Form 2 - RFP PROPOSAL

**PROPOSAL INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. An Offeror may submit multiple proposals to this RFP Proposal, as long as each proposal is for a distinct program or service model or utilizing different subgrantees. 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 15,000 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”.

**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 September 22, 2022** |
| 2 | RFP Proposal  |
| 3 | Program Budget and Funding Summary  |
| 4 | COA Certifications and Disclosures |

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

**Pre-Application**

**Annual Agency Threshold Application:** The **Annual Agency Threshold Application** must be completed in PartnerGrants prior to submitting an Intent to Apply. Please see the Offer Sheet for the deadline for submitting the Intent to Apply. 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. If you have completed this application on or after April 1, 2022, and received approval, you do not need to complete the Annual Agency Threshold Application for this RFP.

**RFP Intent to Apply:** 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 verified. A separate Intent to Apply form must be completed for each Proposal. Offerors may submit multiple proposals to an RFP.

**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 Form C - Scope of Work, the letter and number reference is included in parentheses at the end of the question. 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), the primary fiscal agent should complete this part of the Proposal.

**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 (and any subgrantees) 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%28Rev%2004-2019%29.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 and any subgrantees 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.

**Part II. SCORED SECTIONS - Total Points Available: 100**

**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. Demonstrate with past performance your agency's/program's ability to meet goals and make a positive impact on the community. Please upload previous performance reports from the last two years that demonstrate the service or related services for which you are applying. These can include quarterly performance reports or annual reports provided to community or agency leadership that, when combined, demonstrate at least two years of performance.

Please  attach performance reports.

Please explain if you are not able to provide these reports, if you are submitting other reports, or if you have any clarification that is being provided to respond to this question.

Click or tap here to enter text.

[ ]  **Check here to indicate that** past performance reports are attached to the proposal in Partnergrants.

**PRINCIPLES OF SERVICE DELIVERY**

1. **Trauma-Informed Practices:** Describe existing and planned strategies for providing programming and services that integrate trauma-informed practices into services delivery environments and processes.

Click or tap here to enter text.

1. **Incorporating Lived Experience:** Describe how the Agency collects and incorporates feedback from people with lived experience of homelessness to inform program design and ensure ongoing program quality.

Click or tap here to enter text.

1. **Collaboration with Community:** Describe existing service coordination and collaboration activities the Agency is engaged with related to coordinating and improving homeless services.

Click or tap here to enter text.

1. **Referrals:** Describe how the Agency manages referrals for services, including from internal programs, and/or from other programs in the Homelessness Response System such as permanent housing programs.

Click or tap here to enter text.

**CULTURAL COMPETENCE & 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 your experience reaching and successfully serving diverse communities including the identified service populations from the Priority Populations section of Exhibit C – Scope of Work, such as but not limited to:
* People of color
* Documented or undocumented immigrant or newly resettled refugee communities
* Older adults
* People with chronic medical and/or mental health conditions
* Individuals within the LGBTQIA2S+ community

 Please attach appropriate documents such as policies, demographic reports, etc. to support your described experience, if applicable.

Click or tap here to enter text.

[ ]  **Check here to indicate that** if applicable, documents demonstrating experience are attached to the proposal in Partnergrants.

1. Rate your organization for each of the following questions with “Planning Stage,” “Implementation Stage,” or “Fully Integrated Implementation”. **Use the**  **drop down** menu to choose and then explain your answer in the next box.

|  |  |  |
| --- | --- | --- |
| **Racial Equity Self-Assessment Item** | **Choose from the** Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... **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.** |
| 1. We have access to data on racial/ethnic disparities to guide our work.
 | Click here for Drop Down Menu Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Our work includes performance measures to determine how well we are doing to address racial disparities.
 | Click here for Drop Down Menu Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Our board has developed and implemented a plan to address racial disparities in our programs and in our organization.
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Agency has anti-racist policies and procedures which intend to demonstrate the commitment of conducting day to day operations and governance in an anti-discriminatory and anti-racist manner and environment
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | 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 Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | 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. Specifically describe how the LAP impacts different types of services included, but not limited to:
* Outreach
* Intake
* Service Delivery

Please  attach appropriate LAP policies and procedures.

Click or tap here to enter text.

[ ]  **Check here to indicate that** appropriate LAP policies are attached to the proposal in Partnergrants.

**Section 2: Program Design**

**PROGRAM WORK STATEMENT**

In this section, keep answers concise and only describe concrete services and actions. Answer each item fully, making sure to address each part of each question.

1. **Project Timeline:** Describe how you will ensure capability to be operational and ready to activate the Cold Weather Shelter(s) upon contract execution. If not feasible, provide an explanation and reasonable timeline.

Click or tap here to enter text.

1. **Program Clients Served:** Describe who are the program clients for this proposal. If your program will serve subpopulations of those experiencing homelessness differently, please identify those criteria and service differences. If certain subpopulations will be referred to different sites, please identify the criteria and referral process.

Click or tap here to enter text.

1. **Activation and Operation:** Describe how the Cold Weather Shelter(s) will be activated and mobilized, including:

a) time frame for mobilization once activated

b) operating hours

c) additional conditions for activation or extended hours beyond minimums provided in C – Scope of Work if applicable

d) 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 consistency in activation, operations, and accountability will be maintained.

Click or tap here to enter text.

1. **Facilities and Capacity:** Describe the location and capacity of any facility or facilities proposed under this agreement. Describe how the facility or facilities will meet the requirements included in C – Scope of Work, including:

a) how the location of the facility or facilities has been considered to best meet community need

b) number of beds and amenities, such as toilets and hygiene facilities

c) capacity for storage space for personal belongings, if applicable

d) space and equipment for medication management

e) capacity for pets sheltering with or separate from their owners

f) compliance with Americans with Disabilities Act Accessibility Standards, and health and safety codes and regulations

g) process for ensuring facilities and beds are properly cleaned, maintained, and repaired throughout the year

h) appropriate space for staff resources and site management or oversight, WiFi connectivity and electrical outlets or charging stations for clients

i) if submitting on behalf of a collaborative, a description of the delineation of responsibilities and accountability will be ensured.

Click or tap here to enter text.

1. **Collaboration and Communication Alignment:** Describe the communication strategy or strategies employed to maintain coordinated communications with the City of Austin Public Information Office, the Cold Weather Shelter Hotline (ICEE), and partners involved in services for people experiencing homelessness and Cold Weather Shelter activities as appropriate.

If submitting on behalf of a collaborative, include a description of the process and infrastructure to maintain appropriate communication between all parties to ensure effective services.

Click or tap here to enter text.

1. **Outreach:** Describe the communication and outreach strategies the program will use to engage people experiencing homelessness who are likely to utilize Cold Weather Shelters. Include service accommodations, including but not limited to language access.

Click or tap here to enter text.

1. **Transportation:** Describe the proposed transportation plan per the Scope of Work – Exhibit C.

Click or tap here to enter text.

1. **Program Services and Delivery:** Provide a description that addresses the entire scope of the proposed program activities and services provided on-site at the Cold Weather Shelters. Include evidence-based practices and backup data as appropriate. Services should include, but are not limited to:

a) an overview of the registration and intake process

b) a description of the food plan

c) assistance with seeking mental health, benefits enrollment and housing stabilization resources upon request

d) plan for providing Coordinated Assessments

d) provision of personal hygiene, cold weather supplies and necessary clothing offered

e) describe how harm reduction principles are incorporated into service delivery

f) 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 collaborative framework, how the activities described be delineated, and how accountability will be maintained.

Click or tap here to enter text.

1. **Crisis Intervention and De-Escalation:** Describe on-site crisis intervention services, including the applicable model and/or methodologies used by staff. Identify evidence-based practices used. Describe how staff will minimize involuntary exits.

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 services not provided by the Offeror. Include information about:

a) connections with community organizations that also support cold weather sheltering

b) coordination for referrals and linkages to services requested by clients, including names of specific coordinating agencies and specific services provided where applicable

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.

**DATA MANAGEMENT**

1. **Data Security and Systems Management:** Describe the systems that the agency has in place to collect and report program data, including data required to report on performance measures. Include:

a) data management process and flow, referencing the required data collection in the Scope of Work – Exhibit C

b) how physical and digital data will be collected and stored

c) how HMIS data will be entered into the system in a timely and accurate manner

d) how data will be reported and shared securely with ECHO (the Continuum of Care Lead Agency) for the HIC and PIT count if timing overlaps with activation

d) the organization’s process of internal controls and systems implemented to ensure data accuracy and data security, including who has access to the data, what kind of training is provided to staff on-site and off-site as appropriate to ensure data is collected accurately and completely.

Click or tap here to enter text.

1. **Quality Improvement and Feedback:** Describe how data are used in your organization for identifying problems and how that information is used to improve practices and program effectiveness in the areas of:

a) program design

b) service delivery

c) participant experience

d) expenditures

e) equity

Click or tap here to enter text.

**PERFORMANCE MEASURES**

1. Please provide: A) Output Measure(s) and B) Outcome Measures below.

**27A**. **Output Measures**: 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 #****Nov 1, 2022 – Oct 31, 2023** |
| Required Output | Total Number of Unduplicated Clients Served per 12-month period | Click or tap here to enter goal #. |

**27Ai**. Describe how the data will be calculated for the output.

Click or tap here to enter text.

**27Aii.** Provide an explanation for determining the annual goal.

Click or tap here to enter text.

**27Aiii.** Describe how demographic data will be documented and the method for reporting this data.

Click or tap here to enter text.

**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 #****Nov 1, 2022 – Oct 31, 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 #. |

**27Aiv.** Describe how the data will be calculated for the output(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**27Av.** Provide an explanation for determining the annual goal(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**27B**. **Outcome Measures**

**Outcome Measure 1**: Proposals must include the following outcome measure. Please enter a program goal for the numerator, denominator, and percentage.

**Outcome:** Percent of individuals seeking shelter who receive shelter

**Numerator**: Number of individuals seeking shelter at a Cold Weather Shelter site

**Denominator**: Number of individuals who receive shelter at a Cold Weather Shelter site

|  |  |
| --- | --- |
| **Required Outcome 1:**  | **12-month Goal** |

|  |  |  |
| --- | --- | --- |
| **Numerator**: Number of individuals seeking shelter at a Cold Weather Shelter site |  | Click or tap here to enter numerator #. |
| **Denominator**: Number of individuals who receive shelter at a Cold Weather Shelter site |  | Click or tap here to enter denominator #. |
| **Outcome 1:** Percent of individuals seeking shelter who receive shelter |  | Click or tap here to enter outcome percentage % (num/denom). |
|  |  |  |

**27Bi**. Describe how the data will be calculated for the outcome measure.

Click or tap here to enter text.

**27Bii.** Provide an explanation for determining the annual goal (numerator, denominator, and percentage).

Click or tap here to enter text.

**Outcome Measure 2**: Proposals must include the following outcome measure. Please enter a program goal for the numerator, denominator, and percentage.

**Outcome:** Percent of individuals entering the shelter without a Coordinated Assessment (CA) who receive a CA

**Numerator**: Number of individuals without a CA who receive one

**Denominator**: Number of individuals entering the Cold Weather Shelter without a CA

|  |  |
| --- | --- |
| **Required Outcome 2:**  | **12-month Goal** |

|  |  |  |
| --- | --- | --- |
| **Numerator**: Number of individuals without a CA who receive one |  | Click or tap here to enter numerator #. |
| **Denominator**: Number of individuals entering the Cold Weather Shelter without a CA |  | Click or tap here to enter denominator #. |
| **Outcome 1:** Percent of individuals entering the shelter without a Coordinated Assessment (CA) who receive a CA |  | Click or tap here to enter outcome percentage % (num/denom). |
|  |  |  |

**27Biii**. Describe how the data will be calculated for the outcome measure.

Click or tap here to enter text.

**27Biv.** Provide an explanation for determining the annual goal (numerator, denominator, and percentage).

Click or tap here to enter text.

**Additional Proposed Outcomes**: Proposals may include an additional outcome measure that will allow the program to evaluate the intention of the services offered and include proposed numeric goals. Additional proposed outcome(s) is not required.

|  |  |  |
| --- | --- | --- |
| **Proposed Outcome Text** |  | **12-month Goal** **Nov 1, 2022 – Oct 31, 2023** |
| 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 or tap here to enter outcome percentage text. |  | Click or tap here to enter outcome percentage % (num/denom). |

**27Bv.** Describe how the data will be calculated for the outcome measure(s). Write “N/A” if not applicable.

Click or tap here to enter text.

**27Bvi.** Provide an explanation for determining the annual goal (numerator, denominator, and percentage). Write “N/A” if not applicable.

 Click or tap here to enter text.

**AUSTIN PUBLIC HEALTH PRIORITIES**

**Strategic Direction 2023**

The Austin City Council adopted a strategic direction on March 8, 2018, guiding the City of Austin for the next three to five years, through a shared vision: Together we strive to create a complete community where every Austinite has choices at every stage of life that allows us to experience and contribute to all the following outcomes: Economic Opportunity and Affordability, Mobility, Safety, Health & Environment, Culture and Lifelong Learning, and a government that Works for All.

All City funding should align with Strategic Direction 2023 (SD23). More information can be found here: [Strategic Direction 2023](https://www.austintexas.gov/financeonline/afo_content.cfm?s=73&p=160).

Programs funded under this RFP must support achievement of the Health and Environment and/or Economic Opportunity and Affordability Strategic Outcomes.

1. Explain how the proposed program aligns with at least one of the Strategic Direction 2023 Strategic Outcomes. Please provide evidence-based information as appropriate.

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, daily program operations, safety and security, and staff recruitment and retention.

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), include staffing to support accountability and coordination.

Click or tap here to enter text.

1. In the box below briefly describe position descriptions, education, licenses, credentials, qualifications, background check requirements and/or certifications required for staff members and/or volunteers that work directly with clients in the proposed program.

**Required** **Attachments:**  Attach job/position descriptions including qualifications of program staff and/or volunteers working with clients. Offerors may attach up to 5 additional pages that include staff resumes and/or job descriptions as supplemental documentation for this question.

Click or tap here to enter text.

[ ] **Check here to indicate that** staff resumes, or job descriptions are attached to proposal in PartnerGrants (as applicable).

1. **Livable Wage:** How have you considered City of Austin SD23 EOA.C.3 – Dollars-per-hour wage that an individual must earn to support a family in Austin when considering staff compensation? How will you use compensation strategies that promote tenure and reduce the likelihood for staff attrition, and aim to promote all staff earning the minimum livable wage in Austin/Travis County?

Click or tap here to enter text.

1. Describe how the program will ensure staff are adequately trained to provide effective program services, including but not limited to the minimum training requirements identified in C – Scope of Work. Include training for staff in oversight and direct service positions.

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), include how consistent training for staff at collaborating agencies will be ensured.

Click or tap here to enter text.

1. Complete the Program Staffing form below.

**Instructions:**

1. List CITY FUNDED positions FIRST, then list OTHER-FUNDED Staff positions that will be working on the program that you are applying for in this RFP. If you have several volunteers who are certified to provide key programmatic services, please list them in this table as well.
2. List position titles only (do not include staff names) for all staff – programmatic, administrative, and executive level – who will be partially or totally funded by the requested CITY FUNDING portion of the Budget in this proposal.
3. Provide the corresponding percentages of Full Time Equivalent (FTE) positions for each position.
4. Click on the + button to add more rows, as needed.
5. Total all full and partial FTE positions at the bottom.
6. Complete one table for the Winter Season and the second table for the Off-Season.

Example:

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **Title** | **FTE** |
| *APH Social Services* | *Program Director* | 0.20 |
| *APH Social Services*  | *Executive Director* | 0.05 |
| *Travis County HHSD* | *Case Managers* | 2.00 |
| *NA* | *Volunteers*  |  8.00  |
|  | *Total FTEs* | *10.25* |

**Staffing Plan During Winter**

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **List Program Staff by Title** **(City-funded positions first, then Other Funded positions)** | **Program Staff FTE Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
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| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
|  | **TOTAL FTEs =**  | Click here to enter TOTAL FTEs. |

**Staffing Plan Off-Season**

|  |  |  |
| --- | --- | --- |
| **Funding Source** | **List Program Staff by Title** **(City-funded positions first, then Other Funded positions)** | **Program Staff FTE Amount** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click here to enter FTE. |
|  | **TOTAL FTEs =**  | Click here to enter TOTAL FTEs. |

**PROGRAM BUDGET AND FUNDING SUMMARY**

1. Complete Form 3 - Program Budget and Funding Summary (Excel spreadsheet) and upload completed document into Partnergrants to complete this question. There are five tabs in the spreadsheet: Budget and Narrative, SubGrantee Budget, Funding Summary, Cost Per Client, and Instructions.

**Required Attachment:** Attach Form 3 – Program Budget and Funding Summary in Partnergrants

[ ] **Check here to indicate that** Form 3 – Program Budget and Funding Summary is attached in Partnergrants

**General Form 3** Program Budget and Funding Summary **Instructions**

Form 3 - Program Budget and Funding Summary is a spreadsheet intended to capture the budget of the proposed program, including City funding as well as program funding from other sources.

The instructions tab contains instructions on how to fill out each section. Any activities or eligible costs for which the offeror does not intend to request funding, or apply funds from other sources, should be left empty.

In general, Offerors must:

* Enter all line-item amounts as whole dollars
* Apportion your funding request into 12 months of funding
* Include Other Funding for the first program period (12 months) in the Budget
* Do not erase or change formulas or functions - only enter information into the orange-colored cells
* If a formula error is discovered, please alert your Solicitation Point of Contact as soon as possible. Excel formulas and functions exist throughout the workbook and across worksheets to limit the necessity of the applicant to enter duplicitous information.
* Ensure all line item amounts, subtotals, and totals are in WHOLE DOLLARS and are correct
* For every budget line containing a requested amount of City of Austin funding, enter a short description or list of items included in that budget line in Column E
* Do not enter narrative for budget lines that are blank or budgeted amounts from Other Funding.
1. Provide the total amount of City funding requested for the 12-month period.

Enter $ Total amount of City funding requested.

In the text box below include a summary description of the budget justification for the program strategy/strategies.

Click or tap here to enter text.

**COST EFFECTIVENESS**

1. Explain how you have considered efficient allocation of financial and staff resources when determining the budget and staffing plan for the proposed program.

Click or tap here to enter text.

1. Enter below the average cost per bed per activation from the **Form 3 -** **Program Budget and Funding Summary** spreadsheet (cell B7 on the Cost per Client tab).

Enter $ Average Cost per Client.

Describe in the text box below why the cost per client is appropriate for the level of services being provided.

Click or tap here to enter text.