1. What training will be provided for program staff to ensure effective program services?

Click or tap here to enter text.

1. Complete the Program Staffing form below.

**Instructions:**

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

Example:

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Title** | **FTE** |
| *APH Social Services* | *Program Director* | 0.20 |
| *APH Social Services*  | *Executive Director* | 0.05 |
| *Travis County HHSD* | *Case Managers* | 2.00 |
| *NA* | *Volunteers* |  8.00  |
|  | *Total FTEs* | *10.25* |

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **List Program Staff by Title** **(City-funded positions first, then Other Funded positions)** | **Program Staff FTE Amount** **(may be less than 1.0 FTE if an individual is spending partial time on the program)** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
|  | **TOTAL FTEs =**  | Click here to enter TOTAL FTEs. |

**PROGRAM BUDGET AND FUNDING SUMMARY**

1. Complete Form 3 - Program Budget and Funding Summary (Excel spreadsheet) and upload completed document into PartnerGrants to complete this question. There are four tabs in the spreadsheet: Instructions, Budget and Narrative, SubGrantee Budget, and Funding Summary.

**Required Attachment:** Attach Form 3 – Program Budget and Funding Summary in Partnergrants

[ ] **Check here to indicate that** Form 3 – Program Budget and Funding Summary is attached in Partnergrants

**General Form 3 Program Budget and Funding Summary Instructions**

Form 3 - Program Budget and Funding Summary is a spreadsheet intended to capture the budget of the proposed program, including City funding as well as program funding from other sources.

The Instructions tab contains instructions on how to fill out each section. Any activities or eligible costs for which the offeror does not intend to request funding, or apply funds from other sources, should be left empty.

In general, Offerors must:

* Enter all line-item amounts as whole dollars
* Apportion your funding request into 12 months of funding
* Include Other Funding for the first program period (12 months) in the Budget
* Do not erase or change formulas or functions - only enter information into the orange-colored cells
* If a formula error is discovered, please alert your Solicitation Point of Contact as soon as possible. Excel formulas and functions exist throughout the workbook and across worksheets to limit the necessity of the applicant to enter duplicitous information
* Ensure all line item amounts, subtotals, and totals are in WHOLE DOLLARS and are correct
* For every budget line containing a requested amount of City of Austin funding, enter a short description or list of items included in that budget line in Column E
* Do not enter narrative for budget lines that are blank or budgeted amounts from Other Funding
1. Provide the total amount of City funding requested for the 12-month period.

Enter $ Total amount of City funding requested.

In the text box below, include a summary description of the budget justification for the program strategy/strategies. Explain how the amount requested was calculated for the service type, intensity, duration, staffing, etc.

Click or tap here to enter text.

**COST EFFECTIVENESS**

1. Explain how you have considered efficient allocation of financial and staff resources when determining the budget and staffing plan for the proposed program. Describe how the amount requested will provide maximum impact with the most efficient allotment of resources.

Click or tap here to enter text.

1. **Livable Wage:** How have you considered City of Austin SD23 EOA.C.3 – Dollars-per-hour wage that an individual must earn to support a family in Austin when considering staff compensation? How will you use compensation strategies that promote tenure and reduce the likelihood for staff attrition, and aim to promote all staff earning the minimum livable wage in Austin/Travis County?

Click or tap here to enter text.

1. Enter below the average cost per client from the Form 3 - Program Budget and Funding Summary spreadsheet (cell B7 on the Cost per Client tab).

Enter $ Average Cost per Client.

Describe in the text box below how you calculated that amount and why the cost per client is appropriate for the level of services being provided.

Click or tap here to enter text.