**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 | Wednesday, September 29, 2021 by 3 PM CSTIn Partnergrants |
| 2 | RFA APPLICATION |
| 3 | COA CERTIFICATIONS AND DISCLOSURES |
| **SECTION NO.** | **TITLE** | **Form input in Partnergrants DUE** |
| A | THRESHOLD REVIEW FORM | Tuesday,September 14, 2021by 3 PM CST |

**PART I. Fiscal and Administrative Capacity**

**Minimum Threshold Review**

The **Form 1:** **Threshold Review Form** must be completed in Partnergrants by Tuesday, September 14, 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 better understand the agency and 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 C), 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:** 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%28Rev%2004-2019%29.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 been delivering high quality social services in Austin/Travis County for a minimum of 2 years.

**AGENCY EXPERIENCE & PERFORMANCE:**

**Question 7: Applicant Experience**

1. Describe the Applicant’s experience developing trusted relationships and conducting outreach to priority populations adversely affected by COVID-19
2. Describe your experience providing health-related outreach and/or addressing barriers to vaccines and facilitating access to vaccines.
3. Describe your experience coordinating with vaccine distribution efforts and other vaccine outreach organizations; and/or a willingness to coordinate with those entities. Describe your organization’s partnerships and collaborations in the community and how those connections will assist you bringing your programming to the priority populations.
4. Note whether your agency has delivered services in the following priority zip codes: 78602; 78617; 78660; 78664; 78705; 78721; 78723; 78724; 78741; 78744; 78745; 78752; 78753; 78758
5. Describe your experience using promotional strategies including: Social Media; Virtual Community Meetings; In-Person Meetings with social distance protocols; Phone, Distribution of Print Materials, or Other.
6. Describe your ability to track and report type of events, number of individuals reached and their demographics.
7. 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:** Please explain your agency’s successful performance by uploading past performance reports.

 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.

**NOTE:** Please explain in the text box below if you are not able to provide these reports, or you are submitting other reports, or if you have any clarification to provide in response to the question.

Click or tap here to enter text.

[ ] Past performance reports 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 9:** Describe how your agency and the proposed program includes an implementation strategy that advances racial equity:

* in the community and
* within your organization

Click or tap here to enter text.

**Question 10:** 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.
 | Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ...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 11:**

1. 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.
2. Describe your **accessibility infrastructure** (disability access, language access, technology) to provide equitable supportive services to clients with disabilities, in different languages and how you will reach persons with limited access to technology.
3. Describe how you will **tailor messaging** to communicate with diverse audiences including messaging and practices that are gender-inclusive and affirming, that promote racial equity, and are inclusive of clients who are immigrants or refugees (documented or undocumented).

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**

**Question 12:** Describe how your agency will provide services that meet the Program Services Requirements in the Scope of Work including education and outreach; social services; identifying and training trusted messengers; and coordinating cross-agency vaccine events; as well as coordinating with area vaccine response partners. Include answers to all questions below about your program design:

1. Describe the **priority populations** and priority zip codes identified in the Scope of Work that your organization will be serving.
2. Describe the existing and planned **culturally and linguistically appropriate education and** **outreach plan** and **language access plan** to reach the priority population(s) and how this will address overcoming barriers to access vaccines. Describe how your agency will identify and train **trusted messengers**.
3. What **type of outreach** will the program use? Social Media, Virtual Community Meetings, In Person Meetings with social distance protocols; Phone, Distribution of Print Materials, other.
4. If **vaccine outreach** will be an added component to an existing program or a new program that will provide other services, describe how vaccine outreach will be highlighted.
5. Describe how your program will coordinate with **vaccine distribution efforts** and other vaccine outreach organizations. Will your agency organize events specifically for your priority population or will you work with existing vaccine outreach providers?

Click or tap here to enter text.

**Incentives**

**Program incentives are allowed by CDC. The limitations to monetary incentives are:**

* Limited to $25 per participant
* No cash, lottery tickets or games of chance; entertainment expenses; food; commemorative or promotional items; and gift cards that may appear to endorse a vendor.
* Can not pay for the following:

(1) any illegal or illicit activity;

(2) adult entertainment-oriented products or services,

(3) internet/mail order/telephone order firearm or weapon sales;

(4) cigarette or tobacco sales;

(5) alcohol or (6) drug paraphernalia.

**Question 13: Program Incentives: If your program design includes incentives, the following details are required by the CDC. Please answer the following questions below in the yellow -shaded boxes.**

|  |  |  |
| --- | --- | --- |
| **Proposed Incentive** | Describe what incentive will be provided and approximately how many incentives will be provided. **The allowable monetary incentive is a gift card for no more than $25 - for a store; bus card; or gas card, but agencies may propose other non-monetary incentives.** | Click or tap here to enter text. |
| **Justification** | Describe the purpose for the incentive and what the specific reason is for selecting this incentive. What evidence indicates that an incentive is needed, and what evidence suggests that the selected incentive will be effective at achieving the desired result? | Click or tap here to enter text. |
| **Anticipated gains** | Explain how providing such an incentive will defray societal costs or have a positive return on investment, including by increasing overall COVID-19 vaccination. Additionally, describe potential unintended negative consequences and how those are outweighed by the benefits. | Click or tap here to enter text. |
| **Defined amount** | Cost per person and total allocated funding for the vaccine recipient incentives. **Note that the incentive cap is $25 per person.** | Click or tap here to enter text. |
| **Qualifications for issuance** | What makes a person eligible for the incentive? Does it take into consideration issues related to equity in your community? Does the proposed plan raise any state legal concerns? | Click or tap here to enter text. |
| **Method of issuance and tracking** | How will the incentive be delivered? Does the proposed plan and implementation align with any relevant policies and procedures governing your organization (e.g., procurement, ethics, etc.)? Note: APH will be providing a gift card policy that all awarded agencies will have to use to track their gift cards. However, if the incentives are non-monetary, please describe how you will track incentives distributed. | Click or tap here to enter text. |
| **Method of evaluation** | How will the incentive plan be evaluated for effectiveness? | Click or tap here to enter text. |

**Performance Metrics**

**Question 14:** Required CDC Outputs

Provide a proposed a 18-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.

Please fill in the yellow-shaded cells in the table below for each of the 5 Outputs. The bolded items are the actual output required, and there is a description field and a goal number (#) field for most outputs.

|  |  |  |
| --- | --- | --- |
| **Output Wording** | **Descriptions** | **18-month Goal #****November 1, 2021 – April 30, 2023** |
| **1) Number of individual touch points achieved by the program.** | This counts the number of persons who are provided information, outreach or services in the following settings:  Radio broadcast, PSA release, door-to-door block walk, direct text, call center, in-person and virtual events, television, social media, distribution of print materials |
| Describe what outreach services will be provided: | Click or tap here to enter text. | Click or tap here to enter goal #. |
| **2) Number of agencies or organizations the program will coordinate** | Number of agencies that the organization or program will coordinate with including these Types of Agencies: Community businesses, faith-based organizations, other social service organizations, governmental, education and healthcare organizations, or other organizations |
| Describe what type of agencies the Applicant will be coordinating with:  | Click or tap here to enter text. | Click or tap here to enter goal #. |
| **3) Number of unique outreach events (virtual or in-person)** | Number of Events including the following Types of Events:1. Vaccination events the Applicant helps coordinate or contribute volunteers for greeters/interpreters, transporting persons, staffing;
2. Outreach events and education community meetings, trainings, workshops that the agency puts together;
3. Events where the agency is presenting information about COVID and/or connecting clients with vaccine distribution.

Does not include door-to-door canvassing or phone calls; marketing. |
| Describe the types of events that Applicant will count: | Click or tap here to enter text. | Click or tap here to enter goal #. |
| **4) Number of persons attending events** | Number of people attending events described above. | Click or tap here to enter goal #. |
| **5) Number of individuals engaged through outreach who are vaccinated** | Number of people who are engaged with the agency who obtain the vaccine (including initial vaccinations and booster shots). Ways to count this measure include these types of “engagements” that could be used:* Number of people who are transported to a vaccination event either through a direct transport or arranging the transportation.
* Number of people who made an appointment for vaccinations, if agency was involved in making the appointment.
* Number of people who self-identify as obtaining a vaccine to staff members after outreach activities.
* Could include direct follow-up surveys or contacts to persons attending events.

Not all agencies will be able to follow up with individual clients. |
| What types of engagement will Applicant provide to count this measure? | Click or tap here to enter text. | Click or tap here to enter goal #. |

**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 15:** 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? Detail the systems and capacity your organization has to track and report program reach (unduplicated client count, zip code, demographic data, etc.).

 Click or tap here to enter text.

**Section 4: Cost Effectiveness**

**Program Staffing and Time**

**Question 16:**

1. Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations.
2. Include education, licenses, credentials, qualifications, and/or certifications required for staff members that work directly with clients in the proposed program.
3. Describe how your staff or volunteers will reflect the population including languages spoken by the priority populations and needs of the community.

Click or tap here to enter text.

**Program Budget and Funding Summary**

**Question 17:** 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.