**Form 2: RFA APPLICATION**

**APPLICATION INSTRUCTIONS: Fill out this document and upload the document into Partnergrants. All questions are highlighted in green. Click or tap on the sections below the Questions and type in your answers. Any required attachments are indicated by a**  **symbol, and drop-down menus are indicated by a**  **symbol.**

**Please note:** If any document is uploaded, the name of the document must not include any characters other than letters and numbers, or the database will not allow it to be uploaded.

**The total word count limit is 15,000 for the entire word document (including 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”.**

**Required APH Documents:**

**The following must be completed and/or submitted in Partnergrants.**

|  |  |  |
| --- | --- | --- |
| **FORM NUMBER** | **TITLE** | **Requires Applicant Response DUE** |
| 1 | OFFER SHEET | **Thursday,** **January 13, 2022** by 3 PM CSTIn Partnergrants |
| 2 | RFA APPLICATION |
| 3 | PROGRAM BUDGET AND FUNDING SUMMARY |
| 4 | COA CERTIFICATIONS AND DISCLOSURES |
| **SECTION NO.** | **TITLE** | **Form input in Partnergrants DUE** |
| A | THRESHOLD REVIEW FORM | **Thursday,** **December 16, 2021** by 3 PM CSTIn Partnergrants |

**PART I. Fiscal and Administrative Capacity**

**Minimum Threshold Review**

The **Form 1:** **Threshold Review Form** must be completed in Partnergrants by **Thursday, December 16, 2021** by no later than 3:00 PM CST. This threshold will be reviewed by APH staff and then, if the agency’s threshold is approved, the agency will move forward to submit this final application.

**Please note:** Only name uploaded documents with letters and numbers. To reduce possible submission and/or review delays, please ensure any attached file from your local drive DOES NOT contain any special characters. Letters and numbers are acceptable.

**Agency Information**

No points are assigned to questions in this section, but a response is required for each question. These questions will be used to better understand the agency and to determine if your organization is eligible to contract with the City of Austin. All Applications must have satisfactory answers in this section in order to be evaluated for potential award. If this question was referenced in the Scope of Work (Section C), the letter and number reference is included in parenthesis at the end of the question.

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

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

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

**Question 1:** Does your organization have the ability to meet Austin Public Health’s Social Services [Insurance Requirements](https://www.austintexas.gov/sites/default/files/files/Health/Social%20Services/INSURANCE%20Requirements-%20Soc%20Serv%20contracts%20%28Rev%2004-2019%29.pdf) prior to entering into a contract? Provide any additional information.

Click or tap here to enter text.

**Question 2:** Will your organization be able to meet all the Terms and Conditions listed in the F-Standard Boilerplate? Provide any additional information.

Click or tap here to enter text.

**Question 3:** What is your organization’s annual budget?

Click or tap here to enter text.

**Question 4:** Provide a brief description of the Agency applying for this funding (e.g., mission statement).

Click or tap here to enter text.

**Question 5:** Provide the following contact information for the person in your organization authorized to negotiate Agreement terms and render binding decisions on Agreement matters.

**Name:** Click or tap here to enter text.
**Title:** Click or tap here to enter text.
**Email Address:** Click or tap here to enter text.
**Phone:** Click or tap here to enter text.

**Question 6**: Provide any additional comments or clarifications about your organization.

Click or tap here to enter text.

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

**Applicants must answer every question and every part of each question. Any required attachments are indicated by a**  **symbol, and drop-down menus are indicated by a**  **symbol.**

**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**

Applicants must demonstrate that they have been delivering high quality social services in Austin/Travis County for a minimum of 2 years.

**AGENCY EXPERIENCE & PERFORMANCE:**

**Question 7: Applicant Experience**

1. Describe your experience providing food access services and/or assistance accessing benefits that are the same or similar to what is being proposed in this application.
2. Describe your experience coordinating services with college campuses and/or student groups active on college campuses.
3. Describe your experience coordinating partnerships with a financial component, including selecting appropriate partners, developing agreements, performance monitoring, and partner data collection.

Click or tap here to enter text.

**Question 8:** Describe how past performance demonstrates your agency's/program's ability to track and report progress, meet targets, and make a positive impact on the community.

 Upload past performance reports from the past two years or more of contracts that demonstrate the service or related services for which your Agency is applying. Performance reports can include:

1. Quarterly performance reports when combined, demonstrate at least two years of services
2. Annual reports provided to the community or board when combined, demonstrate at least two years.
3. Please explain if you are not able to provide these reports, or 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.

[ ] Past performance reports are attached to the application in Partnergrants.

**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.

**Question 9:** Describe how your agency and the proposed program includes an implementation strategy that advances racial equity in the community and within your organization. Include staff development plans to increase racial equity and follow anti-racist policies.

Click or tap here to enter text.

**Question 10:** Rate your organization for each of the following questions with “Implementation Started” or “Plan to Implement”. **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.
 | Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ...Drop Down MenuDropdown 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 MenuDropdown 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 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. |
| 1. Our agency hosts or participates in training events dedicated to improving equitable outcomes.
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |

**Alignment with CLAS Standards**

Applicant’s policies and practices are required to align with the following [National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53) and Health Care in order to advance health equity and improve service delivery for diverse populations. The goals of the CLAS standards are to correct inequities that currently exist in the provision of health and social services and to be more responsive to the individual needs of all patients/consumers. Ultimately, the aim of the standards is to contribute to the elimination of racial and ethnic health disparities and to improve the health of all Americans. There are 15 CLAS standard grouped under four themes:

* Principal Standard
* Governance, Leadership and Workforce
* Communication and Language Assistance
* Engagement, Continuous Improvement and Accountability

The principal standard is:

1. Provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

Five of the 15 Standards are listed below:

1. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
2. Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area
3. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
4. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

11. Collect and maintain accurate and reliable demographic data to monitor the impact of CLAS on health equity and outcomes and to inform service delivery

*Agencies are encouraged to implement all 15 CLAS Standards listed* [*here*](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53)*.*

**Question 11:**

1. Describe how your policies and practices will align with the National Culturally and Linguistically Appropriate Services **(CLAS) standards**. Applicants must describe specific CLAS standards that will be met.
2. Describe your **accessibility infrastructure** (disability access, language access, technology) to provide equitable supportive services to clients with disabilities, in different languages and how you will reach persons with limited access to technology.
3. Describe how you will **tailor messaging** to communicate with diverse audiences including messaging and practices that are gender-inclusive and affirming, that promote racial equity, and are inclusive of clients who are immigrants or refugees (documented or undocumented).

Please  attach appropriate policies and procedures.

Click or tap here to enter text.

[ ] Appropriate policies are attached to the application in Partnergrants.

**Section 2: Program Design**

**Question 12:** Will your agency be proposing to administer a Direct Service Model or Direct Sub-award Model (see Scope of Work for definitions)?

 If Direct Service Model, respond to 12A

If Direct Sub-award Model, proceed to 12B

**Question 12A (Direct Service Model):** Describe how your agency will provide services that align with the Program Services in the Scope of Work.

1. Describe the goals and objectives of the program and how your program defines success.
2. Describe the campuses and/or populations that your organization will be serving and your existing and planned strategies to engage these clients.
3. Describe how you will ensure equitable supportive services are provided to clients with disabilities, to clients who with limited English proficiency, and in a way that promotes racial equity.
4. Describe the program strategy/strategies. Include description of program methods and activities. Provide enough detail so that the reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients.
5. Describe how your organization will partner with colleges, universities, and campus-based groups as appropriate to provide the services proposed and incorporate student feedback.

Click or tap here to enter text.

**Question 12B (Direct Sub-award Model):** Describe how your agency will administer a process to award sub-awards that align with the Program Services in the Scope of Work.

1. Describe the goals and objectives of the program and how your program defines success.
2. Describe the method for administering an application process, including conducting outreach to and screening for eligible applicants; developing and implementing a request for proposal process; evaluating applications, and awarding funds.
3. Describe how you will ensure an equitable request for proposals process that considers how to best reach the priority campuses, accounts for the unique needs of each, and incorporates student feedback.
4. Describe the method for monitoring and evaluation of awardees, including appropriate use of funds; establishing appropriate metrics for measuring success; receiving and reporting minimum quarterly performance metrics.

Click or tap here to enter text.

**Section 3: Data-Informed Program Management**

The ability to collect, track, and report client demographics and program output(s) and outcome(s) is a priority for the City. The applicant should have demonstrated experience that they will use data to evaluate and improve their programming, increase racial equity and their program's impact on the community and through data collection and evaluation.

**Question 13:** Describe the data management process and flow for the proposed program. Detail the systems and capacity your organization has to track and report program reach (unduplicated client count, zip code, demographic data, resources distributed etc.), including collecting data from sub-awardees as appropriate.

1. Describe the system to collect, keep, and report program data accurately and securely.

2. Describe what data the agency will be collecting and how the agency will evaluate the program’s performance in achieving program goals

3. Describe how data will be shared among relevant service providers/sub-awardees without violating client confidentiality.

Click or tap here to enter text.

**Section 4: Program Staffing and Cost Effectiveness**

**Program Staffing and Time**

**Question 14:** Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations. Include education, licenses, credentials, qualifications, and/or certifications required for staff members that work directly with clients in the proposed program as appropriate to the proposed activities.

**Required** **Attachments:**  Attach Resumes or job position descriptions of program staff and/or volunteers working with clients. Applicants 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.

[ ] Staff resumes or job/descriptions are attached to application in Partnergrants (as applicable).

**Question 15:** Describe how your staff or volunteers will reflect the population including languages spoken by the priority populations and needs of the community, or how you will ensure the same among sub-awardees as appropriate.

Click or tap here to enter text.

**Question 16: 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 RFA. If volunteers are a fundamental component of the program, list the position(s) in this table.
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 application.
3. Provide the corresponding percentages of Full Time Equivalent (FTE) positions for each position.
4. Total all full and partial FTE positions at the bottom.

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* | *Certified Volunteers Peer Educators* | 8.00  |
|  | *Total FTEs* | *10.25* |

|  |  |  |
| --- | --- | --- |
| **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. |
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| 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**

**Instructions for completing the Form 3 – Program Budget and Funding Summary:**

**Program Budget**

* All line item amounts must be entered as WHOLE DOLLARS.
* If no funds are budgeted for a line item, leave it blank.
* The dollar amount requested for ongoing funding must reflect an annual 12-month contract period.
* Calculate and check all subtotals and totals, including the percentages by funding source at the bottom, and ensure all line item amounts, subtotals, and totals are in WHOLE DOLLARS and are correct.

**Budget Narrative**

* 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.
* If you are proposing a Sub-Award Model Program, include administrative costs as appropriate and complete Section D. Sub-grantees/subrecipients and Section F. Estimated Awards.
* If proposing a Direct Service Model program, complete Section E. Cost per Client Calculation: Add the number of total clients projected to be served in a 12-month period to get the cost per client in the space below the budget.

**Funding Summary**

* Include the funding source, grant/contract name (if applicable), and ANNUAL amount of all funding including the requested City of Austin funding in the table.
* The totals in this form should match the total shaded in yellow in the Program Budget and Narrative Form “Total Budget All Funding Sources” column, which includes Requested City of Austin Amount and All Other Sources.
* **Question 17: Complete and**  **upload Form 3 – Program Budget and Funding Summary (Excel spreadsheet) and upload completed document into Partnergrants to complete this question. There are three tabs in the spreadsheet: Budget and Narrative, Funding Summary, and Instructions.**

[ ] AttachForm 3. Program Budget and Funding Summary Forms. Check here if it is completed and attached to application in Partnergrants.

**Cost Effectiveness**

**Question 18:** Provide the total amount of City funding requested

**Total Amount of City Funding Requested:** Click or tap here to enter $Dollar Amount

**Question 19:** Provide a summary description of the budget justification for the program strategy/strategies. 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.

**Question 20: (Direct Service Model only)** If proposing the Direct Service Model, enter below the number of unduplicated clients to be served per 12-month service period, and the average cost per client from the Form 3: Program Budget and Narrative spreadsheet (cell E31 on the Budget and Narrative Form tab).

Describe why the cost per client is appropriate for the level of services being provided.

If proposing a Sub-award Program, enter N/A.

Click or tap here to enter text.