**RFQS#006 COVID-19 RISE 2.0 – 2020 - NPS**

**Section F: RFQS Application**

**Section I. Applicant Minimum Qualifications**

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 Applications must have satisfactory answers in this section in order to be evaluated for potential award. If this question was referenced in the Scope of Work, the letter and number reference is included at the end of the question in parenthesis.

**Name of your Organization:** Click or tap here to enter text.

**Program Name:** Click or tap here to enter text.

**Services Applying for:**  Choose an item from the drop-down menu.

**Total Amount Requested:** Click or tap here to enter $ amount.

**Question 1:** **Is your Agency a non-profit organization able to conduct business in the State of Texas? (3.1)**

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 2:** **Has your Agency submitted all applicable tax returns** **to the IRS and the State of Texas (e.g. Form 990 or 900-EZ and state and federal payroll tax filings)? (3.2)**

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 3:** **Is your agency eligible to contract and not debarred from contracting, according to SAM.gov and City Debarment information? (3.3, 3.4)**

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 4:** **Is your Agency current in its payment of Federal and State payroll taxes? (3.2)**

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 5:** **Does your Agency** **owe past due taxes to the City? (3.2)**

Click or tap here to enter text.

**If Yes explain:**

Click or tap here to enter text.

**Question 6:** **Does your organization have the ability to meet Austin Public Health’s Social Services Insurance Requirements? (3.5)**

Click or tap here to enter text.

**Question 7:** **Does your organization have an active Board of Directors that meets regularly and reviews program performance, financial performance, and annually approves the agency budget? (3.6)**

Click or tap here to enter text.

**Question 8:** **What is your organization’s annual budget?**

Click or tap here to enter text.

**Question 10:** **Provide a brief description of the Agency applying for this funding (e.g., mission statement)**

Click or tap here to enter text.

**Question 11:** **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.

**Question 12: Provide any additional comments or clarifications about your organization.**

Click or tap here to enter text.

**Question 13: Is your organization prepared to begin administering services within a week of award? This will require that the information system, staff and other necessary program elements are in place. (2.4)**

Click or tap here to enter text.

**Question 14: Required APH Documents:**

**Complete and submit the following documents in Partnergrants.**

|  |  |  |
| --- | --- | --- |
| **SECTION NO.** | **TITLE** | **Requires Applicant Response (X)** |
| A | OFFER SHEET | X |
| 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 |

**Section II. SCORED APPLICATION SECTIONS - Total Points Available: 100**

**Applicants 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.**

**Question 1: References (15 points)**

Provide a list of three (3) current or previous references from Funding Agencies who have information about your organization’s experience managing relevant local, state, and/or federal contracts for a minimum of five (5) years (3.7, 3.8). All reference information shall be documented and verifiable. References must be aware that they are being listed and agreeable to City interview for follow-up. Each reference listed shall include the following:

* Three Attached References should include:   
   Agency

Agency contract manager name and title, phone number, and email address

Year contract was awarded and length of contract

* Attach all monitoring reports received during the most recent term of administering the referenced contracts



**Please combine all three references into one PDF.**

**Check here** to affirm that three References are attached in Partnergrants in a single PDF

**Check here** to affirm that all monitoring reports received during the most recent term of administering the referenced contracts attached in Partnergrants in a single PDF

**Question 2: Experience (20 points)**

Provide a narrative in the textbox below with your agency’s specific expertise, experience, and compliance regarding Items **(3.7, 3.8, 8.3.1)** in the Scope of Work.

Click or tap here to enter text.

**Question 3: Personnel (10 points) For the portions of this questions that ask for a narrative explanation, you may either**  **attach your response in Partnergrants or enter your response into the textbox below. Please note all of the required attachments.**

1. Provide a general explanation in the textbox below or as an attachment which specifies staff and their program responsibilities; the amount of time or percentage of Full Time Equivalent they will be serving the program; and the structure and reporting responsibilities of personnel.
2. Attach an organizational chart for your agency.



1. If the use of subcontractors is proposed, identify personnel responsibilities and their placement in the structure and provide a description for each subcontractor’s responsibilities.
2. **For Personnel listed above, please attach:**

* Attach Resumes and/or professional experience and education for executive leadership listed on the organizational chart, including any professional trainings, degrees and/or certifications held



1. **Please provide (in the textbox below or** **attach) details of what experience, if any, staff assigned to this contract has with:**

* Administering funding in contract with a governmental entity (municipal, county, state, federal) (3.7, 3.8, 8.3.1)
* Documenting client eligibility and managing internal controls to insure data quality and integrity (4.6)
* Working with low income individuals, persons from historically marginalized populations and others from the target population. (3.7, Section 5)
* Addressing racial equity (8.3.3)

ONLY FOR APPLICANTS FOR PROJECT TYPE B:

* Distributing Emergency Financial Assistance (8.3.1)
* Administering a comparable secure online database with similar requirements (Section 4.B). In this response include information about measures taken for database security measures to protect client level information including Personal Protected Information (PPI) including financial information.

**Check here** to affirm that resumes and/or professional experience, organizational chart, etc. are attached in Partnergrants in a single PDF.

Click or tap here to enter text.

**Question 4 – Readiness (10 points)**

1. In the textbox below describe your organization’s readiness to being implementation of the program within a week of award. This will require that the information system, staff and other necessary program elements are in place. In this response include information about measures taken for database security measures to protect client level information including Personal Protected Information (PPI) including financial information.
2. Please explain what level of readiness your agency is for either project type:

**- Centralized phone bank system to provide application assistance**

**OR**

**- Online portal and any system you have in place.**

Click or tap here to enter text.

**Question 5 – Service Capacity (30 points)**

1. In the textbox below define in detail your understanding of the requirements presented in the Scope of Work and your organization’s capacity to provide the listed services and operations, specifically addressing Items in:

**Section 4.** Program Design Requirements (respond to only components in 4.A. or 4.B. depending on which Project Type you are proposing.)

**Section 5.** Client Eligibility Requirements

**Section 6.** Required Program Metrics

**Section 8.** Application Evaluation

1. Describe any formal or informal coordination, partnership, or collaboration with other organizations proposed in this application.
2. Will the proposed program use subrecipients and/or contractors? (Yes, No, Unsure). If yes, please list each partner agency, describe their role as either a subrecipient or contractor, describe what services and the frequency of services that will be offered by the partner agency, and provide a brief description of the partner agency’s experience providing homeless services.

Click or tap here to enter text.

**Question 6. Project Budget and Narrative (5 points)**

1. **What is the total budget requested?**

Click or tap here to enter total $ dollar amount requested.

1. **The intent of this funding is to get as much funding into the community as quickly as possible to eligible persons affected by COVID-19, with all funding expended within 4 weeks of award. Please explain your experience either:**

**- Quickly staffing and setting up a centralized phone bank and application assistance with**

**experience handling a high volume of calls**

**OR  
 - Distributing direct financial assistance funds rapidly and efficiently, with a focus**

**on equity.**

Click or tap here to enter text.

1. **Please fill out the Project Budget Form below.**

|  |  |  |  |
| --- | --- | --- | --- |
| **COVID-19 RISE 2.0 CATEGORY BUDGET** | | | |
| Applicants may apply for either project type:  A) Centralized Phone Bank and Application Assistance: Up to $500,000 for phone bank and assistance with uploading documentation for clients chosen to receive assistance from the lottery. No financial assistance is included in this project type. Funds can only be used for salaries and operations to run the phone bank that will coordinate with the online portal.  **OR**  B) Online Portal, Lottery, and Financial Assistance Distribution: Up to $665,000 administration of the online portal and lottery to distribute a minimum of $8,835,000 in direct financial assistance for a total contract of $9,500,000. If an agency is able to propose a budget with less than the 7% in administration, more funds will be available for direct financial assistance up to the full amount available for the online portal, or $9,500,000.  What | | | |
| Type of Project Requested: Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ...  **Choose a Project Type from Drop-Down Menu** | | | |
| **Budget Category** |  | **Category Description** | **Dollar Amount $** |
| **Project Types:**   1. **Centralized Phone Bank and Application Assistance:** **$500,000 Total Maximum Request** in the following categories.   OR   1. **Online Portal, Lottery, and Financial Assistance Distribution:** **$665,000 Total Maximum Request** in the following categories. NOTE: All applicants to this Project Type must distribute $8,835,000 in direct financial assistance. | | | |
| **Salaries** |  | Salaries and benefits for program administration. | $ Click or tap here to enter Dollar Amount |
| **Operations** |  | Costs associated with administering the program that are not expenses for direct client services including but not limited to: general operating expenses such as accounting costs, business operational costs and supplies, personal protective equipment (PPE), building expenses. | $ Click or tap here to enter Dollar Amount |
| **Other** |  |  | $ Click or tap here to enter Dollar Amount |
| **TOTAL REQUESTED:** | | | $ Click or tap here to enter Dollar Amount |

**Question 7 – Sample Documents (10 points)**

Attach sample documents corresponding to the following Items in Section 0500 Scope of Work:



* Sample screenshot of website portal in all languages available.
* Sample policies and procedures demonstrating client eligibility criteria (section 6)
* Sample lottery rubric and formula implementation for screening applicants.
* Sample of client pre-screening form (section 4.2.2)
* Sample of report with Required Program Metrics (section 6)

Click or tap here to enter text for any clarification or explanation of required attached documents.

**Check here** to affirm that all required sample documents are attached in Partnergrants in a single PDF.