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

SOLICITATION NO: RA2016RK

DATE ISSUED: 12/14/15

NON-MANDATORY PRE-PROPOSAL CONFERENCE DATE AND TIME: 12/22/15 - 2:00 pm - 3:30 pm, local time

LOCATION: Rebekah Baines Johnson Health Center, 3rd Floor Conference Room, 15 Waller St Austin TX 78702

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

Robert Kingham
Social Service Policy Manager
Phone: (512) 972-5026
E-Mail: Robert.Kingham@austintexas.gov
Questions regarding the RFA shall be sent to
Robert.Kingham@austintexas.gov

APPLICATION DUE PRIOR TO: 1/18/16, 11 AM, local time

APPLICATION CLOSING TIME AND DATE: 1/18/16, 11 AM, local time

All documents shall be submitted the address below:

City of Austin, Health Department
7201 Levander Loop, Building H
Austin, Texas 78702
Reception Phone: (512) 972-5018

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 accompanying documents and a separate sealed envelope or container with your Application and electronic copies.

SUBMIT 1 ORIGINAL AND 6 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
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*** 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

I agree to abide by the City's MBE/WBE Procurement Program Ordinance and Rules. In cases where the City has established that there are no M/WBE subcontracting goals for a solicitation, I agree that by submitting this offer my firm is completing all the work for the project and not subcontracting any portion. If any service is needed to perform the contract that my firm does not perform with its own workforce or supplies, I agree to contact the Small and Minority Business Resources Department (SMBR) at (512) 974-7600 to obtain a list of MBE and WBE firms available to perform the service and am including the completed No Goals Utilization Plan with my submittal. This form can be found Under the Standard Bid Document Tab on the Vendor Connection Website:

http://www.austintexas.gov/financeonline/vendor_connection/index.cfm#STANDARDBIDDOCUMENTS

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: _____

*** Application response must be submitted with this Offer sheet to be considered for award**

CITY OF AUSTIN
PURCHASING OFFICE
SUPPLEMENTAL PURCHASE PROVISIONS

The following Supplemental Purchasing Provisions apply to this solicitation:

1. EXPLANATIONS OR CLARIFICATIONS: (reference paragraph 5 in Section 0200)

All requests for explanations or clarifications must be submitted in writing to Robert.Kingham@austintexas.gov by 5 PM on January 8, 2016. 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://austintexas.gov/article/rental-assistance-solicitation

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).

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.
   *<u>Supplemental Insurance Requirement</u>
   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:

$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. <u>Endorsements</u>: 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. <u>TERM OF CONTRACT</u>:

A. The Contract shall be in effect for an initial term of 36 months and may be extended thereafter for up to 3 additional 12 month periods, subject to the approval of the Contractor and the City Purchasing Officer or his designee.

B. Upon expiration of the initial term or period of extension, the Contractor agrees to hold over under the terms and conditions of this agreement for such a period of time as is reasonably necessary to re-solicit and/or complete the project (not to exceed 180 days unless mutually agreed on in writing).

C. Upon written notice to the Contractor from the City's Purchasing Officer or his designee and acceptance of the Contractor, the term of this contract shall be extended on the same terms and conditions for an additional period as indicated in paragraph A above.

D. 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.

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.

NOTE: ALL FIRMS MUST BE IDENTIFIED ON THE MBE/WBE COMPLIANCE PLAN OR NO GOALS UTILIZATION PLAN, SECTION 0900 OF THE SOLICITATION.

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 Statues 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:_____

SCOPE OF WORK
CITY OF AUSTIN HEALTH AND HUMAN SERVICES DEPARTMENT
RENTAL ASSISTANCE RFA

1. INTRODUCTION

The overall objective for this competitive solicitation is to establish an agreement with one community-based organization to provide the following components of a Rental Assistance Program:

1) Offer case management, direct financial assistance, and other wrap around services that will assist households at risk of homelessness to maintain housing, and
2) Operate as fiscal agent to distribute direct financial assistance on behalf of case-managed clients of the Austin/Travis County Health and Human Services Department Neighborhood Centers

in an amount not to exceed $740,000 per 12-month period. All services and financial assistance shall be provided only to clients referred from the Austin/Travis County Health and Human Services Department Neighborhood Centers.

To that end, the City of Austin (City) seeks applications in response to this Request for Applications (RFA) from qualified providers (Applicants) with demonstrated experience in providing housing stability services to households at risk of homelessness.

2. BACKGROUND

With the cost of living in Travis County steadily increasing, many individuals and families struggle to maintain their housing and utilities. For case management clients of the Health and Human Services Department's (HHSD) Neighborhood Centers, as well as clients case-managed by the Applicant, , assistance with housing and utility costs and other costs associated with maintaining household stability can help keep clients housed as families and individuals work toward transitioning out of poverty. The Austin City Council approved funding in fiscal year 2015-2016 budget to implement a housing retention program for low income renters in Austin/Travis County who are at risk of homelessness.

The intent of the program is to promote economic self-sufficiency through the provision of temporary financial assistance, case management, and other wrap around services. The program is designed to serve low-income families, and individuals, primarily those whose incomes are less than 200% of the Federal Poverty level, in achieving and maintaining self-reliance after this temporary assistance ends.

For more information about the HHSD Neighborhood Centers, visit
http://www.austintexas.gov/department/neighborhood-centers

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.

SCOPE OF WORK
CITY OF AUSTIN HEALTH AND HUMAN SERVICES DEPARTMENT
RENTAL ASSISTANCE RFA

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.

1. 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. 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).

SCOPE OF WORK
CITY OF AUSTIN HEALTH AND HUMAN SERVICES DEPARTMENT
RENTAL ASSISTANCE RFA

4. TARGET POPULATION & PROGRAM STRATEGIES

The Target Population for this RFA has the following characteristics:

- Income status of 200% FPIL or below
- At risk of homelessness
- Renting a home in Austin/Travis County
- In need of financial assistance, case management, and/or other wrap around services to achieve and maintain housing stability

The City is intentionally leaving program strategy options open beyond the criteria listed in this section allowing Applicants to propose solutions to meet the overall objectives of this RFA. Applicants are encouraged to incorporate strategies that reflect evidence-based or promising practices.

The successful Applicant will incorporate these components into program design and strategies:

a. Serve households referred by the Austin/Travis County Health and Human Services Department Neighborhood Centers. *The successful Applicant will develop a process by which the Neighborhood Centers will refer clients as well as a process for acting as a fiduciary agent for Neighborhood Center case-managed clients once an award is made. Do not contact HHSD Neighborhood Centers regarding this RFA. All inquiries must be directed to Robert Kingham, as the single point of contact for this solicitation*
b. Provide client-centered, holistic approach to services
c. Link client and services to other City-funded or City-operated services and other supportive services in the community
d. Possess organizational experience and infrastructure to function as a fiscal agent and case management provider
e. Demonstrate ability and willingness to serve clients who have a criminal history, if applicable

The Applicant shall provide data to demonstrate the need for the strategy/strategies being proposed. Data should include but is not limited to:

a. Target Population demographic/Census data
b. Target Population unmet need(s), including local trends
c. Waiting list information (if applicable)
d. Data from community databases, such as Homeless Management Information System, showing Target Population unmet need(s) (if applicable)

5. OUTCOMES & OUTPUTS

The following high-level outcome designed to demonstrate progress in self-sufficiency is required for all applications. Additional high-level outcomes which show the connection to the program strategy(ies) may also be proposed.

- Percent of households at risk of homelessness that maintain housing

All applications shall also include the following high-level output. Additional outputs may also be proposed which show the connection to the program strategy(ies).

- Number of unduplicated clients served per 12-month period

6. ELIGIBILITY REQUIREMENTS

The eligibility requirements for this RFA are outlined in Section 0620 – Client Eligibility Requirements. The City requires all awarded agencies to maintain a complete and current record of client eligibility throughout the entire grant agreement period (e.g. client file or electronic record) that includes documentation of the elements listed in Section 0620.

Applicants may propose alternate eligibility criteria from the requirements in Section 0620 for the proposed target population(s). If applicable, Applicants shall clearly define the proposed alternate eligibility criteria.

Applicants shall describe how the City Client Eligibility Requirements (Section 0620) or the proposed alternate eligibility criteria will be documented for the target population(s) identified in the application.

7. FUNDING INFORMATION

a. $740,000 is available per 12-month period, of which $200,000 in direct financial assistance will be dedicated to clients receiving case management services through HHSD Neighborhood Centers. The remaining amount will be available to the Applicant to provide case management and financial assistance directly to clients referred from the Austin/Travis County Health and Human Services Department Neighborhood Centers..
b. It is the City's intent to provide an initial 12-month grant agreement with five 12-month renewal options, for a total period not to exceed six (6) years. The initial 12-month funding period will be March 1, 2016, through February 28, 2017.
c. The City of Austin reserves the right to adjust the funding amount or scope of work based on community needs, Awardee'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 90-day notice to the Awardee.

8. ELIGIBLE APPLICANTS

a. Any nonprofit or governmental agency that can legally enter into an agreement with the City (as verified by the City Purchasing Office).
    1. City policy does not permit entering into an agreement 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 agencies. See the insurance requirements in Section 0400 of the RFP.
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 and providing the proposed services to clients.

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:
        a. reviews program performance
        b. approves budgets
        c. reviews financial performance
        d. approves audit reports
d. Copy of the most recently filed 990 or 990 EZ, or Extension to File documentation (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

CITY OF AUSTIN
HEALTH AND HUMAN SERVICES DEPARTMENT
PROPOSAL PREPARATION INSTRUCTIONS AND EVALUATION FACTORS
SOLICITATION NUMBER: RA2016RK

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 6 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 RA2016RK 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

2. A brief description of how the application will address both of the overall objectives identified in the Section 0500 - Scope of Work; Section 1 – Introduction.

3. A brief description of the need of the target population(s) for the strategy/strategies being proposed

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 **15 (fifteen) 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 5 (five) 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:

CITY OF AUSTIN
HEALTH AND HUMAN SERVICES DEPARTMENT
PROPOSAL PREPARATION INSTRUCTIONS AND EVALUATION FACTORS
SOLICITATION NUMBER: RA2016RK

Part I – Program Overview and Strategy **Total points: 70**

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

1. Describe the target population(s) that will be served and if this population is similar to or different from your current service population.
    a. If the target population(s) is similar to your current service population, please provide a description of your experience and success working with this population.
    b. 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).

2. Provide data and data source(s) to demonstrate the need of the target population(s) for the strategy/strategies being proposed. Data should include but are not limited to:
    a. Target population demographic/Census data
    b. Quantified target population unmet need(s)
    c. Applicant's trends in target population unmet need(s)
    d. Waiting list information (if applicable)
    e. Data from community databases, such as Homeless Management Information System, showing target population unmet need(s) (if applicable)

3. Describe the strategy/strategies that will be implemented to serve clients with a criminal history.

4. 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.

5. Describe how the Applicant's staff and Board of Directors represent the diversity of the target population and how they can provide culturally and linguistically appropriate services.

B. Program Strategy to Accomplish the Goals

1. Describe the program strategy/strategies.

2. Describe how the proposed strategy/strategies reflect evidence-based, research-based, or promising practices. Explain the rationale behind the program design. Include which level of evidence the program model falls in, according to the Section 0635 - Defining Evidence Guideline, and how this design meets the specific needs of the target population(s) identified in the application.
    a. If the program falls in the category of evidence-based or research-based, provide a description of evidence used, including source(s), and method for ensuring program model fidelity. Provide a logic model for innovative approaches.
    b. If the program falls into the category of "promising practice," include (a) a logic model as an attachment to the application and (b) a brief plan for evaluation.

3. Describe how the program strategy/strategies correspond to the Imagine Austin Comprehensive Plan vision statement and one or more of its core mission statements (Section 0500 – Scope of Work: Section 4 – Connection to Imagine Austin).

4. Describe how the Applicant will facilitate a cooperative relationship with the Austin/Travis County Health and Human Services Department Neighborhood Centers and processes that will be needed to serve as the fiscal agent and receive referrals. Information on HHSD Neighborhood Centers can be found here: http://www.austintexas.gov/department/neighborhood-centers ____*Do not contact HHSD Neighborhood Centers regarding this RFA. All inquiries must be directed to Robert Kingham, as the single point of contact for this solicitation.*

5. Describe any barriers and challenges the target population(s) may encounter accessing services and how these barriers and challenges will be mitigated.

6. Describe any barriers and challenges the Applicant may encounter implementing the proposed strategy/strategies and how the Applicant will overcome them.

7. Describe any sub-grantee 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.

8. Describe the project activities.

C. Performance Measures – Impact on the Goals

Applicants must complete both forms in Section 0640 – Program Performance Measures and

Goals, and Program Performance Measure Definition Template, to indicate their specific Output and Outcome Measures. Program performance measures [both Output(s) and Outcome(s)] ***should exclude HHSD Neighborhood Center clients that the Applicant serves through its role as fiscal agent.***

Output Measures

All applications must include the following high-level output:

1. Number of unduplicated clients served per 12-month funding period

Additional outputs may be proposed which show the connection to the program strategy(ies).

Outcome Measures

The following high-level outcome designed to demonstrate progress in self-sufficiency is required for all applications.

1. Percent of households at risk of homelessness that maintain housing

Additional high-level outcomes which show the connection to the program strategy(ies) may also be proposed.

D. Service Coordination

1. Describe how the Applicant coordinates their services with services being provided by other agencies relevant to the proposed strategy/strategies in order to minimize duplication and maximize client access to services.

2. Describe how the Applicant coordinates with other agencies (i.e. to refer and receive clients, to provide comprehensive services, etc.). If you are not currently coordinating with other agencies, what is your plan for establishing coordination?

3. If applicable, attach any program Memoranda of Understanding (MOU) and explain how this arrangement improves service delivery to clients.

4. Describe how clients will be connected to mainstream resources/public benefits (Supplemental Nutrition Assistance Program, Temporary Assistance for Needy Families, Medical Assistance Program, etc.) and/or other City-funded services in order to maximize self-sufficiency.

5. 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.

E. 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 any other relevant local, state or national planning activities.

F. Overall Evaluation Factors Regarding Applicant

1. Describe the Applicant's experience within the last five (5) years managing relevant local, state, and/or federal grants or contracts and include the contact information of the funder for each grant or contract(s) identified, e.g., Funder Contact'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 received within the previous 24 months of administering the relevant City of Austin Health and Human Services Department, other local, state, and/or federal grants or contracts.

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.

G. 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.

H. 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.

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

Part II – Cost Effectiveness **Total points: 20**

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, along with a completed Program Budget and Narrative form.

    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. All sub-grantees in this application who will receive City funds must be included in the program budget and the Applicant shall provide separate details for each sub-grantee in the Program Sub-grantees 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.

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.

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. Describe the average cost per client achieving each of the performance measures proposed. In the description, detail the calculation used to derive the average cost.

4. Provide justification which indicates the proposed cost is appropriate for the proposed strategy/strategies.

5. Describe the return on investment/social impact the proposed strategy/strategies will make.

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 agreements. A firm (Offeror or Sub-grantee) 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 sub-grantees.

1. Using Section 0605 – Local Business Presence Identification Form provide the information requested regarding the Applicant and Sub-grantee(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
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 is a portion of the total program budget for the proposed program which is received by a third party funder. Applicant must either:
  - currently receive third party funding for the proposed program, or
  - Applicant has received a notice of funding award from a third-party funder for the proposed program.

- 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 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 funding that the Applicant receives for the proposed program.

2. Provide the name of the grant, award, or program under which the third-party funds 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. Describe the quantified impact on the proposed program if the Applicant does not receive City funding under this solicitation.

4. 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 3/01/16 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, sub-grantees, temporary workers 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 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 agreements 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 Grant Agreement terms and render binding decisions on Grant Agreement matters.

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://austintexas.gov/article/rental-assistance-solicitation 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 0620
Client Eligibility Requirements

GENERAL

- Eligibility requirements for clients served under grant contracts will be determined by the grantor.
- Agency must maintain a record of client eligibility (e.g. client file or electronic record) that includes documentation of:
  - Annual certification of client eligibility
  - Services provided to client
- Agency must recertify client when notified of a change in family circumstances (e.g. family income, residence, and/or family composition)
- Unless specified by Grant/Funding Source, re-certification of clients is required not less than once every 12 months (unless required earlier by a change in family circumstances)
- Homeless clients:
  - If the program eligibility requires homeless status, the residency requirements and income requirements do not apply
  - Homeless status must be documented by a signed (1) Homeless Eligibility Form or Homeless Self-Declaration Form and (2) entry into Homeless Management Information System (HMIS) database. These forms must be developed by the agency and be approved by the City contract manager.
- Other Client populations:
  - Clients in programs serving victims of violence are not subject to residency or income requirements
  - Eligibility exceptions for any other type of clients and/or documentation situations must be described in Contract Work Statement
- Date of receipt by agency must be indicated on all documentation in client file

IDENTITY

- Client must provide proof of identity in order to receive City-funded services, documented by:
  - A government –issued identification; or
  - A signed Self-Declaration of Identity supported by client residency documentation

RESIDENCY

- City-funded clients must be a resident of the City of Austin (Full Purpose Jurisdiction) and/or Travis County
  - Residence must be documented by proof of address that includes client name (e.g. City utility bill, lease, letter from landlord, etc.)
  - Residency eligibility must be verified by one or more of the following sources:
    - Austin GIS Jurisdictions Web Map (http://www.austintexas.gov/gis/JurisdictionsWebMap/)
    - Travis County Appraisal District website (http://www.traviscad.org)
    - U.S. Postal Service website (verification of County only) (www.usps.com)

INCOME

Section 0620
Client Eligibility Requirements

- Client intake form must reflect wages/income of all family members 18 years old or older living in the household
- Determination of Family Size:
  - For the purposes of determining eligibility for City-funded services, a family unit consists of:
    - A person living alone:
      - An adult living alone
      - A minor child living alone or with others who are not responsible for the child's support
    - Two or more persons living together who are wholly or partially responsible for the support of the other person/people:
      - Two persons in a domestic partnership, or legal or common-law marriage
      - One or both legal parents and minor children
      - One or both adult caretakers of minors and the caretaker(s)'s minor children. Note: a caretaker is one or both adults(s) who performs parental functions (provision of food, clothing, shelter, and supervision) for a minor.
- Family income must be 200% or less of current Federal Poverty Income Guidelines (FPIG) to be eligible for City-funded services; agency must update its FPIG categories when Federal figures change. Income inclusions and exclusions are based on Texas Administrative Code §5.19 and are as follows:

(1) Included Income:

(A) Temporary Assistance for Needy Families (TANF);
(B) Money, wages and salaries before any deductions;
(C) Net receipts from non-farm or farm self-employment (receipts from a person's own business or from an owned or rented farm after deductions for business or farm expenses);
(D) Regular payments from social security, including Social Security Disability Insurance (SSDI) and Supplemental Security Income (SSI);
(E) Railroad retirement;
(F) Unemployment compensation;
(G) Strike benefits from union funds;
(H) Worker's compensation;
(I) Training stipends;
(J) Alimony;
(K) Military family allotments;
(L) Private pensions;
(M) Government employee pensions (including military retirement pay);
(N) Regular insurance or annuity payments; and
(O) Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts; and net gambling or lottery winnings.

(2) Excluded Income:

(A) Capital gains; any assets drawn down as withdrawals from a bank;
(B) The sale of property, a house, or a car;
(C) One-time payments from a welfare agency to a family or person who is in temporary financial difficulty;
(D) Tax refunds, gifts, loans, and lump-sum inheritances;
(E) One-time insurance payments or compensation for injury;
(F) Non-cash benefits, such as the employer-paid or union-paid portion of health insurance or other employee fringe benefits;
(G) Food or housing received in lieu of wages;

(H) The value of food and fuel produced and consumed on farms;
(I) The imputed value of rent from owner-occupied non-farm or farm housing;
(J) Federal non-cash benefit programs as Medicare, Medicaid, Food Stamps, and school lunches;
(K) Housing assistance and combat zone pay to the military;
(L) Veterans (VA) Disability Payments;
(M) College scholarships, Pell and other grant sources, assistantships, fellowships and work study, VA Education Benefits (GI Bill); and
(N) Child support payments.

- Client income amounts must reflect *Gross Income*, before any deductions
- If any adult family member has no income, a Self-Declaration of No Income form is required for that individual
- Income documentation requirement:
  - Programs providing financial assistance to or on behalf of clients (including but not limited to rent, utilities, arrears, child care, tuition, occupational training): the client file must include primary eligibility sources; declaration of eligibility for another program (e.g., TANF, Free/Reduced/School Lunch Program) is not adequate documentation of eligibility
  - Programs which do not provide financial assistance to or on behalf of clients: the client file must include primary eligibility sources or a self-declaration of income form

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.

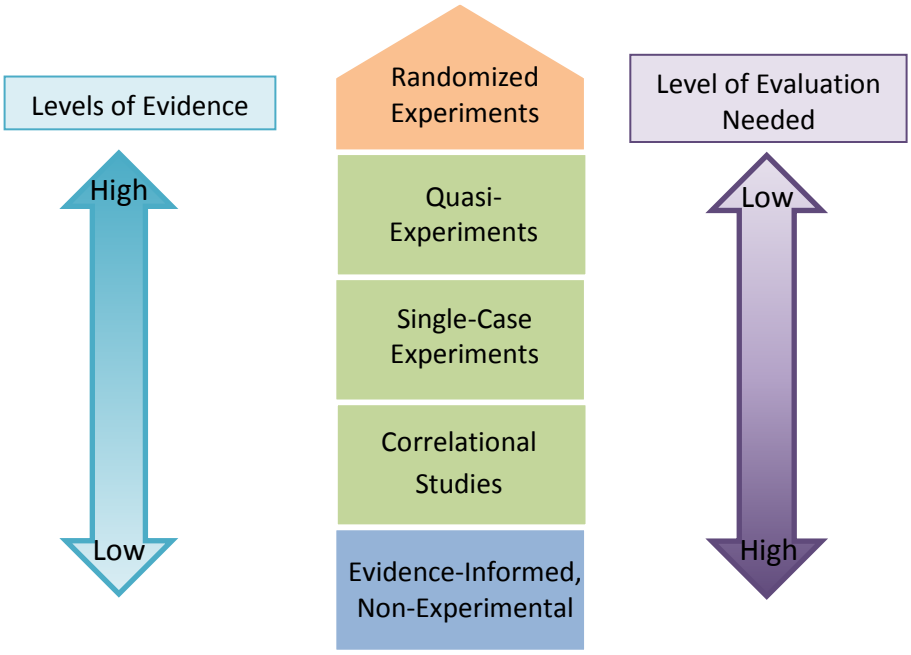
These requirements also pertain to all Subcontractors serving people who are homeless under this agreement.

Section 0635
Defining Evidence Guideline

EVIDENCE TERM	DESCRIPTION	PROS	CONS	LEVEL OF EVALUATION NEEDED*
Evidence-Based	A randomized control group that may or may not be replicated	Strong indication that the program caused the change	Cannot always be applicable or comparable to desired population	Low
Research-Based	Compares outcomes for a group that had access to a practice with those who did not but are similar on observable characteristics	More flexible than evidence-based	May have causal influences but can't be confident results are not due to other contributing factors	Medium
Promising	Practices that are consistent with theory and knowledge about early childhood practices but there is little evidence-based research to determine whether they work	In a domain that lacks a lot of evidence-based research, these allow responses to community needs, and include innovative ideas in doing so	Little to no evidence of the efficacy of the practice	High
Mixed Results	Practices which have been shown not to work in some cases but have been shown to work in another case	Opportunity not to exclude something that could work in a particular situation	There is evidence that it doesn't work	Extremely High
Ineffective	Practices which have been proven not to work	Can exclude these practices from receiving resources		Not advised for funding

*If a known model is being used with the intended population and maintaining fidelity to the model, then the level of evaluation needed is lower. The more a practice moves away from that, the higher the level of evaluation is needed.

METHODS OF EVALUATION



Graphic adapted from "Research Hierarchies," by Allen Rubin (2008) and "Becoming Evidence-Based: What Does it Take" by Child Trends (2010)

Researched and written by Lori Axler Miranda of Travis County Health and Human Services & Veteran Services, Research & Planning. (Spring 2013)

Section 0640
Program Performance Measures and Goals

OUTPUT MEASURES

Provide proposed goal amounts for your program in the City of Austin column, the All Other Funding Sources column and the TOTAL (City + All Other) column.

OUTPUT # **1** (Required)	City of Austin Annual Goal	All Other Funding Sources Annual Goal	**TOTAL** (City. + All Other) Annual Goal
Number of unduplicated clients served per 12-month contract period			

OUTPUT # **2** (Proposed)	City of Austin Annual Goal	All Other Funding Sources Annual Goal	**TOTAL** (City + All Other) Annual Goal
(Measure name)			

OUTPUT # **3** (Proposed)	City of Austin Annual Goal	All Other Funding Sources Annual Goal	**TOTAL** (City + All Other) Annual Goal
(Measure name)			

OUTPUT # **4** (Proposed)	City of Austin Annual Goal	All Other Funding Sources Annual Goal	**TOTAL** (City + All Other) Annual Goal
(Measure name)			

OUTCOME (RESULTS) MEASURES

Replace the blue text in the left column of this section with the actual wording of your measures' numerators, denominators, and outcome rates (by %). Also in the right column's shaded blocks, include the corresponding goal amounts and percentages for each line.

Total Program Performance – OUTCOME # **1 (Required)**	**Total Program Annual Goal**
Number of households at risk of homelessness that maintain housing at program exit (numerator)	
Number of households at risk of homelessness that exit the program (denominator)	
Percent of households at risk of homelessness that maintain housing (outcome rate)	**%**

Section 0640
Program Performance Measures and Goals

Total Program Performance – OUTCOME # **2 (Proposed)**	**Total Program Annual Goal**
(numerator)	
(denominator)	
(outcome rate)	**%**

Total Program Performance – OUTCOME # **3 (Proposed)**	**Total Program Annual Goal**
(numerator)	
(denominator)	
(outcome rate)	**%**

(For additional Output or Outcome measures, copy and paste the blocks above and re-number accordingly

Section 0640
Program Performance Measures and Goals

Performance Measure Definition Tool

Type	Performance Measure	Goal	Calculation Method	Specific Inclusions, Exclusions, and Other Notes	What is the Data Source for this Measure?	Who Is Responsible For Preparing and Reporting the Data?
OUTPUTS:						
OUTPUT:	Total Number of **Unduplicated** Clients Served					
OUTPUT:						
OUTPUT:						
OUTCOMES:						
Outcome Numerator	**Number of households at risk of homelessness that maintain housing at program exit**					
Outcome Denominator	**Number of households at risk of homelessness that exit the program**					
Outcome Rate	**Percent of households at risk of homelessness that maintain housing**		Numerator Divided By Denominator			

Section 0640
Program Performance Measures and Goals

Performance Measure Definition Tool

Type	Performance Measure	Goal	Calculation Method	Specific Inclusions, Exclusions, and Other Notes	What is the Data Source for this Measure?	Who Is Responsible For Preparing and Reporting the Data?
Outcome Numerator						
Outcome Denominator						
Outcome Rate			Numerator Divided By Denominator			
Outcome Numerator						
Outcome Denominator						
Outcome Rate			Numerator Divided By Denominator			

Section 0640
Program Performance Measures and Goals

Performance Measure Definition Tool

Type	Performance Measure	Goal	Calculation Method	Specific Inclusions, Exclusions, and Other Notes	What is the Data Source for this Measure?	Who Is Responsible For Preparing and Reporting the Data?
Outcome Numerator						
Outcome Denominator						
Outcome Rate			Numerator Divided By Denominator			

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

Section 0650
Program Budget and Narrative

Program Budget

Applicant must input all proposed budget line items per the applicable Life Continuum categories.

- **ALL LINE ITEM AMOUNTS MUST BE WHOLE DOLLARS ONLY**.
- The dollar amount requested in your Application's Program Budget and Narrative must reflect a twelve (12) month amount of funding.
- The dollar amount requested in your Application's Program Budget and Narrative must be budgeted under one or more of the Life Continuum categories (Early Childhood, Youth, Adults & Families, Seniors & Persons with Disabilities).
- 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	Requested CITY OF AUSTIN Amount	Amount Funded by ALL OTHER Sources	TOTAL Budget (ALL funding sources)
PERSONNEL			
1. Salaries and Benefits			
A. Subtotals: PERSONNEL			
OPERATING EXPENSES			
2. General Operating Expenses			
3. Program Subcontractors			
4. Staff Travel - **Out** of Travis County			
5. Conferences/Seminars - **Out** of Travis County			
B. Subtotals: OPERATING EXPENSES			
DIRECT ASSISTANCE for PROGRAM CLIENTS			
6. Food/Beverage for Clients			
7. Financial Assistance for Clients			
8. Other (describe)			
C. Subtotals: DIRECT ASSISTANCE			
CAPITAL OUTLAY (with per Unit Cost greater than $1,000 ONLY)			
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

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

Section 0650
Program Budget and Narrative

SUBCONTRACT #1		
Name of Subcontractor		
Term of Subcontract		
Services to be Subcontracted		
Number of Clients to be Served *(if applicable)*		
Dollar Amounts by Funding Source:		
CITY of AUSTIN amount $	ALL OTHER Sources amount **$**	**TOTAL** **$**

SUBCONTRACT #2		
Name of Subcontractor		
Term of Subcontract		
Services to be Subcontracted		
Number of Clients to be Served *(if applicable)*		
Dollar Amounts by Funding Source:		
CITY of AUSTIN amount $	ALL OTHER Sources amount **$**	**TOTAL** **$**

SUBCONTRACT #3		
Name of Subcontractor		
Term of Subcontract		
Services to be Subcontracted		
Number of Clients to be Served *(if applicable)*		
Dollar Amounts by Funding Source:		
CITY of AUSTIN amount $	ALL OTHER Sources amount **$**	**TOTAL** **$**

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

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/yyy)*	**Funding Period End** *(mm/dd/yyy)*	**Funding Amount**
City of Austin	Social Services Contract	3/01/2016	02/28/2017	$
FUNDING AMOUNT TOTAL:				**$**