

# Late Backup

**CITY OF AUSTIN, TEXAS**  
Purchasing Office  
**REQUEST FOR PROPOSAL (RFP)**  
**Offer Sheet**

#10

**SOLICITATION NO:** WDJ0004

**DATE ISSUED:** October 11, 2010

**REQUISITION NO.:** 9100

**COMMODITY CODE:** 95243

**FOR CONTRACTUAL AND TECHNICAL  
ISSUES CONTACT:**

Wilbur Jones  
Buyer I  
Phone: (512) 972-4013

**COMMODITY/SERVICE DESCRIPTION:**

Self-Sufficiency Continuum for Social Service Contracts

**PRE-PROPOSAL CONFERENCES:**

1<sup>st</sup> Conference    October 20, 2010, 2:00-4:00 pm CDT or  
2<sup>nd</sup> Conference    October 27, 2010, 9:00-11:00 am CDT

Interested parties may attend either of the above conferences. Attendance is NOT mandatory. Both conferences will be held at Austin City Hall, Council Chambers, 301 West 2<sup>nd</sup> Street, Austin, TX 78701.

**PROPOSAL DUE PRIOR TO:**

January 10, 2011, 1:00 pm CST

**PROPOSAL CLOSING TIME AND DATE:**

January 10, 2011, 1:00 pm CST

**LOCATION:** MUNICIPAL BUILDING, 124 W 8<sup>th</sup> STREET  
RM 310, AUSTIN, TEXAS 78701

*It is the policy of the City of Austin to involve certified Minority Owned Business Enterprises (MBEs) and Woman Owned Business Enterprises (WBEs) in City contracting. MBE and WBE goals for this Solicitation are contained in Section 0900.*

*All Contractors and Subcontractors must be registered to do business with the City prior to submitting a response to a City Solicitation. In the case of Joint Ventures, each individual business in the joint venture must be registered with the City prior to submitting a response to a City solicitation. If the Joint Venture is awarded a contract, the Joint Venture must register to do business with the City. Prime Contractors are responsible for ensuring that their Subcontractors are registered. Registration can be done through the City's on-line vendor registration system. Log onto <https://www.cityofaustin.org/purchase> and follow the directions.*

**SUBMIT 1 ORIGINAL AND 7 SIGNED COPIES OF EACH ENVELOPE**

**ENVELOPE #1 -- ELIGIBILITY CERTIFICATION FORM and ADMINISTRATIVE AND FISCAL REVIEW FORM**

**ENVELOPE #2 -- EXECUTIVE SUMMARY AND PROPOSAL DOCUMENTS**

Insert Vendor Name & Address

Signature of Person Authorized to Sign Offer

Signer's Name and Title: (please print or type)

FEDERAL TAX ID NO. \_\_\_\_\_

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

Company Name: \_\_\_\_\_

Phone No. (       )

Address: \_\_\_\_\_

Fax No. (       )

City, State, Zip Code \_\_\_\_\_

**BELOW INFO MUST MATCH THE NAME AND ADDRESS ON INVOICE AND IN COMPANY PROFILE WITH CITY**

Company "Remit To" Name: \_\_\_\_\_

Remit to Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

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All other Sections may be viewed at: <https://www.cityofaustin.org/purchase> by clicking the link to "Vendor Self Service (VSS)", sign in if registered, register, or use public access to follow the links to "Business Opportunities" and "Search for Solicitation."

**RETURN FOLLOWING DOCUMENTS WITH BID/PROPOSAL/QUOTE/RESPONSE/SUBMITTAL\*\***

- |                        |  |
|------------------------|--|
| • Cover Page           | Offer Sheet  |
| • Section 0600         | Proposal   |
| • Section 0605         | Eligibility Certification Form                                 |
| • Section 0610         | Administrative and Fiscal Review form                          |
| • Section 0700         | Reference Sheet  |
| • Sections 0800 - 0810 | Certifications and Affidavits (return all applicable Sections) |
| • Section 0900         | No Goals Utilization Plan                                      |

\*\* See also Section 0200, Solicitation Instructions, Section 0400, Supplemental Purchase Provisions, and Section 0500, Scope of Work/Specification, for additional documents that must be submitted with the Offer.

**NOTES:**

The Vendor agrees, if this Offer is accepted within 180 calendar days after the Due Date, to fully comply in strict accordance with the Solicitation, specifications and provisions attached thereto for the amounts shown on the accompanying Offer.

\* **INCORPORATION OF DOCUMENTS.** Section 0100, Standard Purchase Definitions; Section 0200, Standard Solicitation Instructions; and Section 0300, Standard Purchase Terms and Conditions 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.ci.austin.tx.us/purchase/standard.htm>.

If you do not have access to the Internet, you may obtain a copy of these Sections from the City of Austin Purchasing Office at the below address. Please have the Solicitation number available so that the staff can select the proper documents. These documents can be mailed, expressed mailed, or faxed to you.

| P.O. Address for US Mail | Street Address for Hand Delivery or Courier Service |
|--------------------------|---|
| City of Austin           | City of Austin, Purchasing Office                   |
| Purchasing Office        | Municipal Building                                  |
| P.O. Box 1088            | 124 W 8 <sup>th</sup> Street, Rm 310                |
| Austin, Texas 78767-8845 | Austin, Texas 78701                                 |
|                          | Reception Phone: (512) 974-2500                     |

**Notes:** Proposals that are not submitted in a sealed envelope or container will NOT be considered.

City of Austin  
Health and Human Services Department  
Request for Proposal  
Self-Sufficiency Continuum for Social Service Contracts

**SUPPLEMENTAL PURCHASE PROVISIONS**

The following Supplemental Purchasing Provisions apply to this solicitation:

1. **EXPLANATIONS OR CLARIFICATIONS** (reference paragraph 5 in Section 0200)

All requests for explanations or clarifications must be submitted in writing to Wilbur Jones no later than December 10, 2010 at 3:00 pm CST either by fax to 512-972-4015 or e-mail to [wilbur.jones@ci.austin.tx.us](mailto:wilbur.jones@ci.austin.tx.us).

2. **INSURANCE.** Insurance is required for this solicitation.

**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).

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
- 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.

### **3. TERM OF CONTRACT**

- A. The Contract shall be in effect for an initial term of 36 months and may be extended thereafter for up to two (2) additional 12-month periods, subject to the approval of the Contractor and the City Purchasing Officer or his designee.
- B. Upon expiration of the initial term or period of extension, the Contractor agrees to hold over under the terms and conditions of this agreement for such a period of time as is reasonably necessary to re-solicit and/or complete the project (not to exceed 120 days unless mutually agreed on in writing).
- C. Upon written notice to the Contractor from the City's Purchasing Officer or his designee and acceptance of the Contractor, the term of this contract shall be extended on the same terms and conditions for an additional period as indicated in paragraph A above. A price increase, subject to the provisions of this Contract, may be requested by the Contractor (for each period of extension) for approval by the City's Purchasing Officer or his designee.

### **4. REPORTS AND PAYMENT**

- A. Contractor is required to utilize a social services online database management (ODM) system, in accordance with a manner outlined by the City, through ODM guidelines, policies and/or procedures. Contractor is responsible for all omitted data, and is responsible for all data entered/edited under its unique username.
- B. Payment to the Contractor shall be due thirty (30) calendar days following receipt by City's Contract Manager of Contractor's fully completed "Payment Request" and "Monthly Expenditure Report", in the forms shown at <http://www.ckodm.com/austin/>. The payment request and expenditure report must be submitted to the City's Contract Manager no later than fifteen (15) calendar days following the end of the calendar period covered by the request and expenditure report. Contractor shall provide supporting documentation upon request by City.
- C. Contractor shall submit a "Quarterly Performance Measure Report," in the form shown at <http://www.ckodm.com/austin/> to City's Contract Manager no later than fifteen (15) calendar days following each calendar quarter. Payment Requests will not be approved if the Quarterly Performance Measure Report for that quarter has not been received. The Contractor shall submit such other reports as may be reasonably required by the City to document Contractor's performance.
- D. Upon receipt and approval by the City of each Payment Request and Monthly Expenditure Report, the City shall process payment to the Contractor of an amount equal to City's payment obligations, subject to deduction for any unallowable costs.
- E. An "Annual Closeout Summary Report," in the form shown at <http://www.ckodm.com/austin/> shall be completed by the Contractor and submitted to the City within sixty (60) calendar days following the expiration or termination of this Agreement. Any encumbrances of funds incurred prior to the date of termination of this Agreement shall be subject to verification by City. Upon termination of this Agreement, any unused, unobligated funds, rebates, credit (or interest earned) on funds received under this Agreement shall be returned to the City.
- F. Contractor shall provide the City's Contract Manager with a copy of the completed Administrative and Fiscal Review (AFR) which includes a copy of Contractor's completed Internal Revenue Service Form 990 or 990 EZ (Return Of Organization Exempt From Income Tax) for each calendar year within a term no later than July 31st of each year in which City funds are received under this Agreement. If Contractor filed a Form 990 or Form 990 EZ extension request, Contractor shall provide City with a copy of that application for extension of time to file (IRS Form

2758) within thirty (30) days of filing said form(s), and a copy of the final IRS 990 form document(s) immediately upon completion.

5. **NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING**

- A. The Austin City Council adopted Ordinance No. 20071206-045 on December 6, 2007, adding a new Article 6 to Chapter 2-7 of the City Code relating to Anti-Lobbying and Procurement. The policy defined in this Code applies to Solicitations for goods and/or services exceeding \$5,000. During the No-Contact Period, Offerors or potential Offerors are prohibited from making a representation to anyone other than the person designated in the Solicitation as the contact for questions and comments regarding the Solicitation.
- B. If during the No-Contact Period an Offeror makes a representation to anyone other than the Authorized Contact Person for the Solicitation, the Offeror's Offer is disqualified from further consideration except as permitted in the Ordinance.
- C. The City requires Offerors submitting Offers on this Solicitation to provide a signed affidavit certifying that the Offeror has not in any way directly or indirectly made representations to anyone other than the Authorized Contact Person during the No-Contact Period as defined in the Ordinance (**see the Non-Collusion, Non-Conflict of Interest, and Anti-Lobbying Affidavit Included in the Solicitation**).

**City of Austin  
Health and Human Services Department  
Request for Proposal  
Self-Sufficiency Continuum for Social Service Contracts**

**SCOPE OF WORK**

**1. INTRODUCTION**

The Planning Objective for the City of Austin's investment in social services is to "contract for services that promote self-sufficiency."

To that end, the City of Austin Health and Human Services Department (City HHSD) seeks proposals in response to this Request for Proposal (RFP) from qualified providers (Proposer) with experience in providing social services to individuals, families, children and youth with diverse needs along a Self-Sufficiency Continuum (SSC).

The overall objective for the competition is to establish contracts for services that promote self-sufficiency. The contracted services will target people at or below 200% of poverty.

The City HHSD requests proposals that address one or more of the five (5) social services goals identified in the Austin Tomorrow Comprehensive Plan:

- safety net/infrastructure services,
- transition out of poverty,
- problem prevention,
- universal support services and
- enrichment.

Contracts entered into under this RFP are anticipated to be for a three-year base contract period, with two (2) one-year extension options, for a total contract period not to exceed five (5) years. It is anticipated that all contracts awarded through this solicitation will require authorization of the Austin City Council. The City Council has directed that final contract decisions be consistent with the goals of the Comprehensive Plan.

**2. BACKGROUND**

**A Focus on Self-Sufficiency**

The City HHSD, the Travis County Health and Human Services and Veterans Services Department, and the United Way Capital Area engaged a broad range of stakeholders in community conversations. These conversations highlighted strategies that promote self-sufficiency such as: 1) safe and stable housing, 2) children and adults are prepared and able to learn, 3) adults are prepared for employment and/or have stable income, and 4) that mental and physical health needs are met.

The following data demonstrate the need for strategies that support and foster self-sufficiency:

- 32% of people in Travis County are below 200% of the federal poverty level.
- Housing costs in Austin have risen 85% in the past 10 years.



- Nearly one in five children and youth in Travis County lived in poverty and approximately 46,000 children under the age of 18 were confronted with food insecurity in 2008.
- Since 1979, median wages in Texas have only risen 0.5% (wages adjusted for inflation). In contrast, U.S. wages have risen nearly 9%.

As the social and economic environment changes, the City of Austin will invest in social services with the intent to sustain, through delivery systems, general support services and individualized services that focus on promoting and sustaining self-sufficiency for targeted individuals and families.

The RFP establishes an open and competitive process that encourages proposals that are client-centered, cross cutting, connected and employ innovative strategies. Proposals must include, but are not limited to, strategies that address the following goals from the Comprehensive Plan (See Austin Tomorrow Comprehensive Plan Interim Update. [http://www.ci.austin.tx.us/complan/downloads/atcp\\_interim\\_update\\_adopted.pdf](http://www.ci.austin.tx.us/complan/downloads/atcp_interim_update_adopted.pdf)):

- safety net/infrastructure services,
- transition out of poverty,
- problem prevention,
- universal support services and
- enrichment.

### **3. PRINCIPAL OBJECTIVE**

The principal objective of this solicitation is to enable the City of Austin to purchase services that promote self-sufficiency for targeted citizens. Self-sufficiency includes the wide range of services that assist individuals and families with meeting their essential needs and improving or maintaining their quality of life.

Self-sufficiency is different for different people – there is no single definition.

- For people who are homebound, it may involve the ability to remain at home with adequate food and personal supports.
- For people who are homeless, it may be the ability to move into safe and stable housing and to increase their income.
- For young people, it may be the opportunity to have structured out-of-school time programs that prevent crime and help students move on to the next grade level – promoting their future self-sufficiency.
- For others, the solution is different still.

The solicitation provides an opportunity to propose strategies that will help targeted people reach or maintain a level of self-sufficiency appropriate for them.

#### 4. SCOPE OF WORK

The "Austin Tomorrow Comprehensive Plan – Interim Update, November 6, 2008" states that "The intent (of the City of Austin's Social Services Investment) is to sustain, through delivery systems, general support services as well as individualized services to persons with special or emergency needs."

([http://www.ci.austin.tx.us/compplan/downloads/atcp\\_interim\\_update\\_adopted.pdf](http://www.ci.austin.tx.us/compplan/downloads/atcp_interim_update_adopted.pdf))

#### 5. GOALS

The Plan and the solicitation recommend that these principles be expressed in terms of the following goals:

1. **Safety net/infrastructure services** - Ensure that no person is without such basic necessities as food, clothing, health, shelter, and mental health care, or constitutionally-guaranteed legal rights.
2. **Transition out of poverty** - Ensure educational, employment and other special opportunities for disadvantaged persons to further self-reliance.
3. **Problem prevention** - Deter the growth of problem conditions at the individual and community level through education, preventive physical and mental health programs, crime prevention and other preventive programs.
4. **Universal support services** - Provide family and societal support services in response to new problems created by urbanization and technological advances. These include education, child care, counseling and assistance for the aging, youth, homeless, and unemployed, rehabilitation services and other support rehabilitation services.
5. **Enrichment** - Encourage personal development and community enrichment through cultural and educational programs.

The proposer must select the primary goal addressed by their proposal. Any additional goals being addressed can also be identified.

The service strategies the City of Austin will purchase should reflect the following:

- Client-centered with a holistic approach
- Leverages funds to increase impact
- Serves high-risk clients living at or below 200% of poverty
- Integrated with the community to improve access to supportive services
- Links client and services to other City-funded or City-operated services

Awards will be determined based on the proposal scores that meet the needs of various target populations, to maximize efficiency and effectiveness of resource allocation, that result in the most significant impact on self-sufficiency for targeted clients.

#### 6. PROGRAM STRATEGIES AND OUTCOMES

The City HHSD is intentionally leaving program service/strategy options open for the areas described above, allowing providers to propose solutions to maintain, improve or promote self-sufficiency in an effective and successful manner.

Proposers are encouraged to incorporate strategies that reflect best-practices, are evidence-based or have demonstrated success.

The strategies **should include** one or more of the following high-level outcomes designed to demonstrate progress in self-sufficiency through the five (5) goals described in Section 4. In the event the proposer is unable to use one or more of the provided outcomes, an alternative outcome may be proposed. Proposer must clearly show how the alternative outcome relates to the primary goal in the proposal and include a statement that provides an explanation of why the alternative was selected. Additional outcomes may also be proposed which show the connection to primary and/or secondary goals.

**Goal 1: Safety net/infrastructure services**

Outcomes:

- People maintain housing through basic needs services
- People transition to stable housing from homelessness
- Individual or families maintain household income
- Individuals achieve projected mental health, intellectual disability or developmental disability outcomes.

**Goal 2: Transition out of poverty**

Outcome:

- Individual or families household income increases

**Goal 3: Problem prevention**

Outcomes:

- Children and Youth progress to the next academic/developmental level
- Individuals achieve projected mental health, intellectual disability or developmental disability outcomes.

**Goal 4: Universal support services**

Outcomes:

- Children and Youth progress to the next academic/developmental level
- Individuals maintain abstinence from substance abuse
- Individuals achieve projected mental health, intellectual disability or developmental disability outcomes

**Goal 5: Enrichment**

Outcome:

- Children and Youth progress to the next academic/developmental level

Proposers may include additional performance measures to demonstrate how their proposal addresses the required primary goal and any secondary goal(s).

**Examples of strategies or concepts** that by themselves or connected to other services help people achieve, maintain, or promote self-sufficiency may include, but are not limited to:

- Support clients engaged in short-term workforce development services (e.g. *adult basic education, ESL, job training, etc.*) with emergency rent and utility assistance and short-term rent subsidies. Focus on basic needs programs or permanent supportive housing
- Enhance basic self-sufficiency through legal assistance and dedicated public benefits enrollment to draw down additional federal and state benefits for food stamps, SSDI, etc. Connect to basic needs, shelter, or permanent supportive housing programs
- Maintain or improve the ability to live independently through coordinated services such as rent and utility assistance, meal delivery, bill payer, guardianship, and in-home care
- *Permanent Supportive Housing (PSH) projects with a range of services* (employment/public benefits, mental health and substance abuse, case management, child care, etc.) and subsidized rent and utilities to cover housing costs (construction costs are not eligible)
- Strategies to reduce time in emergency shelter and/or eliminate the need for transitional housing
- Outpatient psychosocial counseling for people who do not meet the priority populations of the Texas Department of Mental Health and Mental Retardation (Schizophrenia, Bipolar, and Major Depressive Disorders)
- Child care quality improvement systems that coordinate a range of options and incentives that increase as levels of quality improve
- Coordinated, neighborhood-based services for families with multiple risk factors that help children reach their optimal level of development
- Community partnership for tutoring in high needs areas of the community
- Coordination of the community's out of school services that organize efforts and maximize efficiency and effectiveness of these services
- *Quality programming during out-of-school time utilizing existing and expanded efforts through organizations such as United Way and Austin's Ready by 21 Coalition's Youth Program Quality Initiative*
- Prevention services continuum including educational presentations, dropout prevention, case management, home visits, and parental education
- Additional examples can be viewed at [http://www.ci.austin.tx.us/health/downloads/priority\\_setting\\_2010.pdf](http://www.ci.austin.tx.us/health/downloads/priority_setting_2010.pdf)

## **7. ELIGIBILITY GUIDELINES AND TARGET POPULATIONS**

- a. The City HHSD is intentionally leaving the requirements and target populations open beyond the requirements listed below to allow providers to propose services that maintain, improve or promote self-sufficiency for the proposer's desired population(s).
- b. All clients must be at or below 200% of poverty, City of Austin residents and/or
  - 1. Victims of violence, abuse and/or neglect
  - 2. Children, youth and/or elderly facing significant barriers to self sufficiency and well-being
- c. Proposers must identify the subpopulation(s) they plan to serve and the eligibility criteria that the strategy incorporates.
- d. Proposers must describe how they will serve clients who may have a criminal history. Preference is provided to organizations that demonstrate the ability to remove barriers that restrict services for clients due to their criminal background.

## **8. AVAILABLE FUNDING**

- a. Approximately \$13,205,639 is available per 12-month period for a total three-year amount of \$39,616,917 pending Austin City Council approval of funding.
- b. Proposers must apply for at least \$50,000 for an annual period.
- c. The initial funding period will be October 1, 2011, through September 30, 2014.
- d. It is the City HHSD's intent to provide an initial three-year contract with two one-year renewal options, for a total contract period not to exceed five years.
- e. 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 90-days notice to the contractor.

## **9. ELIGIBLE PROPOSERS**

- a. Any nonprofit or governmental agency that can legally contract with the City of Austin (as determined by the City Purchasing Office) is eligible to submit a proposal. City policy does not permit entering into a contract with an entity that owes taxes to the City.
- b. Proposers must be able to meet the City's insurance requirements for social service contractors. See the insurance requirements in Attachment A of the RFP.
- c. Nonprofit organizations must agree to provide the City a complete set of audited financial statements and the auditor's opinion and management letters, covering a two

year period. No material financial management issues cited in audit. If issues are noted, agency has implemented necessary changes.

- d. Nonprofit organizations must provide a written certification from a Surety Bond Agency that they will write a Fidelity Bond if a contract is awarded.
- e. The Proposer 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.
- f. The Proposer must have a minimum of two years successful experience providing services to people living at or below 200% of poverty that promote self-sufficiency.
- g. Organizations may propose multiple strategies either within the same application or separate applications as appropriate for their targeted population(s).
- h. Organizations may submit one or more applications as a lead entity and participate as a subcontractor or partner in another application.

**City of Austin  
Health and Human Services Department  
Request for Proposal  
Self-Sufficiency Continuum for Social Service Contracts**

**PROPOSAL PREPARATION INSTRUCTIONS AND EVALUATION FACTORS**

**PROPOSAL SUBMISSION REQUIREMENTS**

The Proposer must submit its response in two **SEPARATE** sealed envelopes.

**ENVELOPE #1 – ELIGIBILITY FORMS**

This sealed envelope must contain the following two documents:

1. **Eligibility Certification** form
2. **Administrative and Fiscal Review** form, with backup documentation

The envelope should be labeled:      **ELIGIBILITY FORMS  
[NAME OF AGENCY]**

**ENVELOPE #2 – PROPOSAL DOCUMENTS**

This sealed envelope must contain the following two documents:

1. **Executive Summary**
2. **Proposal**

The envelope should be labeled:      **PROPOSAL DOCUMENTS  
[NAME OF AGENCY]**

**Executive Summary**

The proposer shall include in the second sealed envelope a brief Executive Summary providing a summation of the proposal and its connection to the five (5) self-sufficiency goals.

The Executive Summary must include:

1. A brief description of how the proposal will address one primary self-sufficiency goal and other additional goals, as appropriate for the program
2. A brief summary of the proposed system concept and solution
3. The amount of funding requested
4. A statement of the Proposer's compliance with all applicable rules and regulations of Federal, State and Local governing entities is required. The Proposer must state compliance with the terms of this Request for Proposal (RFP).

### Proposal Evaluation

The Austin City Council's Public Health and Human Services Committee has prioritized and weighted the five goals related to the self-sufficiency services the City will purchase. The City reserves the right to modify the length of the contract term, if necessary, to create a seamless transition.

A total of 100 points may be awarded to the proposal. The maximum score per section is noted at the end of each section. All responses will be evaluated as to how the proposed program aligns with the goals and that each required response in the Work Statement has been adequately addressed.

**Scoring:** Connection to the self-sufficiency goals will be weighted based on the primary goal chosen by the proposer (see table below). Additional points will be awarded for addressing other goals as well. Parts II and III are not weighted.

Proposers must choose a primary goal for evaluation and identify which additional goals are being addressed.

*Note:* The number of points given in the evaluation is "up to" the maximum allowed. Addressing any or all goals does not guarantee the proposer will score the maximum available.

### Part I -- Goal Weighting Matrix

| GOAL                                    | POINTS PER GOAL | WEIGHT PER GOAL | TOTAL POSSIBLE POINTS ON PART I |
|---|-----------------|-----------------|---------------------------------|
| 1. Safety net - infrastructure services | 10              | 6x              | 60                              |
| 2. Transition out of poverty            | 10              | 5.5x            | 55                              |
| 3. Problem prevention                   | 10              | 5x              | 50                              |
| 4. Universal support services           | 10              | 3.5x            | 35                              |
| 5. Enrichment                           | 10              | 3x              | 30                              |

### Additional goals:

|                            |                 |
|----------------------------|-----------------|
| 1 additional goal          | Up to 10 points |
| 2 or more additional goals | Up to 20 points |

**Interviews:** Proposers may be required to participate in an interview with evaluators as part of the overall evaluation process. Proposers selected for an interview will be notified as to the time and date of the interview, appropriate representatives, and general information that will be covered during the interview.



## **PROPOSAL FORMAT**

The actual proposal itself should be organized and labeled using the following format and informational sequence:

### **Part I – Connection to the Self-Sufficiency Goals**

**Total Points: 80**

*The 5 Self-Sufficiency Goals are as follows:*

1. Safety net / infrastructure services - Ensure that no person is without such basic necessities as food, clothing, health, shelter, and mental health care, or constitutionally-guaranteed legal rights.
2. Transition out of poverty - Ensure educational, employment and other special opportunities for disadvantaged persons to further self-reliance.
3. Problem prevention - Deter the growth of problem conditions at the individual and community level through education, preventive physical and mental health programs, crime prevention and other preventive programs.
4. Universal support services - Provide family and societal support services in response to new problems created by urbanization and technological advances. These include education, child care, counseling and assistance for the aging, youth, homeless and unemployed, rehabilitation services and other support rehabilitation services.
5. Enrichment - Encourage personal development and community enrichment through cultural and educational programs.

#### **Identify Primary Goal:**

Define in detail the connection your proposal has to the primary goal that will result in client self-sufficiency.

#### **Identify all/any additional goals:**

Describe the additional goals being addressed. Describe how they are linked to the primary goal and how they enhance client self-sufficiency.

#### **System Solution/Scope of Work:**

Describe your understanding of the requirement presented in the Scope of Work of this request for proposal and your system solutions. Provide all details as required in the Scope of Work and any additional information you deem necessary for your proposal to be evaluated.

#### **Note:**

The proposer must describe how the strategy relates to the primary goal. The base score will be based on how well the primary goal is addressed.

The proposal will be evaluated on how well it addresses all of the following items:

**A. Connection to the Goals**

1. Describe which of the five goals your proposal addresses as the primary goal. If other goals are addressed, describe each of the secondary goals separately.
2. Describe how the strategy proposed is connected to the goals selected.
3. Provide information on the how and why your proposal meets these goals.

**B. Target Populations for the Goals**

1. Describe the target population and document the need for the proposed services to the target population(s).
2. Describe why the strategy was chosen to meet their needs.
3. Describe how the proposer will ensure compliance with eligibility criteria regarding serving families at or below 200% of poverty living in Austin and/or other eligibility factors.
4. Describe how criminal history will not be an unreasonable barrier to the services proposed.
5. Describe how the agency will deliver services so that cultural and language differences are not a barrier to services. Describe how staff addresses the needs of culturally diverse populations.

**C. Strategy/Program Description to Accomplish the Goals**

1. State the problem(s) the project will address and why it is important to do so.
2. Describe the anticipated results for the strategy proposed.
3. Show how clients will be connected to needed community and/or City-funded services, and show how these services link to City of Austin services (provided directly by the City or funded by the City).
4. Describe any formal partnerships funded under this proposal and informal relationships with service providers not funded under this proposal. Describe how they are necessary and/or appropriate for the strategy proposed.
5. Describe the project activities.
6. Describe how the strategy proposed incorporates best practices, evidence-based methodologies, or demonstrated results methodologies.
7. Describe any barriers and challenges you may encounter and how you will overcome them

**D. Performance Measures – Impact on the Goals**

1. Describe the program results and their relationship to achieving the goals related to self-sufficiency.
2. Describe how the program will meet the required outcomes and outputs.

**Required Output Measure**

Output targets are required to be established for the City of Austin portion of the program, as well as for the "All Other Funding Sources" portion of the program, and the "Total Program."

The following is a **REQUIRED** output measure for all contracts:

*"Number of unduplicated clients to be served on an annual basis"*

**Outcome Measures**

The strategies should **include** one or more of the following high-level outcomes designed to demonstrate progress in self-sufficiency through the five (5) goals described in Section 4. In the event the proposer is unable to use one or more of the provided outcomes, an alternative outcome may be proposed. Proposer must clearly show how the alternative outcome relates to the primary goal in the proposal and include a statement that provides an explanation of why the alternative was selected. Additional outcomes may also be proposed which show the connection to primary and/or secondary goals.

**Goal 1: Safety net/infrastructure services**

**Outcomes:**

- People maintain housing through basic needs services
- People transition to stable housing from homelessness
- Individual or families maintain household income
- Individuals achieve projected mental health, intellectual disability or developmental disability outcomes

**Goal 2: Transition out of poverty**

**Outcome:**

- Individual or families household income increases

**Goal 3: Problem prevention**

**Outcomes:**

- Children and Youth progress to the next academic/developmental level
- Individuals achieve projected mental health, intellectual disability, or developmental disability outcomes

**Goal 4: Universal support services**

**Outcomes:**

- Children and Youth progress to the next academic/developmental level
- Individuals maintain abstinence from substance abuse
- Individuals achieve projected mental health, intellectual disability or developmental disability outcomes

**Goal 5: Enrichment**

**Outcome:**

- Children and Youth progress to the next academic/developmental level

Proposers may include additional performance measures to demonstrate how their proposal addresses the required primary goal and any secondary goal(s).

| <b>OUTPUT # 1</b>                            | <u>City of Austin</u><br>Annual Goal | <u>All Other</u><br><u>Funding</u><br><u>Sources</u><br>Annual Goal | <u>TOTAL</u><br>(City + All Other)<br>Annual Goal |
|--|--------------------------------------|---|---|
| <b>Number of unduplicated clients served</b> |                                      |   |   |

| <b>OUTCOME # 1</b>  | <b>TOTAL ANNUAL GOAL</b> |
|---|--------------------------|
| <b>Number of...(description of the measure's numerator)</b>         |                          |
| <b>Total number of...(description of the measure's denominator)</b> |                          |
| <b>Percentage of...(description of the outcome percentage)</b>      |                          |

**E. Data Management and Evaluation to Document Accomplishment of Goals**

1. Provide information regarding past experience with data management and reporting.
2. If applicable, include past experience utilizing a data system.
3. Describe the process used for identifying problems in strategies, service delivery and expenditures, steps to determine corrective actions, and follow-up to ensure that corrective actions will be effective.
4. Describe process used to collect data from partnerships (if applicable) in a timely manner

**F. Staffing Plan**

1. Describe overall staffing plan to accomplish activities including project leadership and reporting responsibilities
2. List the project staff by title and the percentage of time to be spent on the program
3. Attach resumes or position descriptions for key staff to perform the described services and/or activities

**G. Use of Public Facilities**

Proposers are encouraged to connect their clients to other services. Providing services at existing public facilities is one method of taking advantage of synergy with public services. Examples may include schools, recreation centers, neighborhood centers, County facilities, etc.

If a proposal plans to use a public facility, a letter or other evidence of a preliminary agreement must be provided.

**Part II – Cost Effectiveness**

**Total points: 10**

Proposers must describe the budget necessary to accomplish the strategy, the cost per client and documented leverage. Proposers are required to submit a budget of at least \$50,000 for a 12-month period. The City is interested in learning the approximate cost of providing the proposed services as well as the approximate cost of achieving the outcomes proposed. The City is also interested in learning about confirmed financial leverage that results from the City investment.

The proposal will be evaluated on how well it addresses all of the following:

**A. Budget**

1. A summary description of the budget justification for the strategy is required.
2. Submit all budget forms incorporated into the RFP. A separate document is provided for use in completing the required budget information.

Enter the total amount requested for the program and each subsection followed by the basis for cost, line item request, other funding, and the totals for all funding sources. All expenses should be identifiable, reasonable, and necessary.

3. All subcontractors with a distinct budget must be included in the budget form. Also include leveraged funding, funding request to the City and total program budget.
4. For proposals that include formal partnerships, the proposer must identify the funds proposed for each agency, and the amount of non-City funding each agency will bring to the project.

5. If secondary goal(s) are identified in addition to the primary goal, provide the percent of the total proposal that applies to each of the secondary goals. Separate budget forms are not required unless the secondary goals are distinct programs.
6. Enter fundraising and administrative percentage, calculated from your most recent Form 990. For 2008 and later 990s, 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.** If you are using an older 990, the calculation is to add the amounts on lines 14 and 15, and divide by the amount on line 12.

For organizations that filed the short form (IRS Form 990EZ), utilize the long form (IRS Form 990) at <http://www.irs.gov/pub/irs-pdf/f990.pdf> (and instructions <http://www.irs.gov/pub/irs-pdf/i990.pdf>) 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.

#### **B. Cost per Client**

1. Describe the average cost to the City per client served
2. Describe the average cost per client achieving the outcomes proposed
3. Describe the cost per client served from all sources
4. Describe the appropriateness of cost in relationship to the strategy proposed

#### **C. Leverage**

1. The Program Funding Summary (form attached) is a snapshot of the funding the Proposer would use for the project, including matching funds
2. *Proposers are encouraged, but not required, to provide a cash match of at least 10% during the program period. Source of match must be identified in the Program Funding Summary (by type and by partner providing the match)*
3. Describe source, amount, and type of documented leverage. Leverage funds must be confirmed prior to submitting this proposal. Projected funds included as leverage will not be considered. (Proposers should include the use of volunteers in Part I. The use of volunteers will not be considered in calculating/scoring leverage.)

### **Part III – Organizational Capacity and Demonstrated Experience**

**Total Points: 10**

The proposal will be evaluated on the proposer's past experience, organizational capacity and ability to thoroughly describe and/or provide the following items:

1. **Organizational capacity as demonstrated through Proposer's audit and the Administrative and Fiscal Review documents**
2. **Past experience with social services contracts (City or other)**
3. **Memos of Understanding for Partners (if appropriate for the strategy proposed)**
4. **Financial stability: funded by multiple sources, strong internal controls, etc.**
5. **Summary description of organization's ability to lead and manage proposed strategy**

**City of Austin  
Health and Human Services Department  
Request for Proposal  
Self-Sufficiency Continuum for Social Service Contracts**

**Certification of Eligibility**

To be eligible for an award under this Request from Proposal, agencies must meet the all of following requirements.

**Check all that apply.**

**Board of Directors**

- ☐ Agency's Board of Director's meets regularly (at least once per quarter)
- ☐ Board members have specific terms

**Financial Stability**

- ☐ Agency has submitted the 990 to IRS
- ☐ Agency has received unqualified audit opinions for the last TWO YEARS
- ☐ No material financial management issues cited in the audit. If issues are noted, agency has implemented changes necessary.

**Agency Administration**

- ☐ Agency is not debarred or suspended from contracting, according to EPLS
- ☐ Agency is able to provide a letter from Surety company that they will provide a Fidelity Bond if a contract is awarded

**Agency Certification**

- ☐ Agency is current in its payment of payroll taxes
- ☐ Agency owes no past due taxes to the City
- ☐ Agency has a minimum of 2 years experience working with target populations and providing services to clients
- ☐ The Board has a process to review program performance
- ☐ The Board annually approves the budget and regularly reviews financial performance

**Administrative and Fiscal Review (AFR)**

- ☐ The AFR is included in this proposal is complete and accurate.

**CERTIFICATION**

I certify that the above-mentioned information is complete and accurate and that the legal entity has authorized me, as its representative, to sign this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Date





## City of Austin HHSD - Human Services Division

P. O. Box 1088 • Austin, Texas 78767 • (512) 972-5024 • Fax (512) 972-5025

### ADMINISTRATIVE AND FISCAL REVIEW (AFR) APPLICATION CHECKLIST

Agency Name: \_\_\_\_\_

**Please provide one (1) original and two (2) copies of this AFR Application, including all applicable Attachments listed below, with your proposal.**

| Please submit the following:  | REQUIRED Additional Attachments:   |
|---|--|
| <input type="checkbox"/> Completed Application Checklist (this page)                  | <input type="checkbox"/> Only if Board has more than 7 members AND you do not insert the remaining members directly into this Application – Attach a list for the remaining Board members, making sure to include all the information requested in the board members info section item 17) which follows |
| <input type="checkbox"/> Completed AFR Application (all remaining pages in this file) | <input type="checkbox"/> Two original, bound copies of most recent and previous year Annual Audits and Management Letters (if audit is a single year audit, please include two copies of the previous audit for comparison purposes)   |
| <b>Required Attachments for AFR Application:</b>                                      | <input type="checkbox"/> Most recent IRS Form 990 (complete copy, all schedules included)  |
| <input type="checkbox"/> Board minutes from last 3 Board meetings                     | <input type="checkbox"/> IRS letter confirming 501 (c) (3) status  |
| <input type="checkbox"/> Organization chart   | <input type="checkbox"/> "Major Documents" (such as agency bylaws, policies, procedures, etc.)   |
| <input type="checkbox"/> Current strategic plan                                       | <input type="checkbox"/> Most recent monthly financial statements  |
| <input type="checkbox"/> Current fiscal year's budget                                 | <input type="checkbox"/> Previous fiscal year's balance sheet with actuals   |
| <input type="checkbox"/> Next fiscal year's proposed budget (if available)            |  |
| <input type="checkbox"/> Other Accreditation (if applicable)                          |  |

#### AFR APPLICATION REQUIREMENTS:

**For submitted original and hard copies, please...**

- Use paper clips. Do not staple.
- Use double-sided copies when possible.
- Use white, 8 ½ 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)

DATE this document was prepared: \_\_\_\_\_

Do you authorize City staff to share this information with United Way Capital Area?

☐ Yes

☐ No

|  |  |
|--|--|
| <b>Agency Legal Name:</b> _____<br><br><b>Mailing Address:</b> _____<br><b>City, State, Zip:</b> _____<br><br><b>Main Phone Number:</b> _____<br><br><b>Tax ID Number:</b> _____ | <b>Other (dba) Agency Name:</b> _____<br><br><b>Street Address:</b> _____<br><b>City, State, Zip:</b> _____<br><br><b>Agency's Web site:</b> _____<br><br><b>City Vendor Code:</b> _____ |
|--|--|

**Contact for this AFR:** \_\_\_\_\_  
**Title:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Fax:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

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

### **CERTIFICATION OF AFR Application form**

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 (printed name)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Executive Director/CPO/CEO (printed name)**

\_\_\_\_\_  
**Signature**

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

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

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

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

|   |   |   |   |
|---|---|---|---|
| <b>Program 1 Name:</b> _____<br><b>Description (25 words or less):</b> _____<br><b>Primary service provided:</b> _____<br><b>If Shelter/Housing, indicate number of beds:</b> [Enter number]<br><b>If Child Care, indicate number of children:</b> [Enter number] | <b>Program 2 Name:</b> _____<br><b>Description (25 words or less):</b> _____<br><b>Primary service provided:</b> _____<br><b>If Shelter/Housing, indicate number of beds:</b> [Enter number]<br><b>If Child Care, indicate number of children:</b> [Enter number]   |   |   |
| <b>Program 3 Name:</b> _____<br><b>Description (25 words or less):</b> _____<br><b>Primary service provided:</b> _____<br><b>If Shelter/Housing, indicate number of beds:</b> [Enter number]<br><b>If Child Care, indicate number of children:</b> [Enter number] | <table border="1"> <tr> <td> <b>Program 4 Name:</b> _____<br/> <b>Description (25 words or less):</b> _____<br/> <b>Primary service provided:</b> _____<br/> <b>If Shelter/Housing, indicate number of beds:</b> [Enter number]<br/> <b>If Child Care, indicate number of children:</b> [Enter number]           </td> <td> <br/>_____<br/> <br/>_____<br/> <br/>_____<br/> <br/>[Enter number]<br/> <br/>[Enter number]           </td> </tr> </table> | <b>Program 4 Name:</b> _____<br><b>Description (25 words or less):</b> _____<br><b>Primary service provided:</b> _____<br><b>If Shelter/Housing, indicate number of beds:</b> [Enter number]<br><b>If Child Care, indicate number of children:</b> [Enter number] | <br>_____<br><br>_____<br><br>_____<br><br>[Enter number]<br><br>[Enter number] |
| <b>Program 4 Name:</b> _____<br><b>Description (25 words or less):</b> _____<br><b>Primary service provided:</b> _____<br><b>If Shelter/Housing, indicate number of beds:</b> [Enter number]<br><b>If Child Care, indicate number of children:</b> [Enter number] | <br>_____<br><br>_____<br><br>_____<br><br>[Enter number]<br><br>[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]

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

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

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**Applicable for FY:** [Enter fiscal year]

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

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

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**Applicable for FY:** [Enter fiscal year]

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

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

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**BOARD MEMBERS INFORMATION (continued)**

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**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**

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**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**

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**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**

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**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

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☐ 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 management and general and fundraising expenses as a percentage of overall revenues using information from the first page of IRS Form 990 and the following formula. Add lines 25 (in Part IX, Column C) and 25 (in Part IX, Column D), and divide this total by Line 12 (in Part I). Multiply the answer by 100.

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

☐ Yes    ☐ No    26) Is the administrative percentage above 25%?

27) If yes, 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]

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## FINANCIAL INFORMATION

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- ☐ 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]

---

**CITY OF AUSTIN  
PURCHASING OFFICE  
REFERENCE SHEET**  
Please Complete and Return This Form with the Offer

**SOLICITATION NUMBER:** WDJ0004

**OFFEROR'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The Offeror shall furnish, with the Offer, the following information, for at least insert # recent customers to whom products and/or services have been provided that are similar to those required by this Solicitation.

1. Company's Name \_\_\_\_\_  
Name and Title of Contact \_\_\_\_\_  
Present Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number (       ) Fax Number (       )  
Email Address \_\_\_\_\_
2. Company's Name \_\_\_\_\_  
Name and Title of Contact \_\_\_\_\_  
Present Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number (       ) Fax Number (       )  
Email Address \_\_\_\_\_
3. Company's Name \_\_\_\_\_  
Name and Title of Contact \_\_\_\_\_  
Present Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number (       ) Fax Number (       )  
Email Address \_\_\_\_\_
4. Company's Name \_\_\_\_\_  
Name and Title of Contact \_\_\_\_\_  
Present Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number (       ) Fax Number (       )  
Email Address \_\_\_\_\_
5. Company's Name \_\_\_\_\_  
Name and Title of Contact \_\_\_\_\_  
Present Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number (       ) Fax Number (       )  
Email Address \_\_\_\_\_

**City of Austin, Texas  
EQUAL EMPLOYMENT/FAIR HOUSING OFFICE  
NONDISCRIMINATION CERTIFICATION  
SOLICITATION NO. WDJ0004**

I hereby certify that our firm conforms to the Code of the City of Austin, Section 5-4-2 as reiterated below:

**Chapter 5-4 of the Code of the City of Austin (Discrimination in Employment by City Contractors) requires that at all times while acting as a Contractor (as defined under Chapter 5-4) a Contractor must agree:**

- (1) Not to engage in any discriminatory employment practice defined in this chapter (including any later amendments or modifications).
- (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 this chapter including affirmative action relative to employment, promotion, demotion or transfer, recruitment or recruitment advertising; layoff or termination, rate of pay or other form 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 City setting forth the provisions of this chapter.
- (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 Contractors in which said union or organization has agreed not to engage in any discriminatory employment practices as defined in this chapter and to take affirmative action to implement policies and provisions of this chapter.
- (6) To cooperate fully with the City's Human Rights Commission in connection with any investigation or conciliation effort of said Human Rights Commission to insure that the purpose of the provisions against discriminatory employment practices are being carried out.
- (7) To require compliance with provisions of this chapter by all subcontractors having fifteen 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.

**Please check one of the following:**

- ☐ Our firm's nondiscrimination policy conforms to the requirements of City Code, Chapter 5-4-2-B, Items (1) through (7) and will be sent to the City upon request.
- ☐ Our firm does not have an established nondiscrimination policy and will adopt the City's minimum standard shown below. Our firm will send the adopted policy on company letterhead to the City upon request.

**Minimum Standard Nondiscrimination in Employment Policy:**

As an Equal Employment Opportunity (EEO) employer, the \_\_\_\_\_ (company name) will conduct its personnel activities in accordance with established federal, state and local EEO laws and regulations.

The \_\_\_\_\_ (company name) will not discriminate against any applicant or employee based on race, creed, color, national origin, sex, age, religion, veteran status, gender identity, disability, or sexual orientation. This policy covers all aspects of employment, including hiring, placement, upgrading, transfer, demotion, recruitment, recruitment advertising, selection for training and apprenticeship, rates of pay or other forms of compensation, and layoff or termination.

Employees who experience discrimination, sexual harassment, or another form of harassment should immediately report it to their supervisor. If this is not a suitable avenue for addressing their complaint, employees are advised to contact another member of management or their human resources representative. No employee shall be discriminated against, harassed, intimidated, nor suffer any reprisal as a result of reporting violation of this policy. Furthermore, any employee, supervisor or manager who becomes aware of any such discrimination or harassment should immediately report it to executive management or the human resources office to ensure that such conduct does not continue.

**Sanctions:**

Our firm understands that non-compliance with Chapter 5-4 may result in sanctions, including termination of the contract and suspension or debarment from participation in future City contracts until deemed compliant with this chapter.

**Contractor's Name:** \_\_\_\_\_

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

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

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**City of Austin, Texas**  
**NON-SUSPENSION OR DEBARMENT CERTIFICATION**  
**SOLICITATION NO. WDJ0004**

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 \_\_\_\_\_

**CITY OF AUSTIN  
NON-COLLUSION,  
NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING AFFIDAVIT  
SOLICITATION NO. WDJ0004**

**FOR  
Self-Sufficiency Continuum for Social Service Contracts**

**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;*

**CITY OF AUSTIN  
NON-COLLUSION,  
NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING AFFIDAVIT**

- 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.
- 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 (7<sup>th</sup>) 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:  
<http://www.ci.austin.tx.us/cityclerk/coi.htm>

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.

7. **Anti-Lobbying Ordinance.** As set forth in the Solicitation Instructions, Section 0200, paragraph 7N, between the date that the Solicitation was issued and the date of full execution of the Contract, Offeror has not made and will not make a representation to a member of the City Council, a member of a City Board, or any other official, employee or agent of the City, other than the Authorized Contact Person for the Solicitation, except as permitted by the Ordinance.

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\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires \_\_\_\_\_

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)  
PROCUREMENT PROGRAM  
NO GOALS FORM**

**SOLICITATION NUMBER:** WDJ0004

**PROJECT NAME:** Self-Sufficiency Continuum for Social Service Contracts

**The City of Austin has determined that no goals are appropriate for this project.** Even though no goals have been established for this solicitation, the Bidder/Proposer is required to comply with the City's MBE/WBE Procurement Program, if areas of subcontracting are identified.

If any service is needed to perform the Contract and the Bidder/Proposer does not perform the service with its own workforce or if supplies or materials are required and the Bidder/Proposer does not have the supplies or materials in its inventory, the Bidder/Proposer shall 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 or provide the supplies or materials. The Bidder/Proposer must also make a Good Faith Effort to use available MBE and WBE firms. Good Faith Efforts include but are not limited to contacting the listed MBE and WBE firms to solicit their interest in performing on the Contract; using MBE and WBE firms that have shown an interest, meet qualifications, and are competitive in the market; and documenting the results of the contacts.

**Will subcontractors or sub-consultants or suppliers be used to perform portions of this Contract?**

**No \_\_\_\_\_** If no, please sign the No Goals Form and submit it with your Bid/Proposal in a sealed envelope.

**Yes \_\_\_\_\_** If yes, please contact SMBR to obtain further instructions and an availability list and perform Good Faith Efforts. Complete and submit the No Goals Form and the No Goals Utilization Plan with your Bid/Proposal in a sealed envelope.

**After Contract award, if your firm subcontracts any portion of the Contract, it is a requirement to complete Good Faith Efforts and the No Goals Utilization Plan, listing any subcontractor, subconsultant, or supplier. Return the completed Plan to the Project Manager or the Contract Manager.**

**I understand that even though no goals have been established, I must comply with the City's MBE/WBE Procurement Program if subcontracting areas are identified. I agree that this No Goals Form and No Goals Utilization Plan shall become a part of my Contract with the City of Austin.**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Name and Title of Authorized Representative (Print or Type)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**MINORITY- AND WOMEN-OWNED BUSINESS ENTERPRISE (MBE/WBE)  
PROCUREMENT PROGRAM  
NO GOALS UTILIZATION PLAN**  
*(Please duplicate as needed)*

SOLICITATION NUMBER: WDJ0004

PROJECT NAME: Self-Sufficiency Continuum for Social Service Contracts

**PRIME CONTRACTOR/CONSULTANT COMPANY INFORMATION**

|  |            |
|--|------------|
| Name of Contractor/Consultant  |            |
| Address  |            |
| City, State Zip  |            |
| Phone  | Fax Number |
| Name of Contact Person   |            |
| Is company City certified? Yes <input type="checkbox"/> No <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE/WBE Joint Venture <input type="checkbox"/> |            |

I certify that the information included in this No Goals Utilization Plan is true and complete to the best of my knowledge and belief. I further understand and agree that the information in this document shall become part of my Contract with the City of Austin.

**Name and Title of Authorized Representative (Print or Type)**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Provide a list of all proposed subcontractors/subconsultants/suppliers that will be used in the performance of this Contract. **Attach Good Faith Efforts** documentation if non MBE/WBE firms will be used.

|  |  |
|--|--|
| <b>Sub-Contractor/Consultant</b>               |  |
| City of Austin Certified                       | MBE <input type="checkbox"/> WBE <input type="checkbox"/> Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED |
| Vendor ID Code                                 |  |
| Contact Person                                 | Phone Number:  |
| Amount of Subcontract                          | \$   |
| List commodity codes & description of services |  |

|  |  |
|--|--|
| <b>Sub-Contractor/Consultant</b>               |  |
| City of Austin Certified                       | MBE <input type="checkbox"/> WBE <input type="checkbox"/> Ethnic/Gender Code: <input type="checkbox"/> NON-CERTIFIED |
| Vendor ID Code                                 |  |
| Contact Person                                 | Phone Number:  |
| Amount of Subcontract                          | \$   |
| List commodity codes & description of services |  |

**FOR SMALL AND MINORITY BUSINESS RESOURCES DEPARTMENT USE ONLY:**

Having reviewed this plan, I acknowledge that the proposer (HAS) or (HAS NOT) complied with City Code Chapter 2-9A/B/C/D, as amended.

Reviewing Counselor \_\_\_\_\_ Date \_\_\_\_\_ Director/Deputy Director \_\_\_\_\_ Date \_\_\_\_\_



**CITY OF AUSTIN  
PURCHASING OFFICE  
"NO OFFER" REPLY FORM**

**SOLICITATION NUMBER:** WDJ0004

**Please Complete and Return This Form to the following address to indicate a "No Offer" Reply**

City of Austin  
Purchasing Office  
P.O. Box 1088  
Austin, Texas 78767-8845

**(DO NOT RETURN ALONG WITH OFFER)**

Please check the appropriate box to indicate why your firm is submitting a "no offer" response. Failure to respond to three (3) consecutive solicitations may result in your company being removed from the source list for this commodity or service. Completion of this form will assist us in maintaining an accurate, up-to-date source list.

**COMMODITY CODE:** 95243

**DESCRIPTION:** Family and Social Services

- ☐ Unable to supply item(s) specified. Remove my company from the source list for the Commodity / Service Group
- ☐ Unable to supply item(s) specified. Retain my company on the vendor list for this commodity / service.
- ☐ Cannot meet the Scope of Work / Specifications.
- ☐ Cannot provide required Insurance.
- ☐ Cannot provide required Bonding.
- ☐ Job too small.
- ☐ Job too large.
- ☐ Do not wish to do business with the City. Remove my company from the City's Vendor list.
- ☐ Other reason (please state why you will not submit a bid):

Contractor's Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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

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

Printed Name: \_\_\_\_\_

Title \_\_\_\_\_