

Form 1 – Offer Sheet

SOLICITATION NAME: 2023-005 Reproductive Health RFP

Date Issued:	March 30, 2023
Proposal Due Date:	May 25, 2023 by 3PM CST
Intent to Apply Due Date:	Extended! April 27 May 11, 2023 by 3PM CST
Anticipated Start Date of contract:	September 1, 2023
Questions regarding the RFP are due on or before:	May 18, 2023 by 3PM CST
Technical Assistance regarding submission of the RFP in Partnergrants are due on or before:	May 25, 2023 by 2PM CST
Questions must be submitted in writing to the Authorized Contact Person or through Partnergrants	Authorized Contact Person: Name: Natasha Ponczek Shoemake E-Mail: APHCompetitions@austintexas.gov
Questions and Answers will be available:	In Partnergrants and on the solicitation website: RFP 2023-005 Reproductive Health AustinTexas.gov
Optional Pre-Bid Meeting Date and Time:	April 13, 2023 at 2PM CST Eventbrite Registration Link
Optional Office Hours Date and Time:	April 20, 2023 at 3PM CST Eventbrite Registration Link
*NEW Optional Office Hours	Wednesday, May 3, 2023 at 1 PM CST Eventbrite Registration Link
<p>APH is only accepting proposals through the Partnergrants database. No paper copies will be accepted.</p> <p>All Offerors must:</p> <ol style="list-style-type: none"> Confirm that their organization is a registered vendor with the City of Austin. <ul style="list-style-type: none"> To confirm: enter the organization’s City of Austin Vendor Number when registering as a user in the Partnergrants system (see #2 below). To find the City of Austin Vendor Number please visit Austin Finance Online and search for the organization’s legal name. To register to become a potential City of Austin vendor, go to Austin Finance Online to register. Be a registered user in the Partnergrants database. The proposals will be submitted through this web-based system. To register, visit the Partnergrants website and click on “Register Here.” Note that the organization’s City of Austin Vendor number is required to complete registration in Partnergrants site and click on “Register Here.” Note that the organization’s City of Austin Vendor number is required to complete registration in Partnergrants. Have completed an Annual Agency Threshold Application in the PartnerGrants database. <ul style="list-style-type: none"> This form must be submitted once per 12 months and remains valid for all competitions closing within that time period. The threshold application will be reviewed by APH staff and the agency will be notified once approved. 	

- Once logged into PartnerGrants, click on “Opportunity” and then opportunity title “Annual Agency Threshold Application-Applicants for Funding Start Here” to complete a new threshold application.

This Offer Sheet must be signed and submitted in Partnergrants to be considered for award.

This solicitation is comprised of the following required sections. Please carefully read each section including those incorporated by reference. By signing this document, you agree to all the items contained herein and will be bound to all terms.

All of the following items can be found on the RFP Website: Name

Form Number	Title	Guidance
0	Intent to Apply	Approved Annual Agency Threshold Application and Intent to Apply for each Proposal in PartnerGrants due before April 27, 2023 by 3PM CST
1	Offer Sheet	Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants by May 25, 2023 by 3PM CST
2	RFP Proposal	
3	Program Budget and Funding Summary	
4	COA Certifications and Disclosures	
Exhibit Number	Title – Informational Purposes Only	
A	Threshold Application Requirements	
B	Standard Solicitation Provisions and Instructions	
C	Scope of Work	
D	APH Client Eligibility Requirements	
E	Standard APH Agreement Boilerplate and Exhibits	
F	Applying for APH-Funded Opportunity: Partnergrants Instructions	

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.

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.**