Form 2 - RFP PROPOSAL

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

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

**The total word count limit is 15,000 for the entire word document (including proposal 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”.

**Table 1: Required APH Documents**. The following must be completed and/or submitted in Partnergrants:

|  |  |  |
| --- | --- | --- |
| **Form Number** | **Title** | **Guidance** |
| 1 | Offer Sheet | Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants.  **Due March 24, 2022 by 3PM CST** |
| 2 | Proposal |
| 3 | Program Budget and Funding Summary |
| 4 | COA Certifications and Disclosures |
| **Exhibit Number** | **Title** | **Guidance** |
| A | Threshold Review | Threshold Application in PartnerGrants **due by** **March 3, 2022 by 3PM CST** |

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

**Minimum Threshold Review**

The **Form 1:** **Threshold Review Form** must be completed in Partnergrants by March 3, 2022, by 3:00PM 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 proposal.

**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 Proposals must have satisfactory answers in this section to be evaluated for potential award. If this question was referenced in the Scope of Work (Document 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.

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.

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

Click or tap here to enter text.

1. What is your organization’s annual budget?

Click or tap here to enter text.

1. Provide a brief description of the Agency applying for this funding (e.g., mission statement).

Click or tap here to enter text.

1. 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.

1. Provide any additional comments or clarifications about your organization.

Click or tap here to enter text.

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

**Offerors 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**

Offerors must demonstrate that they, members of their board, or leadership staff have experience delivering high quality services in Austin/Travis County for a minimum of 2 years.

**AGENCY EXPERIENCE & PERFORMANCE:**

1. 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.

1. Describe how past performance demonstrates your agency's/program's ability to meet goals 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:
2. Quarterly performance reports when combined demonstrate at least two years of services.
3. Annual reports provided to the community or board when combined demonstrate at least two years

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.

 **Check here to indicate that** past performance reports are attached to the proposal in Partnergrants.

Click or tap here to enter text.

1. Describe your experience reaching and successfully serving diverse communities including the identified service populations from the Priority Populations section of Exhibit C – Scope of Work. Demonstrate with data how your organization positively impacts:

People of color

Documented or undocumented immigrant or newly resettled refugee communities

People who self-assess as not speaking English “very well” on the US Census or people whose dominant language is not English

Older adults

People with high-risk medical conditions

People with chronic medical and/or mental health conditions

People with barriers to transportation access

People experiencing homelessness

Individuals within the LGBTQIA2S+ community

Households with children in Title 1 schools

 Documents to support this may be attached to the proposal.

Click or tap here to enter text.

 **Check here to indicate that** if applicable, indicate whether documents demonstrating experience are attached to the proposal 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.

1. 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.

1. Describe how your agency advances racial and ethnic equity within your **agency’s culture**. Include staff development plans to increase racial equity and follow anti-racist policies. Describe relevant lived experience of the staff that is complementary to the population(s) to be served.

Click or tap here to enter text.

1. 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**

Offeror’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 standards 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)*.*

1. Describe how your policies and practices will align with the National Culturally and Linguistically Appropriate Services (CLAS) standards. Offerors must describe specific CLAS standards that will be met.

Please  attach appropriate policies and procedures.

Click or tap here to enter text.

 **Check here to indicate that** appropriate policies are attached to the proposal in Partnergrants.

1. Describe your language access plan (LAP). If you are in development of the LAP, describe the process for receiving input and the steps remaining to finalize the LAP.

Please  attach appropriate LAP policies and procedures.

Click or tap here to enter text.

 **Check here to indicate that** appropriate LAP policies are attached to the proposal in Partnergrants.

**Section 2: Program Design**

Offerors must propose to provide at least one or a combination of the following program services:

* Hire new CHWs
* Increase compensation or find innovative methods to make this a sustainable and attractive career for CHWs and CHW Instructors
* Fund CHW Instructor training
* Collaborate with APH’s CHW Hub currently in development
* Develop CHW trainings and implement trainings in languages other than English and Spanish
* Develop or improve CHWs’ training and access to technology and other resources
* Provide operations and direct client assistance support so that CHWs are best able to serve the community

1. Describe the program services this program will provide, referencing at least one or more of the Program Services listed above.

Click or tap here to enter text.

1. 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. Refer to the questions and guidance below when completing your responses.

**Program Services**

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/)

**Data Collection and Program Evaluation**

1. **[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, including data required to report on performance measures. Include data management process and flow for the proposed program.](https://partnergrants.austintexas.gov/)

[How will data be collected, where will it be kept and how will it be used to report program performance to the City? 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?](https://partnergrants.austintexas.gov/)

1. **[Performance Evaluation](https://partnergrants.austintexas.gov/)**[: Describe how the agency will evaluate the program’s performance in achieving program goals.](https://partnergrants.austintexas.gov/)
2. **[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/)

**Coordination and Collaboration**

1. **[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? 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.](https://partnergrants.austintexas.gov/)
2. **[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 Offeror serving as the primary fiscal agent. If none, put N/A.](https://partnergrants.austintexas.gov/)
3. **[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. Include how your agency may participate in activities such as the local CHA-CHIP working groups, engage with community stakeholders, utilize Connect ATX, work with the APH CHW Hub and coalition, etc.](https://partnergrants.austintexas.gov/)
4. What type of Social Determinants of Health (SDOH) assessment(s) will the program use? Will the program use SDOH assessments to determine the subpopulation of focus? How will SDOH assessments be used on an individual level?

Click or tap here to enter text.

1. **Outreach**

A**.** What type of outreach plan will the program use (*e.g., social media, virtual community meetings, in-person meetings with social distance protocols, phone calls, distribution of print materials, other)*?

B. Describe how your agency will identify and train trusted messengers.

C. Describe how the existing and planned outreach plans are culturally and linguistically appropriate to reach the priority populations.

D. Describe how your outreach and engagement strategies will reduce barriers to accessing services to those who are often overlooked by traditional services, including those identified in Exhibit C – Scope of Work.

Click or tap here to enter text.

**PRINCIPLES OF SERVICE DELIVERY**

**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
7. 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.

**Popular Education Model:**

Successful programs apply the principles of the [Popular Education model](https://www.afsc.org/resource/popular-education#:~:text=Paulo%20Freire%2C%20the%20Brazilian%20educator,transmit%20knowledge%20to%20passive%20recipients). Popular education is an active learning process that raises social awareness, stimulates critical and creative thinking, and leads to action for social change.

1. Describe existing and planned strategies for providing programming and services that integrate the concepts and principles of the Popular Education Model into the program implementation.

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 Offeror 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 through data collection and evaluation.

**PERFORMANCE MEASURES**

1. Please provide a) Output; b) Outcome Measure; c) Key Performance Metric in forms below:
2. **OUTPUT MEASURES**

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

Proposals must include the following output:

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **12-month Goal #**  **July 1, 2022 – June 30, 2023** |
| Required Output | Total Number of Unduplicated Clients Served per 12-month period | Click or tap here to enter goal #. |

1. Describe how the data will be calculated for the output.

Click or tap here to enter text.

1. Provide an explanation for determining the annual goal.

Click or tap here to enter text.

**Additional Optional Outputs:** Offerors may propose additional output(s) to highlight the work of the program. These are optional.

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **12-month Goal #**  **July 1, 2022 – June 30, 2023** |
| Supplemental Output 1 | Click or tap here to enter text. | Click or tap here to enter annual goal #. |
| Supplemental Output 2 | Click or tap here to enter text. | Click or tap here to enter annual goal #. |

1. Describe how the data will be calculated for the output.

Click or tap here to enter text.

1. Provide an explanation for determining the annual goal.

Click or tap here to enter text.

1. **OUTCOME (RESULTS) 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. Below are examples of outcome measures that may be used, or you may provide your own.

**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 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

|  |  |  |
| --- | --- | --- |
| **Proposed OUTCOME Text**  **CHOOSE OUTCOME:**  Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ...Click here for Drop Down Menu |  | **12-month Goal** #  **July 1, 2022 – June 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). |

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

Click or tap here to enter text.

1. Provide an explanation for determining the annual goal (rate, numerator and denominator).

Click or tap here to enter text.

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

Proposals must include the following standard Social Services outcome measure. Please enter a program goal for the numerator, denominator, and percentage:

**Outcome 6A -** Percent of individuals who achieve healthy outcomes as a result from receiving services.

**Numerator:** Number of individuals who report improvement in physical, mental, emotional, or social functioning.

**Denominator:** Number of individuals receiving services through the program.

|  |  |
| --- | --- |
| **Required: OUTCOME # 1: 6A** | **12-month Goal**  **July 1, 2022 – June 30, 2023** |

|  |  |  |
| --- | --- | --- |
| Number of individuals who report improvement in physical, mental, emotional, or social functioning. |  | Click or tap here to enter numerator #. |
| Number of individuals receiving services through the program. |  | Click or tap here to enter denominator #. |
| Percent of individuals who achieve healthy outcomes as a result from receiving services. |  | Click or tap here to enter outcome percentage %age (num/denom). |

1. Describe how the data will be calculated for the outcome measure. Describe how the program defines “improvement in physical, mental, emotional or social functioning”.

Click or tap here to enter text.

1. Provide an explanation for determining the annual goal (rate, numerator, and denominator).

Click or tap here to enter text.

1. 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.

**AUSTIN PUBLIC HEALTH PRIORITIES**

**Strategic Direction 2023**

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 allows us to experience and contribute to all the following outcomes: Economic Opportunity and Affordability, Mobility, Safety, Health & Environment, Culture and Lifelong Learning, and a government that Works for All.

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

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

Programs funded under this RFP must support achievement of the following Measure for the Health and Environment Strategic Outcome:

**HE.B.5:** Number and percentage of clients supported through the City of Austin, including community-based preventative health screenings, who followed through with referrals to a healthcare provider or community resource.

1. 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.

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). Priority Area 1 is Access to and Affordability of Healthcare. The first objective of this priority area is as follows:

Objective 1.1: By 2023, increase the employment of certified Community Health Workers (CHWs) and service coordinators by 10% to help residents navigate the health care system and promote health literacy.

Long-Term Indicators

The number of credentialed Community Health Workers (CHW) in Travis County – Department of State Health Services Community Health Worker Training and Certification Program.

Strategies

**1.1.1:** Explore funding/reimbursement options for CHWs from insurance providers or local funders, so that community health workers are able to pursue a career in community health work that includes benefits, networks of social support, flexible time off and a living wage. Allowing community health workers to be a stable presence in the community and receive sufficient funding to keep them employed.

**1.1.2:** Encourage partners/agencies to hire CHW/service coordinators (SCs) for local targeted community-based outreach and/or education (example: consider recommending the utilization of funds from unfilled positions to hire CHWs or service coordinators).

**1.1.3:** Establish or tap into an existing network for CHW/SCs to share learnings and experiences.

**1.1.4**: Establish criteria to incorporate CHW/SC into the care team (e.g., train employees to incorporate CHW into their staff).

**1.1.5:** Partner with higher education (e.g., Schools of Nursing) and influence their long-term strategies for support of CHW/SC.

1. 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?

Click or tap here to enter text.

1. Will program staff, which may include CHWs, participate in the Priority Area 1: Access to and Affordability of Health Care working group of the CHIP? Please provide staff title(s) that will participate in the quarterly meetings.

Click or tap here to enter text.

**Section 4: Cost Effectiveness**

**PROGRAM STAFFING AND TIME**

1. 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.

1. 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 in the proposed program. What CHW certification process to you implement to ensure effective services? Describe existing certifications and ongoing practices. If bringing on new staff, describe the process for certifying new staff. If training instructors, describe that process or resources needed to complete that process.

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

Click or tap here to enter text.

**Check here to indicate that** staff resumes, or job descriptions are attached to proposal in Partnergrants (as applicable).

1. **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 RFP. If you have several volunteers who are certified to provide 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 proposal.
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 Volunteer 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**

1. Complete Form 3 - Program Budget and Funding Summary (Excel spreadsheet) and upload completed document into Partnergrants to complete this question. There are three tabs in the spreadsheet: Multiyear Budget and Narrative, Funding Summary, and Instructions.

**Required Attachment:** Attach Form 3 – Program Budget and Funding Summary Form in Partnergrants

**Check here to indicate that** Form 3 – Program Budget and Funding Summary Form is attached in Partnergrants

**General Form 3 Program Budget and Funding Summary Instructions**

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

The Instructions tab contains instructions on how to fill out each section. Any activities or eligible costs for which the offeror does not intend to request funding, or apply funds from other sources, should be left empty.

In general, Offerors must:

* Enter all line-item amounts as whole dollars
* Apportion your funding request into two program periods, each consisting of 12-months of funding in the Budget
* Include Other Funding for the first program period (12 months) in the Budget
* Do not erase or change formulas or functions - only enter information into the orange-colored cells
* If a formula error is discovered, please alert your Solicitation Point of Contact as soon as possible. Excel formulas and functions exist throughout the workbook and across worksheets to limit the necessity of the applicant to enter duplicitous information.
* Ensure all line item amounts, subtotals, and totals are in WHOLE DOLLARS and are correct
* For every budget line containing a requested amount of City of Austin funding in either Program Period 1 or 2, 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.

1. Provide the total amount of City funding requested for the full 24-month period and a summary description of the budget justification for the program strategy/strategies.

Enter $ Total amount of City funding requested

Click or tap here to enter text.

**COST EFFECTIVENESS**

1. 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.

1. How have you considered City of Austin SD23 EOA.C.3 – Dollars-per-hour wage that an individual must earn to support a family in Austin? How will you use compensation strategies that promote tenure and reduce the likelihood for staff attrition, and aim to promote all staff earning the minimum livable wage in Austin/Travis County?

Click or tap here to enter text.

1. Enter below the average cost per client and/or transaction from the **Form 3 -** **Program Budget and Narrative** spreadsheet (cell E36 on the Multiyear Budget and Narrative Form tab).

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

Enter $ Cost Per Client (cell E36 from Form 3 Multiyear Budget and Narrative tab)

Click or tap here to enter text.