

***C I T Y O F A U S T I N, T E X A S***

***Health* and Human Services Department**

**REQUEST FOR APPLICATION (RFA)**

**SOLICITATION NO**: CYD2017-2PS

**DATE ISSUED**: 07/18/2017

### FOR CONTRACTUAL AND TECHNICAL ISSUES CONTACT THE FOLLOWING AUTHORIZED CONTACT PERSON:

Poetrell Stewart

Public Health Program Coordinator

### Phone: (512) 972-5087

**E-Mail:** [Poetrell.Stewart@austintexas.gov](mailto:Poetrell.Stewart@austintexas.gov) Questions regarding the RFA shall be sent to [**Poetrell.Stewart@austintexas.gov**](mailto:Poetrell.Stewart@austintexas.gov)

### NON-MANDATORY PRE-PROPOSAL CONFERENCE DATE

**AND TIME**: 07/24/17 – 2:30pm– 3:30pm, local time

**LOCATION**: City of Austin Learning and Research Center, 2800 Spirit of Texas Dr., Austin TX 78719

**APPLICATION DUE PRIOR TO**: 08/07/17, 5 PM, local time

**APPLICATION CLOSING TIME AND DATE**: 08/07/17, 5 PM, local

time

**All documents shall be submitted to the address below:**

|  |
| --- |
| **Austin Public Health** |
| **7201 Levander Loop, Building C** |
| **Austin, Texas 78702** |
| Attn: Poetrell Stewart/CYD |
| **Phone: (512) 972-5065 or (512) 972-5039** |

**Please note, you should have two sealed envelopes with your Offer. All Offers that are not submitted in separate, sealed envelopes or containers will not be considered. Your Offer should consist of a sealed envelope or container with your Threshold Review Checklist and all accompanying documents and a separate sealed envelope or container with your Application and electronic copies.**

# SUBMIT 1 ORIGINAL AND 3 ELECTRONIC COPIES OF YOUR RESPONSE ON A CD OR FLASH DRIVE

**\*\*\*SIGNATURE FOR SUBMITTAL REQUIRED ON PAGE 3 OF THIS DOCUMENT\*\*\***

## Solicitation No. CYD2017-2PS

**This solicitation is comprised of the following required sections. Please ensure to 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.**

|  |  |  |
| --- | --- | --- |
| **SECTION NO.** | **TITLE** | **PAGES** |
| 0100 | STANDARD PURCHASE DEFINITIONS | \* |
| 0200 | STANDARD SOLICITATION INSTRUCTIONS | \* |
| 0300 | STANDARD PURCHASE TERMS AND CONDITIONS | \* |
| 0400 | SUPPLEMENTAL PURCHASE PROVISIONS | 5 |
| 0500 | SCOPE OF WORK | 12 |
| 0600 | PROPOSAL PREPARATION INSTRUCTIONS & EVALUATION FACTORS | 11 |
| 0605 | LOCAL BUSINESS PRESENCE IDENTIFICATION FORM – Complete and return | 1 |
| 0610 | APPLICATION THRESHOLD CHECKLIST | 1 |
| 0645 | PROGRAM STAFF POSITIONS AND TIME | 1 |
| 0650 | PROGRAM BUDGET AND NARRATIVE – Complete a 12-month budget | 3 |
| 0655 | PROGRAM FUNDING SUMMARY | 1 |
| 0800 | NON-DISCRIMINATION CERTIFICATION | \* |
| 0805 | NON-SUSPENSION OR DEBARMENT CERTIFICATION | \* |
| 0810 | NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING CERTIFICATION | \* |
| 0835 | NONRESIDENT BIDDER PROVISIONS – Complete and return | 1 |

### \* Documents are hereby incorporated into this Solicitation by reference, with the same force and effect as if they were incorporated in full text. The full text versions of these Sections are available, on the Internet at the following online address:

<http://www.austintexas.gov/financeonline/vendor_connection/index.cfm#STANDARDBIDDOCUMENTS>

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### I agree to abide by the City’s MBE/WBE Procurement Program Ordinance and Rules. In cases where the City has established that there are no M/WBE subcontracting goals for a solicitation, I agree that by submitting this offer my firm is completing all the work for the project and not subcontracting any portion. If any service is needed to perform the contract that my firm does not perform with its own workforce or supplies, I agree to contact the Small and Minority Business Resources Department (SMBR) at (512) 974-7600 to obtain a list of MBE and WBE firms available to perform the service and am including the completed No Goals Utilization Plan with my submittal. This form can be found Under the Standard Bid Document Tab on the Vendor Connection Website:

<http://www.austintexas.gov/financeonline/vendor_connection/index.cfm#STANDARDBIDDOCUMENTS>

### If I am awarded the contract I agree to continue complying with the City’s MBE/WBE Procurement Program Ordinance and Rules including contacting SMBR if any subcontracting is later identified.

**The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, 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:

Federal Tax ID No.:

Printed Name of Officer or Authorized Representative:

Title:

Signature of Officer or Authorized Representative:

* 1. ail Address:

Phone Number:

Date:

**\* Application response must be submitted with this Offer sheet to be considered for award**

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