



CITY OF AUSTIN, TEXAS
Health and Human Services Department
REQUEST FOR APPLICATION (RFA)

SOLICITATION NO: 20141115PSH

DATE ISSUED: 9/2/2014

**FOR CONTRACTUAL AND TECHNICAL
ISSUES CONTACT THE FOLLOWING
AUTHORIZED CONTACT PERSON:**

Robert Kingham

HHS Manager

Phone: (512) 972-5026

E-Mail: robert.kingham@austintexas.gov

Questions regarding the RFA shall be sent
to robert.kingham@austintexas.gov

**NON-MANDATORY PRE-PROPOSAL CONFERENCE DATE AND
TIME OPTION ONE:** 9/11/14, 2 PM – 4 PM, local time

LOCATION: HHSD Main Campus, Building E Room E-16
7201 Levander Loop, Austin, TX 78702

APPLICATION DUE PRIOR TO: 9/30/14, 11 AM, local time

APPLICATION CLOSING TIME AND DATE: 9/30/14, 11 AM, local
time

LOCATION: HHSD Main Campus Building H,
7201 Levander Loop, Austin, TX 78702

All documents shall be submitted to the address below:

City of Austin
Health and Human Services Department
7201 Levander Loop
Austin, Texas 78702
Reception Phone: (512) 972-5031

Please note, you should have two sealed envelopes with your Offer. All Offers that are not submitted in separate, sealed envelopes or containers will not be considered. Your Offer should consist of a sealed envelope or container with your Threshold Review Checklist and all associated Threshold Review documents and a separate sealed envelope or container with your Application with all associated Application documents and electronic copies.

**SUBMIT 1 ORIGINAL AND 5 ELECTRONIC COPIES OF YOUR RESPONSE ON A CD OR
FLASH DRIVE**

*****SIGNATURE FOR SUBMITTAL REQUIRED ON PAGE 3 OF THIS DOCUMENT*****

This solicitation is comprised of the following required sections. Please ensure to 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.

SECTION NO.	TITLE	PAGES
0100	STANDARD PURCHASE DEFINITIONS	*
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0600	PROPOSAL PREPARATION INSTRUCTIONS & EVALUATION FACTORS	12
0605	LOCAL BUSINESS PRESENCE IDENTIFICATION FORM – Complete and return	1
0610	APPLICATION THRESHOLD CHECKLIST	1
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0630	HOMELESS MANAGEMENT INFORMATION SYSTEMS	1
0640	PROGRAM PERFORMANCE MEASURES AND GOALS	1
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0800	NON-DISCRIMINATION CERTIFICATION	*
0805	NON-SUSPENSION OR DEBARMENT CERTIFICATION	*
0810	NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING CERTIFICATION	*
0835	NONRESIDENT BIDDER PROVISIONS – Complete and return	1

*** Documents 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.austintexas.gov/financeonline/vendor_connection/index.cfm#STANDARDBIDDOCUMENTS

Offer Sheet

If I am awarded the contract I agree to continue complying with the City's MBE/WBE Procurement Program Ordinance and Rules including contacting SMBR if any subcontracting is later identified.

The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the respondent to fully comply with the solicitation document contained herein. The Respondent, by submitting and signing below, acknowledges that he/she has 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: _____

Federal Tax ID No.: _____

Printed Name of Officer or Authorized Representative: _____

Title: _____

Signature of Officer or Authorized Representative: _____

E-Mail Address: _____

Phone Number: _____

Date: _____

*****This Offer sheet must be submitted with the Application to be considered for award*****

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The following Supplemental Purchasing Provisions apply to this solicitation:

1. EXPLANATIONS OR CLARIFICATIONS:

All requests for explanations or clarifications must be submitted in writing to robert.kingham@austintexas.gov by 4 PM on September 22, 2014. Questions not submitted to the email address above or after the deadline will not be addressed. Questions and Answers will be available at the following link: <http://www.austintexas.gov/article/permanent-supportive-housing-rfa>

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).

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- K. 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.G, 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.
 - The policy shall be endorsed to cover injury to a child while the child is in the care of the Contractor or Subcontractor.

C. Business Automobile Liability Insurance

1. Minimum limits:

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\$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.
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 CA 0444)
 - b. Thirty (30) day Notice of Cancellation (Form CA 0244)
 - c. City of Austin named as additional insured (Form CA 2048)

D. Professional Liability Insurance

Coverage shall be provided with a minimum limit of \$1,000,000 per claim to cover negligent acts, errors, or omissions arising out of Professional Services under this Contract.

E. Blanket Crime Policy Insurance

A Blanket Crime Policy **providing coverage for employee dishonesty** 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 the HHSD Director.

F. 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.

G. 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.

- H. **Commercial Crime Insurance** for all losses emanating from the handling of checks or cash including but not limited to losses resulting from dishonest or criminal acts, fraud, embezzlement, forgery, misappropriation or loss of funds and errors in the processing or reporting of funds. This policy shall be written for a minimum limit of the sum total dollar amount of City contracts for social services.

III. Endorsements: The specific insurance coverage endorsements specified above, or their equivalents must be provided. In the event that endorsements, which are the equivalent of the required coverage, are proposed to be substituted for the required coverage, copies of the equivalent endorsements must be provided for the City's review and approval.

3. TERM OF CONTRACT:

- A. The Contract shall be in effect for an term of 30 months.

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- B. Prices are firm and fixed for the first 12 months. Thereafter, price changes are subject to the Economic Price Adjustment provisions of this Contract.

4. RECYCLED PRODUCTS:

- A. The City prefers that Offerors offer products that contain recycled materials. When a recycled product is offered by the Offeror, the Offeror must state in their Offer the percentage of the product that is recycled and must include a list of the recycled materials that are contained in the product.
- B. The recycled content of paper products offered to the City shall be in accordance with the Federal Environmental Protection Agency's Recycled Product Procurement Guidelines. These guidelines are available at <http://www.epa.gov/cpg/>.

5. INTERLOCAL PURCHASING AGREEMENTS: (applicable to competitively procured goods/services contracts).

- A. The City has entered into Interlocal Purchasing Agreements with other governmental entities, pursuant to the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code. The Contractor agrees to offer the same prices and terms and conditions to other eligible governmental agencies that have an interlocal agreement with the City.
- B. The City does not accept any responsibility or liability for the purchases by other governmental agencies through an interlocal cooperative agreement.

7. OWNERSHIP AND USE OF DELIVERABLES: The City shall own all rights, titles, and interests throughout the world in and to the Deliverables.

- A. **Patents:** As to any patentable subject matter contained in the Deliverables, the Contractor agrees to disclose such patentable subject matter to the City. Further, if requested by the City, the Contractor agrees to assign and, if necessary, cause each of its employees to assign the entire right, title, and interest to specific inventions under such patentable subject matter to the City and to execute, acknowledge, and deliver and, if necessary, cause each of its employees to execute, acknowledge, and deliver an assignment of letters patent, in a form to be reasonably approved by the City, to the City upon request by the City.
- B. **Copyrights:** As to any Deliverable containing copyrighted subject matter, the Contractor agrees that upon their creation, such Deliverables shall be considered as work made-for-hire by the Contractor for the City and the City shall own all copyrights in and to such Deliverables, provided however, that nothing in this Paragraph 36 shall negate the City's sole or joint ownership of any such Deliverables arising by virtue of the City's sole or joint authorship of such Deliverables. Should by operation of law, such Deliverables not be considered work made-for-hire, the Contractor hereby assigns to the City (and agrees to cause each of its employees providing services to the City hereunder to execute, acknowledge, and deliver an assignment to the City of Austin) all worldwide right, title, and interest in and to such Deliverables. With respect to such work made-for-hire, the Contractor agrees to execute, acknowledge and deliver and cause each of its employees providing services to the City hereunder to execute, acknowledge, and deliver a work-for-hire agreement, in a form to be reasonably approved by the City, to the City upon delivery of such Deliverables to the City or at such other time as the City may request.

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- C. **Additional Assignments:** The Contractor further agrees to, and if applicable, cause each of its employees to execute, acknowledge, and deliver all applications, specifications, oaths, assignments, and all other instruments which the City might reasonably deem necessary in order to apply for and obtain copyright protection, mask work registration, trademark registration and/or protection, letters patent, or any similar rights in any and all countries and in order to assign and convey to the City, its successors, assigns, and nominees, the sole and exclusive right, title, and interest in and to the Deliverables. The Contractor's obligations to execute acknowledge, and deliver (or cause to be executed, acknowledged, and delivered) instruments or papers such as those described in this Paragraph 36 A., B., and C. shall continue after the termination of this Contract with respect to such Deliverables. In the event the City should not seek to obtain copyright protection, mask work registration or patent protection for any of the Deliverables, but should arise to keep the same secret, the Contractor agrees to treat the same as Confidential Information under the terms of Paragraph above.

Section 0605: Local Business Presence Identification

A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation.

OFFEROR MUST SUBMIT THE FOLLOWING INFORMATION FOR EACH LOCAL BUSINESS (INCLUDING THE OFFEROR, IF APPLICABLE) TO BE CONSIDERED FOR LOCAL PRESENCE.

USE ADDITIONAL PAGES AS NECESSARY

OFFEROR:

Name of Local Firm						
Physical Address						
Is Firm located in the Corporate City Limits? (circle one)	Yes			No		
In business at this location for past 5 yrs?	Yes			No		
Location Type:	Headquarters	Yes	No	Branch	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm						
Physical Address						
Is Firm located in the Corporate City Limits? (circle one)	Yes			No		
In business at this location for past 5 yrs?	Yes			No		
Location Type:	Headquarters	Yes	No	Branch	Yes	No

SUBCONTRACTOR(S):

Name of Local Firm						
Physical Address						
Is Firm located in the Corporate City Limits? (circle one)	Yes			No		
In business at this location for past 5 yrs?	Yes			No		
Location Type:	Headquarters	Yes	No	Branch	Yes	No

Section 0835: Non-Resident Bidder Provisions

Company Name _____

- A. Bidder must answer the following questions in accordance with Vernon's Texas Statutes and Codes Annotated Government Code 2252.002, as amended:

Is the Bidder that is making and submitting this Bid a "Resident Bidder" or a "non-resident Bidder"?

Answer: _____

- (1) Texas Resident Bidder- A Bidder whose principle place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
(2) Nonresident Bidder- A Bidder who is not a Texas Resident Bidder.

- B. If the Bidder id a "Nonresident Bidder" does the state, in which the Nonresident Bidder's principal place of business is located, have a law requiring a Nonresident Bidder of that state to bid a certain amount or percentage under the Bid of a Resident Bidder of that state in order for the nonresident Bidder of that state to be awarded a Contract on such bid in said state?

Answer: _____ Which State: _____

- C. If the answer to Question B is "yes", then what amount or percentage must a Texas Resident Bidder bid under the bid price of a Resident Bidder of that state in order to be awarded a Contract on such bid in said state?

Answer: _____

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1. INTRODUCTION

The overall objective for this competitive solicitation is to establish one or multiple contracts with community-based organizations to provide Assertive Community Treatment (ACT) team along with housing stability services to at least 80 individuals in Permanent Supportive Housing (PSH). Contractors will provide services to individuals who have been chronically homeless and who have co-morbid conditions, meaning that they have co-occurring psychiatric, substance abuse and/or chronic medical conditions and are in need of additional support systems. Awarded contract(s) will total an amount not to exceed \$2,300,000 for a 30 month period, beginning October 1, 2014 to March 31, 2017.

To that end, the City of Austin Health and Human Services Department (City) seeks applications in response to this Request for Application (RFA) from qualified providers (Applicants) with demonstrated experience in providing services to homeless and/or formerly homeless individual. The City will award one or multiple contracts to the highest evaluated Applicant(s).

All contracts awarded through this solicitation will require authorization of the Austin City Council.

2. BACKGROUND

In October 2013, the City of Austin's Health and Human Services Department (HHSD) submitted an application to Central Health for a new project to be included in the Region 7 Section 1115 Medicaid Transformation Waiver Application. Through the project, HHSD would provide an Assertive Community Treatment (ACT) team to recently housed individuals with co-morbid conditions. In July 2014, HHSD was informed that the project was approved.

Texas Health and Human Services Commission (HHSC) has received federal approval of a waiver that a) allows the state to expand Medicaid managed care while preserving hospital funding; b) provides incentive payments for health care improvements and; c) directs more funding to hospitals that serve large numbers of uninsured patients. There will be two statewide pools worth \$29 billion over five years. Funding from the pools will be distributed to hospitals and other providers to support the following objectives: (1) an uncompensated care (UC) pool to reimburse for uncompensated care costs as reported in the annual waiver application/UC cost report; and (2) a Delivery System Reform Incentive Payment (DSRIP) pool to incentivize hospitals and other providers to transform their service delivery practices to improve quality, health status, patient experience, coordination, and cost-effectiveness. DSRIP Pool Payments are incentive payments to hospitals and other providers that develop

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programs or strategies to enhance access to health care, increase the quality of care, the cost-effectiveness of care provided and the health of the patients and families served.

Although PSH is a resource-intensive intervention, the high public costs of homelessness mean that it is a better investment of public funds to house someone in stable, supportive housing than to leave that person homeless and stuck in the revolving door of high-cost crisis care and emergency housing.

For the purposes of this RFA, the City of Austin's definition of PSH is:

- Rental housing that is targeted to long-term homeless individuals and families;
- Lease based, non-time limited;
- Deeply affordable and targeted to households earning 30% Area Median Income with multiple barriers to housing stability;
- Housing with coordinated, comprehensive, voluntary services;
- Housing that enables tenants to live independently and participate in community life.

For the purposes of this RFA, the attributes of the ACT model are:

- a multi-disciplinary team, which can consist of outreach team members, registered nurses, case managers, psychologists or psychiatrists, and/or a primary care physician. PSH participants will also be connected with a medical home and provided respite care if necessary.
- Treatment that includes:
 - atypical antipsychotic and antidepressant medications,
 - individual supportive therapy
 - mobile crisis intervention
 - substance abuse treatment
 - group therapy (for participants with a dual diagnosis of substance abuse and mental illness)¹
- Rehabilitation, such as behavior oriented skill teaching (supportive and cognitive-behavioral therapy)
- Support for resuming education and employment²
- Services that are available 24/7/365 due to the vulnerable nature of these participants.³

^{1,2,3} <http://www.nami.org/Template.cfm?Section=ACT->

[TA_Center&template=/ContentManagement/ContentDisplay.cfm&ContentID=132547](http://www.nami.org/Template.cfm?Section=ACT-TA_Center&template=/ContentManagement/ContentDisplay.cfm&ContentID=132547)

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3. CONNECTION TO IMAGINE AUSTIN

The Applicant shall indicate how the proposed strategy/strategies correspond to the Imagine Austin Comprehensive Plan vision statement and one or more of its core mission statements.

The Imagine Austin Comprehensive Plan vision statement states:

“Austin is a beacon of sustainability, social equity, and economic opportunity; where diversity and creativity are celebrated; where community needs and values are recognized; where leadership comes from its citizens, and where the necessities of life are affordable and accessible to all.”

Imagine Austin’s core mission statements, as they relate to the City’s social service investments, are as follows:

Austin is Livable: All residents have a variety of urban, suburban, and semi-rural lifestyle choices with access to quality schools, libraries, parks and recreation, health and human services, and other outstanding public facilities and services.

- a. Austin’s diverse population is active and healthy, with access to locally-grown, nourishing foods and affordable healthcare

Austin is Educated: Austin provides everyone with an equal opportunity for the highest quality of education that allows them to fully develop their potential. Networks of community partnerships support our schools and ensure that our children receive the resources and services they need to thrive and learn.

- a. Our school campuses provide safe and stable environments enabling future success
- b. Every child in Austin has the chance to engage with other cultures, communities, and languages, providing pathways for healthy development and the critical thinking skills students need as future citizens of Austin and the world.

Austin is Prosperous: Austin’s prosperity exists because of the overall health, vitality, and sustainability of the city as a whole — including the skills, hard work, and qualities of our citizens, the stewardship of our natural resources, and developing conditions that foster both local businesses and large institutions.

- a. Equitable opportunities are accessible to all through quality education, training, and good jobs

Austin Values and Respects its People: Austin is its people. Our city is home to engaged, compassionate, creative, and independent thinking people, where diversity is a source of strength, and where we have the opportunity to fully participate and fulfill our potential.

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People across all parts of the city and of ages and income levels live in safe, stable neighborhoods with a variety of affordable and accessible homes with access to healthy food, economic opportunity, healthcare, education, and transportation

(<http://assets.austintexas.gov/webiacpfullreduced.pdf>).

4. PROGRAM STRATEGIES

Successful applicants will:

- Provide comprehensive ACT Team services to residents in Permanent Supportive Housing (PSH) who have been chronically homeless and have co-occurring psychiatric, substance abuse and/or chronic medical conditions.
- Ensure that individuals are assessed using the Adult Needs and Strengths Assessment (ANSA) at entry and at least once every twelve months or prior to exit.
- Provide housing stability services that may include placement and rental assistance.
- Provide case management staff ratios of 1:10 or less for individuals. Scoring preference will be given to providers that can demonstrate frequent, voluntary client contact.
- Offer cost-effective solutions that result in the reduction of costs to public systems (Emergency Department, EMS, criminal justice, emergency shelters, etc.) and leverage existing public and private resources and investments.
- Provide evidence of a partnership with housing providers that will provide a well-designed, well-built, well-managed and safe physical environment for tenants.
- Demonstrated experience providing supportive services to the target population.
- Have the capacity to implement the program(s) proposed within thirty (30) days of contract execution.
- Make a commitment to participate in the Regional Health Planning (RHP) wide (region 7) Learning Collaborative for similar projects.
- *(Not required, but preference will be given)* Add additional PSH units, expanding PSH capacity

5. TARGET POPULATION

The target population for this project is adults who:

- Have co-occurring psychiatric, substance abuse and/or chronic medical conditions
- Meet, or have previously met, the definition for chronically homeless as established in the HEARTH Act, <https://www.onecpd.info/homelessness-assistance/hearth-act/>.
- Are at or below 30% Area Median Income.
- Have multiple barriers to housing stability.

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6. OUTPUTS & OUTCOMES

Output

Applicant may propose to meet all or a portion of HHSD's 1115 Waiver output goals outlined below.

Annual Unduplicated Individuals to be served:

- 20 new individuals between October 1, 2014 – September 30, 2015
- 60 new individuals between October 1, 2015 – September 30, 2016
- Between October 1, 2016 and March 31, 2017, No new clients anticipated, however Applicant is expected to continue to provide services to any carryover clients from previous reporting periods.

100% of all individuals served must be uninsured or utilize Medicaid.

100% of all individuals served must be assessed using the Adult Needs and Strengths Assessment (ANSA) at entry and at least once every twelve months or prior to exit. Additional information on the ANSA can be found at: <https://www.dshs.state.tx.us/mhsa/trr/ansa/>

Outcomes

Percentage of individuals receiving specialized interventions who demonstrate improved functional status on the Adults Needs and Strengths Assessment (ANSA) – Target 20% annually

*The successful Applicant will work with the City and other funded entities to capture appropriate ANSA scores per Texas Health and Human Services Commission guidance.

7. HOMELESS MANAGEMENT INFORMATION SYSTEM CONTRACT REQUIREMENTS

Organizations receiving funding from the City of Austin contracts for homelessness prevention and homeless intervention services are required to utilize the Local Homeless Management Information System (HMIS) to track and report client information for individuals who are at risk of homelessness or who are homeless. A high level of data quality is required. These expenses can be included in the budget.

Requirements Include

- “Open settings” for Uniform Data Elements (UDE) will be used for all of the program's client records in order to reduce duplication of records and improve cross-agency collaboration around client services.

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- Data quality report(s) submitted monthly (report and minimum standards to be specified by HHSD)
- HMIS User licenses must be purchased for HMIS staff entering data into City-funded programs. License costs could be included in project budget.
- Participation in Annual Homeless Count, Annual Homeless Assessment Report (AHAR), and other required HUD reporting.
- Participation in a minimum of 6 hours of annual training for each licensed user as well as attendance at required City-sponsored training(s) regarding HMIS and Community Tech Knowledge (CTK).

If data quality reports consistently fall below minimum standards, payments may be withheld until reporting improves to at least minimum standards.

8. FUNDING INFORMATION

Multiple contracts may be awarded to provide ACT team and other housing stability services, to a minimum of 80 individuals with co-morbid conditions in PSH in an amount not to exceed \$2,300,000 for a 30 month period, beginning October 1, 2014 to March 31, 2017.

For budgeting purposes, Applicants should use the following breakdown:

30% expended during October 1, 2014 through September 30, 2015

50% expended during October 1, 2015 through September 30, 2016

20% expended during October 1, 2016 through March 31, 2017

Eligible Expenses:

- Salaries/Benefits
- Program Expenses
- Drug or alcohol program
- Mental health and counseling services
- Subcontracted program services
- Supplies for office or program
- Medical equipment
- HMIS expenses
- Rental and utility assistance
- Medical co-pays

The City of Austin reserves the right to adjust the contract amount or scope of work over the contract period based on Medicaid 1115 Waiver grant requirements, 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-day notice to the Contractor.

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SCOPE OF WORK
2014 1115 WAIVER PROGRAM – COMPREHENSIVE SERVICES FOR
PERMANENT SUPPORTIVE HOUSING CLIENTS

9. ELIGIBLE APPLICANTS

- a. Any nonprofit or governmental agency that can legally contract with the City.
 - 1. City policy does not permit entering into a contract with an entity that owes taxes to the City.
 - 2. The Applicant and its principals may not be currently suspended or debarred from doing business with the Federal Government, as indicated by the United States General Services Administration list of Parties Excluded from Federal Procurement and Non-Procurement Programs, the State of Texas, or the City of Austin.
- b. Applicants shall be able to meet the City's insurance requirements for social service contractors. See the insurance requirements in Section 0400 of the RFA.
- c. Applicant's two most recent consecutive audit years:
 - 1. Shall reflect an unqualified and/or unmodified audit opinion
 - 2. Shall not reflect a "Going Concern Uncertainty"
 - 3. Shall not reflect financial management issues unless Applicant can provide evidence that necessary changes have been implemented.
- d. Applicant's Board of Directors shall:
 - 1. Have specific terms delineated by a beginning and ending date
 - 2. Meet in person a minimum of three times per fiscal year
 - 3. Have a process to review program performance, approve budgets, review financial performance and approve audit reports.
- e. Within the last five years, the Applicant shall have a minimum of two years successful experience working with the proposed target populations.

All Applicants must submit the following documents in a sealed envelope in the same package as their application:

- a. Completed Application Threshold Checklist (Section 0610)
- b. Current Board of Directors by-laws
- c. Approved Board of Directors minutes during the previous fiscal year reflecting the Board has a documented process that:
 - 1. Reviews program performance
 - 2. Approves budgets
 - 3. Reviews financial performance
 - 4. Approves audit reports
- d. Copy of the most recently filed 990 or 990 EZ (no older than FY 2012)
- e. A complete set of audited financial statements which include the auditor's opinion and any management letters, covering the two most recent consecutive audit years

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PROPOSAL PREPARATION INSTRUCTIONS AND EVALUATION FACTORS
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APPLICATION SUBMISSION REQUIREMENTS

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

ENVELOPE #1 – THRESHOLD REVIEW

This sealed envelope must contain the following:

1. **Application Threshold Checklist – Section 0610**
2. Required Attachments

The envelope should be labeled: THRESHOLD REVIEW CHECKLIST

[NAME OF AGENCY]

[NAME OF PROPOSED PROGRAM]

ENVELOPE #2 – APPLICATION DOCUMENTS

This sealed envelope must contain the following:

1 original and 5 CDs or flash drives each containing all the elements below:

1. Executive Summary
2. Application
3. Attachments

The envelope should be labeled: APPLICATION DOCUMENTS

[NAME OF AGENCY]

BOTH SETS OF ENVELOPES SHOULD BE SHIPPED IN A BOX (OR BOXES) WITH THE SOLICITATION NUMBER 20141115PSH CLEARLY MARKED ON THE OUTSIDE AND IDENTIFY WHICH ENVELOPE IS IN WHICH PACKAGE.

Executive Summary

The Executive Summary cannot exceed two (2) pages using the Application Format guidelines listed below and must include:

1. A brief description of the Applicant

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2. A brief description of the applicant's experience working with homeless individuals
3. A brief description of the applicant's experience assisting homeless individuals obtain housing
4. A brief summary of the proposed program strategy/strategies
5. The amount of funding requested
6. A statement of the Applicant's compliance with all applicable rules and regulations of Federal, State and Local governing entities is required. The Applicant must state compliance with all terms of this Request for Application (RFA).

Application Evaluation

An application must address each item in Parts I, II, & III, outlined below, in order to be considered responsive to the goals of this RFA. Part IV is optional and is not required in order for an application to be considered responsive to the goals of this RFA. A total of 100 points may be awarded to the application in Parts I, II, & III below with an additional 15 bonus points available in Part IV for a potential of 115 total evaluation points. The maximum score per section is noted at the beginning of each section. All responses will be evaluated as to how the proposed program aligns with the goals of this RFA and whether each required response to the evaluation factors has been adequately addressed.

Application Format

The Applicant must use size 12 Times New Roman font. An original Application must be printed double-spaced on single-sided 8½ x 11 inch plain white paper with 1" margins and no Page Scaling. Do not submit booklets, pamphlets, or other bulky items. Do not use covers, card stock, staples, binders, notebooks, or dividers with tabs. Fasten the proposal with binder clips only.

An application cannot exceed **20 (twenty) pages**, excluding executive summary, table of contents, signed certifications, budget forms, MOUs, logic models, resumes, job descriptions or other required attachments outlined in the sections below. An **additional 3 (three) pages** is allowed if an application responds to any or all of the items in Part IV of this RFA.

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

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Part I – Program Overview and Strategy

Total points: 50

A. Target Population(s) for the Goal(s)

1. Provide a description of your experience and success working with this population.
2. Describe the strategy/strategies that will be implemented to serve clients with a criminal history.
3. Describe how the agency will ensure all four of the following National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health and Health Care (<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>) are in place to ensure cultural and language differences are not a barrier to services.
 - a. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
 - b. 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.
 - c. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
 - d. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

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

B. Program Strategy to Accomplish the Goals

1. Describe the ACT team services that will be provided to the target population:
 - a. What type of services will the Applicant provide to this population? Please include the client to staff ratio and reason for the ratio. How will the clients access the resources of the team? How will the staffing be structured? Is it from a specific provider or by a mixture of providers? Will clients be required to pay for services and if so, how will they pay?
 - b. If the Applicant is not proposing to provide services for all three health conditions (severe and persistent mental illness, chronic health condition, or addiction) how will the Applicant insure that the clients have access to the appropriate services?
 - c. How will the Applicant outreach to residents and insure that the target population is served as well as the performance milestones are met?
2. Describe any additional services, not included in this application, which will be provided to the target population and how they will access those services initially and over time. This could include mainstream resources/public benefits (and/or other City-funded services in order to maximize self-sufficiency.

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3. Describe how the Applicant will coordinate services with those being provided by other agencies relevant to the proposed strategy/strategies in order to minimize duplication and maximize client access to services.
4. Describe how the Applicant will successfully begin services within 30 days of notification of award.
5. If applicable, attach any program Memoranda of Understanding (MOU) and explain how this arrangement improves service delivery to clients.
6. Describe the Applicant's relationship with the PSH housing provider(s) and ACT team services.
 - a. Will the program provide housing placement or housing stability services or partner with another agency to provide those services?
 - b. Describe the relationship between the housing provider and the ACT Team and (if appropriate) housing stability services provider. How will that relationship be structured and operate? How will this relationship address tenant-landlord disputes and potential or actual violations of the lease?
 - c. If Applicant will be creating new PSH Units, describe the source of the new units and relationship with housing provider. Additional points will be given to Applications that create new units – Memorandum of Understanding, Letter of Intent, or a Letter of Commitment is required.
 - d. Describe how the Applicant will comply with the requirements outlined in Section 0625 – Homeless Housing Habitability Standards.
7. Describe any barriers and challenges the target population(s) may encounter accessing services and how these barriers and challenges will be mitigated.
8. Describe any barriers and challenges the Applicant may encounter implementing the proposed strategy/strategies and how they will be overcome.
9. Describe any subcontractor partnerships funded under this application and informal relationships with service providers not funded under this application. Describe how they are necessary and/or appropriate for the strategy/strategies proposed.
10. Describe how the Applicant will administer the Adult Needs Strengths Assessment (ANSA) including past experience with administration or relationship with other provider to administer. In your description, provide information regarding the Applicants' capacity and relevant experience in administering similar tools, collecting the required data and maintaining any relevant credentials.

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C. Performance Measures – Impact on the Goals

Applicants must use Section 0640 – Program Performance Measures and Goals.

1. Describe how the Applicant will calculate the required outputs and outcomes.

Output Measures

Applicant may propose to meet all or a portion of HHSD's 1115 Waiver output goals outlined below.

Annual Unduplicated Individuals to be served:

- 20 new individuals between October 1, 2014 – September 30, 2015
- 60 new individuals between October 1, 2015 – September 30, 2016
- Between October 1, 2016 and March 31, 2017, No new clients anticipated, however Applicant is expected to continue to provide services to any carryover clients from previous reporting periods.

100% of all individuals served must be uninsured or enrolled in Medicaid.

100% of all individuals served must be assessed using the Adults Needs and Strengths Assessment (ANSA) at entry and at least once every twelve months or prior to exit

Outcome Measures

All applications must include the following outcome:

Percentage of individuals receiving specialized interventions who demonstrate improved functional status on the Adults Needs and Strengths Assessment (ANSA) – **Minimum Target: 20% annually**

*The successful Applicant will work with the City and other funded entities to capture appropriate ANSA scores per Texas Health and Human Services Commission guidance.

D. Community Planning Activities

1. Describe Applicant's involvement in community planning activities that are specific to the services proposed in this application.
2. Describe Applicant's involvement in the Ending Community Homelessness Coalition (ECHO) and other relevant community planning activities.

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E. Overall Evaluation Factors Regarding Applicant

1. Describe the Applicant's experience within the last five (5) years managing relevant local, state, and/or federal contracts and include the contact information of the funder for the contract(s) identified, e.g., Funder Contract Manager's name, title, and phone number.
 - a. The Applicant must describe any relevant City of Austin Health and Human Services Department funding received within the last five (5) years.

Attach all monitoring reports issued within the previous 24 months from administering relevant City of Austin Health and Human Services Department, other local, state, and/or federal contracts and/or grants.

2. Describe experience within the last five (5) years working with the target populations proposed in this Application.
3. Describe experience within the last five (5) years providing services identical and/or similar to those proposed in this application.

F. Data Management and Program Evaluation

1. Describe past successes and challenges with data management and reporting, including past experience utilizing an electronic data system.
2. Describe how data are used for identifying problems in strategies, service delivery and expenditures, steps to determine corrective actions, and how the Applicant will ensure corrective actions will be effective.
3. If applicable, describe the process used to collect data from collaborations/cooperatives in a timely manner.
4. Applicant will be required to utilize the Local Homeless Management Information System (HMIS) to track and report client information for individuals who are at risk of homelessness or who are homeless. Please explain how your organization will comply with the requirements outlined in Section 0630 – Homeless Management Information System (HMIS) Reporting Requirements.

G. Staffing Plan

1. Describe the overall staffing plan to accomplish activities including project leadership and reporting responsibilities. Provide justification which indicates the staffing plan is appropriate for the proposed strategy/strategies.
2. Using Section 0645 – Program Staff Positions and Time, list the project staff by title and the percentage of each position's time to be spent on the program.

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3. Attach resumes or position descriptions for key staff to perform the described services and/or activities.

Part II – Cost Effectiveness

Total points: 40

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

A. Budget

1. A summary description of the budget justification for the program strategy/strategies is required.
 - a. Applicants must use Section 0650 – Program Budget and Narrative to provide the required budget information. All expenses should be identifiable, reasonable, and necessary.
 - b. Applicants may apply for less than the total amount available. Applicants must break out the budget into the three contract periods outlined and calculate percent of budget for each period based on the following percentages:
 - 30% of total Application Budget - October 1, 2014 – September 30, 2015
 - 50% of total Application Budget - October 1, 2015 – September 30, 2016
 - 20% of total Application Budget - October 1, 2016 – March 31, 2015
 - c. All subcontractors in this application who will receive City funds must be included in the program budget and the Applicant shall provide separate details for each subcontractor in the Program Subcontractors form located in Section 0650 – Program Budget and Narrative, page 3.
2. Describe the Applicant's fundraising and administrative percentage, calculated from its most recent Form 990. To do so, 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), and multiply the result by 100. No other methods may be used to calculate this percentage.

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, but must determine the calculation from the long form (IRS Form 990) parts identified above.

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B. Cost per Client

1. Describe the average cost per City client served. In the description, detail the calculation used to derive the average cost. Please include in your description costs per services the ACT team will be providing with City funds such as medical, behavioral health, or housing stability services.
2. If applicable, describe the average cost per client served from all funding sources. In the description, detail the calculation used to derive the average cost.
3. Provide justification which indicates the proposed cost is appropriate for the proposed strategy/strategies.

C. Program Funding Summary

1. Using Section 0655 – Program Funding Summary, provide an overview of all funding sources the Applicant will use for the proposed project.

Part III – Local Business Presence

Total points: 10

Local Business Presence: The City seeks opportunities for businesses in the Austin Corporate City Limits to participate on City contracts. A firm (Offeror or Subcontractor) is considered to have a Local Business Presence if the firm is headquartered in the Austin Corporate City Limits, or has a branch office located in the Austin Corporate City Limits in operation for the last five (5) years. The City defines headquarters as the administrative center where most of the important functions and full responsibility for managing and coordinating the business activities of the firm are located. The City defines branch office as a smaller, remotely located office that is separate from a firm's headquarters that offers the services requested and required under this solicitation. Points will be awarded through a combination of the Offeror's Local Business Presence and/or the Local Business Presence of their subcontractors.

1. Using Section 0605 – Local Business Presence Identification Form provide the information requested regarding the Applicant and Subcontractor(s), if applicable.

Team's Local Business Presence	Points Awarded
Local business presence of 90% to 100%	10
Local business presence of 75% to 89%	8
Local business presence of 50% to 74%	6
Local business presence of 25% to 49%	4

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Local presence of between 1 and 24%	2
No local presence	0

Part IV – Bonus Evaluation Points

Total points: 15

A. Leveraging

5 points

For purposes of this solicitation, “leveraging” is specifically defined as follows.

- Leveraged funding is a situation where City funding for the proposed program is required by a third-party funder in order to retain the existing third-party program funding and/or obtain new third-party funding. Applicant must either:
 - currently receive third party funding that will no longer be received by the Applicant if it does not receive City funding for the program, or
 - Applicant has received a notice of funding award from a third-party funder that is contingent upon receiving City funding for the proposed program.
 In other words, leveraged funding is current and/or committed third-party funding that will be rescinded, reduced, or withdrawn if the Applicant does not receive an award for the proposed program through this City solicitation.
- Leveraged funding must be direct funding for the program proposed by the Applicant and not funding for Applicant’s other programs or solely for Applicant’s general operations.

The following types of funding/donations ARE NOT considered “leveraging” under this solicitation and may not be included for consideration:

- Funding from non-City sources that does not specifically require City funding to be awarded to the Applicant for the proposed program.
- Funding and funding opportunities that are anticipated but for which the Applicant has not received a notice of funding/award.
- Any type of in-kind, non-cash revenue such as time, expertise, or commodities.
- Anticipated “Return on Investment” benefits for the Applicant or for the community as a whole.

For each leverage opportunity, provide the following information:

1. Identify the third party which requires that the Applicant receive City funding for the program in order to be awarded the third-party funds.
2. Provide the name of the grant, award, or program under which the third-party funds

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are/will be awarded to the Applicant, the term of the third-party funding, and the amount of third-party funding contingent upon receiving City funding under this solicitation.

3. Specify the date(s) during which the third party requires that the Applicant to receive City funding in order to be awarded the third-party funds.
4. Describe the quantified impact on the proposed program if the Applicant does not receive City funding under this solicitation.
5. Provide contract or other documentation that confirms the requirement of City funding in order to receive the third-party funding as an attachment to the application.

B. Healthy Service Environment

Maximum 10 points

A maximum of 10 points will be awarded for Applicants 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 prior to 10/01/15 any or all of the four (4) Healthy Service Environment policies with a maximum award of 10 points for all four (4) policies described below.

- **Tobacco-free Campus (3 points)** - 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, clients and visitors.
- **Mother-Friendly Workplace (3 points)** - 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).
- **Employee Wellness Initiative (3 points)** - The 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

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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.

- **Violence Prevention Policy (1 point)** - The Applicant is committed to providing a safe environment for working and conducting business. The Applicant will not tolerate or ignore behaviors that are threatening or violent in nature. The Applicant has a procedure to provide guidance for identifying and reporting threats and workplace violence.
1. If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies outlined above. Include the approved and signed policy/policies as an attachment to the application.
 2. If applicable, describe how the Applicant plans to implement one or more of the Healthy Service Environment policies outlined above. Include the key personnel, by position name only, responsible for ensuring implementation. Also, describe any technical assistance which will be provided to assist the Applicant to implement the selected policy/policies.

Technical assistance is available from the City of Austin Health and Human Services Department Chronic Disease Prevention and Control Program to assist Applicants in planning and implementing a Tobacco-free Campus policy, Mother-Friendly Workplace policy and Employee Wellness Initiative. They can be contacted at 512-972-6760.

Additional Information:

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

Proprietary Information: All material submitted to the City becomes public property and is subject to the Texas Open Records Act upon receipt. If a Proposer 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.

Authorized Negotiator: Include name, address, and telephone number of person in your organization authorized to negotiate Contract terms and render binding decisions on Contract matters.

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Exceptions: Please 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 preparation of a response to the RFA or any oral presentation required to supplement and/or clarify an application which may be required by the City shall be the sole responsibility of the Applicant.

Section 0610
Application Threshold Checklist

AGENCY NAME: _____

I. BOARD OF DIRECTORS

- ☐ Yes ☐ No 1. The Board meets regularly (at least three times per year)
- ☐ Yes ☐ No 2. Board members have specific terms with beginning and ending dates

II. FINANCIAL STABILITY

- ☐ Yes ☐ No 1. Agency has submitted all due 990 tax returns to the IRS
- ☐ Yes ☐ No 2. Agency has received an unqualified and/or unmodified audit opinion for the two most recent consecutive audit years
- ☐ Yes ☐ No 3. Audit does not reflect “going concern uncertainty” for the two most recent consecutive audit years
- ☐ Yes ☐ No 4. No material financial management issues were cited in the most recent audit. If issues were noted, agency has implemented necessary changes.

III. AGENCY ADMINISTRATION

- ☐ Yes ☐ No 1. Agency is eligible to contract and not debarred from contracting, according to SAM.gov (www.sam.gov) and City Debarment information ([City of Austin Suspended & Debarred Vendors](#))

IV. AGENCY CERTIFICATION

- ☐ Yes ☐ No 1. Agency is current in its payment of Federal and State payroll taxes
- ☐ Yes ☐ No 2. Agency does not owe past due taxes to the City
- ☐ Yes ☐ No 3. Within the last 5 years, Agency has a minimum of 2 years experience working with target populations and providing proposed services to clients
- ☐ Yes ☐ No 4. Board minutes reflect that the Board regularly reviews program performance
- ☐ Yes ☐ No 5. The Board annually approves the budget and reviews financial performance

***Please attach a written explanation for any item above marked as “No”**

By signing below, the Agency understands the information published at :
<http://www.austintexas.gov/article/permanent-supportive-housing-rfa> is fully incorporated into this solicitation.

Certified by: Agency Executive Director: _____
Signature Date

Agency Board Chair: _____
Signature Date

Verified by: City Staff: _____
Signature Date

Approved: ☐ Yes ☐ No

Section 0625

Homeless Housing Habitability Standards

Except for such variations as are proposed by the Applicant and approved by the City of Austin, homeless housing (including shelter, transitional, and permanent supportive housing) must meet the following requirements:

1. ☐ *Structure and materials.* The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from the elements.
2. ☐ *Access.* The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
3. ☐ *Space and security.* Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided an acceptable place to sleep.
4. ☐ *Interior air quality.* Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
5. ☐ *Water supply.* The water supply must be free from contamination.
6. ☐ *Sanitary facilities.* Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
7. ☐ *Thermal environment.* The housing must have adequate heating and/or cooling facilities in proper operating condition.
8. ☐ *Illumination and electricity.* The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
9. ☐ *Food preparation and refuse disposal.* All commercial kitchens providing group meals by staff or volunteers must be approved by the City of Austin Health and Human Services Department Environmental Health Services Division. The City of Austin requires operators of Food Enterprises to submit a list of all employees with their date of birth, job titles, and their Food Handler or Food Manager City of Austin registration number at the time of their annual permit renewal. Food Handler Registration with the City of Austin is required for employees working in a Food Enterprise. All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.
10. ☐ *Sanitary condition.* The housing and any equipment must be maintained in sanitary condition.
11. *Fire safety.*
 - (a) ☐ Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.
 - (b) ☐ The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.

Section 0630

Homeless Management Information System (HMIS) Reporting Requirements

Organizations receiving funding from the City of Austin for homelessness prevention and homeless intervention services are required to utilize the local Homeless Management Information System (HMIS) to track and report client information for individuals who are at risk of homelessness or who are homeless. A high level of data quality is required. The Ending Community Homelessness Coalition (ECHO) currently serves as the local HMIS administrator.

Requirements Include:

- All settings for client records will be in accordance with HMIS policy in order to reduce duplication of records and improve service coordination
- HMIS user licenses must be purchased for staff entering data into City-funded programs (may use City funds for licenses)
- Organizations must have an ECHO HMIS Memorandum of Understanding
- Data quality report(s) submitted monthly with a rating of “Excellent” or “Acceptable”
- Participation in Annual Point-in-Time Count, Annual Homeless Assessment Report (AHAR), and other required HUD reporting
- Participation in the required annual training for each licensed user as well as attendance at required City-sponsored training(s) regarding HMIS and CTK ODM System

Periodic reporting to the City will include levels of compliance with all requirements listed above as well as any feedback regarding the HMIS system.

If data quality reports fall below minimum standards, payments may be withheld until reports improve to “Excellent” or “Acceptable” ratings.

These requirements also pertain to all Subcontractors serving people who are homeless under this agreement.

Section 0640

Program Performance Measures and Goals

OUTPUT MEASURES

Provide proposed goal amounts for your program for each time period listed in the City of Austin Funding row and the All Other Funding Sources row.

<u>OUTPUT # 1 (Required)</u>	10/1/14 – 9/30/15	10/1/15 – 9/30/16 (include rollover)	10/1/16 – 3/31/17 (include rollover)	30-month TOTAL (unduplicated for total period)
Unduplicated count of individuals provided services through City of Austin funding				
Unduplicated count of individuals provided services funded by All Other Funding Sources				

OUTCOME (RESULTS) MEASURES

In the right column include the corresponding goal for each line.

Total Program Performance – OUTCOME # 1 (Required)	Total Program Annual Goal
Number of individuals receiving specialized interventions who demonstrate improved functional status on the Adults Needs and Strengths Assessment (ANSA) (numerator)	
Total number of individuals receiving specialized interventions (denominator)	
Percentage of individuals receiving specialized interventions who demonstrate improved functional status on the Adults Needs and Strengths Assessment (ANSA) (outcome rate)	%

Section 0645

Program Staff Positions and Time

List this program's position titles only (do not include staff names) and provide the corresponding number of Full Time Equivalent (FTE) positions which are assigned to this specific program.

List Program Staff by Title	Program Staff FTE's
TOTAL FTEs =	

Section 0650 Program Budget and Narrative

Program Budget

- **ALL LINE ITEM AMOUNTS MUST BE WHOLE DOLLARS ONLY.**
- The Personnel line item includes Salaries plus Benefits (combined).
- General Operating Expenses: Include for this line item all operating expenses which are NOT included in any other line item). Examples are any Travel/ Training/ Conferences WITHIN Travis County, Insurance/Bonding, Audit expenses, equipment costing \$5,000 or less, general office supplies, rent; utilities, telecommunications, postage, etc.
- Consultants/Contractuals: Applicants shall combine all proposed amounts into one line item, but shall provide separate details for each relevant item in the Program Subcontractors form. Only consultant/contractual expenses for direct client services are to be included here; other consultant/contractual services should be included in General Operating Expenses.
- Direct Assistance to Clients includes rent, mortgage, utilities, or transportation costs, etc.
- “Amount Funded by ALL OTHER Sources” is the balance of funding from all sources other than the City of Austin.
- “Total Budget” is the sum of all funding sources, which is the entire cost of the program.
- 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.

Section 0650

Program Budget and Narrative

Program's Line Item Budget	BUDGET PERIOD: 10/1/14 – 9/30/15	BUDGET PERIOD: 10/1/15 – 9/30/16	BUDGET PERIOD: 10/1/16 – 3/31/17	Amount Funded by ALL OTHER Sources	TOTAL Budget (ALL funding sources)
PERSONNEL					
1. Salaries plus Benefits					
A. Subtotals: PERSONNEL					
OPERATING EXPENSES					
2. General Operating Expenses					
3. Consultants/ Contractuals					
4. Staff Travel - <u>Out of Travis County</u>					
5. Conferences/Seminars - <u>Out of Travis County</u>					
B. Subtotals: OPERATING EXPENSES					
DIRECT ASSISTANCE for PROGRAM CLIENTS					
6. Food/Beverage for Clients					
7. Financial Assistance for Clients					
8. Other (<i>specify</i>)					
C. Subtotals: DIRECT ASSISTANCE					
CAPITAL OUTLAY (with per Unit Cost <u>over \$5,000/unit</u>)					
9. Capital Outlay					
D. Subtotals: CAPITAL OUTLAY					
TOTALS					
GRAND TOTALS (A + B + C + D)					
PERCENT SHARE of Total for Funding Sources:	%	%	%	%	100%

Section 0650 Program Budget and Narrative

Program Subcontractors

SUBCONTRACTOR #1		
Name of Subcontractor		
Term of Subcontract (<i>mm/dd/yyyy</i>)	Start date:	End date:
Services to be Subcontracted		
Number of Clients to be Served (<i>if applicable</i>)		
Dollar Amounts by Funding Source:		
<u>CITY of AUSTIN amount</u> \$	<u>ALL OTHER Sources amount</u> \$	<u>TOTAL</u> \$

SUBCONTRACTOR #2		
Name of Subcontractor		
Term of Subcontract (<i>mm/dd/yyyy</i>)	Start date:	End date:
Services to be Subcontracted		
Number of Clients to be Served (<i>if applicable</i>)		
Dollar Amounts by Funding Source:		
<u>CITY of AUSTIN amount</u> \$	<u>ALL OTHER Sources amount</u> \$	<u>TOTAL</u> \$

SUBCONTRACTOR #3		
Name of Subcontractor		
Term of Subcontract (<i>mm/dd/yyyy</i>)	Start date:	End date:
Services to be Subcontracted		
Number of Clients to be Served (<i>if applicable</i>)		
Dollar Amounts by Funding Source:		
<u>CITY of AUSTIN amount</u> \$	<u>ALL OTHER Sources amount</u> \$	<u>TOTAL</u> \$

(If needed for additional subcontracts, copy blocks above to a new page and re-number them accordingly)

Section 0650 Program Budget and Narrative

Program Budget Narrative

Add details to describe the proposed City expenses from your Program Budget form.
Explanations for the "Other Sources" line items are not required.

PERSONNEL	NARRATIVE/ Descriptions
1. Salaries and Benefits	
OPERATING EXPENSES	
2. General Operating Expenses	
3. Consultants/ Contractuals	
4. Staff Travel - <u>OUT of Travis County</u>	
5. Conferences/Seminars/ Training - <u>OUT of Travis County</u>	
DIRECT ASSISTANCE	
6. Food/Beverage for Clients	
7. Financial Assistance for Clients	
8. Other Direct Assistance (<i>must specify</i>)	
CAPITAL OUTLAY	
9. <u>Capital Outlay</u> (<i>must specify</i>)	

Section 0655

Program Funding Summary

In *last column*, insert the twelve (12) month funding amount for your proposed program into the corresponding cell. Next clearly list all of your other funding sources for this program, with their corresponding program periods and amounts. Also ensure that the Total Program Funding in the bottom right cell is calculated correctly.

Funding Sources	Grant/Contract Name	Funding Period Start (mm/dd/yyyy)	Funding Period End (mm/dd/yyyy)	Funding Amount
City of Austin	Social Services Contract	10/01/2015	09/30/2016	\$
FUNDING AMOUNT TOTAL:				\$