Form 2 - RFP PROPOSAL

**PROPOSAL INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. An Offeror can submit multiple proposals to this RFP, but can only apply for one program type per proposal. Program types include the types that are listed in Question 8 below.

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 20,000 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”.

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

|  |  |  |
| --- | --- | --- |
| **Form Number** | **Title** | **Guidance** |
| 0 | Pre-Application Certification | Approved Annual Agency Threshold Application and Pre-Application Certification for each Proposal in PartnerGrants **due by April 14, 2022, by 3 PM CST** |
| 1 | Offer Sheet | Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants.**Due May 12, 2022, by 3 PM CST** |
| 2 | Proposal  |
| 3 | Program Budget and Funding Summary  |
| 4 | COA Certifications and Disclosures |

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

**Pre-Application Certification**

The **Annual Agency Threshold Application** must be completed in PartnerGrants by or before the Pre-Application Certification deadline stated in the Offer Sheet. This form must be submitted once per 12 months and remains valid for all competitions closing within that time period. This threshold will be reviewed by APH staff, and the agency will be notified once approved. After submitting the Annual Agency Threshold Application, the agency will be able to submit a **Pre-Application Certification** through this RFP Opportunity to express intent to apply. Pre-Application Certifications will only be approved and access to Final Proposals granted once the Annual Agency Threshold Application approval has been verified. A separate Pre-Application Certification must be completed for each Proposal. Offerors may submit multiple proposals to an RFP.

**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. All Proposals must have satisfactory answers in this section in order to be evaluated for potential award.

**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:** 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%28Rev%2004-2019%29.pdf) prior to entering into a contract? Provide any additional information.

Click or tap here to enter text.

**2:** Will your organization be able to meet all the Terms and Conditions listed in Exhibit F - Standard Boilerplate? Provide any additional information.

Click or tap here to enter text.

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

Click or tap here to enter $ amount.

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

Click or tap here to enter text.

**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.

**6**: Provide any additional comments or clarifications about your organization.

Click or tap here to enter text.

**7:** Is the Agency in the process of OR has already submitted a full registration to do business with the Federal government in SAM.gov AND has ensured that their record is not restricted from public view? If no, please explain. Upload initial registration documentation OR SAM.gov Action registration status.

Click or tap here to enter text.

[ ] **Check here to indicate that** initial registration documentation OR SAM.gov Action registration status is uploaded in PartnerGrants.

**8**: Please identify the single program type your agency is proposing in this proposal. Program types include:

Emergency Shelter

Street Outreach

Day Resource Center

Medical Respite Care

TDHCA Youth Programs

* Emergency Shelter for Youth
* Street Outreach for Youth
* Transitional Housing for Youth

Click or tap here to enter text.

**9:** Can your organization certify that service delivery and enrollment is conducted in accordance with the City of Austin’s Antidiscrimination Ordinance, Chapter 5-1 Housing Discrimination and Federal Fair Housing regulations per Exhibit G – Grant-Specific Disclosures?

Click or tap here to enter text.

**10**: To assist in developing future capacity building resources, if your organization could benefit from capacity-building resources to deliver the core components of a program type, please describe the following:

* A brief description of the existing organizational and/or program needs your agency has, including but not limited to the following components: Board Governance, Planning and Evaluation, Operational, Financial Management, and Public and Community Relations
* How much is needed and in which areas
* How the resources provided would increase the program’s ability to serve more individuals and generate better program participant outcomes and community impact

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**

**11:** Describe your experience providing the same or similar services to what is being proposed for individuals experiencing homelessness. If this is a new program describe how your previous experience, expertise, and research will inform your ability to implement the new services successfully. Explain how past experience will inform your ability to make a positive impact on the community.

Click or tap here to enter text.

**12:** Provide past performance reports that demonstrate your agency's/program's ability to meet outcome, output, and key performance measures and impact the community as described in the previous question.

 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:

Quarterly performance reports when combined, demonstrate at least two years of services

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.

Click or tap here to enter text.

[ ]  **Check here to indicate that** past performance reports 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.

**13:** Describe how the proposed program includes an implementation strategy that advances racial equity in the **community**.

Describe how the program will successfully serve diverse communities including: 1) people of color (including Hispanic/Latino, Black/African American, Multiracial, Asian, Native American, etc.) 2) people with disabilities 3) the LGBTQIA+ population 4) documented and undocumented immigrants 5) people with limited English proficiency 6) other historically marginalized communities.

Click or tap here to enter text.

**14:** What is the current demographic composition of agency and subrecipient staff by race and ethnicity. Describe how the Agency demographic composition compares to the demographic of households experiencing homelessness as reported in the [FY2021 Point in Time Count](https://1zdndu3n3nla353ymc1h6x58-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/2021-HMIS-Snapshot-One-Pagers-FINAL.pdf).

Click or tap here to enter text.

**15:** 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.

Please  attach appropriate policies and procedures.

|  |  |  |
| --- | --- | --- |
| **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 has anti-racist policies and procedures
 | 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. |

[ ]  **Check here to indicate** appropriate Final Board-Approved Policies are attached to the proposal in PartnerGrants.

**ALIGNMENT WITH LANGUAGE ACCESS 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 four Language Access CLAS are listed below:

5. 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.

6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.

7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

*Agencies are encouraged to implement all 15 CLAS Standards listed* [*here*](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53)*.*

**16:** Describe your CLAS-aligned 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 policies and procedures.

Click or tap here to enter text.

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

**Section 2: Program Design**

**17: Program Goals and Objectives**

Please identify the program type you propose, as named in Question 8, and describe the purpose of the program, including goals, objectives, and how program success is defined.

Click or tap here to enter text.

**18:** Complete the table below to indicate, if awarded, the number of days between contract execution, service implementation and the completion of the activities. If the activity is not applicable to your project, please leave it blank.

Explain in the text box below the table how your milestone estimates are realistic and appropriate to serving households quickly and reaching full program capacity.

|  |  |
| --- | --- |
| **Project Milestones** | **Days from Execution of Grant Agreement** |
| Project staff will be hired | Click or tap here to enter # of days. |
| Begin program participant enrollment | Click or tap here to enter # of days. |
| Supportive Services at 100% capacity | Click or tap here to enter # of days. |

Click or tap here to enter text.

**19: Program Clients Served**

Describe how the program will identify and enroll households eligible for services as described in the Scope of Work for the Program Type of this proposal. If your program will prioritize a subpopulation of those experiencing homelessness, please identify those criteria for prioritization here.

Click or tap here to enter text.

**20: Program Services and Delivery**

Provide a description that addresses the entire scope of the proposed project. Please provide:

1. a detailed description of the scope of the project including the prioritized population(s) to be served,
2. project plan for addressing the identified housing and/or supportive service needs,
3. anticipated project outcome(s),
4. 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), please describe the framework and how the activities described in the SOW will be delineated

The information in this description must align with the information entered in other sections of this proposal. Additionally, if your project will implement any service participation requirements, describe those requirements and how they will be implemented.

 Click or tap here to enter text.

**21: Service Coordination and Planning with other Agencies**

Describe how the program will work alongside other agencies to connect households to mainstream benefits and access services not provided by the Offeror. Describe how your agency will engage in planning activities with other agencies and community partners to increase systematic outcomes and performance.

 Click or tap here to enter text.

**22:** Describe how the program will align with the Principles of Service Delivery and the Best Practices for the proposed program type outlined in the Scope of Work and within the Austin/Travis County Continuum of Care (TX-503) Written Standards for Program Delivery, especially Housing First, Screening & Admission, Participant Choice, Supportive Services, Discharge & Transfer, and Participant Termination & Grievance.

Click or tap here to enter text.

**23:** In FY21, 48% of households that entered the Homelessness Response System exited to temporary or permanent housing without permanent housing program enrollments or resources, often referred to as self-resolution[[1]](#footnote-2). Please describe the resources, techniques, practices, and strategies the proposed program will utilize to increase the number of households to exit homelessness to permanent housing destinations through self- resolution.

Click or tap here to enter text.

**PRINCIPLES OF SERVICE DELIVERY**

**24:** Name the evidence-based practices that were used to design the program and program service delivery strategies, including, but not limited to those identified in the Scope of Work such as Critical Time Intervention, Motivational Interviewing, Trauma-Informed Care, and Harm Reduction. Describe how the program will implement these practices as well as how the Offeror will ensure fidelity to the standards.

Click or tap here to enter text.

[ ]  **Check here to indicate that** appropriate items are attached to the proposal in PartnerGrants.

**25:** The City of Austin is dedicated to selecting Crisis Response programs with a strong understanding of the needs of individuals and households experiencing homelessness. Describe how you solicited input from individuals with lived expertise of homelessness when designing your programs. How will you solicit and incorporate program feedback regularly if awarded?

Click or tap here to enter text.

**Section 3: Data-Informed Program Management**

**PERFORMANCE MEASURES**

**26:** 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.

Proposals 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 #. |

1. Provide an explanation for determining the annual goal.

Click or tap here to enter text.

**Additional Optional Output:** Offerors 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 #. |

1. Provide an explanation for determining the annual goal.

Click or tap here to enter text.

1. **OUTCOME MEASURE**

**Proposed Outcome:** Provide an outcome measure that will allow the program to evaluate the intention of the services offered and include proposed numeric goals.

Offerors must include the following outcome:

|  |  |  |
| --- | --- | --- |
| **Of the total unduplicated clients served, the percentage of participants provided Coordinated Assessments by the program** |  | **12-month Goal** # |
| Number of unduplicated clients provided a first-time or updated Coordinated Assessment |  | Click or tap here to enter numerator #. |
| Number of unduplicated clients served by the program  |  | Click or tap here to enter denominator #. |
| Percentage of unduplicated clients served who were provided a first-time or updated Coordinated Assessment by the program |  | Click or tap here to enter outcome percentage %age (num/denom). |

*Note: According to the Austin / Travis County Homelessness Dashboard updated March 03, 2022, within the prior 12 months, 6,186 clients were newly enrolled in the HMIS, with 3,029 clients enrolled into Coordinated Assessment, or 49% of clients.*

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

 Click or tap here to enter text.

Offerors may include additional outcome measures:

|  |  |  |
| --- | --- | --- |
| **Additional Outcome measure** |  | **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 %age (num/denom). |

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 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.

|  |  |
| --- | --- |
| **City Business Plan Outcome 1B –** The percentage of case-managed households that transition from homelessness into housing | **12-month Goal****October 1, 2022 – September 30, 2023** |
| Numerator: The number of unduplicated clients receiving case management services from the project who exit from homelessness into permanent housing\*  | Enter Annual Goal Number |
| Denominator: The number of unduplicated clients receiving case management services from the project  | Enter Annual Goal Number |
| Outcome Rate: The percentage of unduplicated clients receiving services from the project who exit the project into permanent housing  | *Enter Percentage here calculated by dividing Numerator by Denominator* |

*\*Permanent housing as defined in* [*https://files.hudexchange.info/resources/documents/FY-2022-HMIS-Data-Standards-Manual.pdf*](https://files.hudexchange.info/resources/documents/FY-2022-HMIS-Data-Standards-Manual.pdf) *Appendix A – Living Situation Responses Categories and Descriptions of the HMIS Data Standards Manual.*

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

 Click or tap here to enter text.

**DATA COLLECTION & PROGRAM EVALUATION**

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.

**27:** **System for Collecting and Reporting Program Data**

Describe the organization’s internal control systems and processes 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? How will data be collected, where will it be kept, and how will it be used to report the program performance as identified in Section 2: Question 26, Outputs, Outcomes, and Key Performance measures?

Click or tap here to enter text.

**28: Performance Evaluation**

Describe how you will evaluate the program’s performance in achieving program goals. Is there a partner feedback loop? How is program data used to evaluate program performance? How is program data used to analyze: 1) equitable outcomes across all populations, 2) efficient use of expenses, and 3) effective program implementation.

Click or tap here to enter text.

**29: Quality Improvement**

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. How often does the Board review program design and service delivery? Does the program use surveys or other types of feedback forms for clients and/or staff administering the program?

Click or tap here to enter text.

**APH 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:

1. **EOA.E.2: Number and percentage of persons who successfully exit from homelessness.**
2. **EOA.E.4: Number and percentage of people receiving homelessness services through City of Austin contracts case management who move into housing.**

**30.** 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.

**Section 4: Cost Effectiveness**

**PROGRAM STAFFING & TIME**

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

The response should support the information provided in the budget and should clearly indicate the title of each staff, minimum qualifications of staff, and the allocation of staff time to the program.

Explain how you have considered City of Austin SD23 EOA.C.3., employing persons with lived expertise of homelessness, and allocation of resources when determining the budget and staffing plan for the proposed program to promote staff support and retention

**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.

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

32. Provide the total amount of City funding requested for the full 12-month period and a summary description of the budget justification for the program. Including how you have determined costs are efficient and appropriate when determining the budget for the proposed program.

Enter $ Total amount of City funding requested

Click or tap here to enter text.

**33:** Please (1) identify the amount and type of non-City of Austin resources which will be exclusively devoted to the proposed project, and (2) explain how these leveraged resources will improve outcomes for participants and ensure city funds are used efficiently. Example of Leveraged Funds may include, but are not limited to, the value of Offeror-owned facilities for participant services and lodging, non-City funding (e.g., for Diversion or Rapid Exit Services), medical services from a qualified medical provider, etc.

Click or tap here to enter text.

**PROGRAM BUDGET AND FUNDING SUMMARY**

**General Form 3 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 Budget and Detailed Budget pages contain instructions on how to fill out each section, any activities or eligible costs that the applicant does not intent to request funding, or apply funds from other sources, should be left empty.

In general, Offerors must:

* Complete the Budget, Subgrantee Budget (if applicable), Source of All Funds, and Cost per Client tabs of the Form 3 spreadsheet.
* 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.
* In the Budget tab:
* Enter the type of program requested on the Budget tab in cell B4
* Enter all line-item amounts as whole dollars
* Reflect 12-months of funding
* Identify Leverage funds identified in Question 33 in the “Amounts Funded by ALL Other Sources” column of the appropriate budget line item in the Budget tab, or the “Other”, and the “Source of All Funds” Tab.

3**4**: 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:  Budget and Narrative, Subgrantee Budget, Cost Per Client Analysis, PG Budget, and Instructions.

[ ]  **Check here to indicate that** Form 3. Program Budget and Funding Summary Forms is completed and attached to proposal in Partnergrants.

**35:** Enter below the average cost per client and/or transaction from the **Form 3 -** **Program Budget and Funding Summary** spreadsheet (cell B9 in the Cost per Client tab).

Click or tap here to enter text.

1. FY21 LSA Report as submitted by HMIS Lead to HUD via HDX and reported through Stella [↑](#footnote-ref-2)