

Section C -RFA SCOPE OF WORK

I. Introduction

The City of Austin (City) seeks applications in response to this Request for Applications (RFA) from qualified social service providers (Applicants) with demonstrated experience providing food access services to Austin/Travis County. The City will fund programs that respond to the economic and public health impacts of COVID-19 related to household food insecurity and food system disruption.

II. Background & Purpose of Funding

On March 11, 2021, the American Rescue Plan Act (ARPA) was signed into law, establishing the Coronavirus State and Local Fiscal Recovery Funds (SLFRF) program. SLFRF funds are intended to support ongoing recovery efforts in Austin and Travis County and respond to the COVID-19 public health emergency by meeting urgent community needs. SLFRF award funds will be used for activities that respond to the COVID-19 public health emergency or its negative economic impacts, including those impacts related to food access and the local food system. On March 25, 2021, Austin City Council approved [Resolution No. 20210325-111](#) initiating the development of a spending framework for COVID-19 relief, which included food insecurity as a funding priority.

As of the writing of this document, the [Interim Final Rule](#) outlining the rules and regulations for this funding notes that the pandemic and the steps taken to control the spread had a severe impact on households and small businesses, including in particular low-income workers and communities and people of color. As much as possible, programs should prioritize benefits to communities in the U.S Department of Housing and Urban Development (HUD) [Qualified Census Tracts](#).

Feeding America projects that the 2021 overall food insecurity rate for Travis County in 2021 will be 15%, an increase from the 2019 rate of 12.8% and a decrease from the projected 2020 rate of 20%.¹ While the rate has decreased, influenced by employment status and financial security, recent projections and rates still sit above the national average and disproportionately impact communities of color.² As of September 2021, among populations of color, Black residents make up 7.8% of the population, 8% of COVID-19 cases, but as of September 23, 2021, 12% of local deaths from COVID-19. Latinx residents make up 33.9% of the population, but 41% of COVID-19 cases, and 49% of deaths from COVID-19. Older adults over the age of 60 are at highest risk of mortality from COVID-19, making up only 9% of the population, but 11% of COVID-19 cases and 77% of deaths from COVID-19.^{3,4}

The four most common barriers to food access in the Austin area include low proximity to healthy food retail, low household income, few mobility options, and a lack of healthy food availability nearby. These barriers are exacerbated by racism, inequities in education and housing, and health, which disproportionately impact communities of color and communities in Northeast, East, and Southeast Austin. An estimated 77,000 Austin residents already lived in areas facing all four barriers to healthy food access prior to the emergence of COVID-19. Among those affected, 11% of African American residents, 9% of Hispanic residents, 5% of Asian residents, and 5% of white residents live in areas that face all four

¹ [State-By-State Resource: The Impact of Coronavirus on Food Insecurity - Feeding America Action](#)

² [Food Insecurity and Poverty in the US - Feeding America](#)

³ Local population data from [U.S. Census Bureau QuickFacts: Travis County, Texas](#)

⁴ COVID-19 case and mortality rates from [Austin Travis County COVID-19 Public Dashboard \(arcgis.com\)](#), pulled on September 23, 2021

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barriers. Geographically, the West side of town generally has greater access to healthy food retail, with more than three times the number of healthy food stores than the East side of I-35, typically known as the Eastern Crescent. Even in areas where healthy food retail exists, 90% of the Austin/Travis County population lives far from retail locations and has to rely on a personal vehicle or accessible public transportation. The additional burden of transportation costs or unmet need exacerbates problems reaching available food sources.⁵

The Central Texas Check-In Survey conducted by UT Austin, Dell Medical School Division of Community Engagement and Health Equity highlighted the range of individual and family needs experienced by Central Texas residents throughout the pandemic. Respondents were asked to identify which services or resources individuals and families needed due to COVID-19. Among those 758 responses considered, 688 (90.8%) of which were residents of Travis County, the top need expressed by respondents was food (28.9%). Food remained the top need or tied for the top need when disaggregated by race, broken down into White-only and Non-White respondents. When disaggregated by age, older adults over age 65 still reported it as in their top 3 needs (17.6%).

When seeking assistance for these and other services, respondents also noted that they faced barriers in accessing existing services. Generally, barriers fell into the categories of service capacity, citizenship requirements, and physical access to services. The survey also asked about health conditions that placed households at higher risk for complications from COVID. 64.7% of households surveyed had at least one chronic condition within the household, with the majority (55.2%) naming between one and three conditions. Of the top five conditions reported, three are heavily impacted by the food resources available to a household, including high blood pressure, obesity, and diabetes. In addition, the survey found that 53.9% of all respondents expressed difficulty in getting enough food for the household and/or worries about running out of food before being able to get more.

Prior to the pandemic, 41.7% of respondents were receiving food assistance, such as Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants and Children (WIC), school meals, or groceries and meals from a food bank/pantry or free meal delivery service. After the pandemic, that number rose to 62.5%, partly due to expansions of SNAP eligibility and benefits such as Pandemic Electronic Benefit Transfer (EBT), as well as creation of new caregiver meal services and new delivery and grocery pickup services that offered no-contact options.⁶

The objectives of this funding are to:

- Respond to the economic and public health impacts of COVID-19 related to household food insecurity and food system disruption
- Equitably address disparities in food access exacerbated by the COVID-19 public health emergency by providing priority support to populations facing disproportionate impact as a result of the COVID-19 public health emergency
- Address at least one of the most common barriers to food access in the Austin area including low proximity to healthy food retail, low household income, few mobility options, and a lack of healthy food availability nearby

⁵ [Food Access in Austin \(arcgis.com\)](#)

⁶ [Central Texas Check-In Survey Results Highlighting Needs in Travis County Among Priority Populations During the COVID-19 Pandemic](#)

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III. Funding and Timeline

Department: Austin Public Health

Services Solicited: General Food Access and Nutritious Food Incentive Program

ARPA General Food Access Available Funding: \$375,000 total annually. Applicants may apply for an annual minimum total of \$75,000 annual amount. APH anticipates awarding up to three (3) agreements.

Contract Term: The Agreements will have an effective start date of May 1, 2022, for an initial 12-month period, and up to two 12-month extension options.

Nutritious Food Incentive Program (NFIP): \$100,000 total annually. Applicants may apply for an annual total of \$100,000 for services. APH anticipates awarding one agreement for NFIP.

Contract Term: The Agreement will have an effective start date of May 1, 2022, for an initial 12-month period, and up to one 12-month extension option.

Awarded programs will be structured as a reimbursable-based agreement. This is an Agreement where an agency is reimbursed for expenses incurred and paid through the provision of adequate supporting documentation that verifies the expenses.

IV. Services Solicited

The City is intentionally leaving program strategies open beyond the criteria listed in this section, allowing Applicants to propose solutions to meet community needs effectively and successfully. Programs may propose to provide assistance to households, businesses, and individuals within the eligible use categories per the [Interim Final Rule](#), including communities in the U.S Department of Housing and Urban Development (HUD) [Qualified Census Tracts](#). APH will fund services that address community barriers to accessing adequate nutritious and culturally appropriate food resources that have arisen from or been exacerbated by the COVID-19 pandemic.

Applicants must propose to provide services that meet Eligible Use Criteria set forth in the Interim Final Rule for use of SLFRF awards including:

- Responding to the COVID-19 Public Health Emergency
- Addressing an identified need or negative impact of COVID-19
- Demonstrating how the program, service, and/or intervention addresses the COVID-19 Public Health Emergency
- Responding to the disease itself or harmful consequences of the economic disruptions resulting from or exacerbated by COVID-19

Program Services

Applicants proposing General Food Access Services must propose services including or similar to those listed below. Other programs that will be considered may address explicit barriers to food access within the community.

Proposed services may include, but are not limited to:

- Provision of free emergency food
- SNAP application assistance

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- Referrals to other relevant public benefits and service providers (WIC, APH Neighborhood Services Unit, etc.)
- Low- or no-cost groceries for underserved areas or priority population
- Urban agriculture support, resources, and/or education
- Home food delivery for priority populations
- Establishment of local food hubs
- Mobile grocery or emergency food access
- Food system employer support to promote stability of food service and agricultural jobs
- Nutritious Food Incentive Program (see definition in following paragraph)

Applicants may propose alone or in addition to General Food Access services to administer a Nutritious Food Incentive Program (NFIP). The program objective is to increase the purchasing power of SNAP recipients in the markets of their choice through partnership with grocery retailers. The contracted agency will be responsible for administering the program and issuing incentive reimbursement to participating grocery retailers for redemption of SNAP benefits. The contracted agency must already have in place:

- System for tracking incentives and processing reimbursements;
- Maintaining records to document operation of retail incentives;
- Branding strategy that includes justification and is informed by best practice;
- Solidified matching commitments from funders outside of the City of Austin;
- Implemented incentive program in at least 1 location with capacity to execute formal agreement or MOU within 30 days of contract execution and ability to implement program services within 45 days of contract execution; and
- Coordinated outreach and marketing strategies with other efforts, such as Double Up Food Bucks, community partners working with SNAP eligible households, and SNAP marketing efforts

Applicants are not required to apply to provide both NFIP program services and General Food Access services as described or similar to those listed in this section in order to be eligible to apply.

Best Practices and Principles of Service Delivery

Nutritious Food Incentive Program

For more resources and best practices, please review the [Fair Food Network website](#). Successful NFIP Programs provide an increase to the purchasing power of Supplemental Nutrition Assistance Program (SNAP) recipients by giving a coupon during the point of sale when using SNAP funds for use specifically for fresh fruits and vegetables at the next visit to that retailer.

Trauma-Informed Practices:

Successful applicants will apply [the principles of trauma-informed practice](#) to program and service delivery: safety, choice, collaboration, trustworthiness and empowerment. Examples of applied principles may include expanded food choice that honors an individual's dietary preferences and needs, education, program co-creation with those directly impacted, resource referrals, and discreet delivery of services that avoid or eliminate stigma.

Equitable Food Access during COVID:

Successful programs integrate racial and social equity into program services, especially in relation to response to needs arising from or exacerbated by COVID-19. Food Policy Networks highlights [in a report published in 2021](#) the need for coordination of efforts and various methods used by Food Policy Councils to advance equity across internal, policy, and programming areas. The Food Research & Action Center

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(FRAC) further emphasizes the [intersectionality of disparities faced by essential workers](#), who may have faced additional difficulties in addressing needs safely or may have faced even greater household hardship.

Staffing

Staff and volunteers engaged in direct food distribution efforts should be trained and/or certified in all appropriate health and safety procedures.

City of Austin Client Eligibility Requirements

Residents of the City of Austin or Travis County who are either living at or below 200% of the Federal Poverty Level. Client eligibility must be documented, and any proposed alternative requirements explained. See Section D – APH Client Eligibility Requirements.

Clients should be experiencing the economic and/or public health impact of COVID-19 related to household food insecurity and food system disruption. As much as possible, food distribution and services should be located in economically disadvantaged communities, and/or serve persons who are at or below the [Federal Poverty Limit](#).

V. Application Evaluation

A total of 100 points may be awarded to the application. All applications will be evaluated as to how the proposed program aligns with the goals of this RFA and whether each question has been adequately addressed.

Required documents

Required APH Documents: The following must be completed and/or submitted in Partnergrants.		
FORM NO.	TITLE OF REQUIRED FORMS	REQUIRES RESPONSES DUE
	Note: Forms 1-4 must be scanned, signed or filled out and uploaded into Partnergrants.	
1	OFFER SHEET	February 9, 2022 By 3PM CST
2	RFA APPLICATION	
2a	SUPPLEMENTAL WORK STATEMENT FOR NFIP APPLICATIONS	
3	PROGRAM BUDGET AND FUNDING SUMMARY	
4	COA CERTIFICATIONS AND DISCLOSURES	
SECTION NO.	TITLE	INFORMATION ONLY

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A	THRESHOLD REVIEW FORM	<i>Form input in Partnergrants Due 1/12/ 2022 by 3PM CST</i>
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RFA 2021 - 009 ARPA Food Access Evaluation Rubric		
Form 1:	Offer Sheet - Applicants must print, sign, scan and upload signed forms.	No points, but Applicant must submit signed form
Form 2: RFA Application		
Part I		
Fiscal and Administrative Capacity	Agency Information	No points awarded, but Applicant must pass threshold defined in Applicant Minimum Qualifications below.
Scored Application Part II		
Section 1: Experience and Cultural Competence	Agency Experience & Performance Cultural Competence & Racial Equity	10 points 10 points 20 points total
Section 2: Program Design Form 2a (NFIP Only):	Program Work Statement(s) Supplemental Work Statement for NFIP Applications Principles of Service Delivery Performance Metrics Austin Public Health Priorities	25 points 10 points 5 points 5 points 45 points total
Section 3: Data-Informed Program Management	Data-Informed Program Management	10 points total
Section 4: Cost Effectiveness Form 3:	Program Staffing and Time Program Budget and Funding Summary Program Budget and Funding Summary Form	10 points 10 points 5 points 25 points total
		Total: 100 Points
Form 4:	COA Certifications and Disclosures- Applicants must print, sign, scan and upload signed forms.	No points, but Applicant must submit signed form

VI. Applicant Minimum Qualifications

All agencies applying for funding must:

- A. Have at least two years of successful experience providing services described in this scope of work.

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- B. 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
- C. 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)
- D. Be eligible to contract and not debarred from contracting, according to SAM.gov and City Debarment information
- E. Be current in its payment of Federal and State payroll taxes
- F. Not owe past due taxes to the City
- G. Have the ability to meet Austin Public Health's Social Services Insurance Requirements
- H. 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.