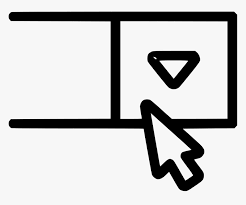
Form 2 - RFP PROPOSAL

**PROPOSAL INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. Offerors may submit multiple proposals for different programs. All questions are in green text boxes. Click on the text boxes beneath the questions to type in your answers. Any required attachments are indicated by a  symbol, and drop-down menus are indicated by a  symbol.

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

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

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

|  |  |  |
| --- | --- | --- |
| **Form Number** | **Title** | **Guidance** |
| 1 | Offer Sheet | Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants **by March 16, 2023, by 3 PM CST** |
| 2 | RFP Proposal |
| 3 | Program Budget and Funding Summary |
| 4 | COA Certifications and Disclosures |

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

**Pre-Application**

**Annual Agency Threshold Application:** The **Annual Agency Threshold Application** must be completed in PartnerGrants by or before the Intent to Apply deadline stated in the Offer Sheet. This form must be submitted once per 12 months and remains valid for all competitions closing within that time. This threshold will be reviewed by APH staff, and the agency will be notified once approved. If you have completed this application on or after April 1, 2022, and received approval, you can advance to the next step.

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

**Agency Information**

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

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

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

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

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

Click or tap here to enter text.

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

Click or tap here to enter text.

1. What is your organization’s annual budget?

Click or tap here to enter text.

1. Is the Agency in the process of submitting OR has the Agency already submitted a full registration to do business with the Federal government in SAM.gov AND ensured that their record is not restricted from public view? If no, please explain.

 Please attach initial registration documentation OR SAM.gov Action registration status.

Click or tap here to enter text.

 **Check here to indicate that** documents demonstrating SAM.gov registration status are attached to the proposal in PartnerGrants.

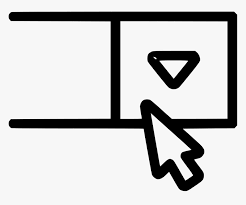
1. Provide a brief description of the Agency applying for this funding (e.g., mission statement).

Click or tap here to enter text.

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

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

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

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

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

**Section 1: Experience and Cultural Competence**

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

**AGENCY EXPERIENCE & PERFORMANCE:**

1. Describe your experience providing the same or similar services to what is being proposed. If this is a new program describe how your previous experience, expertise, and research will inform your ability to implement the new services successfully.

Click or tap here to enter text.

1. Demonstrate with past performance your agency's/program's ability to meet goals and make a positive impact on the community. Please upload previous performance reports from the last two years that demonstrate the service or related services for which you are applying. These can include quarterly performance reports or annual reports provided to community or agency leadership that, when combined, demonstrate at least two years of performance.

Please attach performance reports.



Please explain if you are not able to provide these reports, if you are submitting other types of reports, or if you have any clarification that is being provided to respond to this question, including why you may not have met prior performance goals and how you have responded to those gaps.

Click or tap here to enter text.

 **Check here to indicate that** past performance reports are attached to the proposal in PartnerGrants.

**AGENCY OPERATIONS:**

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

Click or tap here to enter text.

1. **Data Security and Systems Management:** Describe how the agency will utilize the local [Homeless Management Information System](https://www.austinecho.org/hmis) (HMIS) to collect and report program data, including data required to report on performance measures. Include data management process and flow, and how data will be collected and stored. Describe the organization’s process of internal controls and systems implemented to ensure data accuracy and data security. Include who has access to the data, what kind of training is provided to staff to ensure data is collected accurately and completely.

If you are not already using HMIS, explain how you plan to implement use of HMIS, including the anticipated timeline for implementation and technical assistance you will need to ensure timely compliance with contract requirements.

Click or tap here to enter text.

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

Click or tap here to enter text.

**PRINCIPLES OF SERVICE DELIVERY**

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

Click or tap here to enter text.

1. **Progressive Engagement:** Describe the existing and planned strategies, practices, and operations to ensure services are tailored to address the unique needs of each participant’s situation. How does the Offeror ensure the participant receives only the minimum amount of assistance to ensure maximum crisis resolution and stability throughout their housing crisis?

Click or tap here to enter text.

1. **Collaboration with Community:** Describe service coordination and collaboration activities or plans to engage in activities with community stakeholders, such as The Homeless Response System Leadership Council’s committees and workgroups.

Click or tap here to enter text.

1. **Incorporating Lived Experience:** Describe how the Agency collects and incorporates feedback from people with lived experience of homelessness and housing instability to inform program design and ensure ongoing program quality.

Click or tap here to enter text.

1. **Referrals:** Describe how the Agency connects participants to mainstream services, resources, and benefits not directly provided by the program.

Click or tap here to enter text.

**CULTURAL COMPETENCE & RACIAL EQUITY**

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

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

1. Describe your experience reaching and successfully serving diverse communities such as but not limited to:

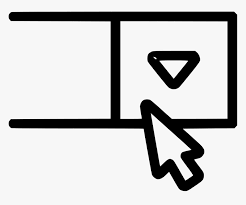
* People of color
* Documented or undocumented immigrant or newly resettled refugee communities
* Older adults
* People with chronic medical and/or mental health conditions
* Individuals within the LGBTQIA2S+ community

Please be sure to describe how your agency works to mitigate the effects of the systemic, institutional, and environmental barriers and inequities impacting program participants during their service engagement with your program.

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

Click or tap here to enter text.

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

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

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

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

* Outreach
* Intake
* Service Delivery

Please attach appropriate LAP policies and procedures.



Click or tap here to enter text.

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

**Section 2: Program Design**

**PROGRAM WORK STATEMENT**

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

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

Click or tap here to enter text.

1. **Program Clients Served:** Describe how the program will identify and enroll individuals and households at risk of homelessness or at imminent risk of homelessness eligible for services as described in the Scope of Work. If your program will prioritize a subpopulation of the overall population, please identify those criteria for prioritization here.

Click or tap here to enter text.

1. **Assessment:** Homelessness Prevention programs must effectively identify households who are most likely to experience literal homelessness and assist those households in regaining stability through limited assistance. Describe the assessment tool the program will utilize to identify households for the program and the criteria the tool assesses to determine risk of homelessness. Describe how local factors are considered in the development and revision of the tool, and the data sources utilized in the creation of the tool. Include how the assessment process will prevent duplication of homelessness prevention services from another provider.

 Please attach an assessment tool or draft of an assessment tool if one already exists. If no such tool exists, please provide an explanation in your response below, including the plan for implementation of the tool.

Click or tap here to enter text.

**Check here to indicate that** an assessment tool or draft assessment tool is attached in PartnerGrants.

1. **Outreach:** Describe the outreach strategies the program will employ to ensure populations most likely to be at risk of experiencing literal homelessness are knowledgeable of and able to easily access the program.

Click or tap here to enter text.

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

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

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

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

Click or tap here to enter text.

1. **Program Accessibility:** Briefly describe how the program will actively seek to eliminate barriers to services, such as historical programmatic practices, lack of transportation, limited communication and contact, immigration documentation status, and other barriers.

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **Service Coordination and Planning with other Agencies:** Describe how the program will work alongside other agencies to connect households to mainstream benefits and access services not provided by the Offeror.

Click or tap here to enter text.

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

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

**PERFORMANCE MEASURES**

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

**29A**. **Output Measures**: Provide a proposed a 12-month goal for the number of unduplicated individuals served by the total program as well as any additional context. The goal should be based on past performance experience, budgeted program costs, and best estimates.  The contract goal for unduplicated clients served should be for the total program including City funding and all other funding sources.

Proposals must include the following output:

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **12-month Goal #**  **Aug 1, 2023 – July 31, 2024** |
| Required Output | Total Number of Unduplicated Individuals Served per 12-month period | Click or tap here to enter goal #. |

**29Ai**. Describe how the data will be calculated for the output.

Click or tap here to enter text.

**29Aii.** Provide an explanation for determining the annual goal.

Click or tap here to enter text.

**29Aiii.** Describe how demographic and eligibility data will be collected from clients and the method for reporting this data.

Click or tap here to enter text.

**Additional Outputs**: Offerors may propose additional output(s) to highlight the work of the program. Additional outputs are optional.

Proposals may include the following output(s):

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **12-month Goal #**  **Aug 1, 2023 – July 31, 2024** |
| Optional Supplemental Output 1 | Click or tap here to enter text. | Click or tap here to enter annual goal #. |
| Optional Supplemental Output 2 | Click or tap here to enter text. | Click or tap here to enter annual goal #. |

**29Aiv.** Describe how the data will be calculated for the output(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**29Av.** Provide an explanation for determining the annual goal(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**29B**. **Social Services Outcome Measure 1**: Proposals must include the following standard Social Services outcome measure. Please enter a program goal for the numerator, denominator, and percentage:

**Numerator:** Number of households at risk of homelessness that maintain housing

**Denominator**: Number of households receiving services

**Outcome**: Percentage of households at risk of homelessness that maintain housing

|  |  |
| --- | --- |
| **Required Outcome 1:** | **12-month Goal**  **Aug 1, 2023 – July 31, 2024** |

|  |  |  |
| --- | --- | --- |
| **Numerator**: Number of households at risk of homelessness that maintain housing |  | Click or tap here to enter numerator #. |
| **Denominator**: Number of households receiving services |  | Click or tap here to enter denominator #. |
| **Outcome**: Percentage of households at risk of homelessness that maintain housing |  | Click or tap here to enter outcome percentage %age (num/denom). |

**28Bi.** Describe how the data will be calculated for the outcome measure.

Click or tap here to enter text.

**28Bii.** Provide an explanation for determining the annual goal (rate, numerator, and denominator).

Click or tap here to enter text.

**Social Services Outcome Measure 2**: Proposals must include the following standard Social Services outcome measure. Please enter a program goal for the numerator, denominator, and percentage:

**Numerator:** Number of households who exit program services and do not return for additional service within 6 months (as determined by enrolling in HMIS in services with homelessness as eligibility criteria)

**Denominator**: The total number of households who exit program services to stable destinations

**Outcome**: Percentage of those receiving homelessness prevention services who leave services and do not return for additional services within 6 months of leaving services

|  |  |
| --- | --- |
| **Required Outcome 2:** | **12-month Goal**  **Aug 1, 2023 – July 31, 2024** |

|  |  |  |
| --- | --- | --- |
| **Numerator**: Number of households who exit program services and do not return for additional service within 6 months |  | Click or tap here to enter numerator #. |
| **Denominator**: The total number of households who exit program services to stable destinations |  | Click or tap here to enter denominator #. |
| **Outcome**: Percentage of those receiving homelessness prevention program services who exit the program to a stable destination and do not return to the homeless response system within the following 6 months. |  | Click or tap here to enter outcome percentage %age (num/denom). |

**29Biii.** Describe how the data will be calculated for the outcome measure.

Click or tap here to enter text.

**29Biv.** Provide an explanation for determining the annual goal (rate, numerator, and denominator).

Click or tap here to enter text.

**Additional Proposed Outcomes**: Provide an outcome measure that will allow the program to evaluate the intention of the services offered and include proposed numeric goals. Below is an example of an outcome measure that may be used, or you may provide your own. Additional proposed outcome(s) is not required.

|  |  |  |
| --- | --- | --- |
| **Proposed Outcome Text** |  | **12-month Goal**  **Aug 1, 2023 – July 31, 2024** |
| Click or tap here to enter outcome numerator text. |  | Click or tap here to enter numerator #. |
| Click or tap here to enter outcome denominator text. |  | Click or tap here to enter denominator #. |
| Click or tap here to enter outcome percentage text. |  | Click or tap here to enter outcome percentage %age (num/denom). |

**29Bv.** Describe how the data will be calculated for the outcome measure(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**29Bvi.** Provide an explanation for determining the annual goal (rate, numerator and denominator). Write “N/A” if not applicable.

Click or tap here to enter text.

**Section 4: Cost Effectiveness**

**PROGRAM STAFFING AND TIME**

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

Click or tap here to enter text.

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

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

Click or tap here to enter text.

**Check here to indicate that** staff resumes, or job descriptions are attached to proposal in PartnerGrants (as applicable).

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

Click or tap here to enter text.

1. Complete the Program Staffing form below.

**Instructions:**

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

Example:

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

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

**PROGRAM BUDGET AND FUNDING SUMMARY**

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

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

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

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

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

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

In general, Offerors must:

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

1. Provide the total amount of City funding requested for the 12-month period.

Enter $ Total amount of City funding requested.

1. Provide the total amount of non-City funding identified in the budget, if any, as well as the funding source and intended activities these funds will support.

Click or tap here to enter text.

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

Click or tap here to enter text.

**COST EFFECTIVENESS**

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

Click or tap here to enter text.

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

Enter $ Average Cost per Client.

1. Describe in the text box below why the cost per client is appropriate for the level of services being provided. Explain the methodology used to determine or estimate the appropriate amount of financial assistance per client. Explain any financial assistance maximums or “caps” per household or why the program will not utilize “caps.” Include any data or research sources used when determining these amounts.

Click or tap here to enter text.