Form 2 - RFP APPLICATION

**PROPOSAL INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. An Offeror can only apply for one program area per proposal. Offerors may submit multiple proposals for different program types. All questions are highlighted in green. Click on the sections below the Questions to type in your answers. Any required attachments are indicated by a  symbol, and drop-down menus are indicated by a  symbol.

**Please note:** If any document is uploaded, the name of the document must not include any characters other than letters and numbers, or the database will not allow it to be uploaded.

**The total word count limit is 15,000 for the entire word document (including questions and your answers).** The word count is indicated below left on your screen or if you go to the top of the screen to Search “word count”.

**Required APH Documents:**

**The following must be completed and/or submitted in PartnerGrants.**

|  |  |  |
| --- | --- | --- |
| **FORM NO.** | **TITLE** | **REQUIRES RESPONSE** |
| Note: Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants. | |
| 1 | OFFER SHEET | Due March 9, 2022 by no later than 3:00 PM CST |
| 2 | RFP APPLICATION (Uploaded in Word) |
| 3 | PROGRAM BUDGET AND FUNDING SUMMARY |
| 4 | COA CERTIFICATIONS AND DISCLOSURES |
| **EXHIBIT NO.** | **TITLE** | **INFORMATION ONLY** |
| A | THRESHOLD REVIEW FORM | Threshold Application due in PartnerGrants by February 16, by 3pm CST |

**PART I. Fiscal and Administrative Capacity - Unscored**

**Minimum Threshold Review**

**Form 1:** **Threshold Review Form** must be completed in PartnerGrants by the deadline stated in the Offer Sheet. This threshold will be reviewed by APH staff and then, if the agency’s threshold is approved, the agency will move forward to submit this final application.

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

**Agency Information**

No points are assigned to questions in this section, but a response is required for each question. These questions will be used to determine if your organization is eligible to contract with the City of Austin. All Applications must have satisfactory answers in this section in order to be evaluated for potential award.

**Name of your Organization:** Click or tap here to enter text.

**Program Name:** Click or tap here to enter text.

**Total Amount Requested:** Click or tap here to enter $ amount.

**Question 1:** Can your organization meet Austin Public Health’s Social Services [Insurance Requirements](https://www.austintexas.gov/sites/default/files/files/Health/Social%20Services/INSURANCE%20Requirements-%20Soc%20Serv%20contracts%20(Rev%2004-2019).pdf) prior to entering into a contract? Provide any additional information.

Click or tap here to enter text.

**Question 2:** Will your organization be able to meet all the Terms and Conditions listed in the E-Standard Boilerplate and Exhibits? Provide any additional information.

Click or tap here to enter text.

**Question 3:** What is your organization’s annual budget? Including annual revenues, costs, expenses, assets, and liabilities.

Click or tap here to enter text.

**Question 4:** Provide a brief description of the Agency applying for this funding (e.g., mission statement).

Click or tap here to enter text.

**Question 5:** Provide the following contact information for the person in your organization authorized to negotiate Agreement terms and render binding decisions on Agreement matters.

**Name:** Click or tap here to enter text.   
**Title:** Click or tap here to enter text.   
**Email Address:** Click or tap here to enter text.   
**Phone:** Click or tap here to enter text.

**Question 6**: Provide any additional comments or clarifications about your organization.

Click or tap here to enter text.

**Question 7:** Is the Agency in the process of OR has already submitted a full registration to do business with the Federal government in SAM.gov AND has ensured that their record is not restricted from public view? If no, please explain. Upload initial registration documentation OR SAM.gov Action registration status.

Click or tap here to enter text.

**Check here to indicate that** initial registration documentation OR SAM.gov Action registration status is uploaded in PartnerGrants.

**Question 8**: Please provide a brief description of the program type your agency is proposing to be funded. Program types Include:

1. Housing Stabilization Program – Permanent Supportive Housing

2. Housing Stabilization Program – Rapid Rehousing

3. Supportive Services Only – Housing Navigation

4. Supportive Services Only – Move-In Assistance

5. Supportive Services Only – Landlord Outreach and Incentives

Click or tap here to enter text.

**Question 9**: Capacity Building - To aid in the planning process and expansion of the Homeless Response System, the City seeks to understand the needs of Offerors serving individuals experiencing homelessness in Austin/Travis County. Capacity Building funding may become available to awarded agencies through this RFP process to support your agency to increase the skills, abilities, and processes needed to provide Housing Stabilization and Supportive Services Only programs.

Please provide a brief description of the existing organizational and/or program needs your agency has, including, but not limited to, the following components: Board Governance, Planning and Evaluation, Operational, Financial Management, Public & Community Relations, Program Implementation and Design. Other program needs can be requested beyond listed here.

Click or tap here to enter text.

**Part II. SCORED APPLICATION SECTIONS - Total Points Available: 100**

**Applicants must answer every question and every part of each question. Any required attachments are indicated by a**  **symbol, and drop-down menus are indicated by a**  **symbol.**

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

**Section 1: Experience and Cultural Competence**

Applicants must demonstrate that they, members of their board, or leadership staff have a minimum of two years established, successful experience providing services to the homeless populations that may include providing the following services: prevention, rapid rehousing, permanent supportive housing, case management, or housing search and location.

**AGENCY EXPERIENCE & PERFORMANCE**

**Question 10:**  Describe how your program demonstrates its commitment to [Housing First](https://endhomelessness.org/resource/housing-first/).

Click or tap here to enter text.

**Question 11:** Does your organization integrate a [trauma-informed approach](https://med-fom-learningcircle.sites.olt.ubc.ca/files/2013/10/Trauma-informed_Toolkit.pdf) to service delivery? If so, how is the approach integrated into the agency and program design?

Click or tap here to enter text.

**Question 12:**  Describe your experience providing the same or similar services to what is being proposed. If this is a new program describe how your previous experience, expertise, and research will inform your ability to implement the new services successfully. If applying for Permanent Supportive Housing or Rapid Rehousing, include in your response your experience identifying and securing housing units.

Click or tap here to enter text.

**Question 13:** Describe how past performance demonstrates your agency's/program's ability to meet targets and make a positive impact on the community.

 Upload past performance reports received during the past two years or more of contracts that demonstrate the service or related services for which your Agency is applying. Performance reports can include:

1. Quarterly performance reports that when combined, demonstrate at least two years of services.
2. Annual reports provided to the community or Board that when combined, demonstrate at least two years.
3. Please explain if you are not able to provide these reports, or you are submitting other reports, or if you have any clarification that is being provided to respond to this question.

Click or tap here to enter text.

 **Check here to indicate that** past performance reports are attached to the application in PartnerGrants.

**Question 14:** Describe your experience and success working with households experiencing homelessness. If the identified population(s) is different from your current service population, describe the modifications and new strategies you will implement.

Click or tap here to enter text.

**Question 15:** Describe your experience reaching and successfully serving diverse communities. Demonstrate with data how your organization positively impacts people of color, people with disabilities, the LGBTQIA2S+ population, documented and undocumented immigrants, people whose primary language is not English, and other historically marginalized communities. If your agency is not yet working with data at this level, describe how you plan to collect and analyze this data. Please provide information specifically about what communities of color you have had served including Hispanic/Latino, Black/African American, Multiracial, Asian, Native American, etc.

Documents to support this may be attached to this application.

Click or tap here to enter text.

 **Check here to indicate that,** if applicable, documents demonstrating experience are attached to the application in PartnerGrants.

**CULTURAL COMPETENCE & RACIAL EQUITY**

The City of Austin’s definition of Equity is the condition when every member of the community has a fair opportunity to live a long, healthy, and meaningful life. Equity is embedded into Austin’s values system and means changing hearts and minds, transforming local government from the inside out, eradicating disparities, and ensuring all Austin community members share in the benefits of community progress.

Equity is one of six strategic anchors of the City of Austin’s strategic direction, and a core value driving the implementation of City services. To advance equitable outcomes, the City of Austin is leading with a lens of racial equity and healing.

**Question 16:** Describe how your agency and the proposed program includes an implementation strategy that advances racial equity in the **community**.

Click or tap here to enter text.

**Question 17:** Describe how your agency advances racial and ethnic equity within your **agency’s culture**.

Click or tap here to enter text.

**Question 18:** Rate your organization for each of the following questions with “Planning Stage,” “Implementation Stage,” or “Fully Integrated Implementation.” **Use the**  **drop down** menu to choose and then explain your answer in the next box.

|  |  |  |
| --- | --- | --- |
| **Racial Equity Self-Assessment Item** | **Choose from the** Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... **drop down menu that describes your stage of implementation: Planning; Implementation; or Fully Integrated Implementation** | **Describe what the agency’s board, staff and programs are doing to implement these items.** |
| 1. We have access to data on racial/ethnic disparities to guide our work. | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Our work includes performance measures to determine how well we are doing to address racial disparities. | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Our board has developed and implemented a plan to address racial disparities in our programs and in our organization. | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| Our agency hosts or participates in training events dedicated to improving equitable outcomes. | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |

**Question 19:** What is the current demographic composition of the agency and subrecipient staff by race and ethnicity? Describe how the Agency’s staff demographic composition compares to the demographic of households experiencing homelessness as reported in the [FY2021 Point in Time Count](https://1zdndu3n3nla353ymc1h6x58-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/2021-HMIS-Snapshot-One-Pagers-FINAL.pdf).

Click or tap here to enter text.

**ALIGNMENT WITH CLAS STANDARDS**

The Applicant’s policies and practices are required to align with the following [National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53) and Health Care in order to advance health equity and improve service delivery for diverse populations. The goals of the CLAS standards are to correct inequities that currently exist in the provision of health and social services and to be more responsive to the individual needs of all patients/consumers. Ultimately, the aim of the standards is to contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans. There are 15 CLAS standard grouped under four themes:

* Principal Standard
* Governance, Leadership and Workforce
* Communication and Language Assistance
* Engagement, Continuous Improvement and Accountability

The principal standard is:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Five of the 15 Standards are listed below:

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

11. Collect and maintain accurate and reliable demographic data to monitor the impact of CLAS on health equity and outcomes and to inform service delivery

*Agencies are encouraged to implement all 15 CLAS Standards listed* [*here*](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53)*.*

**Question 20:** Describe how your policies and practices will align with the National Culturally and Linguistically Appropriate Services (CLAS) standards. Applicants must describe specific CLAS standards that will be met.

Please  attach appropriate policies and procedures.

Click or tap here to enter text.

 **Check here to indicate that** appropriate policies are attached to the application in PartnerGrants.

**Section 2: Program Design**

**PROGRAM TYPE**

Applicants may propose to offer Housing Stabilization program services to individuals and/or families experiencing homelessness through Permanent Supportive Housing (PSH) or Rapid Rehousing (RRH) programs. Housing Navigation, Landlord Outreach and Incentives, and Move-In Assistance may be requested as part of a PSH or RRH proposal.

Alternatively, applicants may propose to offer stand-alone Housing Navigation, Landlord Outreach and Incentives, or Move-In assistance to households enrolled in other providers’ RRH, PSH, or Joint Transitional Housing and Rapid Rehousing programs.

**Question 21:** Select which Housing Stabilization Program Type and Services applicants are proposing to provide through this application. Choose from the drop-down below.

Choose an item.

If choosing **Permanent Supportive Housing Services,** please answer the following questions:

**Question 21 PSH A:** State below if your organization or an alternate source will provide the following required services:

|  |  |
| --- | --- |
| **Service** | **Name of Organization** |
| Outreach and Engagement | Click or tap here to enter text. |
| Housing stability case management**:** Permanent Housing Projects will provide housing stability case management throughout the duration of the Housing Navigation | Click or tap here to enter text. |
| Mental Health Services | Click or tap here to enter text. |
| Coordination of Medical Care | Click or tap here to enter text. |
| Housing Navigation | Click or tap here to enter text. |
| Landlord Outreach and Incentives | Click or tap here to enter text. |
| Move-in costs | Click or tap here to enter text. |
| HMIS costs and HMIS entry | Click or tap here to enter text. |

**Question 21 PSH B.** State if your organization or an alternate source will provide the following optional services. Leave blank if this service is not provided in the program.

|  |  |
| --- | --- |
| **Service** | **Name of Organization** |
| SSI/SSDI Outreach, Access, and Recovery (SOAR) | Click or tap here to enter text. |
| Financial Assistance | Click or tap here to enter text. |
| Substance Misuse Treatment Services | Click or tap here to enter text. |
| Transportation Assistance | Click or tap here to enter text. |
| Employment Assistance | Click or tap here to enter text. |
| Peer Support | Click or tap here to enter text. |

If choosing **Rapid Rehousing (RRH)** please answer the following questions:

**Question 21 RRH A:** State below if your organization or an alternate source will provide the following required services:

|  |  |
| --- | --- |
| **Service** | **Name of Organization** |
| Outreach and Engagement | Click or tap here to enter text. |
| Housing stability case management**:** Permanent Housing Projects will provide housing stability case management throughout the duration of the Housing Navigation | Click or tap here to enter text. |
| Mental Health Services | Click or tap here to enter text. |
| Coordination of Medical Care | Click or tap here to enter text. |
| Housing Navigation | Click or tap here to enter text. |
| Landlord Outreach and Incentives | Click or tap here to enter text. |
| Move-in costs | Click or tap here to enter text. |
| HMIS costs and HMIS entry | Click or tap here to enter text. |

**Question 21 RRH B:** State below if your organization or an alternate source will provide the following optional services. Leave blank if this service is not provided in the program.

|  |  |
| --- | --- |
| **Service** | **Name of Organization** |
| SSI/SSDI Outreach, Access, and Recovery (SOAR) | Click or tap here to enter text. |
| Financial Assistance | Click or tap here to enter text. |
| Substance Misuse Treatment Services | Click or tap here to enter text. |
| Transportation Assistance | Click or tap here to enter text. |
| Employment Assistance | Click or tap here to enter text. |
| Peer Support | Click or tap here to enter text. |

RRH proposals may indicate a willingness to participate in the Housing-Focused Encampment Assistance Link (HEAL) Initiative, which targets individuals experiencing unsheltered homelessness in locations with the highest health and safety risks. These individuals are offered access to bridge shelter and direct enrollment in a permanent housing program, such as Rapid Rehousing or Permanent Supportive Housing. APH is seeking Offerors to provide RRH services for individuals linked to the HEAL Initiative. If selected for award to operate a HEAL RRH project the project will receive referrals of HEAL Initiative households through the Coordinated Entry System.

**Question 21 RRH E:** Does your program anticipate participating in the HEAL initiative and accepting RRH program referrals of households that have been relocated to bridge shelter from unsheltered encampments?

Click or tap here to enter text.

**Question 22:** Complete the table below to indicate, if awarded, the number of days between contract finalization and the completion of the activities. If the activity is not applicable to your project, please leave it blank.

|  |  |
| --- | --- |
| **Project Milestones** | **Days from Execution of Grant Agreement** |
| Begin hiring staff or expending funds | Click or tap here to enter text. |
| Begin program participant enrollment | Click or tap here to enter text. |
| Program participants occupy rental assistance units | Click or tap here to enter text. |
| Rental assistance units and supportive services near 100% capacity | Click or tap here to enter text. |

**CLIENT ELIGIBILITY**

All Housing Stabilization program participants must be obtained from referrals from Coordinated Entry.

PSH proposals:

* Households experiencing Homelessness as defined by Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 which amended and authorized the McKinney – Vento Homeless Assistance Act 42 USC 11302 Sec. 103, and
* Households who meet the definition of Chronic Homelessness as defined in 24 CFR 578.

RRH proposals:

* Households experiencing Homelessness as defined by Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 which amended and authorized the McKinney – Vento Homeless Assistance Act 42 USC 11302 Sec. 103.

Housing Navigation or Move-in Assistance Support Services Only proposals:

* Households currently enrolled in PSH, RRH, or Housing Navigation Projects regardless of funding source

**Question 23:** Describe how the program will document how clients meet eligibility requirements based on program type.

Click or tap here to enter text.

**Question 24:** Will your project prioritize a subpopulation of those experiencing homelessness for services? Does your program have additional eligibility requirements beyond those included in the COA eligibility requirements which further restrict an individual’s ability to enroll in the proposed project (see Exhibit D)?

Click or tap here to enter text.

**Question 25:** What is the ratio of supportive services staff to clients. Identify the number of households your project will have the capacity to support if 100% enrolled.

Click or tap here to enter text.

**Question 26:** Please complete the following questions using the [Program Work Statement Form in PartnerGrants](https://partnergrants.austintexas.gov/). In this section, please keep your answers concise and only describe concrete services and actions.

1. **[Program Goals and Objectives:](https://partnergrants.austintexas.gov)** [What are the goals and objectives of the program? Describe how your program defines success.](https://partnergrants.austintexas.gov)
2. **[Program Clients Served:](https://partnergrants.austintexas.gov)** [Who does the program serve? Describe your target client population and how the Client Eligibility Requirements will be documented for the target client population.](https://partnergrants.austintexas.gov)
3. **[Program Services and Delivery:](https://partnergrants.austintexas.gov)** [Describe the project services and the strategies used to deliver those services. Include description of program components, as noted in the PSH or RRH Required Service Delivery Components or in the Supportive Services Only description in the C-RFP Scope of Work. Provide enough detail so that the contract reviewer can have a comprehensive understanding of your services and how they are delivered to clients.](https://partnergrants.austintexas.gov)
4. **[System for Collecting and Reporting Program Data:](https://partnergrants.austintexas.gov)** [Describe the system that the agency has in place to collect and report program data.](https://partnergrants.austintexas.gov)
5. **[Performance Evaluation](https://partnergrants.austintexas.gov)**[: Describe how the agency will evaluate the program’s performance in achieving program goals.](https://partnergrants.austintexas.gov)
6. **[Quality Improvement:](https://partnergrants.austintexas.gov)** [Describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.](https://partnergrants.austintexas.gov)
7. **[Service Coordination with Other Agencies:](https://partnergrants.austintexas.gov)** [How does the agency coordinate with other agencies to refer and receive clients. If the agency will coordinate to provide a PSH or RRH Required Service Delivery Component please designate the service, the outside agency which will provide the service and how agencies will communicate to each other the participants needs and desires. If the agency will provide Supportive Services Only please designate the service, the outside agency which will provide participant referrals and agencies will communicate to each other the participants needs and desires?](https://partnergrants.austintexas.gov)
8. **[Service Collaboration with Other Agencies:](https://partnergrants.austintexas.gov)** [If the funded program is a collaborative, describe how the collaborative is structured and how clients will be receiving services from different members of the collaborative. Collaboration is defined here as a subgrantee relationship with another agency or agencies with the Applicant serving as the primary fiscal agent. If none, put N/A.](https://partnergrants.austintexas.gov)
9. **[Community Planning Activities:](https://partnergrants.austintexas.gov)** [Based on the services to be provided under this program, describe your agency's involvement in community planning activities over the past 12-months and what community planning groups your agency proposes to attend throughout the 12-month contract period?](https://partnergrants.austintexas.gov)

**PRINCIPLES OF SERVICE DELIVERY**

**Question 27:** Name the evidence-based and/or emerging practices which were used to design the project and project delivery strategies. Describe how the program will implement the practices as well as how the program will monitor and evaluate its ongoing adherence to the model.

Click or tap here to enter text.

**Question 28:** How will you ensure the program is providing equitable services:

* to clients with disabilities?
* to promote racial equity? For example, In compliance with COA Charter Title 5-1-51 [Discrimination in Sale or Rental of Housing.](https://library.municode.com/tx/austin/codes/code_of_ordinances?nodeId=TIT5CIRI_CH5-1HODI_ART2DIHOAIHOACCO_DIV3PRAGDI_S5-1-51DISAREHO)
* to clients who are 50 years or older?
* to clients who are immigrants (documented or undocumented)?
* to all clients in a gender-inclusive and affirming manner?
* to individuals whose primary language is not English?

Click or tap here to enter text.

**Question 29:** What is your policy for serving victims of family violence, in compliance with the Violence Against Women Act (VAWA)? Please state if you have an existing VAWA policy and procedure and where you are in the process of implementing it. If you do not have an existing policy and procedure, please describe where you are in the process of its creation and when it will be completed. Please  attach appropriate policy and procedure.

Click or tap here to enter text.

**Question 30:** If your agency is applying for funding to provide PSH Housing Stabilization services, please describe how your agency supports participants who express a desire to move on from PSH to other affordable housing options. Please describe proposed program guidelines to support life skill development, engagement around move-on and joint readiness assessment, identifying a housing choice plan, connecting to other services, and maintaining connection to PSH community, if desired.

Please  attach appropriate policy and procedure.

Click or tap here to enter text.

**Question 31:** What existing and/or planned strategies will be used to maintain engagement and reduce attrition? Please describe the program’s client engagement process. Provide information on how often a case manager or primary staff is expected to connect with a participant and how that interaction takes place.

Click or tap here to enter text.

**Question 32:** Please describe the process and/or policy for client discharge, termination, and client grievance.

Click or tap here to enter text.

**Question 33:** If your agency is applying for funding to provide RRH Housing Stabilization services please describe the project’s policy and practices to ensure participants monthly rental subsidy (the amount of rental assistance a participant receives each month) is determined equitably and consistently while incorporating a [Progressive Engagement](https://endhomelessness.org/what-is-progressive-engagement/) approach.

Click or tap here to enter text.

**Question 34:** If your agency is applying for funding to provide Supportive Services Only, please describe how you will identify and prioritize program participants from different projects in an equitable way to support the entire Homeless Response System.

Click or tap here to enter text.

**PERFORMANCE MEASURES**

**Question 35:** Please provide a) Output; b) Outcome Measure; c) Key Performance Metric in forms below:

1. **OUTPUT MEASURES**

Provide a proposed a 12-month goal for the number of unduplicated clients served by the total program as well as any additional context. The goal should be based on past performance experience, budgeted program costs, and best estimates.  The contract goal for unduplicated clients served should be for the total program including City funding and all other funding sources.

Proposals must include the following output:

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **12-month Goal #** |
| Required Output | Total Number of Unduplicated Clients Served per 12-month period | Click or tap here to enter goal #. |

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

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

Using the above data, how will success be evaluated in your program?

Click or tap here to enter text.

Applicants may propose an additional output to highlight the work of the program.

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **12-month Goal #** |
| Optional Output | Click or tap here to enter text. | Click or tap here to enter annual goal #. |

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

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

Using the above data, how will success be evaluated in your program?

Click or tap here to enter text.

1. **OUTCOME MEASURES**

**Proposed Outcome:** Provide an outcome measure that will measure the success of the program, with proposed numeric goals.

|  |  |  |
| --- | --- | --- |
| **Proposed OUTCOME Text** |  | **12-month Goal** # |
| Click or tap here to enter outcome numerator text. |  | Click or tap here to enter numerator #. |
| Click or tap here to enter outcome denominator text. |  | Click or tap here to enter denominator #. |
| Click or tap here to enter outcome percentage text. |  | Click or tap here to enter outcome percentage %age (num/denom). |

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Using the proposed outcome measures, how will you use this data to improve the program and program delivery.

Click or tap here to enter text.

1. **KEY PERFORMANCE METRIC (SOCIAL SERVICES)**

Applications must include at least one of the following standard Social Services outcome measures. Please enter a program goal for the numerator, denominator, and percentage:

**Key Performance Metric (Social Services):**Select at least one of the Standard Social Services outcomes listed below. Provide a goal.

**Housing Stabilization Required Outcome Measures**

**RRH Required Measure**

**Outcome 1B –** Percent of case-managed households that transition from homelessness into housing

Numerator: Number of case-managed households that transition from homelessness into housing

Denominator: Number of households that exit the program

**PSH Required Measure**

**Outcome 1C –** Percent of households that maintain housing due to receiving essential services

Numerator: Number of households receiving services that maintain housing due to receiving essential services

Denominator: Number of households receiving essential services

|  |  |
| --- | --- |
| **Required: OUTCOME # 1**  **State Outcome:** Choose from drop down list. | **12-month Goal** |
| Numerator: | Enter Annual Goal Number |
| Denominator: | Enter Annual Goal Number |
| Outcome Rate: | *Enter Percentage here calculated by dividing Numerator by Denominator* |

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

Click or tap here to enter text.

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

Click or tap here to enter text.

**Optional Outcome Measures:**

**Outcome 3A –** Number of individuals demonstrating improved mental health status as measured on a standardized assessment  
Numerator: Number of individuals with improved mental health status as measured on a standardized assessment  
Denominator: Number of individuals “initially” evaluated with a standardized assessment

**Outcome 3B –** Number of individuals progressing on their treatment plan goal(s)  
Numerator: Number of individuals making progress on their treatment plan goal(s)  
Denominator: Number of individuals evaluated for progress on treatment plan goal(s)

**Outcome 5B** - Number of individuals demonstrating improved life skill(s)  
Numerator: Number of individuals who demonstrate improved life skill(s)

Denominator: Number of individuals participating in the activity

|  |  |
| --- | --- |
| **OPTIONAL OUTCOME # 1**  Choose from drop down list. | **12-month Goal** |
| Numerator: | Enter Annual Goal Number |
| Denominator: | Enter Annual Goal Number |
| Outcome Rate: | *Enter Percentage here calculated by dividing Numerator by Denominator* |

**AUSTIN PUBLIC HEALTH PRIORITIES**

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

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

Please see the Complete Report: [Strategic Direction 2023](https://www.austintexas.gov/financeonline/afo_content.cfm?s=73&p=160).

Programs funded under this RFP must support achievement of outcome and indicators for Economic Opportunity and Affordability:

Outcome: Having economic opportunities and resources that enable us to thrive in our community

Indicators:

* EOA.E2, Number and percentage of people who successfully exit from homelessness
* EOA.E4, Number and percentage of people receiving homeless services through the City of Austin Contracts and Downtown Austin Community Court case management who move into housing
* EOA.E.7 Number of Permanent Supportive Housing (PSH) units dedicated to persons experiencing chronic homelessness

**Question 36:** Explain how the proposed program supports the above Strategic Direction 2023 outcome indicators.

Click or tap here to enter text.

**Section 3: Data-Informed Program Management**

The ability to collect, track, and report client demographics and program output(s) and outcome(s) is a priority for the City.

The applicant should have demonstrated experience that they will use data to evaluate and improve their programming, increase racial equity and their program's impact on the community and through data collection and evaluation.

**Question 37:** Describe the data management process and flow for the proposed program. How will data be collected, where will it be kept and how will it be used to report program performance to the City?

Click or tap here to enter text.

**Question 38:** Describe the organization’s process of internal controls and systems implemented to ensure data accuracy and data security. Who has access to the data, what kind of training is provided to staff to ensure data is collected accurately and completely?

Click or tap here to enter text.

**Question 39:** Describe how data are used in your organization for identifying problems in (1) program design, (2) service delivery, and (3) expenditures and (3) equity, and how that information is used to improve practices and program effectiveness.

Click or tap here to enter text.

**Question 40:**Describe what data will be shared with planning bodies and/or service providers to improve community understanding of the population’s needs. In the response include how data will be shared without violating client confidentiality.

Click or tap here to enter text.

**Section 4: Cost Effectiveness**

**PROGRAM STAFFING AND TIME**

**Question 41:** Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, employing persons with lived expertise of homelessness, and daily program operations. The response should support the information provided in the budget and should clearly indicate 1) the title of each staff 2) minimum qualifications of staff and 3) the allocation of staff time to the project, as well as how the applicant has considered City of Austin SD23 EOA.C.3 – Dollars-per-hour wage that an individual must earn to support a family in Austin.

Click or tap here to enter text.

 **Check here to indicate that** appropriate items are attached to the application in PartnerGrants.

**Required** **Attachments:**  Attach Resumes or job position descriptions of program staff working with clients Applicants may attach up to 5 additional pages that include staff resumes and/or job descriptions as supplemental documentation for this question.

Click or tap here to enter text.

 **Check here to indicate that** staff resumes or job/descriptions are attached to application in PartnerGrants (as applicable).

**Question 42:** Describe how the agency ensures that program staff are reflective of the participants to be served. How do you ensure staff practice a trauma-informed approach?

Click or tap here to enter text.

**PROGRAM BUDGET AND FUNDING SUMMARY**

**Question 43: Complete Form 3:** Program Budget and Funding Summary (Excel spreadsheet) and upload completed document into PartnerGrants to complete this question. There are five tabs in the spreadsheet: Budget, Detailed Budget, Subgrantee Budget, Cost Per Client, and Instructions.

 **Check here to indicate that** Form 3: Program Budget and Funding Summary Forms is completed and attached to application in PartnerGrants.

**General Form 3 Instructions**

Form 3: Program Budget and Funding Summary is a spreadsheet intended to capture the budget of the proposed program, including City funding as well as program funding from other sources.

The Budget and Detailed Budget pages contain instructions on how to fill out each section. Any activities or eligible costs for which the applicant does not intend to request funding, or apply funds from other sources, should be left empty.

In general, Offerors must:

* Enter the type of program requested on the Budget worksheet in cell B4
* Enter all line-item amounts as whole dollars
* Reflect 12-months of funding in the Budget
* Not erase or change formulas or functions - only enter information into the orange-colored cells
* If a formula error is discovered, please alert your Solicitation Point of Contact as soon as possible. Excel formulas and functions exist throughout the workbook and across worksheets to limit the necessity of the applicant to enter duplicitous information.

**COST ANALYSIS**

**Question 44:** Explain how you have considered efficient allocation of financial and staff resources when determining the budget and staffing plan for the proposed program.

Click or tap here to enter text.

**Question 45:** Enter below the average cost per client from **Form 3:** Program Budget and Narrative spreadsheet in tab “Cost per Client” (cell B10).

Describe in the text box below the table why the cost per client is appropriate for the level of services being provided.

Enter $ Cost Per Client from Cell B10 of the Cost Per Client Tab

Click or tap here to enter text.