

I. Introduction

The City of Austin (City) seeks proposals in response to this Request for Proposals (RFP) from qualified social service providers (Offerors) with demonstrated experience in reproductive health services to provide education and reproductive health resource navigation to residents of Austin/Travis County. The City will fund programs that can demonstrate knowledge of and experience navigating the complex and evolving laws impacting reproductive health, have existing relationships with or access to high-priority and/or marginalized populations, and/or have a demonstrated understanding of the systems that impact reproductive health.

II. Background and Purpose of Funding

In June 2019, in response to the state of Alabama banning abortion services statewide, the Austin City Council approved a resolution opposing statewide bans on abortion services and requesting the City Manager determine an appropriate response ([Resolution No. 20190606-100](#)).

The City of Austin Commission for Women unanimously passed a resolution on August 14, 2019, requesting \$150,000 to support abortion access in the City, which included logistical support such as transportation to and from abortion clinics, hotel accommodations for overnight stays necessary for abortion procedures, and childcare support or reimbursements ([Recommendation 20190814-03a03](#)). At the time, the [National Institute for Reproductive Health's 2017 Local Reproductive Freedom Index](#) evaluated 50 cities on their policies related to reproductive health, rights, and justice. The City of Austin received a score of 2.5 stars out of 5 stars.

In response, the City Council allocated funding in the amount of \$150,000 from the Fiscal Year (FY) 2020 General Fund Operating Budget to Austin Public Health (APH) for the purpose of facilitating logistical and support services for Austin residents seeking abortion care ([Budget Rider Garza 3](#)). Funded services included transportation, childcare, case management, and other services as needed.

In 2020, the funding for abortion navigation services (\$150,000) was awarded through an RFP. The agreement for those services was renewed in FY2022 for \$150,000. The selected contractor completed their City contract in June 2022 when it exhausted the funding.

On June 23, 2022, the U.S. Supreme Court overturned *Roe v. Wade* in *Dobbs v. Jackson Women's Health Organization* (Dobbs). With the *Dobbs* ruling, all laws regarding abortion access were turned back to the states to determine. Due to the State of Texas's decision to restrict abortion access after 6 weeks of pregnancy, the City was no longer able to provide funding for abortion related logistical services. But on July 21, 2022, the City took several actions:

1. The City Council enacted the GRACE Act resolution affirming the City's commitment to protecting the right of individuals to make their own reproductive healthcare decisions, limiting the use of City funds for collecting or maintaining information concerning abortions or other reproductive healthcare actions, and de-prioritizing enforcement of criminal laws concerning abortions and other reproductive healthcare actions ([GRACE Act](#)).
2. The City Council approved \$200,000 for reproductive health with the goal of providing education and services focused on sexual and reproductive health and wellness, allowable contraception, and/or service navigation ([Budget Rider Fuentes 4](#)). This funding is to provide Austin/Travis County residents with access to methods of preventing unwanted pregnancies, including, but not limited to, vasectomies.

3. The City Manager redirected \$150,000 in Austin Public Health funding, previously budgeted for abortion logistics support to education and services focused on sexual and reproductive health and wellness, allowable contraception, and/or service navigation ([Ellis Budget Rider 1](#)).

Solicitation Objectives

The objectives of this funding are to:

1. Educate residents of City of Austin/Travis County about their reproductive health options.
2. Provide navigation of the complex legal, medical, financial, and logistical elements that impact people seeking reproductive health services.
3. Provide access for those seeking reproductive health services, including but not limited to travel, language assistance, employer relations, and financial support.

III. Funding and Timeline

Department: Austin Public Health

Services Solicited: Reproductive Health

Available Funding: \$350,000 (\$200,000 one-time; \$150,000 ongoing)

Request Limits: \$50,000 - \$75,000

Anticipated Number of Awarded Agreements: APH anticipates awarding up to 6 agreements beginning on September 1, 2023. Proposals must be submitted using the 12-month budget allocation. Collaborative applications will be considered; however, a lead agency must be identified.

Contract Term:

Awarded programs may be structured as a reimbursable-based agreement or a deliverables-based agreement, as defined below:

- **Reimbursable Agreement:** An agreement where an agency is reimbursed for expenses incurred and paid through the provision of adequate supporting documentation that verifies the expenses.
- **Deliverable Agreement:** An agreement where an agency is reimbursed for a report or product that must be delivered to the City by the grantee (or by the Subgrantee to the Grantee) to satisfy contractual requirements. It can include goods or finished works, documentation of services provided or activities undertaken, and/or other related documentation.

IV. Services Solicited

Program Services

Please note: The City cannot fund programming that would violate state or federal law. For this reason, this funding cannot be used for programs centered around abortion access or designed to violate or circumvent any existing or future law, including the 86th [Texas Legislative Session's SB22](#) that prohibits Texas local and state governmental entities from entering into a taxpayer resource transaction with an abortion provider or an affiliate of an abortion provider. An abortion provider includes an abortion facility licensed under Chapter 245 of the Texas Health & Safety Code and an ambulatory surgical center licensed under Texas Health & Safety Code Chapter 243 used to perform more than 50 abortions in any 12-month period. However, organizations that provide services related to abortion access and navigation but are not abortion providers or affiliates of an abortion provider are not precluded from the application process so long as they can demonstrate that all relevant programming is funded by other revenue streams and that no City dollars have directly contributed towards abortion-related or legally questionable programs. Offerors must affirmatively assert they are not an "abortion provider" or an "affiliate" of an abortion

provider as those terms are defined under Texas law (Chapter 2272 of the Texas Government Code (Prohibited Transactions) and Chapter 245 of the Texas Health and Safety Code (Abortion Facilities)).

This funding cannot fund direct medical care or medical services. This funding is intended to facilitate access to and awareness of reproductive healthcare options and services in Austin/Travis County. The elements of reproductive health that the City will give priority to are programs with a focus on building awareness of and/or directing clients to one or more of the following services:

- Contraception, including emergency contraception
- Early pregnancy navigation
- Vasectomies

The City allows and encourages Offerors to propose solutions to meet community needs effectively. The list below is a non-exhaustive summary of possible programs:

- **Resource creation and dissemination**, including curriculum, flyers, videos, or any other relevant visual, audio, and/or written (and/or translation of) content designed to educate relevant stakeholders on reproductive health, including options for accessing reproductive health care in the Austin area.
- **In-person and/or virtual education** about reproductive health, including options for accessing reproductive health care in the Austin area. This includes but is not limited to hosting classes, guest speaking, one-on-one or small group coaching, on-demand or interactive virtual seminars, and/or interactive social media events.
- **Community outreach** including attending community events, health fairs, or outreach at high-traffic/high-relevance locations.
- **Navigation services** to help clients understand the legal, medical, and financial rules, options, and resources, including referrals to relevant providers based on individual needs and possible wraparound services. This includes but is not limited to case management, hotline services, transportation services, translation services, or support groups.

V. Principles of Service Delivery

1. **Trauma-Informed Practices:** Successful Offerors will apply [the principles of trauma-informed practice](#) to program and service delivery: safety, choice, collaboration, trustworthiness, and empowerment. Examples of applied principles may include program co-creation with those directly impacted, access to or referral to religious or spiritual guidance, access to or referral to qualified and experienced counselors, and discreet delivery of services that avoid or eliminate stigma.
2. **Language Access Plan:** Offerors will be in development of or already have developed a [Language Access Plan](#). A language access plan is a document that guides the implementation of or plan to provide access to translation and interpretation services. Language access plans include a four-factor assessment that links service provision with the languages spoken in a grantee's geographic service area.
3. **Referrals:** Offerors should offer access to referrals and information on how to access other aligned services and providers.
4. **Program Accessibility:** Programs should actively seek to eliminate barriers to services such as lack of transportation, limited communication and outreach, immigration documentation status, institutional barriers, and other restrictions.

5. Equitable Service Delivery: Offerors must ensure that programs are providing services that meet the needs of diverse populations, considering systemic, institutional, and environmental barriers and inequities that exist and seek to mitigate the effects on participant outcomes.

Best Practices

All supportive services programs are encouraged to incorporate the following best practices:

- Evidence-based Practices: Evidence-based practices are those which have been developed from research, are found to produce meaningful outcomes, can be standardized and replicated, and often have existing tools to measure adherence to the model. Offerors are encouraged to use evidence-based practices in their proposed program designs.
- Incorporating Perspectives from People with Lived Experience: Programs should be designed with input from individuals with lived expertise.
- Livable Wage: The City of Austin recommends Offerors follow Strategic Direction measure EOA.C.3 and pay at least a livable wage to all staff working on the program ([EOA.C.3 - Dollars-per-hour wage that an individual must earn to support a family in Austin | Open Data | City of Austin Texas](#)).

VI. Data Collection and Program Performance

Data Collection and Reporting

For all programs serving individuals or providing client services, agencies will track and report the number of unduplicated clients served and document proof of the services provided where applicable. Client tracking should include methods for securely recording identity, zip code, income, and demographics of the people served without violating client confidentiality. The City does not collect personal health information (PHI) or personal identifying information (PII). PHI or PII must not be submitted to the City and, if collected by the agency, must be securely maintained.

For those not directly working with individuals or providing client services, alternative performance measures will be made.

Performance Measures

The awardee(s) will be required to report on the following:

Output:

1. Number of unduplicated individuals served in a 12-month period.

Outcome:

1. Percent of individuals who achieve healthy outcomes as a result of receiving services through Health Equity Social Service Contracts.

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

Denominator: Number of individuals receiving services through Health Equity Social Service Contracts.

VII. Priority Populations

Programs serving a variety of populations will be considered; however, APH is prioritizing programs that focus on:

- **Teens and young adults:** Data from Advocates for Youth indicates that the majority of young people around the country face barriers to accessing birth control, often resulting in delayed doses, side effects, and total inability to begin using contraception. For young people — especially low-income, POC, trans, queer, and other marginalized youth — accessing birth control can be unnecessarily difficult but crucially important to preventing unplanned pregnancies and protecting bodily autonomy.¹
- **People identifying as Black, Indigenous, or Person of Color (BIPOC):** Given the historic lack of culturally appropriate access to reproductive health, there are racial, ethnic, and cultural nuances to be considered in order to conduct appropriate reproductive health outreach within these communities today.^{2 3 4}
- **Uninsured or underinsured people:** Given the rapidly changing laws and multiple lawsuits impacting the legal landscape of reproductive health, people relying on Medicare and Medicaid may experience gaps in coverage for reproductive healthcare-related needs as Federal and State programs work to align.⁵
- **People who primarily speak a language other than English:** Persons who have limited English proficiency are less likely to have a regular source of primary care and are less likely to receive preventive care. They also are less satisfied with the care that they do receive, are more likely to report overall problems with care, and may be at increased risk of experiencing medical errors.⁶
- **People of minority genders:** Transgender, nonbinary, and gender-expansive people who were assigned female or intersex at birth experience pregnancy. People of minority genders are often left out of mainstream outreach regarding reproductive health and should be included in reproductive health programming.⁷

City of Austin Client Eligibility Requirements

Clients must be residents of the City of Austin and/or Travis County. Clients must be Eligible to receive services as described in Exhibit A.3: City of Austin Client Eligibility Requirements (Exhibit D of this Solicitation Package). Some eligibility criteria may be waived for specific program models. Changes to eligibility are subject to negotiation and approval by APH staff.

VIII. Austin Public Health Emergency Response

All agencies which are awarded funding through Austin Public Health Requests for Proposals are expected to provide emergency services in the event of a public health emergency (see Sections 8.6 and 8.6.1 of Exhibit E: Standard Boilerplate). Should agencies be called upon to engage in response activities, contract

¹ [New Data: Most Young People Face Barriers to Birth Control Access - Advocates for Youth](#)

² [Racial Disparities in Contraceptive Use: The Role of Perceived Discrimination | Power to Decide](#)

³ [Black women are underserved when it comes to birth control access. The Roe decision could make that worse. \(nbcnews.com\)](#)

⁴ [The Supreme Court's Dobbs decision will hurt Black women especially - The Washington Post](#)

⁵ [Underinsured women may be missing important pregnancy care \(umich.edu\)](#)

⁶ [Overcoming Language Barriers in Health Care: Costs and Benefits of Interpreter Services | AJPH | Vol. 94 Issue 5 \(aphapublications.org\)](#)

⁷ [Pregnancy intentions and outcomes among transgender, nonbinary, and gender-expansive people assigned female or intersex at birth in the United States: Results from a national, quantitative survey - PubMed \(nih.gov\)](#)

resources may be shifted or new uses of resources approved within an awarded program budget at the discretion of the City.

IX. Additional Resources

- [Texas SB8 law](#) restricting abortion access in Texas
- [Supreme Court ruling of Dobbs v. Jackson Women’s Health Organization](#) overturning the *Roe v. Wade*
- [“Human Life Protection Act of 2021”](#) Texas “trigger” law prohibiting abortion in “most” circumstances 30 days after the Supreme Court ruled to overturn *Roe V. Wade*
- On December 20, 2022, in *Deanda v. Becerra*, 2:20-cv-92-Z (N.D. Tex.), a federal district court in Texas ruled against the government, holding that HHS’s administration of Title X to allow minors access to Title X services without parental consent under 42 U.S.C. § 300(a) violates Plaintiff Alexander R. Deanda’s rights under Section 151.001(a)(6) of the Texas Family Code and the Due Process Clause of the U.S. Constitution. The court also set aside a portion of 42 C.F.R. § 59.10(b). [Title X Statutes, Regulations, and Legislative Mandates | HHS Office of Population Affairs; Title X Teen Birth Control Ruling.](#)

X. Application Evaluation

A total of 100 points may be awarded to the application. All applications will be evaluated as to how the proposed program aligns with the goals of this RFP and whether each question has been adequately addressed.

RFP 2023-005 Reproductive Health Evaluation Rubric		
Form 1: Offer Sheet	Offerors must print, sign, scan, and upload signed forms.	No points, but Offeror must submit signed form.
Form 2: RFP Proposal		
Part 1: Fiscal and Administrative Capacity	Agency Information	No points awarded, but Offeror must pass threshold defined in Offeror Minimum Qualifications below.
Part 2: Scored Proposal		
Section 1: Experience and Cultural Competence	Agency experience and performance	5 points
	Cultural competence and racial equity	5 points
		10 points total
Section 2: Program Design	Priority Populations	10 points
	Program Services	40 points
	Data Collection & Program Performance	10 points
	Principles of Service Delivery	15 points

		75 points total
Section 3: Cost Effectiveness Form 3	Program Staffing and Time	3 points
	Program Budget and Funding Summary	2 points
		5 points total
	Number of individuals served/ total budget = Cost Analysis	10 points total
		Total: 100 points
Form 4: COA Certifications and Disclosures	Offerors must print, sign, scan, and upload signed forms.	No points, but Offeror must submit signed form.

XI. Applicant Minimum Qualifications

- Agencies, board of directors, or leadership staff submitting a proposal must have a minimum of two years of established, successful experience providing services OR must already have one or more directors with a minimum of two years’ experience in related medical, legal, education, public communications, or advocacy role(s).
- Be a non-profit organization or quasi-governmental entity able to conduct business in the State of Texas, and legally contract with Austin Public Health.
- Have submitted all applicable tax returns to the IRS and the State of Texas (e.g., Form 990 or 990-EZ and state and federal payroll tax filings).
- Be eligible to contract and not be debarred from contracting with the City of Austin, State of Texas and Federal government, according to SAM.gov, and State and City Debarment information.
- Be current in its payment of Federal and State payroll taxes.
- Not owe past due taxes to the City.
- Be able to meet APH’s standard agreement terms and conditions, which includes Social Services Insurance Requirements.
- Have an active Board of Directors that meets regularly and reviews program performance, financial performance, and annually approves the agency budget. The Board of Directors shall have a strong commitment to fundraising to ensure well-funded, sustainable programs and operations.

XII. Application Format and Submission Requirements

See **Exhibit B: Solicitation Provisions, and Instructions** for all requirements.

The Proposal must be submitted in the PartnerGrants database. No late submissions will be accepted. Responses should be included for each question.

Please note: Only name your 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.

Offerors Initial Steps: Registration

1. Confirm your organization is a registered vendor with the City of Austin.
 - 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 proposals will be submitted through this web-based system.
 - To register, visit PartnerGrants and click on “Register Here.”
 - Note that the organization’s City of Austin Vendor number is required to complete registration in PartnerGrants.

Offeror Initial Steps: Pre-Application

3. Complete an Annual Agency Threshold Application in the PartnerGrants database.
 - This form must be submitted once per 12 months and remains valid for all competitions closing within that time period. The threshold application will be reviewed by APH staff, and the agency will be notified once approved.
 - Once logged into PartnerGrants, click on “Opportunity” and then opportunity title “Annual Agency Threshold Application-Applicants for Funding Start Here” to complete a new threshold application.
 - Submit one per agency per 12-months and note the submission date for future use.
4. Complete an **Intent to Apply form** for each proposal the Offeror plans to submit by the due date identified in Form 1 – Offer Sheet.
 - Once logged into PartnerGrants, click on “Opportunity” and then opportunity title “RFP 2023-005 Reproductive Health” and complete an Intent to Apply form including a Threshold Certification verifying completion of Step 3 above.
 - Offerors may submit more than one Intent to Apply form and must submit a unique Intent to Apply form for each proposal per the guidelines of the RFP.