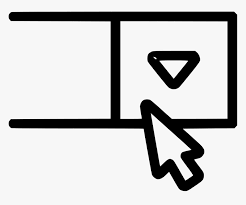
**2 - RFA APPLICATION**

**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 No.** | **Title** | **Required Applicant Response Due** |
| 1 | OFFER SHEET | Due by  January 20, 2022  By 3PM CST |
| 2 | RFA APPLICATION |
| 3 | PROGRAM BUDGET AND FUNDING SUMMARY |
| 4 | COA CERTIFICATIONS AND DISCLOSURES |
| **Section No.** | **Title** | **Form input in Partnergrants Due** |
| A | THRESHOLD REVIEW FORM | Due by  December 8, 2021  By 3PM CST |

**PART I. Fiscal and Administrative Capacity**

**Minimum Threshold Review**

The **Form 1:** **Threshold Review Form** must be completed in Partnergrants by Thursday, December 8, 2021, 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:** 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? 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.

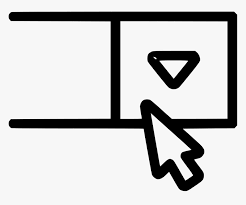
**Question 5:** Provide the following contact information for the person in your organization authorized to negotiate Agreement terms and render binding decisions on Agreement matters.

**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.

**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 been delivering high quality behavioral health services in Austin/Travis County for a minimum of 2 years.

**AGENCY EXPERIENCE & PERFORMANCE:**

**Question 7**: Does your organization provide [Trauma-Informed Care Behavioral Health Services](https://www.ncbi.nlm.nih.gov/books/NBK207195/)? Has your organization engaged in an [organizational assessment](https://nhchc.org/wp-content/uploads/2019/08/mhfa-ti-assessment.pdf) to improve policies, procedures, practices and the social and physical environment to reflect the core principles and values of a trauma-informed care organization? Provide details of the organization’s actions completed and planned to provide Trauma-Informed Care.

Click or tap here to enter text.

**Question 8:**  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.

Click or tap here to enter text.

**Question 9:** 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 10:** Describe your experience and success working with the identified service population(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.

Click or tap here to enter text.

**Question 11:** Describe your experience reaching and successfully serving diverse communities. Demonstrate with data how your organization positively impacts people of color, people with disabilities, the LGBTQIA+ 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.

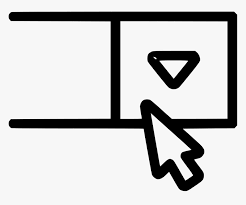
Equity is one of six strategic anchors of the City of Austin’s strategic direction, and a core value driving the implementation of City services. To advance equitable outcomes, the City of Austin is leading with a lens of racial equity and healing.

**Question 12:** 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 13:** Describe how your agency advances racial and ethnic equity within your **agency’s culture**.

Click or tap here to enter text.

**Question 14:** Rate your organization for each of the following questions with “Implementation Started” or “Plan to Implement”. **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. |
| 1. 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 15:** 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 must propose to offer behavioral health services to individuals and/or families that support long-term health and wellness. Agencies may propose services beyond what is listed here, where appropriate. Services must be intentional and appropriate.

Eligible clients include residents living in Austin/Travis County and/or their parents/guardians.

Programs should address:

* Individual, group and family counseling and/or therapy
* Psychological assessment
* Community-Based mental health programs
* Mobile, virtual, and telehealth behavioral health services
* Assessing and addressing Adverse Childhood Experiences (ACE)
* Mental health and life skills training
* Behavioral health system/ coordination of care & integration improvements
* Peer support services and/or mentorship
* Respite services for crisis or caretakers
* Crisis support services
* Substance misuse services
* [Mental health case management](https://www.hhs.texas.gov/services/mental-health-substance-use/adult-mental-health/adult-mental-health-case-management)
* [Adult mental health supported employment](https://www.hhs.texas.gov/services/mental-health-substance-use/adult-mental-health/adult-mental-health-supported-employment)
* [Prevention of substance use and mental disorders](https://www.samhsa.gov/find-help/prevention)

Populations

* Adults, children and/or families
* Children in foster care
* Individuals with intellectual and/or developmental disabilities
* Individuals experiencing homelessness
* People who are deaf, hard of hearing, blind or visually impaired
* Veterans
* Hispanic/Latino, Black/African American, Multiracial, Asian
* Recently incarcerated individuals
* Lesbian, gay, bisexual, transgender, queer, intersex, ally, asexual, two-spirited, plus

Geographic areas for focused outreach activities

* 78701, 78702, 78704
* Eastern Crescent of Austin/ Travis County

Client Eligibility

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

**Question 16:** Describe the community need which the proposed program aims to improve. Provide data that demonstrates the need in Austin/Travis County and which other organizations the program will collaborate with to support and connect clients to resources.

Click or tap here to enter text.

**Question 17:** Describe how the program will serve clients that meet City of Austin Eligibility Requirements. If you propose to serve clients who do not meet these requirements, explain alternative eligibility requirements, and provide justification for different eligibility requirements.

Click or tap here to enter text.

**Question 18:** 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 program strategy/strategies. Include description of program methods, activities, and outreach strategies that will be used to recruit clients in the geographic areas for focused outreach noted in the C-RFA Scope of Work. 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)** [Based on the planned 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 19:** Name the evidence-based and/or emerging practices which were used to design the program. 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 20:** Describe existing and planned engagement strategies that will be used to serve individuals with behavioral health disorders to reduce client attrition/increase client retention.

How will you ensure equitable supportive services are provided:

* to clients with disabilities?
* to promote racial equity?
* to clients who are immigrants (documented or undocumented), and

How will you communicate in a gender-inclusive and affirming manner?

Click or tap here to enter text.

**Question 21:** Indicate which populations noted in the C-RFA Scope of Work will be served and the expected portion of each of the specified populations will make up the clients of the proposed program?

Click or tap here to enter text.

**Performance Metrics**

**Question 22:** 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 #**  **October 1, 2022 – September 30, 2023** |
| 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 #**  **October 1, 2022 – September 30, 2023** |
| 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 MEASURES**

**Proposed Outcome:** 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** #  **October 1, 2022 – September 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 must include at least one of the following standard Social Services outcome measures. Please enter a program goal for the numerator, denominator and percentage:

Note: In the Required Outcome table, choose an item in each box below – Numerator, Denominator and Outcome rate and make sure they are all the same outcome number.

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

**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

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

**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 and Economic Opportunity and Affordability: SD23 – HE.B.3, accessibility to quality health care services, both physical and mental.

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

**SD23 Outcome 1:** Percentage of people who report 5 or more mental health days within the last 30 days

**Question 23:** Explain how the proposed program supports the above Strategic Direction 2023 outcome. 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.

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).

* 4.2.1: Train providers on best use of ACEs screening and linking to appropriate referrals
* 4.2.2: Promote resilience in all community settings using trauma-informed approaches
* 4.2.3: Develop and maintain an online resources list tool for providers to facilitate behavioral health referrals. Consider using the current 211 system as the platform for this resource tool
* 4.3.1: Promote the adoption of a collaborative care model in Austin and Travis County to provide treatment and to coordinate medical and behavioral health providers
* 4.3.5: Develop and maintain an online list of resources for people to find and access culturally and linguistically appropriate mental health providers. Consider using the current 211 system as the platform for this resource tool
* 4.3.6: Pair mental health/SUD workers with all established mental health outreach teams to geographically underserved populations
* 4.3.7: Develop additional teams of mobile mental health/SUD outreach workers who engage with the community at community events and maintain a visual presence in underserved areas

**Question 24:** How does the proposed program align with the goals of the Community Health Improvement Plan (CHIP) and which strategies does it address? For example, indicator 4.2.2: Promote resilience in all community settings using trauma-informed approaches.

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 25:** 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 26:** 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 27:** 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 28:**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 29:** Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations. Include education, licenses, credentials, qualifications, ongoing training, and/or certifications required for staff members that work directly with clients in the proposed program?

Click or tap here to enter text.

**Question 30:** In the box below briefly describe position descriptions, education, licenses, credentials, qualifications, background check requirements and/or certifications required for staff members and volunteers that work directly with clients 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 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 31:** Describe your staffing plan and practices which are designed to staff the program with people that reflect the individuals that are intended to be served, ensure staff practice trauma-informed principles, and follow anti-racist policies.

Click or tap here to enter text.

**Question 32: 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 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 Manager* | 1.00 |
| *Travis County HHSD* | *Case Manager* | 1.00 |
| *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. |
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|  | **TOTAL FTEs =** | Click here to enter TOTAL FTEs. |

**Program Budget and Funding Summary**

**Question 33:   
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: Program Budget and Narrative, Funding Summary and Instructions.**

**Program Budget**

* All line-item amounts must be entered as WHOLE DOLLARS.
* If no funds are budgeted for a line item, leave it blank.
* The dollar amount requested in your Application’s Program Budget and Narrative must reflect the 12-months of funding from October 1, 2022 – September 30, 2023.
* 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.
* Cost per Client Calculation is included in the spreadsheet below the Program Budget. Add the number of total clients projected to be served in a 12-month period to get the cost per client in the space below the budget and use the auto-calculated cost per client (Cell E31) to complete Question 36 of the 2 - RFA Application.

# Budget Narrative Instructions

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

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

AttachForm 3. Program Budget and Funding Summary Forms is completed and attached to application in Partnergrants.

**Question 34:** Provide the total amount of City funding requested and a summary description of the budget justification for the program strategy/strategies.

Click or tap here to enter text.

**Question 35:** 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 36:** Enter below the average cost per client from the **Form 3:** Program Budget and Narrative spreadsheet in tab “General Budget and Narrative” (cell E31).

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 (cell E31 from Form 3)

Click or tap here to enter text.

**SECTION 5: BONUS (10 Points)**

**Bonus Questions: Healthy Service Delivery**

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

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

* 1. **Tobacco-free Campus**

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

A tobacco-free campus policy states:

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

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

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

Upload the approved and signed policy/policies in Partnergrants.

Click or tap here to enter text.

Appropriate tobacco-free campus policy is signed and attached to application in Partnergrants.

* 1. **Mother-Friendly Workplace**

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

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

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

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

Upload attach the approved and signed policy/policies in Partnergrants.

Click or tap here to enter text.

Appropriate mother-friendly workplace policy is signed and attached to application in Partnergrants.

* 1. **Employee Wellness Initiative**

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

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

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

Upload the approved and signed policy/policies in Partnergrants.

Click or tap here to enter text.

Appropriate employee-wellness initiative policy is signed and attached to application in Partnergrants.

* 1. **Violence Prevention Policy**

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

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

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

Upload the approved and signed policy/policies in Partnergrants.

Click or tap here to enter text.

Appropriate violence prevention policy is signed and attached to application in Partnergrants.