





Request for Proposals (RFP) SSAU SSAU-RFP 2024-004 Ryan White Part A, Minority AIDS Initiative, and General Funds

Pre-Bid Teams Meeting

November 12, 2024, 11 AM CST November 13, 2024, 2 PM CST RFP Authorized Contact Person: Helen Howell APHCompetitions@austintexas.gov

Welcome & Introductions

- Please share your name, organization, and contact info in the chat
- Everyone is muted with cameras off until Q&A segment



- Materials for the meeting are located in <u>PartnerGrants</u> and on the <u>Competition Website</u>.
- Questions can be typed in the chat or sent to <u>APHCompetitions@AustinTexas.gov</u>. Emailed questions may not be answered during the presentation.
- After the presentation, submit comments and questions to <u>APHCompetitions@AustinTexas.gov</u> or via <u>PartnerGrants</u>.



AGENDA

Overview and Funding Information

Scope of Work

Submission Instructions

RFP Exhibits and Forms

Important Information

Question and Answer



Services Solicited

The City of Austin (City) seeks proposals in response to this Request for Proposals (RFP) from qualified nonprofit organizations or quasi-governmental entities (Offerors) with demonstrated experience in providing HIV-related primary care, medications, and critical support services to people living with HIV residing in the Austin Transitional Grant Area (TGA), which includes Travis, Williamson, Bastrop, Caldwell, and Hays counties. Available funding includes Ryan White HIV/AIDS Program (RWHAP) Part A and Minority AIDS Initiative (MAI) federal funds, as well as City general funds.



Services Solicited: Core Medical Services

Core Medical Services	Service Unit Definition
AIDS Pharmaceutical Assistance (LPAP)	Per prescription (not pill or dose)
	Per encounters with clients previously
Early Intervention Services	unlinked to care
Health Insurance Premium & Cost	Per month or per Payment
Sharing Assistance	
Medical Case Management (Incl.	
Treatment Adherence)	Per 15 minutes
	Per 15 minutes (for Counseling) or Per
Medical Nutrition Therapy	transaction (for Supplements)
Mental Health Services	Per visit
Oral Health Care	Per visit
	Per visit (for medical visits) or per test
Outpatient/ Ambulatory Health Services	(for laboratory visits)
Substance Abuse Outpatient Care	Per visit



Services Solicited, Core Medical Services

General Funds Only:

Core Medical Services	Service Unit Definition
Home & Community Based Health Service	Per visit (for professional) or per unit
(Funded by General Funds only)	(for Durable Medical Conditions)
Home Health Care	
(Funded by General Funds only)	Per visit
Hospice	
(Funded by General Funds only)	Per day
Home & Community Based Health Service	Per visit (for professional) or per unit
(Funded by General Funds only)	(for Durable Medical Conditions)



Services Solicited, Support Services

Support Services	Service Unit Definition
	Per prescription (for medication), per
	transaction (for utilities), and per visit
Emergency Financial Assistance	(for food)
	Per visit (for Food Pantry/Voucher
	Visit) or per person per meal (for
	Meals - Congregate or Meals-Home-
Food Bank/ Home Delivered Meals	Delivered)
Housing	Per day
	Per 15 minutes (for
	Translation/Interpretation -
	Interpersonal) or per transaction (for
	Translation/Interpretation -
Linguistics Services	Document)



Services Solicited, Support Services

Support Services	Service Unit Definition
	Per one-way trip (for rideshare), per voucher
	(for taxi voucher). per month (for 31-Dav Bus
	Pass), or per item (for Metro Access Booklet-
Medical Transportation	which contains 10 rides)
Non-Medical Case Management Services	Per 15 minutes
	Per referral (Note: If the applicant is also
	funded for Ending the HIV Epidemic Peer
	Support Service category, the applicant can
	include the Peer Support category in this
	solicitation. Peer Support is not a service
	category under Part A; Peer Support will be a
	secondary service under Referral for Health
	Care Supportive Services. The future Ending
	the HIV Epidemic solicitation will provide more
Referral For Health Care Supportive Services	information.)
Substance Abuse-residential	Per day



Services Solicited, Support Services

	Support Services	Service Unit Definition
	Childcare Services	
	(Funded by General Funds only)	Per hour
<u>General</u>	Health Education/ Risk Reduction	
<u>Funds</u> Only:	(Funded by General Funds only)	Per 15 minutes
<u>Only:</u>	Other Professional Services	
	(Funded by General Funds only)	Per hour
	Outreach Services	Per encounter with clients previously
	(Funded by General Funds only)	unlinked to care
	Psychosocial Support	
	(Funded by General Funds only)	Per 15 minutes
	Client Rehabilitation Services (physical,	
	occupational, speech, and vocational	
	therapy)	
	(Funded by General Funds only)	Per visit
	Respite Care	
	(Funded by General Funds only)	Per hour



Services Solicited: MAI

MAI funding can only support the following services, as defined in the list above.

- Core Services:
 - Early Intervention
 - Medical Case Management, including Treatment Adherence
- Support Services:
 - Non-Medical Case Management
 - Referral for Healthcare and Supportive Services



Priority Populations

Priority populations for all funding sources:

- Residents of the Austin TGA which includes Travis County, Williamson County, Bastrop County, Caldwell County, and Hays County.
- People living at or below 400% of the federal poverty level (FPL)
- People with a documented diagnosis of HIV.



Priority Populations

Priority populations for RWHAP Part A

RWHAP Part A supports efforts to improve the quality of care and health outcomes in communities of color disproportionately affected by HIV disease. The goal of this funding is to improve client-level health outcomes, increase life expectancy, and decrease transmission of HIV infection in minority populations. The priority populations for Ryan White Part A are:

- Black Men who have Sex with Men (MSM)
- Black Women who have Sex with Men (WSM)
- Latine MSM
- Transgender Individuals and Gender Expansive People of Color



Priority Populations

Priority Populations for MAI

The Austin Area HIV Planning Council evaluates data and determines the MAI populations to be served with specific, set-aside MAI funds. For FY 2024, The priority populations for MAI are:

 Racial and ethnic minority populations disproportionately affected by HIV; primarily Black and Latine populations of any gender.

For MAI funding, offerors must describe proactive strategies they will use to engage MAI target populations in their Work Statement. To improve the health outcomes of minority subpopulations most disproportionately impacted by HIV, MAI services must be consistent with epidemiologic data and be culturally appropriate. Furthermore, effective MAI service provision should employ the use of population-tailored, innovative approaches or interventions by specifically addressing the unique identified needs of MAI subpopulations most disproportionately impacted by HIV. Like the other components RWHAP Part A, the goal of the MAI is viral suppression among identified minority subpopulations.

Funding and Contract Terms

Funding	Estimate	Min.	Max	Anticipated	Contract Terms	Renewal Options
Туре	d	Request	Request	# of		
	Available	Limits	Limits	Agreements		
	Funding:					
Ryan	\$4,640,6	\$50,000	\$2,000,000	8	March 1, 2025 –	Two 12-month
White	08				February 28, 2026	renewal options
Part A						
MAI	\$355,198	\$15,000	\$200,000	4	March 1, 2025 –	Two 12-month
					February 28, 2026	renewal options
General	\$945,288	\$50,000	\$350,000	6	April 1, 2025 -	Four 12-month
Funds	initial				September 30, 2026	renewal options.
	18–					
	month					
	contract					
	term					



Funding and Contract Terms

Awards with both federal grant funds and general funds will result in distinct master agreements (contracts).

Funding amounts listed above for Ryan White A and MAI are based on Austin Area HIV Planning Council's FY 2025 allocation model, which estimates the FY 2025 RWHAP Part A grant award amount with an overall increase compared to FY 2024's allocation. The FY 2025 RWHAP Part A grant Notice of

Award should be received from the federal government on or around March 1, 2025. Agreements awarded with RWHAP Part A funds through this RFP are subject to the availability of these federal funds.

All funding is subject to City Council approval. General Funds for future years are contingent upon the City Council's approval of the City's annual budget.



Funding and Contract Terms

Notes on applying for each of the funding types:

Offerors applying for multiple funding sources should submit one Proposal for all funding sources. RFP Form 2 – Proposal contains questions specific to each funding type. RFP Form 3 – Program Budget and Narrative has separate tabs for Ryan White Part A/ MAI and City of Austin General Funds. See these forms for instructions.

When completing RFP Form 2 – Proposal and Form 3 – Program Budget and Narrative, offerors must adhere to Exhibit G - Service Categories and Limits by Funding Type, which contains limits set by The Austin Area HIV Planning Council's for Ryan White A, MAI, and General Funds for FY 2025. Offerors cannot request more than the available amount listed for each service category.



Funding and Contract Terms: Ryan White A

Exhibit G:

Ryan White Part A, MAI, General Funds Service Categories and Limits by Funding Type

Ryan White Part A				
Туре	Priority	Priority Service Category (HRSA) Total Amount Allo		Amount Allocated
Core	5	AIDS Pharmaceutical Assistance	\$	281,669.00
Core	2	Early Intervention Services	\$	208,918.00
Core	1	Health Insurance Premium and Cost Sharing	\$	299,192.00
Core	3	Medical Case Management, including Treatment Adherence	\$	585,993.00
Core	20	Medical Nutrition Therapy	\$	83,230.00
Core	12	Mental Health Services	\$	223,845.00
Core	9	Oral Health Care	\$	555,891.00
Core	14	Outpatient/Ambulatory Health Services	\$	1,447,149.00
Core	7	Substance Abuse - Outpatient Care	\$	110,390.00
Support	10	Emergency Financial Assistance	\$	102,457.00
Support	13	Food Bank	\$	97,984.00
Support	4	Housing	\$	190,271.00
Support	8	Medical Transportation	\$	52,447.00
Support	11	Non-Medical Case Management	\$	221,197.00
Support	18	Substance Abuse - Residential	\$	95,147.00
Support	17	Linguistic Services	\$	34,524.00
Support	24	Referral for Healthcare and Supportive Services	\$	50,304.00
Total Service	s		\$	4,640,608.00



Funding and Contract Terms: MAI

Exhibit G:

Ryan White Part A, MAI, General Funds Service Categories and Limits by Funding Type

 For Referral for Healthcare and Support Services, you can request more than \$20, with no cap. APH leadership will consider your request.

Minority AIDS Initiative (MAI)				
Туре	Priority	Service Category (HRSA)	Tota	Amount Allocated
Core	2	Early Intervention Services	\$	56,133.00
Core	3	Medical Case Management, including Treatment Adherence	\$	162,805.00
Support	11	Non-Medical Case Management	\$	136,240.00
Support	24	Referral for Healthcare and Supportive Services	\$	20.00
Total Service	s		\$	355,198.00



Funding and Contract Terms: General Funds

Exhibit G:

Ryan White Part A, MAI, General Funds Service Categories and Limits by Funding Type

City of Austin General Funds		ž
Contract Term	Total A	mount Allocated
Initial 18-month Term (4/1/2025 - 9/30/2026)	\$	945,288.00
Annual Extension Option	\$	630,192.00

Туре	Service Category
Core	AIDS Pharmaceutical Assistance
Core	Early Intervention Services
Core	Health Insurance Premium and Cost Sharing
Core	Medical Case Management, including Treatment Adherence
Core	Medical Nutrition Therapy
Core	Mental Health Services
Core	Oral Health Care
Core	Outpatient/Ambulatory Health Services
Core	Substance Abuse - Outpatient Care
Core	Home and Community-Based Health Services
Core	Home Health Care
Core	Hospice
Support	Emergency Financial Assistance
Support	Food Bank
Support	Housing
Support	Medical Transportation
Support	Non-Medical Case Management
Support	Substance Abuse - Residential
Support	Linguistic Services
Support	Referral for Healthcare and Supportive Services
Support	Child Care Services
Support	Health Education/ Risk Reduction
Support	Legal Services
Support	Outreach Services
Support	Psychosocial Support Services
Support	Rehabilitation Services (non-housing)
Support	Respite Care



Date Issued:	Wednesday, November 6, 2024
Intent to Apply Due Date:	Thursday, November 21, 2024, 3 PM CST
Proposal Due Date:	Friday, December 6, 2024, 3 PM CST
Anticipated start data of contracts	Ryan White Part A and MAI: March 1, 2025
Anticipated start date of contracts:	General Funds: April 1, 2025
Questions regarding the RFP are due on or before:	Tuesday, November 26, 2024, 3 PM CST
Technical assistance requests regarding submission of the RFP in PartnerGrants are due on or before:	Thursday, December 5, 2024, 5 PM CST
Questions must be submitted in writing to the	Authorized Contact Person: Name: Helen Howell
Authorized Contact Person or through PartnerGrants	Title: Social Services Funding Specialist Senior
PartnerGrants	E-Mail: APHCompetitions@austintexas.gov
	In <u>PartnerGrants</u> and on the solicitation website:
Questions and Answers will be available:	SSAU-RFP 2024-004 Ryan White Part A, Minority
	AIDS Initiative, and General Funds
	Pre-bid meeting 1: Tuesday, November 12, 2024,
	11 AM CST
Optional Dro Did Maating Data(s) and Time(s)	Registration
Optional Pre-Bid Meeting Date(s) and Time(s):	Pre-bid meeting 2: Wednesday, November 13,
	2024, 2 PM CST
	Registration



RFP Scope of Work



Applicant Minimum Qualifications to be considered

- Agency must have a minimum of two years established, successful experience providing HIV services
- 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 are not debarred from contracting with the City of Austin, State of Texas and Federal government, according to SAM.gov, and State and City Debarment information.



Applicant Minimum Qualifications - Continued

- Be current in its payment of Federal and State payroll taxes.
- Not owe past due taxes to the City.
- Have the ability to meet Austin Public Health'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.



If Offerors apply for both federal funds and general funds, each funding type must either fund services to different clients, or provide different services to the same clients across each funding type, or provide the same services but during different dates and times. Different funding types cannot provide the same services to the same clients at the same time.

All agencies will be required to report on the following output:

Total Number of Unduplicated Clients Served per 12-month period

Additional Outputs and Outcomes:

Awardees will also be required to report outputs and outcomes specific to the services they provide, as described in the HIV Resources Administration Program's <u>Austin HIV Services Performance Catalog</u>. Refer to this catalog for specific definitions, target rates, and other key details and see Form 2-Proposal for instructions on describing output and outcomes.



Example outcome for AIDS Pharmaceutical Assistance from <u>Austin HIV Services Performance Catalog</u>:

 REQUIRED PERFORMANCE MEASURE: Percentage of clients who receive ADAP (LPAP), regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year Outcome target: 90%

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of clients, regardless of age, with a diagnosis of HIV with at least one ADAP (LPAP) service¹ in the measurement year.

Client Exclusions:

- 1. Patients who died at any time during the measurement period
- Patients whose residency moved outside the 10-county service delivery area during the measurement period
- Patients who were incarcerated more than 6 months during the measurement period



Reporting Requirements

The following reports will be required for awardees in the Austin TGA:

- Part A and MAI: Ryan White Services Report (RSR)
- Part A, MAI, and General Funds:
 - Monthly Status Reports: includes outputs Actual Units of Service and Unduplicated Client Count for each month compared to goal as well as year to date (YTD) progress.
 - Monthly Financial Spreadsheet
 - Direct cost of services provided to the client must be entered or imported into Provide Enterprise to allow the Administrative Agent the ability to complete the Women, Infant, Children, and Youth (WICY) report. (Indirect and direct costs can be submitted with claims and financial reports).
 - Variance Report on a monthly basis if there are any variances out of range



Reporting Requirements

- Part A, MAI, and General Funds:
 - Quarterly Reports: Outcome reports (contractual performance measurements progress compared to goal as well as YTD progress)
 - Clinical Quality Management Performance Measurements on a quarterly basis
 - Mid-Year Spending Plan
 - Close Out Report



Federal Grant Requirements

Ryan White HIV/AIDS Program Part A and MAI Requirements

- Awardees will be required to provide services as listed and defined in <u>HRSA's Policy Clarification Notice</u> (PCN) #16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.
- RWHAP Part A and MAI awardees will be required to implement Part A National Monitoring Standards
- <u>The Ryan White Services Report (RSR)</u> captures information necessary to demonstrate program performance and accountability. All Ryan White awardees will submit required, specific client-level data for Calendar Years 2025-2026 (by year), using Provide Enterprise, or its successor. Special Note: Provide Enterprise data required of ALL providers will include tracking of clients and services including but not limited to Primary Medical Care Name; Primary HIV Care Source, Primary HIV Care Name, and Date of Last HIV Care Visit that cannot be client self-report.
- Part A and MAI must also be the payor of last resort.



Federal Grant Requirements

Ryan White HIV/AIDS Program Part A and MAI Requirements

- Contracts will require participation on the Clinical Quality Management Committee, in HIV needs assessments, client satisfaction surveys, cost per unit of service studies, training, and community planning meetings or retreats as required by the Austin Area HIV Planning Council and Austin Public Health.
- RWHAP Part A and MAI awardees will adhere to the Austin TGA Client Grievance Policy and Procedures as designated by the City of Austin Public Health Department, which is currently in development and will be shared with contractors. Contractors' Client Grievance Policy and Procedures will be available in both English and Spanish and posted in a public area that is accessible to clients.



Requirements for all contracts/funding types:

Ryan White HIV/AIDS Program Part A, MAI, and General Fund Requirements

- RWHAP Part A, MAI, and General Fund awardees must comply with the Austin Area HIV Planning Council's <u>Ryan White Part A Service Standards</u>. The contract will require staff training on Standards of Care related to their positions within ninety (90) days of written notification of Standards of Care, within thirty (30) days of a new employee hire date, and at least annually thereafter for all relevant staff.
- In the Austin TGA, awardees funded by the RWHAP Part A grant, MAI, and General Funds will be required to comply with all 15 <u>Culturally and Linguistically Appropriate Services (CLAS) Standards</u> to promote communication that addresses cultural competency, limited English proficiency, and health literacy in delivering quality services effectively to diverse populations.



Principles of Service Delivery

1. <u>Trauma-Informed Practices</u>: Successful applicants will apply <u>the principles of trauma-informed practice</u> to program and service delivery: safety, choice, collaboration, trustworthiness, and empowerment

2. <u>Language Access Plan</u>: Applicants will be in development of or already have developed a <u>Language Access</u> <u>Plan</u>. A language access plan is a document that guides the implementation of 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.



Principles of Service Delivery - Continued

3. <u>Referrals</u>: Applicants should offer access to referrals and information on how to access other services and providers.

4. <u>Program Accessibility</u>: 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. <u>Equitable Service Delivery</u>: 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 seeking to mitigate the effects on participant outcomes.



Best Practices

Service providers are encouraged to incorporate the following best practices:

• <u>Evidence-based Practices</u>: <u>Evidence-based practices</u> 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.

• <u>Incorporating Perspectives from People with Lived Experience</u>: Programs should be designed with input from individuals with lived expertise.



Best Practices

Service providers are encouraged to incorporate the following best practices:

• <u>Livable Wage</u>: 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).

• <u>Collaboration with the Community</u>: Successful candidates will participate in local working groups and engage with community stakeholders



Austin Public Health Emergency Response

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



Proposal Evaluation

• A total of 100 points may be awarded to the proposal.

• Proposal sections:

1. Experience and Cultural Competence

- 2. Program Design
- 3. Data Informed Program Management
- 4. Cost Effectiveness
- Evaluation criteria:
 - How does the proposal align with RFP goals
 - Is each question adequately addressed.

Form 1: Offer Sheet	Offerors must print, sign, scan, and upload signed forms.	No points, but the Offeror must submit a signed form.
	Form 2: RFP Proposal	_
Part I: Fiscal and Administrative Capacity	Agency Information	No points are awarded, but the Offeror must pass the threshold defined in Offeror Minimum Qualifications in C - Scope of Work.
Part 2: Scored Proposal	•	·
Section 1: Experience and Cultural Competence	Agency Experience & Performance Grant Requirements, Principles of Service Delivery, and Best Practices Cultural Competence & Racial Equity	20 points
Section 2: Program Design	Program Work Statement Goals and Objectives Clients Served Outreach Program Services and Delivery Program Accessibility Referrals Evidence-Based Practices Collaboration with Community	40 points
Section 3: Data-Informed Program Management	Data Security & Systems Management Quality Improvement & Feedback Performance Measures	20 points
Section 4: Cost Effectiveness	Program Staffing & Time Program Budget & Funding Summary	10 points
Form 3	Cost Effectiveness & Number of individuals served/ total budget = Cost Analysis	10 points
		Total: 100 points
Form 4: COA Certifications and Disclosures	Offerors must print, sign, scan, and upload signed forms.	No points, but the Offeror must submit a signed form.



5 Minute Break

Contact Info:

Drop your name, organization, contact info in the chat

Collaboration:

Agencies may apply with a subgrantee that is skilled in an activity that the applicant could leverage.

Interested parties are welcome to drop a comment with "Interested in Collaboration," share how they might add value, along with contact info.





Submission Instructions



Initial Steps: Registration

All Applicants must:

1) Register as a 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.
- 2) Register in the PartnerGrants system, which is where Proposals will be submitted
- 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.
- Registration is typically approved within 2 business days. Please plan ahead!



PartnerGrants Database

Austin

- Website: <u>https://PartnerGrants.austintexas.gov</u>
- PartnerGrants is an online/web-based database APH uses for contract management
- Proposals must be submitted through the PartnerGrants system
- Paper proposals will not be accepted

L Enter your user id and password	Announcements
User ID	PartnerGrants recently underwent a system-wide upgrade. Various improvements include:
Password	A modern, fresh new look to this platform
	The Main Menu page displayed immediately after login becomes a dynamic, left side menu The new page displayed immediately after login is your Dashboard. Any existing workflow
SIGN IN	requiring your attention will be loaded and accessible here. Enhanced sorting, selecting, and navigation options added
Forgot User ID? Forgot Password?	To view, click here
Click here to Register	This system is intended for authorized use by City of Austin registered, non-profit, tax-exempt, partner
	tree system can be addressed on the system of the system o
🖉 Single Sign On Users	For non-profit organizations applying for available funding, and HAVE NEVER registered as a potentia vendor with the City of Austin, Citck HERK to REGISTER with Austin Finance Online FIRST.
Click Here to Access Single Sign On Tool	Don't know if your non-profit organization is a City of Austin registered vendor? Need to locate your organization's City of Austin vendor code? Click HERE to SEARCH by Organization's Legal Name.
	If your non-profit organization is already registered as a potential City of Austin vendor, please continue above all announcements by logging in or registering to this site.
1 Interested in the current posted Opportunities?	Reduce Potential Delays When Applying for Available Funding
View Current Funding Opportunities	If it has not yet already, register your non-profit organization with Austin Finance Online FIRST NOW. Once approved, return to PartnerGrants to complete the registration on this page.
the series range oppressives	REGISTERING YOUR NON-PROFIT ORGANIZATION WITH AUSTIN FINANCE ONLINE MUST OCCUR PRIOR TO BEING AUTHORIZED ACCESS INTO THIS SYSTEM.
	Once registered in this system, applicants must also keep a valid, pre-approved Annual Agency



Submission Instructions: Pre-Application



Annual Threshold Application

- Offerors must have completed an Annual Agency Threshold Application in the <u>PartnerGrants database</u>.
- This form must be submitted once per 12 months per agency 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, usually within five to seven business days.
- Retain approval emails and note the submission date for future use
- If you aren't sure if you have completed this step, please email <u>APHCompetitions@austintexas.gov</u>



Annual Threshold Application

This form is for reference only, information therein must be submitted via PartnerGrants.

Confirm and document the following:

I. Board of Directors

- Meet 4 times per year
- Supports by-laws

II. Agency Administration

- Submitted 990/990-EZ, tax filings
- Not debarred from City of Austin or federal government
- 501C3

BOARD OF DIRECTORS

- □ Yes □ No 1. The Board meets regularly (at least four times per year)
- \square Yes \square No 1. The Board composition supports what is stated in the by-laws

Documentation Required for this section:

- 🗆 🖺 Upload Current Board of Directors Bylaws
- Upload list of Board Members with their positions and terms

AGENCY ADMINISTRATION

- □ Yes □ No 1. Agency has 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)
- □ Yes □ No 2. Agency is eligible to contract with the City of Austin and not debarred from doing business with the City of Austin, State of Texas or Federal government
- □ Yes □ No 3. Agency is a non-profit organization able to conduct business in the state of Texas

Documentation Required for this section:

 \Box \blacksquare Upload copy of the most recently filed IRS Form 990 or 990 EZ (no older than 2018), if applicable

□
□ Upload proof of agency non-profit status (ex. By-laws, Articles of Incorporation, IRS Tax Exempt Designation, Texas Department of State letter)

III. AGENCY CERTIFICATION

- \square Yes \square No 1. Agency is current in its payment of Federal and State payroll taxes
- \square Yes \square No 2. Agency does not owe past due taxes to the City
- □ Yes □ No 3. Within the last two years, Agency has required experience outlined in the Scope of Work.
- Yes D No 4. If agencies have been funded by other entities (including but not limited to City of Austin, Travis County, St. David's Foundation or other foundations, State of Texas or federal government), the agency has received monitoring reports without findings.

Documentation Required (can duplicate the items required in previous sections):

□ □ Upload any final monitoring reports from funders within the last two years. If report had no findings, please include only the summary letter. Please combine reports into one PDF.

Confirmation in Partnergrants: By selecting Confirm, applicant certifies that board chair and executive director approves all responses and attachments provided.



Annual Threshold Application - Continued

Confirm and document the following:

III. Agency Certification

- Current in payroll tax payments
- No past taxes owed to City
- 2 years' of experience required in Scope of Work
- No monitoring findings from other funders

BOARD OF DIRECTORS

- □ Yes □ No 1. The Board meets regularly (at least four times per year)
- \square Yes \square No 1. The Board composition supports what is stated in the by-laws

Documentation Required for this section:

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- Upload list of Board Members with their positions and terms

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- □ Yes □ No 1. Agency is current in its payment of Federal and State payroll taxes
- \square Yes \square No 2. Agency does not owe past due taxes to the City
- □ Yes □ No 3. Within the last two years, Agency has required experience outlined in the Scope of Work.
- Yes D No 4. If agencies have been funded by other entities (including but not limited to City of Austin, Travis County, St. David's Foundation or other foundations, State of Texas or federal government), the agency has received monitoring reports without findings.

Documentation Required (can duplicate the items required in previous sections):

□ □ Upload any final monitoring reports from funders within the last two years. If report had no findings, please include only the summary letter. Please combine reports into one PDF.

Confirmation in Partnergrants: By selecting Confirm, applicant certifies that board chair and executive director approves all responses and attachments provided.



Threshold: PartnerGrants Instructions

Once logged into PartnerGrants:

- Click on "Funding Opportunities"
- Then click opportunity title "Annual Agency Threshold Application-Applicants for Funding Start Here" to complete a new threshold application

Funding Opportunities	13161	Posted	City of Austin - Austin Public	Annual Agency Threshold Application Applicants for Funding Start Here	Apr 19, 2022 3:56
			Health		PM

Click Start New Application

Title your application "[Your Organization's Name] – Agency Threshold Checklist – [Primary Contact's Initials]." For example – Austin Public Health – Agency Threshold Checklist - HH



Threshold: PartnerGrants Instructions, Continued

- Complete General Information click Save Form Information between each entry to complete all required fields
- Provide explanations as needed, and include all required attachments to minimize delays
- Make sure you click **SUBMIT** and receive a confirmation email



Intent to Apply Form

- Offerors must complete an Intent to Apply form prior to the Proposal (Final Application)
- Submit your Intent to Apply form(s) by the due date indicated on the Offer Sheet: Thursday, November 21, 2024, 3 PM CST
- Mark all items complete AND click Submit to ensure your Intent to Apply is submitted
 - Once complete, you will receive an automated confirmation from the PartnerGrants system verifying the form has changed status from Editing to Submitted.



Intent to Apply Form (Continued)

- To complete an Intent to Apply form:
 - Once logged into PartnerGrants, click on "Funding Opportunities" and then opportunity title "SSAU-RFP 2024-004 Ryan White Part A, Minority AIDS Initiative, and General Funds"
 - Click Start New Application (you may have multiple active Applications)
- Part 1: General Information
 - Complete each field, clicking Save Form Information after completing each step to open the next section of the form
 - Save and click the title of the next section, "Intent to Apply"
- Part 2: Ongoing Threshold Certification
 - Certify that you have completed the Annual Agency Threshold Application
 - Enter the date (month and year are sufficient) of Annual Agency Threshold Application SUBMISSION



Intent to Apply Form (Continued)

- Part 3: Proposal Description
 - Enter a brief but descriptive title that is not the title of the RFP and program description
 - Enter a Program Description to provide an overview of proposed services
 - Enter a Program Type Indicate type(s) of funding requested: Ryan White A, MAI, and GenFund

PROPOSAL DESCRIPTION				
	Proposed Program Title:			
	Brief Program Description:	50 character(s) left You must submit this form for EACH project you intend to apply for. This field limited to 50 characters	Disregard for this RFP. Intent.	You can just submit 1
	Brief Program Type:	200 character(s) left This field limited to 200 characters 50 character(s) left Enter Type if Applicable This field limited to 50 characters		



RFP Exhibits and Forms



Exhibits

The Offer Sheet lists forms that must be completed by the Offeror.

Exhibits are for reference and should be reviewed in full by all Offerors prior to completing a Proposal.

Exhibit Number	Title	Guidance	
Α	Threshold Review		
В	Standard Solicitation Provisions and Instructions		
С	Scope of Work	Information Only	
D	Not Applicable to this RFP		
E	Standard APH Agreement Boilerplate and Exhibits	- Information Only	
F	Applying for APH-Funded Opportunity: PartnerGrants Instructions		
G	Service Categories and Limits by Funding Type		



Exhibit A – Application Threshold Checklist

The Annual Agency Threshold Application MUST be completed in the PartnerGrants System.

If you have not already completed this step, you can use this form for reference while assembling your materials.

A-RFP Application Threshold Checklist

Instructions: This form is provided as reference only.

This information must be uploaded <u>in Partnergrants</u> as part of the Annual Agency Threshold Application. See Offer Sheet for instructions. Any required attachments are indicated by a symbol.

BOARD OF DIRECTORS

☐ Yes
 ☐ No
 1. The Board meets regularly (at least four times per year)
 ☐ Yes
 ☐ No
 1. The Board composition supports what is stated in the by-laws

Documentation Required for this section:

- 🔲 🖺 Upload Current Board of Directors Bylaws
- 🗖 🖺 Upload list of Board Members with their positions and terms

II. AGENCY ADMINISTRATION

- ☐ Yes ☐ No 1. Agency has 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)
- ☐ Yes ☐ No 2. Agency is eligible to contract with the City of Austin and not debarred from doing business with the City of Austin, State of Texas or Federal government



Exhibit B – Solicitation Provisions and Instructions

- See Exhibit B Standard Solicitation Provisions and Instructions for information about Proposal Format and Submission Requirements.
- The Application must be submitted in the <u>PartnerGrants database</u>. No late submissions will be accepted. Note that where the application materials say "at," "prior to," or "by or before," this means that the PartnerGrants system will not allow you to submit documents at or after that time.
- □ All documents must be uploaded into PartnerGrants. No paper copies will be accepted.
 - Only name your uploaded documents with letters and numbers. To reduce possible submission and/or review delays, please ensure the title of any attached file from your local drive DOES NOT contain any special characters. Letters and numbers are acceptable.



Exhibit G: Ryan White Part A, MAI, General Funds Service Categories and Limits by Funding

Austin Public Health SSAU RFP-2024-004 Ryan White Part A, MAI, and General Funds Service Categories and Limits by Funding Type

Information:

Administrative Costs cannot exceed 10% of the total amount requested, as per HRSA guidelines.
 Allowable services per funding type are listed below.

3) Please do not request more than the available amount listed for each service category.

 Please adhere to minimum and maximum request limits in Form C - Scope of Work, section III - Funding and Timeline.

5) Funding is subject to change according to the availability of Ryan White Part A/MAI federal funds.

	Ryan White Part A				
Туре	Priority	Service Category (HRSA)	Total Amount Allocated		
Core	5	AIDS Pharmaceutical Assistance	\$ 281,669.00		
Core	2	Early Intervention Services	\$ 208,918.00		
Core	1	Health Insurance Premium and Cost Sharing	\$ 299,192.00		
Core	3	Medical Case Management, including Treatment Adherence	\$ 585,993.00		
Core	20	Medical Nutrition Therapy	\$ 83,230.00		
Core	12	Mental Health Services	\$ 223,845.00		
Core	9	Oral Health Care	\$ 555,891.00		
Core	14	Outpatient/Ambulatory Health Services	\$ 1,447,149.00		
Core	7	Substance Abuse - Outpatient Care	\$ 110,390.00		
Support	10	Emergency Financial Assistance	\$ 102,457.00		
Support	13	Food Bank	\$ 97,984.00		
Support	4	Housing	\$ 190,271.00		
Support	8	Medical Transportation	\$ 52,447.00		
Support	11	Non-Medical Case Management	\$ 221,197.00		
Support	18	Substance Abuse - Residential	\$ 95,147.00		
Support	17	Linguistic Services	\$ 34,524.00		
Support	24	Referral for Healthcare and Supportive Services	\$ 50,304.00		
Total Service	s		\$ 4,640,608.00		



Submission Forms

Form Number	Title	Guidance
0	Intent to Apply	Approved Annual Agency Threshold Application and Intent to Apply for each Proposal in PartnerGrants due by Thursday, November 21, 2024, 3 PM CST
1	Offer Sheet	Forms 1-4 must be filled out, signed,
2	RFP Proposal	scanned, and uploaded into
3	Program Budget and Narrative	PartnerGrants by Friday, December 6, 2024, 3 PM CST
4	COA Certifications and Disclosures	2024, 5 PWI C31



The undersigned, by their signature, represents that they are submitting a binding offer and is authorized to bind the Applicant to fully comply with the solicitation document contained herein. The Offeror, by submitting and signing below, acknowledges that they have 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.

Form 1: Offer Sheet

- The Offer Sheet is required for your proposal to be valid and must be submitted after your Intent to Apply, along with your Proposal and other documents.
- On the Offer sheet, the organization's representative states that they are authorized to submit this proposal for funding.
- It also states that the representative has received and read the entire RFP document packet and agrees to be bound by the terms therein.
- Signature by an authorized representative is required for the City of Austin to accept the proposal.

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:	

* This Offer Sheet must be signed and submitted in PartnerGrants to be considered for award. Electronic Signature is acceptable.



Form 2 – RFP Proposal





City of Austin Austin Public Health SSAU-RFP 2024-004 Ryan White Part A, Minority AIDS Initiative, and General Funds



Form 2 - PROPOSAL

RFP Proposal

Proposal Section Tips:

- Make sure to answer every question and every part of each question.
- Some questions include drop down boxes with preselected answers indicated by
- Make sure to review any links within the RFP you can find them in the RFP document, on the website and in PartnerGrants.
- We expect that you take the time to review the links to include the guidance provided in your answers.

PROPOSAL INSTRUCTIONS: Fill out this document and upload the document into PartnerGrants. An Offeror can only apply for one distinct program per proposal. Offerors may submit multiple proposals for different programs, which may include programs in different service categories. All questions are in green text boxes. Click on the text boxes beneath 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: 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.

The total word count limit is 16,000 for this 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". The total number of words already included in this proposal is ~5546. Please ensure your proposal is less than 10,454 words, or 16,000 total with the questions and instructions included.

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

Form Number	Title	Guidance
1	Offer Sheet	
2	RFP Proposal	Forms 1-4 must be filled out, signed, scanned, and uploaded into
3	Program Budget and Narrative	PartnerGrants by Thursday, November 21, 3 PM CST
4	COA Certifications and Disclosures	marsady, november 21, 5 PM est

PART I. Fiscal and Administrative Capacity - Unscored

Pre-Application

<u>Annual Agency Threshold Application</u>: The Annual Agency Threshold Application must be completed in PartnerGrants by or before the Intent to Apply 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. This threshold will be reviewed by APH staff, and the agency will be notified once approved.

<u>RFP Intent to Apply:</u> After submitting the Annual Agency Threshold Application, the agency will be able to submit an **Intent to Apply** through this RFP Opportunity. Intent to Apply forms will only be approved and access to Final Proposals granted once the Annual Agency Threshold Application approval has been



Proposal Format and Submission Requirements

ALL DOCUMENTS MUST BE UPLOADED INTO PartnerGrants. NO PAPER COPIES WILL BE ACCEPTED.

Step 1: Proposal Instructions

- This form should be submitted in .doc or .docx format with only letters and numbers in the file title.
- Total word count in the <u>Form 2-RFP Proposal</u> document is 16,000 words which includes the questions. Proposals that exceed 16,000 words will not be considered.
- There are about 5,546 words in Form 2-RFP Proposal, and this is included in the 16,000 word limit.
- MS Word automatically counts the number of words in a document and displays it in the status bar at the bottom of the screen.
- The following documents will <u>not</u> count towards the total word count:
 - Attachments submitted to answer a question like policies and procedures, staff positions, etc.
 - Attachments 1-Offer Sheet, 3 Budget and Narrative, 4-COA Certifications.



Proposal Format and Submission Requirements

- Offerors must type answers into the section that says "Click or tap here to enter text" after each question or in the required tables.
- Agency Information is boxed and highlighted in blue, and all questions are boxed and highlighted in green. Editing is restricted in the document except in the answer boxes.
- For each question, please provide a response or write N/A for not applicable in the boxes provided. It is preferable to be repetitive rather than to leave sections incomplete.

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

Program Name: Click or tap here to enter text.

Requested Funding – Offerors may apply for one to all three funding types through this RFP. Awards with both federal grant funds and general funds will result in distinct master agreements (contracts).

Check each type requested and enter amount(s) requested.

🗆 🕒 Check here to request Ryan White Part A. funds

Enter funding request amount here

🗆 🕒 Check here to request Minority AIDS Initiative funds

Enter funding request amount here

🗆 🖺 Check here to request General Funds

Enter funding request amount here

 Does your organization have the ability to meet Austin Public Health's Social Services <u>Insurance</u> <u>Requirements</u> prior to entering into a contract? Provide any additional information.

Click or tap here to enter text.

 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.



Proposal Format and Submission Requirements

Offerors must use this template for the proposal and cannot submit a proposal that does not include the questions and narrative.

If compiling responses in a separate document:

- Offerors must include all questions and narrative before their answer, so the Proposal appears the same as the provided template.
- Make sure to include the exact wording of the drop-down menus.

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

Program Name: Click or tap here to enter text.

Requested Funding – Offerors may apply for one to all three funding types through this RFP. Awards with both federal grant funds and general funds will result in distinct master agreements (contracts).

Check each type requested and enter amount(s) requested.

🗆 🖺 Check here to request Ryan White Part A. funds

Enter funding request amount here

🗆 🕒 Check here to request Minority AIDS Initiative funds

Enter funding request amount here

🗖 🖺 Check here to request General Funds

Enter funding request amount here

 Does your organization have the ability to meet Austin Public Health's Social Services <u>Insurance</u> <u>Requirements</u> prior to entering into a contract? Provide any additional information.

Click or tap here to enter text.

 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.



Attachment Submission Requirements

- All Proposal files must be uploaded in PartnerGrants
- Some questions include required or optional attachments indicated by a
 symbol.
 - Upload under the designated required attachment item in PartnerGrants or one of the Additional Supplemental Document optional attachments.
 - Remember to clearly title each file using only letters and numbers.
 - Try to consolidate to <u>one file for each question.</u>

Image: A state of the state	
Named Attachment	Required
1 - Offer Sheet	~
2 - RFP Application	\checkmark
3 - Program Budget and Funding Summary	\checkmark
4 - COA Certifications and Disclosures	\checkmark
ASD1 - Additional Supporting Documentation-pdf, if applicable	
ASD2 - Additional Supporting Documentation-pdf, if applicable	
ASD3 - Additional Supporting Documentation-pdf, if applicable	



Proposal Questions: Racial Equity

 Equity is 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.

Racial Equity Self-Assessment Item	Choose from the 그칠 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.
We have access to data on racial/ethnic disparities to guide our work.	Click here for Drop Down Menu	Click or tap here to enter text.
Our work includes performance measures to determine how well we are doing to address racial disparities.	Click here for Drop Down Menu	Click or tap here to enter text.
Our board has developed and implemented a plan to address racial disparities in our programs and in our organization.	Click here for Drop Down Menu	Click or tap here to enter text.
Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities	Click here for Drop Down Menu	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 Menu	Click or tap here to enter text.



Proposal Questions: Racial Equity

 The City'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.

Racial Equity Self-Assessment Item	Choose from the Choose from the 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.
We have access to data on racial/ethnic disparities to guide our work.	Click here for Drop Down Menu	Click or tap here to enter text.
Our work includes performance measures to determine how well we are doing to address racial disparities.	Click here for Drop Down Menu	Click or tap here to enter text.
Our board has developed and implemented a plan to address racial disparities in our programs and in our organization.	Click here for Drop Down Menu	Click or tap here to enter text.
Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities	Click here for Drop Down Menu	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 Menu	Click or tap here to enter text.



Proposal Questions: Performance Measures

Complete each required Output and Outcome in the tables provided and include explanations as needed below. 27. Please provide: A) Output Measure(s) and B) Outcome Measures below. Note that If Offerors apply for both federal funds and general funds, each funding type must either fund services to different <u>clients, or</u> provide different services to the same clients across each funding type, or provide the same services but during different dates and times. Different funding types cannot provide the same services to the same clients at the same time.

27 A. Output Measures: Provide a proposed 12-month goal for the number of unduplicated clients served by each funding type requested. Goals 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 funding from all other entities (such as Travis County, State, etc.).

Proposals must include the following output for Ryan White Part A/MAI and General Funds.

Ryan White A and/or MAI (complete only if applying for this funding):

Type of Output	Output Wording	12-month Goal #
Output 1	Total Number of Unduplicated Clients	Click or tap here to enter goal #.
	Served per 12-month period	

General Funds (complete only if applying for this funding):

Type of Output	Output Wording	12-month Goal #
Output 1	Total Number of Unduplicated Clients	Click or tap here to enter goal #.
	Served per 12-month period	



Proposal Questions: Performance Measures

Some outputs and outcomes are specific to the type of funding requested.

Additional Outputs: Offerors should propose additional output(s) that align with services proposed in Proposal question 20, as detailed in HIV Resources Administration Program's <u>Austin</u> <u>HIV Services Performance Catalog</u>. Please see example below.

Offerors can provide information on up to 4 outputs in this Proposal, any further outcomes will be negotiated upon award.

Example Output for AIDS Pharmaceutical Assistance:

Type of Output	Output Wording	12-month Goal	
Number of units of service provided	Prescriptions provided (not pill or dose)	150	

Ryan White A and/or MAI (complete only if applying for this funding):

Type of Output	Output Wording	12-month Goal
Output 2	Click or tap here to enter text.	Click or tap here to enter annual goal #.
Output 3	Click or tap here to enter text.	Click or tap here to enter annual goal #.



Proposal Questions: Performance Measures

Some outputs and outcomes are specific to the type of funding requested.

27B. Social Services Outcome Measures:

Offerors should propose outcome(s) that align with services proposed in Proposal question 20, as detailed in HIV Resources Administration Program's <u>Austin HIV Services Performance Catalog</u>. Please see example below.

Offerors can provide information on up to 3 outcomes per funding type in this Proposal, any further outcomes will be negotiated upon award.

Example:

Outcome for AIDS Pharmaceutical Assistance

Outcome target: 98%

Numerator: Number of patients from the denominator prescribed HIV antiretroviral therapy during the measurement year **Denominator:** Number of patients, regardless of age, with a diagnosis of HIV with at least on

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Outcome: Percentage of patients, regardless of age, with a diagnosis of HIV prescribed antiretroviral therapy for the treatment of HIV infection during the measurement year

Ryan White A/MAI (complete only if applying for this funding). Offerors can provide information on up to 4 outcomes per funding type in this Proposal, any further outcomes will be negotiated upon award.

Proposed Outcome 1	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 to indicate your agency agrees to the relevant outcome that aligns with services proposed in Proposal question 20, as detailed in HIV Resources Administration Program's Austin HIV Services Performance Catalog.	Click to indicate your agency agrees to the relevant target that aligns with services proposed in Proposal question 20, as detailed in HIV Resources Administration Program's Austin HIV Services Performance Catalog.



Proposal Questions: Program Staffing and Cost Effectiveness

• Describe the staffing chart to accomplish activities in the proposed program and complete the Program Staffing chart.

 Upload job/position descriptions of program staff and/or volunteers working with clients.
 Applicants may attach up to 5 pages.
 Pages beyond the allowable
 5 total will not be

considered

Funder: City or Other Entity	Program Staff -Title	FTE	Responsibilities
APH	Executive Director	0.05	Review and sign contract, etc.
APH	Program Director		Train and supervise program staff, review
		0.25	performance reports, etc.
APH	Case Managers		Provide direct services, compile performance reports,
		2.00	etc.
Travis	Coordinators		Provide service navigation
County		2.00	
	Total FTEs	4.75	

Program Staffing chart – Ryan White Part A and/or MAI

Funder: City or Other Entity	Program Staff -Title (City-funded positions first)	FTE	Responsibilities
Click here	Click here	Click here	Click here
Click here	Click here	Click here	Click here
Click here	Click here	Click here	Click here
Click here	Click here	Click here	Click here
Click here	Click here	Click here	Click here
Click here	Click here	Click here	Click here
Click here	Click here	Click here	Click here



Form 3 – Program Budget and Narrative



Form 3 - Program Budget and Narrative

- Complete Form 3: Budget and Narrative (Excel Spreadsheet) and upload completed document into PartnerGrants.
- There are 6 tabs in the spreadsheet that Offerors can reference and complete:
 - **1**. Instructions
 - 2. Ryan White A and/or MAI Budget
 - 3. Ryan White A and/or MAI Narrative
 - 4. General Fund Budget
 - 5. General Fund Narrative
 - 6. Service Category Limits



Budget Tabs

Complete tabs for each funding type for which you are applying. Choose Service Categories from drop down menu, then Service Types.

		D		F	G	Н	L. L.	J	K	L
Ryan White A, MAI Progra	am Budget - 12 Month Term - March 1,									
Agency:		Budget	\$0.00							
Program:		Admin %	0.00%	1						
Total unduplicated clie	ents serv <mark>ed</mark>	Cost per client	#DIV/0!							
Service Category	Service Type	Salaries Direct	Fringe Direct	Travel Direct	Equipment Direct	Supplies Direct	Contractuals Direct	Other Direct		DNE Limit
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									\$0.00	
									0.00	
Direct Services	Subtotals:	Salaries Direct	Fringe Direct	Travel Direct	Equipment Direct	Supplies Direct	Contractuals Direct	Other Direct	Direct Total	
	Ryan White A Core	\$0.00		\$0.00			\$0.00			1
	Ryan White A Support	\$0.00	\$0.00		\$0.00		\$0.00	\$0.00	\$0.00	
	MAI Core	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
	MAI Support	\$0.00	\$0.00				\$0.00	\$0.00		
	Direct Total:	\$0.00	\$0.00							
	Sheet rotan	50.00	\$0.00	50.00	0.00	\$0.00	0.00	40.00	50.00	-
Administrative		Salaries Admin	Fringe Admin	Travel Admin	Equipment Admin	Supplies Admin	Contractuals Admin	Other Admin	Admin Total	
	0	0	g						\$0.00	1
	0	0							\$0.00	
	0	0							\$0.00	
	0								\$0.00	



Tab 6: Service Category Limits

When entering requested amounts for each service category and type, refer to tab 6 (Exhibit G) for request limits.

1	Service	Catego	ory Limits by Funding Type (Ryan White Part A, N	IAI, and General Funds							
2		Ryan White Part A/MAI									
3	1) Admin 2) Please 3) Please	do not re keep in n	on: Costs cannot exceed 10% of the total amount requested, as per H quest more than the available amount for each service category. hind the minimum and maximum request limits. ct to change according to the availability of Ryan White Part A/N	-							
4											
5			Ryan White Part A								
6	Туре	Priority	Service Category (HRSA)	Total Amount Allocated							
7	Core	5	AIDS Pharmaceutical Assistance	\$281,669.00							
8	Core	2	Early Intervention Services	\$208,918.00							
9	Core	1	Health Insurance Premium and Cost Sharing	\$299,192.00							
LO	Core	3	Medical Case Management, including Treatment Adherence	\$585,993.00							
11	Core	20	Medical Nutrition Therapy	\$83,230.00							
12	Core	12	Mental Health Services	\$223,845.00							
13	Core	9	Oral Health Care	\$555,891.00							
14	Core	14	Outpatient/Ambulatory Health Services	\$1,447,149.00							
15	Core	7	Substance Abuse - Outpatient Care	\$110,390.00							
16	Support	10	Emergency Financial Assistance	\$102,457.00							
17	Support	13	Food Bank	\$97,984.00							
18	Support	4	Housing	\$190,271.00							
19	Support	8	Medical Transportation	\$52,447.00							
20	Support	11	Non-Medical Case Management	\$221,197.00							
21	Support	18	Substance Abuse - Residential	\$95,147.00							
22	Support	17	Linguistic Services	\$34,524.00							



Narrative Tabs

Then complete narrative tabs for each funding type for which you are applying.

<u> </u>		С	D	E	F	G	Н	1	J
L	Ryan White A, MAI P	rogram Narrative							
2									
3									
4									
5	Service Category	Service Type	Salaries	Fringe	Travel	Equipment	Supplies	Contractuals	Other
6		0	0						
7		0	0						
8		0	0						
9		0	0						
LO		0	0						
11 12 13		0	0						
2		0	0						
13		0	0						
.4		0	0						
15		0	0						
L4 L5 L6		0	0						
17		0	0						
17 18 19		0	0						
.9		0	0						
20		0	0						
20 21 22 23 24 25 26		0	0						
22		0	0						
23		0	0						
24		0	0						
25		0	0						
26									



Form 4 – COA Certifications and Disclosures



Form 4: COA Certifications and Disclosures

Be sure to complete the signature block on page 5

The Offeror hereby certifies that they have reviewed all of the above disclosures and agrees to comply with the requirements and disclosures.

CONTRACTOR NAME	
Authorized Signature	
Title	
Date	



Important Information



Communication with the City

Question and Answer Process

- Questions regarding the RFP must be directed to the Authorized Contact Person:
 - Helen Howell at <u>APHCompetitions@austintexas.gov</u>.
- Only the information provided by the Authorized Contact Person is valid
- Official Questions and Answers will be published on the <u>Competition Website</u> weekly

Anti-lobbying ordinance

• Request for Proposal process: Anti-lobbying ordinance does not apply



Important Tips

- Please make sure to get your application ready *early* to meet deadlines
- Technical assistance video for submitting an application in PG: <u>APH PartnerGrants - YouTube</u>
 - The appearance of some items may have changed, but the process is very similar
- You may also contact Allan McCracken – <u>Allan.McCracken@Austintexas.gov</u>

Date Issued:	Wednesday, November 6, 2024		
Intent to Apply Due Date:	Thursday, November 21, 2024, 3 PM CST		
Proposal Due Date:	Friday, December 6, 2024, 3 PM CST		
Anticipated start date of contracts:	Ryan White Part A and MAI: March 1, 2025 General Funds: April 1, 2025		
Questions regarding the RFP are due on or before:	Tuesday, November 26, 2024, 3 PM CST		
Technical assistance requests regarding submission of the RFP in PartnerGrants are due on or before:	Thursday, December 5, 2024, 5 PM CST		
Questions must be submitted in writing to the Authorized Contact Person or through PartnerGrants	Authorized Contact Person: Name: Helen Howell Title: Social Services Funding Specialist Senior E-Mail: APHCompetitions@austintexas.gov		
Questions and Answers will be available:	In <u>PartnerGrants</u> and on the solicitation website: <u>SSAU-RFP 2024-004 Ryan White Part A, Minority</u> <u>AIDS Initiative, and General Funds</u>		
Optional Pre-Bid Meeting Date(s) and Time(s):	Pre-bid meeting 1: Tuesday, November 12, 2024, 11 AM CST <u>Registration</u> Pre-bid meeting 2: Wednesday, November 13, 2024, 2 PM CST <u>Registration</u>		



Important Tips

 To submit Intent to Apply and Final Proposals in PartnerGrants. vou must first MARK AS COMPLETE AND THEN HIT SUBMIT.

Application Details	Q Preview Applications		✓ Submit Applications	X Withdraw
Application is in compliance an	d is ready for Subr	nission!		
Component	Complete?	Last Edited		
General Information	×	Mar 16, 2022 12:00 AM - Angela Baucom Tester		

- Check that you receive a confirmation email from the PartnerGrants system indicating the status of your application is "Submitted." Mark as Complete is NOT the same thing as Submit.
- You must have BOTH an Annual Agency Threshold on file for the Agency AND an Intent to Apply form submitted prior to submitting your final application.
- We are unable to make exceptions for internet outages or other technical difficulties in submitting the application by the deadline. Please plan accordingly.
- Watch for emails from <u>APHCompetitions@austintexas.gov</u> in the days prior to the deadline in case of reminders or notes about the status of your application and DON'T share PartnerGrants accounts.





PREVENT. PROMOTE. PROTECT.

That was a lot of information. We can help clear it up.

Questions?

Contact: APHCompetitions@austintexas.gov



PREVENT. PROMOTE. PROTECT.

Thank You for Your Participation