**Section F:**

**RFA APPLICATION**

**APPLICATION INSTRUCTIONS: Fill out this document and upload the document into Partnergrants. All questions are highlighted in green. Click or tap on the sections below the Questions and type in your answers. Any required attachments are indicated by a**  **symbol, and drop-down menus are indicated by a**  **symbol.**

**Please note:** If any document is uploaded, the name of the document must not include any characters other than letters and numbers, or the database will not allow it to be uploaded.

**The total word count limit is 11,000 for the entire word document (including questions and your answers). The word count is indicated below left on your screen or if you go to the top of the screen to Search “word count”.**

**Required APH Documents:**

**The following must be completed and submitted in Partnergrants.**

|  |  |  |
| --- | --- | --- |
| **FORM NUMBER** | **TITLE** | **Requires Applicant Response DUE** |
| 1 | OFFER SHEET | 3/25/2021 |
| 2 | RFA APPLICATION | 3/25/2021 |
| 3 | PROGRAM BUDGET AND FUNDING SUMMARY | 3/25/2021 |
| 4 | COA CERTIFICATIONS AND DISCLOSURES | 3/25/2021 |
| **SECTION NO.** | **TITLE** | **Form input in Partnergrants DUE** |
| A | THRESHOLD REVIEW FORM | 3/4/2021 |

**PART I. Fiscal and Administrative Capacity**

**Section 1. Minimum Threshold Review**

The **Form 1:** **Threshold Review Form** must be completed in Partnergrants by **February 26th**. This threshold will be reviewed by APH staff and then, if the agency’s threshold is approved, the agency will move forward to submit this final application.

**Please note:** If any document is uploaded, the name of the document must not include any characters other than letters and numbers, or the database will not allow it to be uploaded.

**Section 2: Agency Information**

No points are assigned to questions in this section, but a response is required for each question. These questions will be used to determine if your organization is eligible to contract with the City of Austin. All Applications must have satisfactory answers in this section in order to be evaluated for potential award. If this question was referenced in the Scope of Work (Section E), the letter and number reference is included in parenthesis at the end of the question.

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

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

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

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

Click or tap here to enter text.

**Question 2:** Will your organization be able to meet all the Terms and Conditions listed in the F-Standard Boilerplate? Provide any additional information.

Click or tap here to enter text.

**Question 3:** Are you able to meet all the Texas Administrative Code requirements governing Family Violence Shelters [Division 5: Facility, Safety, and Health Requirements](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=1&pt=15&ch=379&sch=B&div=5&rl=Y) within the first six months of contract award? Provide any additional information.

Click or tap here to enter text.

**Question 4:** What is your organization’s annual budget?

Click or tap here to enter text.

**Question 5:** Provide a brief description of the Agency applying for this funding (e.g., mission statement).

Click or tap here to enter text.

**Question 6:** Provide the following contact information for the person in your organization authorized to negotiate Agreement terms and render binding decisions on Agreement matters.

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

**Question 7**: Provide any additional comments or clarifications about your organization.

Click or tap here to enter text.

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

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

**Please note:** If any document is uploaded, the name of the document must not include any characters other than letters and numbers, or the database will not allow it to be uploaded.

**Section 2: Experience and Cultural Competence**

Applicants must demonstrate that they have been delivering domestic violence services in a culturally appropriate manner for a minimum of 2 years, with the goal to enable survivors to stabilize and thrive.

**AGENCY EXPERIENCE: Shelter Operations and Facility Maintenance**

**Question 8:** Per the Scope of Work, the Applicant must have 2 years of experience administering operating a congregate facility (a facility serving more than 5 unrelated persons) to survivors of domestic violence.

What is your experience operating and/or managing a facility for individuals and/or families who are survivors of domestic violence, homelessness or other situations? Describe the type of facility, occupancy and any other relevant information.

Click or tap here to enter text.

**AGENCY EXPERIENCE: Services to Survivors of Domestic Violence**

**Question 9:** Per the Scope of Work, the Applicant must have 2 years of experience providing robust and holistic services to survivors of domestic violence **and** demonstrate participation in domestic violence/family violence community planning on the local and/or state level.

Describe your **experience providing holistic services** and participation in **community planning** on the local and/or state level.

Click or tap here to enter text.

**Question 10:** Describe your experience with providing housing location/navigation and placement for clients, or engaging community partners to provide these services.

Click or tap here to enter text.

**Question 11:** Describe your experience reaching and serving diverse communities. Demonstrate with data how your organization positively impacts people of color, people with disabilities, the LGBTQIA+ population, documented and undocumented immigrants, people with limited English proficiency, and other historically marginalized communities. Please provide information about specifically what communities of color you have had served including Hispanic/Latino, Black/African American, Multiracial, Asian, Native American, etc.

Documents to support this may be attached to this application.

Click or tap here to enter text.

If applicable Indicate whether documents demonstrating experience are attached to the application in Partnergrants.

**Question 12:** Describe how past performance demonstrates that your agency's/program's ability to meet targets and make a positive impact on the community.

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

1. Quarterly performance reports when combined, demonstrate at least two years of services
2. Annual reports provided to the community or board when combined, demonstrate at least two years.
3. Please explain if you are not able to provide these reports, submitting other reports, or any clarifications you may have to the question.

Click or tap here to enter text.

Past performance reports are attached to the application in Partnergrants.

**CULTURAL COMPETENCY**

**RACIAL EQUITY**

The City of Austin evaluates agencies and programs that are able to demonstrate alignment with advancing equitable outcomes.

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

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

**Question 13:** Describe how your agency and the proposed program includes an implementation strategy that advances racial equity in the **community**.

Click or tap here to enter text.

**Question 14:** Describe how your agency advances racial and ethnic equity within your **agency’s culture**.

Click or tap here to enter text.

**Question 15:** Rate your organization for each of the following questions with “Implementation Started” or “Plan to Implement”. **Use the**  **drop down** menu to choose and then explain your answer in the next box.

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

**Alignment with CLAS Standards**

Applicant’s policies and practices are required to align with the following [National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53) and Health Care in order to advance health equity and improve service delivery for diverse populations. The goals of the CLAS standards are to correct inequities that currently exist in the provision of health and social services and to be more responsive to the individual needs of all patients/consumers. Ultimately, the aim of the standards is to contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans. There are 15 CLAS standard grouped under four themes:

* Principal Standard
* Governance, Leadership and Workforce
* Communication and Language Assistance
* Engagement, Continuous Improvement and Accountability

The principal standard is:

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Five of the 15 Standards are listed below:

1. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
2. Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area
3. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
4. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

11. Collect and maintain accurate and reliable demographic data to monitor the impact of CLAS on health equity and outcomes and to inform service delivery

*Agencies are encouraged to implement all 15 CLAS Standards listed* [*here*](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53)*.*

**Question 16:** Describe how your policies and practices will align with the National Culturally and Linguistically Appropriate Services (CLAS) standards. Applicants must describe specific CLAS standards that will be met.

Please  attach appropriate policies and procedures.

Click or tap here to enter text.

Appropriate policies are attached to the application in Partnergrants.

**Section 3: Program Design**

**Shelter Operations and Facility Maintenance**

**Question 17:** Describe how your program will operate and comply with Texas Administration Code governing Family Violence Shelters, Title 1, Part 15, Chapter 379, Subchapter B, [Division 5: Facility, Safety, and Health Requirements](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=1&pt=15&ch=379&sch=B&div=5&rl=Y)

Click or tap here to enter text.

**Question 18:** Describe how your agency will provide overall operations, maintenance, and repairs for the shelter.

Click or tap here to enter text.

**Question 19:** Does your Operational Plan for the shelter include a trauma-informed framework? Please describe how your Operational Plan addresses trauma-informed shelter operations. If not, how will you develop a trauma-informed framework to shelter operations?

Click or tap here to enter text.

**Question 20:** The shelter operator will develop, maintain, and comply with written policies and procedures to promote the safety and security of residents, nonresidents, employees, and volunteers and will adhere to safety standards found in the Texas Administrative Code §379.503 - §379.505.

Briefly describe each component of your current policy. If you do not have a current policy, describe your process for developing policies that meet at least these requirements.

Click or tap here to enter text.

**Program Services**

All Applicants must propose to provide shelter services for families experiencing domestic violence as well as housing location and placement, including but not limited to the following:

1. Rental Assistance
2. Utility Assistance
3. Alternate placement options when shelter housing is not an option that could include hotel stays or rapid rehousing assistance

In addition, the following program services should be provided to shelter residents. Refer to the State of Texas HR Code Chapter 51: [Human Resources Code Chapter 51: Family Violence Centers](https://statutes.capitol.texas.gov/Docs/HR/htm/HR.51.htm).

1. Advocacy/Case Management
2. Children’s Services
3. Therapy/Counseling sessions
4. Legal Assistance
5. Collaboration with local law enforcement
6. Basic needs assistance such as access to emergency medical care, transportation, food and clothing
7. Outreach and Prevention
8. Support for volunteerism by persons who have been victims of domestic violence
9. Provide community education relating to family violence
10. Referrals to other providers for other services to obtain or maintain self-sufficiency such as workforce development and employment services

**Question 21:** Referencing the Program Services listed above, describe the program services and strategy this program will directly provide or refer to an existing provider.

Click or tap here to enter text.

**Question 22:** Please complete the following questions using the [Program Work Statement Form in Partnergrants](https://partnergrants.austintexas.gov/). In this section, please keep your answers concise.

1. **[Program Goals and Objectives:](https://partnergrants.austintexas.gov)** [What are the goals and objectives of the program?](https://partnergrants.austintexas.gov)
2. **[Program Clients Served:](https://partnergrants.austintexas.gov)** [Who does the program serve? Describe your target client population and how the Client Eligibility Requirements will be documented for the target client population.](https://partnergrants.austintexas.gov)
3. **[Program Services and Delivery:](https://partnergrants.austintexas.gov)** [Describe the program strategy/strategies. Include description of program strategy/strategies provided by Program . Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.](https://partnergrants.austintexas.gov)
4. **[System for Collecting and Reporting Program Data:](https://partnergrants.austintexas.gov)** [Describe the system that the agency has in place to collect and report program data.](https://partnergrants.austintexas.gov)
5. **[Performance Evaluation](https://partnergrants.austintexas.gov)**[: Describe how the agency will evaluate the program’s performance in achieving program goals.](https://partnergrants.austintexas.gov)
6. **[Quality Improvement:](https://partnergrants.austintexas.gov)** [Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.](https://partnergrants.austintexas.gov)
7. **[Service Coordination with Other Agencies:](https://partnergrants.austintexas.gov)** [How does the agency coordinate with other agencies to refer and receive clients, to provide comprehensive services?](https://partnergrants.austintexas.gov)
8. **[Service Collaboration with Other Agencies:](https://partnergrants.austintexas.gov)** [If the funded program is a collaborative, describe how the collaborative is structured and how clients will be receiving services from different members of the collaborative.](https://partnergrants.austintexas.gov)
9. **[Community Planning Activities:](https://partnergrants.austintexas.gov)** [Describe your agency's involvement in community planning activities that are specific to the services provided under this program.](https://partnergrants.austintexas.gov)

**Question 23:** Describe your Agency’s readiness to begin providing services. When will your organization be able to start administering/providing the proposed services? This will require that the information system, staff and other necessary program elements are in place.

If the shelter is not ready for occupancy, describe how your agency will begin service delivery without a shelter. In addition to the list of services already discussed previously, this could include other initiatives like hotel vouchers, alternate small scale housing, rapid rehousing, and diversion services to find alternat immediate housing.

Click or tap here to enter text.

**Principles of Service Delivery**

The City of Austin is dedicated to selecting a shelter operator with a strong understanding of the needs of individuals experiencing family violence, homelessness, and a demonstrated history of services provided in a trauma-informed care framework. The environment established by the operator – which includes staffing, survivor participation, and opportunities for feedback – must reflect this service model.

**Question 24:** Referencing the principles identified by Austin Public Health in the Scope of Work for Principles of Service Delivery, describe your shelter programming that will address:

1. Guidelines outlined in the Texas Council on Family Violence [toolkit, “In Our Hands: Everyday Trauma-Informed Advocacy”](http://tcfv.org/wp-content/uploads/2020/08/recentered_toolkit_0820.pdf).
2. HIPAA guidelines
3. 6 key principles fundamental to trauma-informed approach

Click or tap here to enter text.

**Question 25:** Describe existing and planned engagement strategies that will be used to serve domestic violence victims/survivors? How will you ensure equitable supportive services are provided to clients with disabilities? How will your services be provided to promote racial equity? How will you ensure equitable services are provided to clients who are immigrants (documented or undocumented), and those with limited English proficiency? How will you communicate in a gender-inclusive way?

Click or tap here to enter text.

**Performance Metrics**

**Question 26**

**:** Please provide a) Output; b) Outcome Measure; c) Key Performance Metric in forms below:

1. **OUTPUT MEASURES**

Provide a proposed a 12-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.

Applications must include the following output:

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **Total 12-month Goal #** |
| Required Output | Total Number of Unduplicated Clients Served per 12-month period | Click or tap here to enter goal #. |

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

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

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

Click or tap here to enter text.

Applicants may propose an additional output to highlight the work of the program.

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **Annual Goal #** |
| Optional Output | Click or tap here to enter text. | Click or tap here to enter annual goal #. |

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

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **OUTCOME (RESULTS) MEASURES**

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

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

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

Click or tap here to enter text.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **KEY PERFORMANCE METRIC (SOCIAL SERVICES)**

Applications must include the following standard Social Services outcome measure. Please enter a program goal for the numerator, denominator and percentage:

Note: In the Required Outcome column, choose an item in each box below – Numerator, Denominator and Outcome rate and make sure they are all the same outcome number. You can add a second outcome in the Optional Outcome box below.

|  |  |
| --- | --- |
| **Required: OUTCOME # 1** | **Total Program Annual Goal** |
| Numerator: Number of case-managed households that transition from homelessness into housing | Enter Number |
| Denominator: Number of households that exit the program | Enter Number |
| Outcome Rate: Percent of case-managed households that transition from homelessness into housing | *Enter Percentage here calculated by dividing Numerator by Denominator* |

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

Click or tap here to enter text.

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

Click or tap here to enter text.

* 1. Exits to safe permanent housing (APH’s 1B)
  2. Percent of individuals increasing employment income (2Aii) – this can encompass benefits, obtaining or increasing employment
  3. Percent of individuals making progress toward their treatment plan goals (3B) – Follow safety plan, case management plan, therapy goals, etc.

**Austin Public Health Priorities**

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

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

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

Programs funded under this RFA must support achievement of metrics and indicators for the Health and Environment and/or Safety, Economic Opportunity and Affordability and Government that Works for All:

**SD23 Health and Environment:** Enjoying a sustainable environment and a healthy life, physically and mentally.

**Health Outcome 1: Percent of people who report 5 or more poor mental health days within the last 30 days.**

**Health Outcome 2:** **Percentage of residents who report having frequent contact with friends and neighbors outside of their home.**

**SD23 Safety:** Being safe in our home, at work, and in our community.

**Safety Outcome 1: Percentage of residents and visitors who say they feel safe anywhere, anytime in the City (at home, at work, and in my community)**

**SD23 Economic Opportunity and Affordability:** Having economic opportunities and resources that enable us to thrive in our community.

**Economic Outcome 1: Dollars-per-hour wage that an individual must earn to support a family in Austin**

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

**SD23 Government that Works for All:** Believing that city government works effectively and collaboratively for all of us - that it is equitable, ethical and innovative.

**Government Outcome 1: Percentage of City facilities rated as “Good”**

**Question 27: Key Performance Metric (SD23):** Choose one or two outcomes using the drop-down menu from the list of outcomes above (highlighted in orange).

1 - Choose a performance metric from the drop-down menu

2 - Choose a performance metric from the drop-down menu

Explain how the proposed program supports at least one of the Strategic Direction 2023 outcome(s).

Click or tap here to enter text.

Propose how data will be collected to support the outcome.

Click or tap here to enter text.

**Section 4: Data-Informed Program Management**

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

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

**Question 28:** Describe the data management process and flow for the proposed program. How will data be collected, where will it be kept and how will it be used to report program performance to the City?

Click or tap here to enter text.

**Question 29:** Describe the organization’s process of internal controls and systems implemented to ensure data accuracy and data security. Who has access to the data, what kind of training is provided to staff to ensure data is collected accurately and completely?

Click or tap here to enter text.

**Question 30:** Describe how data are used in your organization for identifying problems in (1) program design, (2) service delivery, and (3) expenditures and (3) equity, and how that information is used to improve practices and program effectiveness.

Click or tap here to enter text.

**Question 31:**Describe what data will be shared with planning bodies and/or service providers to improve community understanding of the population’s needs. In the response include how data will be shared without violating client confidentiality.

Click or tap here to enter text.

**Question 32:** Victim services providers that are recipients or subrecipients are required to collect client-level data consistent with HMIS data collection requirements, BUT they must not directly enter data into an HMIS. To protect clients, victim services providers must enter required client-level data into a comparable database that complies with HMIS requirements. They may use City funds to establish and operate a comparable database. Information entered into a comparable database must not be entered directly into or provided to an HMIS. Victim services providers MUST provide aggregate data to the Continuum of Care for reporting purposes.

**Will your agency be able to start entering data into comparable database?** If yes, please describe your agency’s ability to comply with the requirements described in the [ECHO HMIS Policy and Procedures Manual](https://www.austinecho.org/wp-content/uploads/2019/07/ECHO-HMIS-Policies-and-Procedures-Manual-%E2%80%93-02-07-2019.pdf). Include any equipment needed, and how many staff will be needing HMIS licenses.

Click or tap here to enter text.

**Section 5: Cost Effectiveness**

**Program Staffing and Time**

**Question 33:** Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations. Include education, licenses, credentials, qualifications, and/or certifications required for staff members that work directly with clients in the proposed program?

Click or tap here to enter text.

**Question 34:** In the box below briefly describe position descriptions, education, licenses, credentials, qualifications, and/or certifications required for staff members that work directly with clients in the proposed program. Include information about the lived experience of staff that is complementary to the priority population to be served.

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

Click or tap here to enter text.

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

**Question 35:** Describe your organization and staff development plan to increase racial equity, ensure staff practice trauma-informed principles and follow anti racist policies.

Click or tap here to enter text.

**Question 36: Complete the *Program Staffing form* below*.***

Instructions:

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

Example:

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

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

**Question 37:** Complete Section I: *Program Budget* in a separate document. Upload completed document into Partnergrants to complete this question.

**Program Budget**

* All line item amounts must be entered as WHOLE DOLLARS.
* If no funds are budgeted for a line item, leave it blank.
* The dollar amount requested in your Application’s Program Budget and Narrative must reflect amounts broken out in the 12-month contract period.
* Note: APH requires Sexual Assault and Molestation and Worker’s Compensation insurance if using a City-owned or leased facility as well as other standard insurance requirements. Include the cost estimates in General Operations line item when determining budget estimates.
* Calculate and check all subtotals and totals, including the percentages by funding source at the bottom, and ensure all line item amounts, subtotals, and totals are in WHOLE DOLLARS and are correct.

# Budget Narrative Instructions

# 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.

# Do not enter narrative for budget lines that are blank or budgeted amounts from Other Funding.

**Question 38:** Complete Section I: *Funding Summary* in the Form 3: Program Budget form.

AttachForm 3. Program Budget and Funding Summary Forms is completed and attached to application in Partnergrants.

**Question 39:** Provide the total amount of City funding requested and a summary description of the budget justification for the program strategy/strategies.

Click or tap here to enter text.

**Question 40:** Explain how you have considered efficient allocation of financial and staff resources when determining the budget and staffing plan for the proposed program.

Click or tap here to enter text.

**Question 41:** In the following table, state the average cost per client using the total budget. In your description of “total budget” include the requested City of Austin funding and all other funding that would be allocated to the proposed program. The response should also include the total number of clients served in the proposed program regardless of funding source. Describe in the text box below the table why the cost per client is appropriate for the level of services being provided.

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

Click or tap here to enter text.

**Bonus Questions: Healthy Service Delivery**

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

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

* 1. **Tobacco-free Campus**

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

A tobacco-free campus policy states:

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

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

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

Upload the approved and signed policy/policies in Partnergrants.

Click or tap here to enter text.

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

* 1. **Mother-Friendly Workplace**

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

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

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

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

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

Click or tap here to enter text.

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

* 1. **Employee Wellness Initiative**

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

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

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

Upload the approved and signed policy/policies in Partnergrants.

Click or tap here to enter text.

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

* 1. **Violence Prevention Policy**

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

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

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

Upload the approved and signed policy/policies in Partnergrants.

Click or tap here to enter text.

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