Form 2 - RFP PROPOSAL

**PROPOSAL INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. All questions are highlighted in green. Click on the sections below the Questions to 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 15,000 for the 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 Thursday July 7, 2022, by 3:00 PM CST** |
| 2 | Proposal |
| 3 | Not Applicable |
| 4 | COA Certifications and Disclosures |
| **Exhibit Number** | **Title** | **Guidance** |
| A | Threshold Review Criteria | Annual Agency Threshold Application in PartnerGrants **due Thursday June 23, 2022, by 3:00 PM CST** |

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

**Minimum Threshold Review**

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 an **Intent to Apply** through this RFP Opportunity to express intent to apply. The Intent to Apply 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 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. 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 evaluated for potential award. If this question was referenced in the Scope of Work (Exhibit C), the letter and number reference is included in parenthesis at the end of the question.

**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 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(Rev%2004-2019).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. What is your organization’s annual budget?

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 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. Provide any additional comments or clarifications about your organization.

Click or tap here to enter text.

1. To assist in developing future capacity building resources, if your organization could benefit from capacity-building resources to deliver the core components of a service category, 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: 110 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:**

1. Describe your experience providing the same or similar services to what is being proposed. If this is a new program 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. Describe how your experience will bring positive impact to the community served?

Click or tap here to enter text.

**CULTURAL COMPETENCY & 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 how your agency and the proposed program includes an implementation strategy that advances racial equity within your **agency’s culture** and in the **community**. Include staff development plans to increase racial equity and follow anti-racist policies.

Click or tap here to enter text.

1. Describe relevant lived experience of the staff that is complementary to the population(s) to be served.

Click or tap here to enter text.

1. Describe your experience reaching and successfully serving diverse communities including the identified service populations from the Priority Populations. Demonstrate with data, if available, how your organization positively impacts:

* People of Color (Black, Latino/Hispanic, and Asian American)
* Documented or underserved immigrant or newly resettled refugee communities
* People who live in high crime areas
* People who have been victims of violence
* Individuals within the LGBTQIA2S+ community
* Youth
* People with disabilities

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.

Please  attach appropriate LAP policies and procedures.

Click or tap here to enter text.

**Section 2: Program Design**

1. Describe the program services this program will provide, referencing at least one or more of the Program Services listed in Section IV of the Scope of Work.

Click or tap here to enter text.

1. **Program Services**

Please complete the following questions. In this section (Program Services), please keep your answers concise and only describe concrete services and actions.

Click or tap here to enter text.

**Program Goals and Objectives**

Describe the program type you propose and the purpose of the program, including goals, objectives, and how program success is defined.

Click or tap here to enter text.

1. **Program Clients Served**

Describe how the program will identify and enroll individuals and households eligible for services as described in the Scope of Work priority population section.

Click or tap here to enter text.

1. **Outreach**

Describe the outreach strategies the program will use to reach clients and traditionally hard to reach populations.

Click or tap here to enter text.

1. **Program Services and Delivery**

Provide a description that addresses the entire scope of the proposed program including:

1. an overview of the program strategy/strategies for service delivery.
2. a detailed description of program activities, including how services are delivered.
3. 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), a description of the framework and how the activities described in the SOW will be delineated and how accountability will be maintained.

Click or tap here to enter text.

1. **Evidence-Based Practices**

Briefly describe how the program incorporates trauma-informed practices per Exhibit C – Scope of Work.

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 mainstream benefits and access services not provided by the Offeror.

Click or tap here to enter text.

**PRINCIPLES OF SERVICE DELIVERY**

1. Describe existing and planned strategies for providing programming and services that integrate trauma-informed practices into services environments and processes.

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.

The Offeror 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 through data collection and evaluation.

**PERFORMANCE MEASURES**

1. Please provide Output Measures for the proposed program, per guidance below:
2. **Required Output Measure**: Provide a proposed 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 #**  **Oct 1, 2022 – Sept 30, 2023** |
| Required Output | Total Number of Unduplicated Clients Served per 12-month period | Click or tap here to enter goal #. |

**16Ai**. Describe how the data will be calculated for the output.

Click or tap here to enter text.

**16Aii.** Provide an explanation for determining the annual goal.

Click or tap here to enter text.

**16Aiii.** Describe how demographic and eligibility data will be collected from clients and the method for reporting this data.

Click or tap here to enter text.

1. **Additional Outputs**: Offerors may propose additional output(s) to highlight the work of the program. Additional outputs are optional.

Proposals may include the following output(s):

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **12-month Goal #**  **Oct 1, 2022 – Sept 30, 2023** |
| Optional Supplemental Output 1 | Click or tap here to enter text. | Click or tap here to enter annual goal #. |
| Optional Supplemental Output 2 | Click or tap here to enter text. | Click or tap here to enter annual goal #. |

**16Bi.** Describe how the data will be calculated for the output(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**16Bii.** Provide an explanation for determining the annual goal(s). 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, and daily program operations.

Click or tap here to enter text.

**PROGRAM BUDGET AND FUNDING SUMMARY**

1. Outline your proposed budget for the program

Click or tap here to enter text.

1. Provide the total amount of City funding requested for the 12-month period. Offerors are encouraged to apply for the maximum amount of funding that the program will need to provide services proposed

Enter $ Total amount of City funding requested.

**COST EFFECTIVENESS**

1. Enter below the average cost per client

Cost per Client Calculation is **[Proposed Budget (Numerator) /Number of Clients Served (Denominator) = Cost per Client]**

Enter $ Average Cost per Client.

1. Describe in the text box below why the cost per client and/or transaction is appropriate for the level of services being provided.

Click or tap here to enter text.

**Bonus Points (10)**

1. Agency annual budget less than $750,000 within the past three years. Yes or No

Click or tap here to enter text.

1. Agency has not received direct funding through a contract with Austin Public Health within the past three years. Yes or No

Click or tap here to enter text.