



CITY OF AUSTIN, TEXAS

Austin Public Health

REQUEST FOR APPLICATION (RFA) OFFER SHEET



SOLICITATION NO: RFA #003 – Ryan White HIV/AIDS Program Part A – 2021 – NPS

SOLICITATION NAME: Request for Applications for Ryan White HIV/AIDS Program Part A

DATE ISSUED:	Monday, August 16, 2021
RFA APPLICATION DUE DATE:	Monday, September 27, 2021, 5 PM CDT
Anticipated Start date of contract:	March 1, 2022
Questions regarding the RFA are due on or before Note: Technical Assistance questions regarding entry into PartnerGrants may be submitted until the due date.	September 17, 2021 at 12 PM CDT
Questions must be submitted in writing to the Authorized Contact Person or through PartnerGrants	Authorized Contact Person: Patricia Niswander <u>Grants Coordinator</u> E-Mail: APHHIVResourcesAdmin@austintexas.gov
Questions and Answers will be available:	In PartnerGrants and on the solicitation website: APH Competition Website
Optional Pre-Bid Meeting - Date and Time:	Monday, August 23, 2021 2 PM – 3 PM
Pre-Bid Meeting Location:	Registration Required with this link to get the Conference Call details: https://rfarwhap.eventbrite.com

APH is only accepting applications through the PartnerGrants database. No paper copies will be accepted.

All Applicants must:

1. Confirm that their organization is a registered vendor with the City of Austin
 - To confirm enter the organization’s City of Austin Vendor Number when registering as a user in the PartnerGrants system (see #2 below).
 - To find the City of Austin Vendor Number please visit [Austin Finance Online](#). and search for the organization’s legal name.
 - To register to become a potential City of Austin vendor, go to [Austin Finance Online](#) to register.
2. Be a registered user in the PartnerGrants system. The applications will be submitted through this web-based system. To register, visit the PartnerGrants site and click on “Register Here.” Note that the organization’s City of Austin Vendor number is required to complete registration in PartnerGrants.



This solicitation is comprised of the following required sections. Please carefully read each section including those incorporated by reference. By signing this document, you are agreeing to all the items contained herein and will be bound to all terms.

All of the following items can be found on the RFA Website: [APH Competition Website](#)

FORM	TITLE OF REQUIRED FORMS	REQUIRES RESPONSES
A	OFFER SHEET	X
C	RFA APPLICATION	X
H	PROGRAM BUDGET JUSTIFICATION	X
J	COA CERTIFICATIONS AND DISCLOSURES	X
G	THRESHOLD REVIEW FORM	<i>Form uploaded into PartnerGrants</i>
E	STANDARD SOLICITATION INSTRUCTIONS	Information Only
B	RFA SCOPE OF WORK	
F	STANDARD APH AGREEMENT BOILERPLATE & RW MODIFICATIONS	
D	APPLYING FOR APH-FUNDED OPPORTUNITY – PARTNERGRANTS INSTRUCTIONS	
Appx A	ELIGIBILITY TO RECEIVE RYAN WHITE FUNDED HIV SERVICES	
Appx B	HRSA HAB PERFORMANCE MEASURES	
Appx C	UNIVERSAL STANDARDS	
Appx D	PROGRAM MONITORING STANDARDS	
Appx E	PART A FISCAL NATIONAL MONITORING STANDARDS	
Appx F	PEER SUPPORT DIRECTIVE	
Appx G	OUTPATIENT ABULATORY HEALTH SERVICES DIRECTIVE	

INTERESTED PARTIES DISCLOSURE

In addition, Section 2252.908 of the Texas Government Code requires the successful Applicant to complete a Form 1295 “Certificate of Interested Parties” that is signed and includes an “unsworn declaration” for a grant agreement award requiring City Council authorization. The “Certificate of Interested Parties” form must be completed on the [Texas Ethics Commission website](#), printed, signed and submitted to the City by the authorized agent of the Business Entity with acknowledgment that disclosure is made under oath and under penalty of perjury prior to final grant agreement execution.



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The undersigned, by their signature, represents that they are submitting a binding offer and is authorized to bind the Applicant to fully comply with the solicitation document contained herein. The Applicant, by submitting and signing below, acknowledges that they have received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name:	
Company Address:	
City, State, Zip:	
Federal Tax ID No.:	
Printed Name of Officer or Authorized Representative:	
Title:	
Email Address:	
Phone Number:	

Signature of Officer or Authorized Representative: _____

Date: _____

* This Offer Sheet must be signed and submitted in PartnerGrants to be considered for award. Electronic Signature is acceptable.