



CITY OF AUSTIN, TEXAS
Austin Public Health
REQUEST FOR APPLICATION (RFA) OFFER SHEET

SOLICITATION NO: RFQS 006 – COVID-19 RISE 2.0– 2020 – NPS

SOLICITATION NAME: Request for Qualifications for COVID-19 RISE 2.0

DATE ISSUED:	July 10, 2020
Questions regarding the RFGA are due on or before Note: Technical Assistance questions regarding entry into Partnergrants may be submitted until the due date.	July 21, 2020 at noon CST
Questions must be submitted in writing to the Authorized Contact Person or through Partnergrants	Authorized Contact Person: Natasha Ponczek Shoemake <u>Contract Management Specialist III</u> E-Mail: Natasha.Ponczek@austintexas.gov
Questions and Answers will be available:	In Partnergrants and on the solicitation website:
Optional Pre-Bid Meeting Date and Time:	Thursday, July 16, 2020 2:00 pm – 3:30 pm CST
Pre-Bid Meeting Location:	Registration Required with this link to get the Conference Call details: https://www.eventbrite.com/e/aph-pre-bid-meeting-rfqs-006-covid-19-rise-20-registration-113152580414?aff=affiliate1
RFQS Application Date Due:	Wednesday, July 22, 2020, 12pm CST
Anticipated Start date of contract:	August 10, 2020

APH is only accepting applications through the Partnergrants database. No paper copies will be accepted.

All Applicants must:

1. Confirm that their organization is a registered vendor with the City of Austin
 - To confirm enter the organization’s City of Austin Vendor Number when registering as a user in the Partnergrants system (see #2 below).
 - To find the City of Austin Vendor Number please visit [Austin Finance Online](#). and search for the organization’s legal name.
 - To register to become a potential City of Austin vendor, go to [Austin Finance Online](#) to register.
2. Be a registered user in the Partnergrants system. The applications will be submitted through this web-based system. To register, visit the Partnergrants site and click on “Register Here.” Note that the organization’s City of Austin Vendor number is required to complete registration in Partnergrants.

*** This Offer Sheet must be signed and submitted in Partnergrants to be considered for award.**



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REQUEST FOR QUALIFICATIONS (RFQS) OFFER SHEET

This solicitation is comprised of the following required sections. Please carefully read each section including those incorporated by reference. By signing this document, you are agreeing to all the items contained herein and will be bound to all terms.

SECTION NO.	TITLE	Requires Applicant Response (X)
A	OFFER SHEET	X
B	STANDARD PURCHASE DEFINITIONS	*
C	STANDARD SOLICITATION INSTRUCTIONS	*
D	SUPPLEMENTAL PURCHASING PROVISIONS	*
E	RFQS SCOPE OF WORK	*
F	RFQS APPLICATION	X
G	EQUAL EMPLOYMENT/FAIR HOUSING OFFICE NON-DISCRIMINATION CERTIFICATION	X
H	NON-SUSPENSION OR DEBARMENT CERTIFICATION	X
I	NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING CERTIFICATION	X
J	Applying for APH-Funded Opportunity – PartnerGrants Instructions	*

* Completed forms marked with an asterisk are not required for Application submission, but rather provided as reference for entities who may be awarded grant agreements.

INTERESTED PARTIES DISCLOSURE

In addition, Section 2252.908 of the Texas Government Code requires the successful Applicant to complete a Form 1295 “Certificate of Interested Parties” that is signed and includes an “unsworn declaration” for a grant agreement award requiring City Council authorization. The “Certificate of Interested Parties” form must be completed on the [Texas Ethics Commission website](#), printed, signed and submitted to the City by the authorized agent of the Business Entity with acknowledgment that disclosure is made under oath and under penalty of perjury prior to final grant agreement execution.



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The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the Applicant to fully comply with the solicitation document contained herein. The Applicant, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name: _____

Company Address: _____

City, State, Zip: _____

Federal Tax ID No.: _____

Printed Name of Officer or Authorized Representative: _____

Title: _____

Email Address: _____

Phone Number: _____

Signature of Officer or Authorized Representative: _____

Date: _____

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