Section E

RFGA Scope of Work and Application

 **Part 1. SCOPE OF WORK**

1. **Introduction**

The City of Austin (City) seeks applications in response to this Request for Grant Applications (RFGA) from qualified social service providers (Applicants) with demonstrated experience providing services to individuals who identify as Asian and Pacific Islander and their community (API population). Interventions must be designed with the target population’s needs at the outset, with the goal to increase access to mental health resources for API residents.

1. **Background & Purpose of Funding**

On May 3rd, 2019, the Joint Inclusion Committee made the following recommendation:

“Support for requests made by Joint Committee member commissions to increase resources for mental health services, education and outreach and for counseling services.” …

“According to the National Alliance on Mental Illness (NAMI): “ Mental Health: A Report of the Surgeon General” states: “Despite the existence of effective treatments, disparities lie in the availability, accessibility and quality of mental health services for racial and ethnic minorities,” Some of the reasons cited are: A lack of availability, transportation issues, difficulty finding childcare/taking time off work, the belief that mental health treatment “doesn’t work”, the high level of mental health stigma in minority populations, a mental health system weighted heavily towards non-minority values and culture norms, racism, bias, and discrimination in treatment settings, language barriers and an insufficient number of providers who speak languages other than English, a lack of adequate health insurance coverage (and even for people with insurance, high deductibles and co-pays make it difficult to afford).”

On May 21st, 2019, The Asian American Quality of Life Advisory Commission described the issues facing the API community and existing data:

“High levels of mental distress and serious mental illness is prevalent in Austin’s API community. However, API persons experiencing these conditions are less likely to seek treatment due to social stigma, lack of awareness and language barriers.”

“Data from the City’s Asian American Quality of Life Initiative (Quantitative Study) showed higher levels of mental distress and serious mental illness across all of Austin’s largest Asian American ethnic groups when compared to the general U.S. population. In addition, these groups also exhibited low utilization levels of psychiatrists, psychologists, and other mental health professionals (counselors, marriage therapists, social workers).”

On September 10, 2019, the City Council passed the Fiscal Year 2020 Budget which included the following Budget Item:

***Department: Austin Public Health***

***Mental Health Services: Expand access to affirming mental health therapy for the API community.***

***Commission: Asian American Quality of Life Advisory Commission***

***Funding Amount: $100,000***

1. **Funding and Timeline**

$100,000 total available funding. Austin Public Health anticipates awarding one Agreement for the full amount.

The Agreement will have an effective start date of April 1, 2020, for an initial 12-month period, and four 12-month extension options funded at $100,000 per extension option for a total potential Agreement amount of $500,000 over a 60-month period.

1. **Services Solicited**

## The City is intentionally leaving program strategies open beyond the criteria listed in this section, allowing Applicants to propose solutions to meet community needs effectively and successfully for the target population(s) identified.

**Target Population**

Residents of the City of Austin or Travis County, living at or below 200% of the Federal Poverty Level, who identify as Asian or Pacific Islander and their community (API).

**City of Austin Client Eligibility Requirements**

Residents of the City of Austin or Travis County who are either living at or below 200% of the Federal Poverty Level or identify as a member of the target population. Client eligibility must be documented, and any proposed alternative requirements explained. See Section G - Client Eligibility Requirements.

Any Austin/Travis County resident meeting the eligibility requirements can receive services funded by this opportunity including those who do not identify as members of the API community; however, it is expected that services provided through this funding will be designed for and directed to members of the API community.

1. **Application Evaluation**

A total of 100 points may be awarded to the application, with an additional ten bonus points available for a potential of 110 total evaluation points. All applications will be evaluated as to how the proposed program aligns with the goals of this RFGA and whether each question has been adequately addressed.

|  |  |  |
| --- | --- | --- |
| Part 1Section F: Threshold Review | Form in Partnergrants with required uploads | No points, but Applicant must pass threshold in order to submit RFGA Application |
| Part 2Section E: RFGA Application |
| Preliminary Questions | Questions A - D | No points, answers required |
| Section I: Program Description | Questions 1 - 9 | 100 points |
| Section II: Client Eligibility | Questions 10 -12 |
| Section III: Data Management | Questions 13 -16 |
| Section IV: Program Performance | Question 17 |
| Section V: Alignment with City of Austin and APH Priorities | Questions 18 - 21 |
| Section VI: Program Staffing and Time | Questions 22 - 24 |
| Section VII: Program Budget and Funding Summary | Questions 25 – 26Budget and Funding FORM |
| Section VIII: Cost Effectiveness | Questions 27 – 32 |
| Section IX: Bonus Questions: Healthy Service Delivery | Bonus Questions A and B | 10 Bonus Points |
|  Total: 110 Points |
| Section A: Offer Sheet Required | Applicant must print, sign, scan and upload signed form. | No points, but Applicant must submit Offer Sheet in order to submit RFGA Application |

1. **Application Format and Submission Requirements**

ALL DOCUMENTS MUST BE UPLOADED INTO PARTNERGRANTS. NO PAPER COPIES WILL BE ACCEPTED.

Responses should be included for each question. Applicants may fill in the responses directly on this form or compile responses in a separate document.

If compiling responses in a separate document, clearly label each question and number, use size 11 Calibri font, double-space the document, use 1” margins, and print double-sided on 8 ½ x 11” white paper without page scaling. Total word limit is 5000 words.

Provide a response or write N/A for not applicable in the boxes provided. It is preferable to be repetitive rather than to leave sections incomplete.

The following documents must be submitted in this RFGA:

For the Threshold Review, the following information must be submitted by 3 pm on January 15, 2020:

|  |  |  |  |
| --- | --- | --- | --- |
| **Section No.** | **Item/Document** | **Instructions** | **How to Submit** |
| F | Application Threshold Checklist | Complete checklist and upload the required documents.  | Filled out in Partnergrants with items uploaded into form. |

For the RFGA Application, the following information must be submitted by 3pm on February 6, 2020:

|  |  |  |  |
| --- | --- | --- | --- |
| **Section No.** | **Item/Document** | **Instructions** | **How to Submit** |
| A | Offer Sheet | Review, sign and scan signed document | Upload into Partnergrants |
| E | RFGA Questions and Answers | Complete within the Word document, save as a PDF | Upload into Partnergrants |
| H | Program Budget and Funding Summary | Complete within Excel document, save as PDF | Upload into Partnergrants |
| J | Equal Employment/ Fair Housing Office Non-Discrimination Certification  | Review, sign and scan signed document | Upload into Partnergrants |
| K | Non-Suspension or Debarment Certification  | Review, sign and scan signed document | Upload into Partnergrants |

1. **Additional Information**

Proposal Acceptance Period: All applications shall remain valid until award, negotiation, and execution of contracts as directed by the Austin City Council.

Proprietary Information: All materials submitted to the City become public property and are subject to the Texas Open Records Act upon receipt. If an Applicant does not desire proprietary information in the proposal to be disclosed, each page must be identified and marked proprietary at time of submittal. The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.

Exceptions: Be advised that exceptions to any portion of the Solicitation may jeopardize acceptance of the application.

Application Preparation Costs: All costs directly or indirectly related to the preparation of a response to the RFA or any oral presentation required to supplement or clarify an application that may be required by the City shall be the sole responsibility of the Applicant.

Agreement Adjustments: The City of Austin reserves the right to adjust the Agreement amount or scope of work over the contract period based on community needs, Applicant’s 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 a 90-day notice to the Grantee.

**Part II. RFGA APPLICATION QUESTIONS**

**INSTRUCTIONS: Fill out this document and upload the document into Partnergrants.**

**Preliminary Questions**

*No points are assigned to Questions A – D, but a response is required for each question.*

**Question A.** Provide a brief description of the Applicant (agency applying for this funding).

Click or tap here to enter text.

**Question B.** 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.
Email address: Click or tap here to enter text.
Mailing address: Click or tap here to enter text.
Telephone number: Click or tap here to enter text.

**Question C:** Describe any previous experience you have contracting with the City of Austin, if applicable. Specify the department(s), program(s) funded and funding amount(s).

Click or tap here to enter text.

**Question D:** Austin Public Health agreements include an Agreement Boilerplate in addition to contract exhibits that are specific to each program.

Review all portions of Agreement Boilerplate and confirm that your organization will be able to comply with all terms and conditions included in the document.

Click or tap here to enter text.

Describe any previous experience you have successfully managing agreements with similar requirements.

Click or tap here to enter text.

**SCORED APPLICATION QUESTIONS**

**Section I: Program Description**

Applicants must demonstrate that they have been delivering services to individuals who identify as Asian and Pacific Islander (API) and their community in a culturally appropriate manner for a minimum of 2 years. Interventions must be designed with the target population’s needs at the outset, with the goal to increase access to mental health resources for API residents.

Applicants must propose to provide at least one or a combination of the following program services:

1. Expand culturally appropriate mental health services to the API community.

Examples to expand mental health services include but are not limited to: providing group therapy, individual counseling, support groups, peer support, and non-traditional types of therapy such as meditation, acupuncture, or EMDR (Eye Movement Desensitization and Reprocessing).

Note that Austin Public Health does not fund primary care medical services or medical detox services.

1. Expand mental health service providers capacity to better respond to the mental health needs of the API population.

Examples to expand capacity include but are not limited to: training existing mental health care professionals on API cultural competency, hiring mental health care professionals knowledgeable of API, hiring multicultural and multilingual mental health professionals, developing or expanding technology-based therapeutic tools, and hiring outreach staff.

1. Increase the API population’s access to mental health services.

Examples include but are not limited to community engagement, mental health literacy, and outreach, transportation, childcare, language access, registry of culturally competent practitioners, health insurance enrollment, extended office hours, web or telephone counseling, expansion of services to a new culturally appropriate, community-based, or partner location.

**Question 1:** Briefly describe the proposed program and goals. Identify how the program and goals align with the purpose of this funding.

Click or tap here to enter text.

**Question 2:** Describe the target population(s) that the proposed program is intended to serve and explain how this population is similar to or different from your current service population. Include an estimate of the proportion of your current service population that meets the criteria of the target population.

Click or tap here to enter text.

**Question 3:** Describe your experience and success working with the target population. If the target population(s) is different from your current service population, describe the modifications and new strategies you will implement to serve the new target population(s).

Click or tap here to enter text.

**Question 4****.** Describe how the target population(s) learns about and enters the program. Describe any barriers or challenges the target population(s) may encounter accessing services and how the program will mitigate traditional barriers to services.

Click or tap here to enter text.

**Question 5:** Describe the program services, referencing at least one or more of the Program Services listed above.

Click or tap here to enter text.

**Question 6:** 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 and expertise will inform your ability to implement the new services successfully.

Click or tap here to enter text.

**Question 7:** Describe the proposed program implementation strategies, referencing Evidenced Based or Best Practices to serve the population.

Click or tap here to enter text.

**Question 8:** Describe any formal or informal coordination or collaboration with other organizations proposed in this application.

Click or tap here to enter text.

**Question 9:** Describe engagement strategies that will be used throughout service delivery to reduce client attrition / increase client retention?

Click or tap here to enter text.

**Section II: Client Eligibility**

Residents of the City of Austin or Travis County who are living at or below 200% of the Federal Poverty Level or identifying as a member of the target population. Client eligibility must be documented, and any proposed alternative requirements explained. See G - Client Eligibility Requirements

Any Austin/Travis County resident meeting the eligibility requirements can receive services funded by this opportunity including those who do not identify as members of the API community; however, it is expected that services provided through this funding will be designed for and directed to members of the API community.

**Question 10:** Describe how the program will serve clients that meet City of Austin Eligibility Requirements. If you propose to serve clients who do not meet these requirements, explain alternative eligibility requirements and provide justification for different eligibility requirements.

Click or tap here to enter text.

**Question 11:** Describe how the City of Austin Client Eligibility Requirements will be documented for the target population(s).

Click or tap here to enter text.

**Question 12:** Describe how any alternative or additional client eligibility requirements for program entry will be documented for the target population(s).

Click or tap here to enter text.

**Section III: Data Management**

The ability to collect, track, and report client demographics and program output(s) and outcome(s) is a priority for the City. The applicant should have demonstrated experience and plans for data collection and demonstration of program impact and system improvements through data collection and evaluation.

**Question 13:** Describe the data management process and flow for the proposed program. How will data be collected? Where will it be kept and how will it be used to report program performance to the City?

Click or tap here to enter text.

**Question 14:** Describe the organization’s process of internal controls and systems implemented to ensure data accuracy. 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.

**Question 15:** Describe how data are used in your organization for identifying problems in (1) program design, (2) service delivery, and (3) expenditures, and how that information is used to improve practices and program effectiveness.

Click or tap here to enter text.

**Question 16:**Describe what data will be shared with other service providers to improve community understanding of the needs of the target population. In the response include how data will be shared without violating client confidentiality.

Click or tap here to enter text.

 **Section IV: Program Performance**

Applications must include the following output:

*Number of unduplicated clients served per 12-month program period*

Applications must include at least one of the following standard Social Service outcome measures:

*3A. Percent of individuals whose mental health status as measured on a standardized assessment improves*

*3B. Percent of individuals making progress toward their treatment plan goals*

*6A. Percent of clients served through City’s Health Equity contracts who achieve intended healthy outcomes*

**Question 17:** Complete the questions and forms below.

**Output Measures:**

Provide a proposed ANNUAL goal for the number of unduplicated clients served by the total program as well as any additional context. The annual goal should be based on past performance experience, budgeted program costs, and best estimates. The annual goal for unduplicated clients served should be for the total program, including City funding and all other funding sources.

REQUIRED OUTPUT # 1

Total Number of Unduplicated Clients Served: Click or tap here to enter number.

Explain how the data for the proposed output measures will be collected and tracked.

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

OUTCOME (RESULTS) MEASURES

 **Key Performance Metric (Social Services):** Select at least one of the 3 Standard Social services outcome(s) listed in the Scope of Work. Provide a goal.

Note: In the Required Outcome column, choose an item in each box below – Numerator, Denominator and Outcome rate and make sure they are all the same outcome number. You can add a second outcome in the Optional Outcome box below.

|  |  |
| --- | --- |
| **Required: OUTCOME # 1** | **Total Program Annual Goal** |
| Numerator: Choose an item.  | Enter Number |
| Denominator: Choose an item.  | Enter Number |
| Outcome Rate: Choose an item. | *Enter Percentage here calculated by dividing Numerator by Denominator* |

Explain how the data for the proposed outcome measures will be collected and tracked.

Click or tap here to enter text.

Describe how the data will be calculated for the outcome measure.

Click or tap here to enter text.

**Optional Outcome:** If applicable, provide an additional outcome measures and proposed numeric goals.

|  |  |
| --- | --- |
| **Optional: OUTCOME** | Total Program Annual Goal |
|  Click or tap here to enter text. (numerator) | Enter Number |
| Click or tap here to enter text.(denominator) | Enter Number |
| Click or tap here to enter text. (outcome rate) | *Enter Percentage here calculated by dividing Numerator by Denominator* |

Explain how the data for the proposed outcome measures will be collected and tracked.

Click or tap here to enter text.

Describe how the data will be calculated for the outcome measure.

Click or tap here to enter text.

**Section V: Alignment with City of Austin and APH Priorities**

The Austin City Council adopted a strategic direction on March 8, 2018, guiding the City of Austin for the next three to five years, through a shared vision: Together we strive to create a complete community where every Austinite has choices at every stage of life that allow us to experience and contribute to all the following outcomes: Economic Opportunity and Affordability, Mobility, Safety, Health & Environment, Culture and Lifelong Learning, and Government that Works for All.

All City funding should align with Strategic Direction 2023 (SD23). More information can be found here: [Strategic Direction 2023](https://www.austintexas.gov/financeonline/afo_content.cfm?s=73&p=160).

Programs funded under this RFGA must support achievement of metrics and indicators for the Health and Environment Outcome:

**Health and Environment**: Enjoying a sustainable environment and a healthy life, physically and mentally.

**Health conditions and absence of unhealthy conditions among individuals**

* Percentage of people who report 5 or more mental health days within the last 30 days
* Number and percentage of clients served through City’s Health Equity contracts who achieve intended healthy outcomes

**Accessibility to quality health care services, both physical and mental**

* Number and percentage of clients supported through the City of Austin, including community-based preventative health screenings, who followed through with referrals to a health care provider or community resource

**Climate Change and Resilience**

* Percentage of residents who report having high levels of social support through friends and neighbors outside of their home

Please see the Complete Report: [Strategic Direction 2023](https://www.austintexas.gov/financeonline/afo_content.cfm?s=73&p=160) and [SD2023 Outcomes Metrics Master List](https://austinstrategicplan.bloomfire.com/series/3304505/posts/3302571-outcome-metrics-master-list)

**Question 18: Key Performance Metric (SD23):** Explain how the proposed program supports at least one of the Strategic Direction 2023 outcome(s).

Click or tap here to enter text.

Propose how data will be collected to support the outcome.

Click or tap here to enter text.

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. The City’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 embedded into Austin’s values system means changing hearts and minds, [transforming local government from the inside out](http://www.austintexas.gov/edims/document.cfm?id=279626), eradicating disparities, and ensuring all Austin community members share in the benefits of community progress.

**Question 19:** Describe how the proposed program / implementation strategy advances racial equity.

Click or tap here to enter text.

**Connection to the Austin/Travis County Community Health Assessment – Community Health Improvement Plan (CHA-CHIP)**

Health is affected by many conditions in the environment in which people live, learn, work, and play. The community health assessment (CHA) is a systematic examination of the health status of a population as well as key assets and challenges related to health in a community. The assessment process engaged community members and local public health system partners to collect and analyze health-related data from many sources. This CHA identifies health related needs and strengths of Austin and Travis County and informed the development of community health improvement plan prioritizes. The CHA describes health broadly to include clinical health, health behaviors, social and economic factors, and environmental factors that impact the health status of community residents.

The full CHA can be found here: [CHA-CHIP/ Dec 2017 Report Final](http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/ATC_CHA_Dec2017_Report_Final.pdf)

While the CHA illustrates the power of data driven evidence and the community’s voice, the Community Health Improvement Plan (CHIP) identifies key priorities and provides direction on how Austin/Travis County will implement strategies to improve our health and well-being by establishing common goals and objectives for our community.

The full CHIP can be found here: [2018 Travis County CHIP FINAL](http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/2018_Travis_County_CHIP_FINAL_9.12.18.pdf)

CHIP priority areas identified for this RFGA are:

**Priority Area 1: Access to and Affordability of Health Care**

*Goal 1:* Every Travis County resident has access to culturally sensitive, affordable, equitable, and comprehensive health care.

**Priority Area 4: Stress, Mental Health, and Wellbeing**

*Goal 4:* Advance mental wellness, recovery and resilience through equitable access to responsive, holistic, and integrated community systems.

**Question 20:** How does the proposed program align with the goals of the Community Health Improvement Plan (CHIP) and which strategies does it address?

Click or tap here to enter text.

**Alignment with CLAS Standards**

Applicant’s policies and practices are required to align with the following [National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53) in order to advance health equity and improve service delivery for diverse populations. Five of the 15 Standards are listed below:

1. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
2. Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area
3. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
4. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
5. Collect and maintain accurate and reliable demographic data to monitor the impact of CLAS on health equity and outcomes and to inform service delivery

*Agencies are encouraged to implement all 15 CLAS Standards listed on the website identified above.*

**Question 21:** Describe how your policies and practices will align with the National Culturally and Linguistically Appropriate Services (CLAS) standards. Applicants must describe specific CLAS standards that will be met.

Click or tap here to enter text.

**Section VI: Program Staffing and Time**

**Question 22:** 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.

**Question 23:** In the box below briefly describe position descriptions, education, licenses, credentials, qualifications, and/or certifications required for staff members that work directly with clients in the proposed program. In addition, Applicants may attach up to 5 additional pages that include staff resumes and/or job descriptions as supplemental documentation for this question.

Click or tap here to enter text.

**Question 24: Complete *Program Staffing* 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 RFGA.
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 application.
3. Provide the corresponding percentages of Full Time Equivalent (FTE) positions for each position.
4. Total all full and partial FTE positions at the bottom.

Example:

|  |  |  |
| --- | --- | --- |
| ***Funding Source*** | ***Title*** | ***FTE*** |
| *APH Social Services* | *Program Director* | 0.25 |
| *APH Social Services*  | *Executive Director* | 0.05 |
| *Travis County HHSD* | *Case Manager* | 1.00 |
| *Travis County HHSD* | *Case Manager* |  1.00 |
| *Foundation* | *Admin Specialist* | 0.45 |
|  | *Total FTEs* |  *2.75* |

|  |  |  |
| --- | --- | --- |
| **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. |
| 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. |

**Section VII: Program Budget and Funding Summary**

**Question 25: Complete Section H: *Program Budget Tab*.**

**Program Budget**

* All line item amounts must be entered as WHOLE DOLLARS.
* If no funds are budgeted for a line item, leave it blank.
* The dollar amount requested in your Application’s Program Budget and Narrative must reflect amounts for ANNUAL FUNDING (typically a 12-month period).
* Calculate and check all subtotals and totals, including the percentages by funding source at the bottom, and ensure all line item amounts, subtotals, and totals are in WHOLE DOLLARS and are correct.

# **Budget Narrative Instructions**

# 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.

# Do not enter narrative for budget lines that are blank or budgeted amounts from Other Funding.

**Question 26: Complete Section H: *Funding Summary Tab****.*

**Amount Funded by ALL OTHER Sources**

# Include the funding source, grant/contract name (if applicable), and ANNUAL amount of all funding including the requested City of Austin funding in the table below.

# The total should be equal to the sum of the left column (Requested CITY OF AUSTIN Amount) and the middle column (Amount Funded by ALL OTHER Sources): Grand Totals at the bottom of the Program Budget above.

 **Section VIII: Cost Effectiveness**

**Question 27:** Provide the total amount of City funding requested and a summary description of the budget justification for the program strategy/strategies.

Click or tap here to enter text.

**Question 28:** Explain how you have considered efficient allocation of financial and staff resources when determining the budget and staffing plan for the proposed program.

Click or tap here to enter text.

**Question 29:** In the following table, state the average cost per client using the total budget. In your description of “total budget” include the requested City of Austin funding and all other funding that would be allocated to the proposed program. The response should also include the total number of clients served in the proposed program regardless of funding source.

|  |  |
| --- | --- |
| Total Program Funding: Amount of City Funding Requested in this Application | $Click here to enter Amount of City Funding Requested in this Application. |
| Total Clients Served by Program: Number of Clients from Output 1 in this Application | # Click here to enter Number of Clients from Output 1. |
| Cost Per Client: Calculate by dividing dollar amount of Program Funding by Number of Clients Served by Program. | = $Click here to enter Dollar amount of Program Funding Divided by Number of Clients. |

**Question 30:** Describe why the cost per client is appropriate for the level of services being provided.

Click or tap here to enter text.

**Question 31:** Describe the social impact and/or return on investment for clients and/or the community resulting from the proposed services. Social impact and/or return on investment refers to the proposed program’s positive impact on social, financial, environmental, and/or quality of life factors for clients and/or the community.

Click or tap here to enter text.

**Question 32:** Explain how the Applicant has considered efficient allocation of financial and staff resources when determining the budget and staffing plan for the proposed program.

Click or tap here to enter text.

**Section IX: Bonus Questions: Healthy Service Delivery**

A maximum of 10 points will be awarded toApplicants who create a healthy service environment for their clients, visitors, and staff. Applicants will be awarded the point values indicated below for having implemented or agreeing to implement by the date services begin any or all four (4) Healthy Service Environment.

Technical assistance is available from Austin Public Health’s Chronic Disease & Injury Prevention program to assist Applicants in planning and implementing a Tobacco-free Campus policy, Mother-Friendly Workplace policy, and Employee Wellness Initiative.
Please call 512-972-5222 for additional information.

**1. Tobacco-free Campus**

Applicant has established and is enforcing a tobacco-free worksite policy and has developed initiatives and programming that promotes tobacco-free living.

A tobacco-free campus policy states:

* Use of tobacco products of any kind are not permitted on any property owned, leased, or rented by the organization (indoors and outdoors). This also includes parking areas and company cars. The policy applies to all employees, subcontractors, temporary workers, and visitors.

**2. Mother-Friendly Workplace**

Applicant actively promotes and supports breastfeeding by employees and maintains a written worksite lactation support policy that is regularly communicated to employees. The policy includes:

* Employer provides work schedule flexibility, including scheduling breaks and work patterns to provide time for expression of milk;
* The provision of accessible locations allowing privacy;
* Access nearby to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment; and
* Access to hygienic storage alternatives in the workplace for the mother’s breast milk (may include the allowance of personal coolers onsite).
1. **Employee Wellness Initiative**

Applicant has a comprehensive Employee Wellness Initiative in place that promotes nutrition, physical activity, tobacco-free living, and the mental health of employees. The initiative encompasses healthy changes to the physical worksite environment as well as formal, written health promotion policies, programs or benefits impacting all employees. The initiative is promoted through educational and issue awareness efforts by the Applicant, signage and a supportive company culture, championed by leadership.

**4. Violence Prevention Policy**

Applicant is committed to providing a safe environment for working and conducting business. Applicant will not tolerate or ignore behaviors that are threatening or violent in nature. Applicant has a procedure to guide the identification and reporting of threats and workplace violence.

**Bonus Question A:** If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies.

Include the approved and signed policy/policies as an attachment to the application.

Click or tap here to enter text.

**Bonus Question B:** If applicable, describe how the Applicant plans to implement one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Click or tap here to enter text.