Form 2 - RFP PROPOSAL

**PROPOSAL INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. An Offeror can only apply for one service category per proposal, as indicated by submitting the appropriate Work Statement (Form 2a/b/c) in addition to this RFP Proposal. Offerors may submit only one Work Statement per proposal. Offerors may submit multiple proposals for different service categories. All questions are in green text boxes. Click on the text boxes beneath the questions to type in your answers. Any required attachments are indicated by a  symbol, and drop-down menus are indicated by a  symbol.

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

**The total word count limit is 6,000 for this entire word document (including proposal questions and your answers).** The word count is indicated below left on your screen or if you go to the top of the screen to Search “word count”.

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Form Number** | | **Title** | **Guidance** |
| 1 | | Offer Sheet | Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants.  **Due July 7, 2022** |
| 2 | | RFP Proposal |
| Select One | 2a | Work Statement for Workforce Development Proposals |
| 2b | Work Statement for Benefits Enrollment Proposals |
| 2c | Work Statement for Behavioral Health Proposals |
| 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:** 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.

Upload 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.

1. To assist in developing future capacity building resources, if your organization could benefit from capacity-building resources to deliver the core components of a service category, please describe the following. Please note that this solicitation does not contain funding for capacity building services.

* A brief description of the existing organizational and/or program needs your agency has, including but not limited to the following components: Board Governance, Planning and Evaluation, Operational, Financial Management, and Public and Community Relations
* How much funding is needed and in which areas?
* How the resources provided would increase the program’s ability to serve more individuals and generate better program participant outcomes and community impact?

Click or tap here to enter text.

**Part II. SCORED SECTIONS - Total Points Available: 25**

**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 reports, or if you have any clarification that is being provided to respond to this question.

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

Click or tap here to enter text.

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

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

Click or tap here to enter text.

**15. Collaboration with Community:** Describe service coordination and collaboration activities the Agency is engaged with, including but not limited to:

* The Homeless Response System Leadership Council’s committees and workgroups
* The Systems Improvement Committee

Click or tap here to enter text.

1. **Referrals:** Describe how the Agency manages referrals for services, including from internal programs, and/or from other programs in the Homelessness Response System such as permanent housing programs. Describe the process for ensuring all clients complete a Coordinated Assessment within the first thirty days of program enrollment if they are not already part of the homelessness response system.

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 including the identified service populations from the Priority Populations section of Exhibit C – Scope of Work, 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 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.