Form 2 - RFP PROPOSAL

**PROPOSAL INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. An Offeror may submit multiple proposals to this RFP Proposal, as long as each proposal is for a distinct program or service model or utilizing different subgrantees. All questions are in green text boxes. Click on the text boxes beneath the questions to type in your answers. Any required attachments 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.

**The total word count limit is 15,000 for this 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 June 1, 2023 by 3 pm CST** |
| 2 | RFP Proposal  |
| 3 | Program Budget and Funding Summary  |
| 4 | COA Certifications and Disclosures |

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

**Pre-Application**

**Annual Agency Threshold Application:** The **Annual Agency Threshold Application** must be completed in PartnerGrants prior to submitting an Intent to Apply. Please see the Offer Sheet for the deadline for submitting the Intent to Apply. This form must be submitted once per 12 months and remains valid for all competitions closing within that time.

**RFP Intent to Apply:** After submitting the Annual Agency Threshold Application, the agency will be able to submit an **Intent to Apply** through this RFP Opportunity. Intent to Apply forms will only be approved and access to Final Proposals granted once the Annual Agency Threshold Application approval has been verified. A separate Intent to Apply form must be completed for each Proposal. Offerors may submit multiple proposals to an RFP.

**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 advanced to the evaluation phase for potential award. If this question was referenced in the Form C - Scope of Work, the letter and number reference is included in parentheses at the end of the question. If submitting on behalf of a collaborative (a subgrantee agreement between another agency or agencies with the Offeror serving as the APH Grantee and primary fiscal agent), the primary fiscal agent should complete this part of the Proposal.

**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 (and any subgrantees) 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.

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

Click or tap here to enter text.

1. Provide a brief description of the Program that the agency is applying for with this funding. (1-3 sentence program summary).

Click or tap here to enter text.

1. What is your organization’s annual budget?

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. **Emergency Response:** In the event of a public health emergency, what response services would your agency be prepared to provide to support Austin Public Health and the City of Austin’s response? (Exhibit C – Scope of Work, Section VIII)

Click or tap here to enter text.

1. **Program Service Delivery Minimum Requirements:** In alignment with the Scope of Work, does the proposed project meet the following minimum service delivery requirements? Please check the respective boxes. If all boxes are not checked, the application may not be reviewed further and the proposal may not be considered. The proposed list below is not inclusive of all minimum requirements, see Scope of Work for additional requirements. Our proposed program will (check all that apply):

[ ]  Operate a 24/7 Low Barrier Shelter with designated intake hours and a nightly curfew

[ ]  Provide up to 300, but no fewer than 250 beds inside the Marshalling Yard building

[ ]  Develop and utilize a Termination Policy and Grievance Policy approved by APH

[ ]  Provide mobile showers, mobile bathrooms, and laundry services

[ ]  Provide transportation for participants

[ ]  Comply with all data requirements

Please check all boxes above and provide a statement below that Applicant’s proposed program, and if funded, emergency shelter, will operate under these minimum service delivery requirements, as well as all others included in the Scope of Work.

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.**

**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 for a minimum of 2 years.

**AGENCY EXPERIENCE & PERFORMANCE:**

1. Describe the experience your agency, leadership staff, and/or board of directors have in providing the same or similar services as what is being proposed in the Scope of Work and working with people experiencing literal homelessness. Please identify if your experience is in a congregate or non-congregate setting. 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. Demonstrate with past performance your agency's ability to meet goals and make a positive impact on the community. Please upload previous performance reports from the last two years that demonstrate the service or related services for which you are applying. These can include quarterly performance reports or annual reports provided to community or agency leadership that, when combined, demonstrate at least two years of performance.

Please  attach performance reports.

Please explain if you are not able to provide these reports, if you are submitting other reports, or if you have any clarification that is being provided to respond to this question.

Click or tap here to enter text.

[ ]  **Check here to indicate that** past performance reports are attached to the proposal in PartnerGrants.

**SERVICE DELIVERY EXPERIENCE**

1. **Describe your agency’s experience and practices in incorporating the following service delivery principles and best practices from the Scope of Work (Section VIII – Service Delivery and Section IX – Best Practices).**
* Low Barrier Shelter
* Housing-focused Shelter
* Trauma-Informed Care
* Incorporating Perspectives from People with Lived Experience
* Collaboration with Community

Click or tap here to enter text.

**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 your experience reaching and successfully providing culturally competent services to diverse communities, such as but not limited to:
* People identifying as Black, Indigenous or Person of Color
* Documented or undocumented immigrant or newly resettled refugee communities
* Older adults
* People with chronic medical and/or mental health conditions
* People living with disabilities
* Individuals within the LGBTQIA2S+ communities
* People who primarily speak a language other than English

 Please attach appropriate documents such as policies, demographic reports, etc. to support your described experience, if applicable.

Click or tap here to enter text.

[ ]  **Check here to indicate that** if applicable, documents demonstrating experience are attached to the proposal in Partnergrants.

1. Describe your organization’s practices regarding anti-racism and racial equity. This may include agency policies and procedures, performance measures and data analysis, plans to address racial disparities in your programs and organization, participation in community workgroups/task-groups aimed at addressing racial disparities, racial equity trainings etc.

Click or tap here to enter text.

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. Specifically describe how the LAP impacts different types of services included, but not limited to:
* Outreach
* Intake
* Service Delivery

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**

**PROGRAM WORK STATEMENT**

In this section, keep answers concise and only describe concrete services and actions. Answer each item fully, making sure to address each part of each question.

1. **Program Timeline:** Describe how your organization will meet the deadlines identified in the scope of work. Provide a reasonable timeline and activities for:
* Ensuring capability to have no fewer than 100 beds operational within 30 days following contract start date.
* Ensuring that full capacity will be reached within 90 days, and
* Successfully decommissioning the shelter within 60 days of notification of decommission.

Click or tap here to enter text.

1. **Program Clients Served:**

Describe your ability to offer separate spaces and amenities for different subpopulations including people of different gender identities.

Describe plans to address needs of persons with disabilities and how the shelter will be accessible by all individuals, including those with limited mobility, according to Americans with Disabilities Act (ADA) Accessibility Standards.

Click or tap here to enter text.

1. **Referrals:** Describe how the Agency proposes to communicate with Homeless Services Division regarding the inventory of available beds and quickly assess identified referrals for eligibility.

Click or tap here to enter text.

1. **Program Goals and Objectives:** Describe the program you propose and the purpose of the program, including goals, objectives, and how program success is defined. Clearly identify the number of beds that will available when the program is at maximum capacity (ex. the program will support 250 beds at max capacity).

Click or tap here to enter text.

1. **Facility Operation and Capacity:** Propose how you will utilize the eligible costs identified in C – Scope of Work Section V parts 1 and 2 to provide basic needs, maintain participant safety, and engage participants in meaningful daily activities.

C- Scope of Work Section V:

1. Facilities and Capacity
2. Operations

Click or tap here to enter text.

1. **Program Services Solicited:** Describe how your project will utilize the eligible services identified C - Scope of Work Section V parts 3-7 to support participants health and wellness, connect participants to mainstream benefits, and exit participants to permanent housing destinations. Responses should clearly identify which services would be necessary to support the project’s strategies and outcomes.

C- Scope of Work Section V:

1. Housing Focused Supportive Services
2. Hygiene Services
3. Transportation
4. Coordination of Medical Care
5. General Housing Assistance

 Click or tap here to enter text.

1. **Service Delivery:** Describe how your project will incorporate the principles and practices identified Section C - Scope of Work - Section VIII. Service Delivery parts 3-7 to support quality service delivery to participants. The response should speak to each of the following identified Service Delivery standards:
2. Anti-Discrimination
3. Reduce Duplication of Services
4. Low Barrier Shelter
5. Housing – focused Shelter

Click or tap here to enter text.

1. **Safety and Security:**Describe how your project will incorporate the principles and practices identified Section C - Scope of Work - Section VIII. Service Delivery parts 7 to ensure the safety and security of the shelter facility and surrounding areas and ensure the shelter environment is free from violence and incitement. The response should speak to each of the following identified Service Delivery standards:
2. Safety and Security

Click or tap here to enter text.

1. **Termination and Grievance Policy:**Describe how your project will incorporate the principles and practices identified Section C - Scope of Work - Section VIII. Service Delivery parts 8 and 9 to ensure that an environment of safety and collaboration is maintained, participant concerns are identified and documented, and participants are terminated from services in only the most severe circumstances. The response should speak to each of the following identified Service Delivery standards:
2. Termination
3. Grievance Policy

Click or tap here to enter text.

1. **Best Practices:** The following Best Practices are encouraged to be incorporated into the proposed program design. Describe how your project may incorporate the principles and practices identified Section C - Scope of Work - Section IX. Best Practices parts 1-4 to support quality service delivery to participants. The response should speak to each of the following identified Best Practice and evidence-based practices recommendations:

1) Trauma Informed Care

2) Incorporating Perspectives from People with Lived Experience

3) Livable Wage

4) Competencies for Working with People Experiencing Homelessness

Click or tap here to enter text.

1. **Service Coordination and Planning with other Agencies:** Describe how the program will work alongside other agencies to connect households to services not provided by the Offeror. Include information about:
* Connections with community organizations, mainstream resources
* Coordination for referrals and linkages to services requested by clients, including names of specific coordinating agencies and specific services provided where applicable
* Coordination for exits to permanent housing

Click or tap here to enter text.

1. **Assertive Engagement:** Describe how the program will assertively engage with persons experiencing homelessness around the facility to maintain facility and community safety and connect participants to identified referral entities.

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.

**DATA MANAGEMENT**

1. **Data Security and Systems Management:** Describe the systems that the agency has in place to collect and report program data, including data required to report on performance measures including:

a) data management process and flow, referencing the required data collection in the C - Scope of Work Section VI. Data Collection and Reporting.

b) how physical and digital data will be collected and stored

c) how HMIS data will be entered into the system in a timely and accurate manner

d) how data will be reported and shared securely with ECHO (the Continuum of Care Lead Agency) for the HIC and PIT count

d) the organization’s process of internal controls and systems implemented to ensure data accuracy and data security, including who has access to the data, what kind of training is provided to staff on-site and off-site as appropriate to ensure data is collected accurately and completely.

 Click or tap here to enter text.

1. **Quality Improvement and Feedback:** 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. Please respond to each item.

Click or tap here to enter text.

**PERFORMANCE MEASURES**

1. Please provide: A) Output Measure(s) and B) Outcome Measures below.

**29A**. **Output Measures**: Provide a proposed 12-month goal for the following outputs. The goals 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 outputs:

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

**29Ai.** Provide an explanation for determining the annual goal.

Click or tap here to enter text.

**29Aii.** Describe how demographic data will be documented and the method for reporting this data.

Click or tap here to enter text.

**29B. Additional Optional Outputs**: Offerors may propose additional output(s) to highlight the work of the program. Additional outputs are optional. Write “N/A” if not applicable.

Proposals may include the following output(s):

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **12-month Goal #** |
| Optional Supplemental Output 1 | Click or tap here to enter text.  | Click or tap here to enter goal #.  |
| Optional Supplemental Output 2  | Click or tap here to enter text.  | Click or tap here to enter goal #.  |

**29Bi.** Describe how the data will be calculated for the output(s). Write “N/A” if not applicable.

 Click or tap here to enter text.

**29Bii** Provide an explanation for determining the annual goal(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**29C. Required Outcome Measures**: Proposals must include the following outcome measure. Please enter a program goal for the numerator, denominator, and percentage.

|  |  |  |  |
| --- | --- | --- | --- |
| **Required Outcome Measures**  | **Numerator** | **Denominator** | **12 month Percentage Goal** |
| #1. **12 Month Percentage Goal**: Percent of individuals entering the shelter without a Coordinated Assessment (CA) who receive CA**Numerator:** Number of individuals without a CA who receive one **Denominator:** Number of individuals entering the shelter without a CA | Click or tap here to enter numerator #. | Click or tap here to enter denominator #. | Click or tap here to enter outcome percentage % (num/denom). |
| #2. **12 Month Percentage Goal:** Percent of shelter participants exiting to permanent housing destinations **Numerator**: Total number of participants exiting shelter to permanent housing destinations **Denominator**: Total number of participants exiting shelter | Click or tap here to enter numerator #. | Click or tap here to enter denominator #. | Click or tap here to enter outcome percentage % (num/denom). |

**29Ci.** Provide an explanation for determining the annual goal (numerator, denominator, and percentage). Write “N/A” if not applicable.

 Click or tap here to enter text.

**29D. Additional Proposed Outcomes**: Proposals may include an additional outcome measure that will allow the program to evaluate the intention of the services offered and include proposed numeric goals. Additional proposed outcome(s) is not required.

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

**29Di.** Describe how the data will be calculated for the outcome measure(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**29Dii.** Provide an explanation for determining the annual goal (numerator, denominator, and percentage). Write “N/A” if not applicable.

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, daily program operations, safety and security, onboarding and training requirements, and staff recruitment and retention.

If submitting on behalf of a collaborative (a subgrantee agreement between another agency or agencies with the Offeror serving as the APH Grantee and primary fiscal agent), include staffing to support accountability and coordination.

 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.

 Click or tap here to enter text.

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. Click on the + button to add more rows, as needed.
5. 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* | *Volunteers*  |  8.00  |
|  | *Total FTEs* | *10.25* |

**Staffing Plan**

|  |  |  |
| --- | --- | --- |
| **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 five tabs in the spreadsheet: Budget and Narrative, SubGrantee Budget, Funding Summary, Cost Per Bed, and Instructions.

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

[ ] **Check here to indicate that** Form 3 – Program Budget and Funding Summary 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 12 months of funding
* 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, 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 12-month period.

Enter $ Total amount of City funding requested.

In the text box below include a summary description of the budget justification for the program strategy/strategies. Explain how the amount requested was calculated for the service type, intensity, duration, staffing, etc.

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. Describe how the amount requested will provide maximum impact with the most efficient allotment of resources.

Click or tap here to enter text.

1. **Livable Wage:** How will you use compensation strategies that promote tenure and reduce the likelihood for staff attrition, and aim to promote all staff earning a livable wage in Austin/Travis County? When considering staff compensation how have you considered the hourly wage that an individual must earn to support a family in Austin?

Click or tap here to enter text.

1. Enter below the average cost per bed from the **Form 3 -** **Program Budget and Funding Summary** spreadsheet (cell B7 on the Cost per Bed tab).

Enter $ Average Cost per Bed.

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

Click or tap here to enter text.