**Form 2: RFA APPLICATION**

**APPLICATION INSTRUCTIONS: Fill out this document and upload the document into Partnergrants. All questions are highlighted in green. Click or tap on the sections below the Questions and 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 NUMBER** | **TITLE** | **Requires Applicant Response DUE** |
| 1 | OFFER SHEET |  |
| 2 | RFA APPLICATION | **February 9, 2022** |
| 2a | SUPPLEMENTAL WORK STATEMENT FOR NFIP APPLICATIONS | **by 3 PM CST** |
| 3 | PROGRAM BUDGET AND FUNDING SUMMARY | **In Partnergrants** |
| 4 | COA CERTIFICATIONS AND DISCLOSURES |  |
| **SECTION NO.** | **TITLE** | **Form input in Partnergrants DUE** |
| A | THRESHOLD REVIEW FORM | January 12, 2022  by 3 PM CST |

**PART I. Fiscal and Administrative Capacity**

**Minimum Threshold Review**

The **Form 1:** **Threshold Review Form** must be completed in Partnergrants by January 12, 2022 by 3:00 PM CST. 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. If this question was referenced in the Scope of Work (Section E), the letter and number reference is included in parenthesis at the end of the question.

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

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

**NFIP Program Name (if applicable):** Click or tap here to enter text.

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

**Question 1:** Does your organization have the ability to 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 F-Standard Boilerplate? Provide any additional information.

Click or tap here to enter text.

**Question 3:** What is your organization’s annual budget?

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.

**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 have experience delivering high quality services in Austin/Travis County for a minimum of 2 years.

**AGENCY EXPERIENCE & PERFORMANCE:**

**Question 7:**  Describe your experience providing the same or similar services to what is being proposed. If this is a new program describe how your previous experience and expertise will inform your ability to implement the new services successfully.

Click or tap here to enter text.

**Question 8:** 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 when combined demonstrate at least two years of services.
2. Annual reports provided to the community or board 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.

Past performance reports are attached to the application in Partnergrants.

**Question 9:** Describe your experience and success working with the identified service population(s) and service area(s) from the Scope of Work. If the identified population(s) is different from your current service population, describe the modifications and new strategies you will implement to engage the new population(s).

Click or tap here to enter text.

**Question 10:** 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 with limited English proficiency, 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 about specifically 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.

If applicable, indicate whether documents demonstrating experience are attached to the application in Partnergrants.

**CULTURAL COMPETENCE & RACIAL EQUITY**

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 11:** 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 12:** Describe how your agency advances racial and ethnic equity within your **agency’s culture**. Include staff development plans to increase racial equity, ensure staff practice trauma-informed principles, and follow anti-racist policies.

Click or tap here to enter text.

**Question 13:** 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. |

**Alignment with CLAS Standards**

Applicant’s policies and practices are required to align with the following [National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health](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 14:** 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.

Appropriate policies are attached to the application in Partnergrants.

**Section 2: Program Design**

Applicants proposing General Food Access Services must propose services including or similar to those listed below. Other programs that will be considered may address explicit barriers to food access within the community.

Proposed Services may include, but are not limited to:

* Provision of free emergency food
* SNAP application assistance
* Referrals to other relevant public benefits (WIC, APH Neighborhood Services Unit, etc.)
* Low- or no-cost groceries for underserved areas or priority population
* Urban agriculture support, resources, and/or education
* Home food delivery for priority populations
* Establishment of local food hubs
* Mobile grocery or emergency food access
* Food system employer support to promote stability of food service and agricultural jobs
* Nutritious Food Incentive Program (see definition in Form C – Scope of Work)

**Question 15A:** For all General Food Access program activities, 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.

**If only proposing NFIP services, enter N/A for the form in Partnergrants and instead respond to Question 15B below.**

**If proposing both types of activities, please complete both 15A** in Partnergrants for General Food Access program activities **and 15B**, including Form 2a – Supplemental Work Statement for NFIP Applications for NFIP program activities.

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 program strategy/strategies. Include description of program methods and activities. Provide enough detail so that the contract reviewer is able to 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, to provide comprehensive services?](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)** [Describe your agency's involvement in community planning activities that are specific to the services provided under this program.](https://partnergrants.austintexas.gov)

**Question 15B:** Only complete this item if proposing to provide **NFIP program services** as outlined in the Scope of Work. Complete Form 2a – Supplemental Work Statement for NFIP Applications. In this section, please keep your answers concise and only describe concrete services and actions.

Upload Form 2a – Supplemental Work Statement for NFIP Applications.

 Form 2a – Supplemental Work for NFIP Applications is attached to the application in Partnergrants.

**Principles of Service Delivery**

**Question 16:** Describe existing and planned engagement strategies that will be used to serve identified priority populations and reduce barriers to accessing services, especially for those who are not eligible or often overlooked by traditional services.

How will you ensure equitable supportive services are provided:

* to clients with disabilities?
* to promote racial equity?
* to clients with limited English proficiency?
* to clients who are immigrants (documented or undocumented), and
* in a gender-inclusive and affirming manner?

Click or tap here to enter text.

Trauma-Informed Practices:

Successful public services integrate [the principles of trauma-informed practice](https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm) into service environments and processes, creating services that incorporate:

1. Safety
2. Trustworthiness and transparency
3. Peer support
4. Collaboration and mutuality
5. Empowerment
6. Cultural, historical, and gender issues

**Question 17:** Describe existing and planned strategies for providing programming and services that integrate trauma-informed practices into services environments and processes.

Click or tap here to enter text.

**Performance Metrics**

**Question 18:** 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.

Applications must include the following output:

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **12-month Goal #**  **May 1, 2022 – April 30, 2023** |
| General Food Access ONLY - Required Output | Total Number of Unduplicated Clients Served per 12-month period | Click or tap here to enter goal #. |
| NFIP ONLY - 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 measures will be collected and tracked.

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

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 #**  **May 1, 2022 – April 30, 2023** |
| General Food Access ONLY - Optional Output | Click or tap here to enter text. | Click or tap here to enter annual goal #. |
| NFIP ONLY - 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 measures will be collected and tracked.

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **OUTCOME (RESULTS) MEASURES**

**Proposed Outcome:** If proposing services other than emergency food access, you may provide an outcome measure that will allow the program to evaluate the intention of the services offered and include proposed numeric goals.

|  |  |  |
| --- | --- | --- |
| **Proposed OUTCOME Text** |  | **12-month Goal** #  **May 1, 2022 – April 30, 2023** |
| 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 may include one of the following standard Social Services outcome measures. Please enter a program goal for the numerator, denominator and percentage:

Note: In the Outcome table, choose an item from the drop down list next to State Outcome.

**Key Performance Metric (Social Services):**If proposing services other than emergency food access, you may select one of the Standard Social services outcome(s) listed below. Provide a goal.

Applications may propose to report one of the following standard Social Services outcome measures:

**Outcome 2B –** Percent of individuals who obtain or maintain public benefits

**Numerator**: Number of individuals obtaining or maintaining public benefits

**Denominator**: Number of individuals in program

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

**Numerator**: Number of individuals making progress on their treatment plan goal(s)

**Denominator**: Number of individuals evaluated for progress on treatment plan goals(s)

**Outcome 5A –** Percent of individuals who complete an educational program and demonstrate improved knowledge

**Numerator**: Number of individuals who complete an educational program that improves their knowledge

**Denominator**: Number of individuals participating in the educational program

**Outcome 5B –** Percent of individuals who demonstrate improved life skills

**Numerator**: Number of individuals demonstrating improved life skill(s)

**Denominator**: Number of individuals participating in the activity

|  |  |
| --- | --- |
| **Required: OUTCOME # 1**  **State Outcome:** Choose from drop down list. | **12-month Goal**  **May 1, 2022 – April 30, 2023** |

|  |  |  |
| --- | --- | --- |
| 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.

**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 RFA must support achievement of metrics and indicators for the Health and Environment:

SD23 – HE.F.1, Percentage of residents experiencing food insecurity

SD23 – HE.F.2, Number and percentage of residents in census tracts with higher than average food insecurity rates that are living in proximity to a City-supported fresh food access point

SD23 – HE.F.3, Percentage of residents eligible for federal food assistance programs and who are currently enrolled

SD23 – HE.F.4, Number of City supported fresh food access points in census tracts with higher food insecurity rates

**Question 19:** Explain how the proposed program supports at least one of the above Strategic Direction 2023 outcomes. Please provide evidence-based information as appropriate.

Click or tap here to enter text.

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

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

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

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

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

* 2.5.3: Utilize community member input to improve access to existing assets and opportunities for healthy food and physical activity.
* 2.5.4: Utilize community member input to create new assets and opportunities for healthy food and physical activity.

**Question 20:** How does the proposed program align with at least one of the above or other goals of the Community Health Improvement Plan (CHIP) and which strategies does it address? For example, indicator 2.5.4: Utilize community member input to create new assets and opportunities for healthy food and physical activity.

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 21:** 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 22:** 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 23:** Describe how data are used in your organization for identifying problems in (1) program design, (2) service delivery, and (3) expenditures and (4) equity, and how that information is used to improve practices and program effectiveness.

Click or tap here to enter text.

**Question 24:**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 25:** Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations.

Click or tap here to enter text.

**Question 26:** In the box below briefly describe position descriptions, education, licenses, credentials, qualifications, background check requirements and/or certifications required for staff members and/or volunteers that work directly with clients or food resources in the proposed program. Include information about the lived experience of staff that is complementary to the priority population to be served.

**Required** **Attachments:**  Attach Resumes or job position descriptions of program staff and/or volunteers 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.

Staff resumes or job/descriptions are attached to application in Partnergrants (as applicable).

**Question 27: Complete the *Program Staffing form* below*.***

Instructions:

1. List CITY FUNDED positions FIRST, then list OTHER-FUNDED Staff positions that will be working on the program that you are applying for in this RFA. If you have a number of volunteers who are certified providing key programmatic services, please list them in this table as well.
2. List position titles only (do not include staff names) for all staff – programmatic, administrative, and executive level – who will be partially or totally funded by the requested CITY FUNDING portion of the Budget in this application.
3. Provide the corresponding percentages of Full Time Equivalent (FTE) positions for each position.
4. Total all full and partial FTE positions at the bottom.

Example:

|  |  |  |
| --- | --- | --- |
| ***Funding Source*** | ***Title*** | ***FTE*** |
| *APH Social Services* | *Program Director* | 0.20 |
| *APH Social Services* | *Executive Director* | 0.05 |
| *Travis County HHSD* | *Case Managers* | 2.00 |
| *NA* | *Certified Volunteers Peer Educators* | 8.00 |
|  | *Total FTEs* | *10.25* |

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **List Program Staff by Title**  **(City-funded positions first, then Other Funded positions)** | **Program Staff FTE Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
|  | **TOTAL FTEs =** | Click here to enter TOTAL FTEs. |

**Program Budget and Funding Summary**

**Question 28:** Complete Form 3 - Program Budget and Funding Summary (Excel spreadsheet) and upload completed document into Partnergrants to complete this question. There are four tabs in the spreadsheet: General Budget and Narrative, NFIP Budget and Narrative Form, Funding Summary, and Instructions.

 Attach Form 3 – Program Budget and Funding Summary Form in Partnergrants

**Program Budget**

* All line item amounts must be entered as WHOLE DOLLARS.
* If no funds are budgeted for a line item, leave it blank.
* The dollar amount requested for ongoing funding must reflect an annual 12-month contract period.
* Calculate and check all subtotals and totals, including the percentages by funding source at the bottom, and ensure all line item amounts, subtotals, and totals are in WHOLE DOLLARS and are correct.

# Budget Narrative Instructions

# Complete the tab labeled Budget and Narrative Form for all General Food Access services proposed.

# For every budget line containing a requested amount of City of Austin funding, enter a short description or list of items included in that budget line in Column E.

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

# If proposing NFIP Program Services, complete the NFIP Budget and Narrative Form tab according to the instructions above.

Form 3 - Program Budget and Funding Summary Form is completed and attached to application in Partnergrants.

**Question 29:** Provide the total amount of City funding requested, including NFIP if applicable, and a summary description of the budget justification for the program strategy/strategies.

Click or tap here to enter text.

**Question 30:** 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 31:** Enter below the average cost per client from the **Form 3 -** **Program Budget and Narrative** spreadsheet (cell E31 on the General Budget and Narrative Form tab and NFIP Budget and Narrative Form tab, if applicable).

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

**General Food Access:**

Enter $ Cost Per Client (cell E31 from Form 3 General Budget and Narrative tab)

Click or tap here to enter text.

**NFIP:**

Enter $ Cost Per Client (cell E31 from Form 3 NFIP Budget and Narrative tab)

Click or tap here to enter text.