**Form F:**

**RFA APPLICATION**

**APPLICATION INSTRUCTIONS: Fill out this document and hand deliver with application packet. All questions are highlighted in green. Click or tap on the sections below the Questions and type in your answers. Any required submittals are indicated by a**  **symbol, and drop-down menus are indicated by a**  **symbol.**

**The total word count limit is 14,500 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”.**

**PART I. MINIMUM THRESHOLD REVIEW**

**Section 1: Fiscal and Administrative Capacity**

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 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 (Form 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.

**Services Applying for: Applicants may apply for one or more activities across the four core pillars, but must complete and package forms F, H, and L separately for each proposed activity. Applications that propose integration across systems will be prioritized.** **Please select the service category being applied for with this application:**

**Pillar 1: Testing and Linkage**

**Pillar 2: Peer Support**

**Pillar 2: Rapid ART**

**Pillar 2: Transportation**

**Pillar 3: PrEP/nPEP**

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

**Question 1:** **Is your Agency a non-profit organization able to conduct business in the State of Texas?**

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 2:** **Has your Agency submitted all applicable tax returns** **to the IRS and the State of Texas (e.g. Form 990 or 900-EZ and state and federal payroll tax filings)?**

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 3:** **Is your agency eligible to contract and not debarred from contracting, according to SAM.gov and City Debarment information?**

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 4:** **Is your Agency current in its payment of Federal and State payroll taxes?**

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 5:** **Does your Agency** **owe past due taxes to the City?**

Click or tap here to enter text.

**If Yes explain:**

Click or tap here to enter text.

**Question 6:** **Does your organization have the ability to meet Austin Public Health’s Social Services Insurance Requirements?**

Click or tap here to enter text.

**Question 7:** **Does your organization have an active Board of Directors that meets regularly and reviews program performance, financial performance, and annually approves the agency budget?**

Click or tap here to enter text.

**Question 8:** **What is your organization’s annual budget?**

Click or tap here to enter text.

**Question 9:** **Provide a brief description of the Agency applying for this funding (e.g., mission statement)**

Click or tap here to enter text.

**Question 10:** **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 11: Provide any additional comments or clarifications about your organization.**

Click or tap here to enter text.

**Required APH Documents:**

**The following must be completed, and hand delivered**

|  |  |  |
| --- | --- | --- |
| **FORM**  **LTR.** | **TITLE** | **Requires Applicant Response (X)** |
| A | OFFER SHEET | X |
| F | RFA APPLICATION | X |
| G | APPLICATION THRESHOLD CHECKLIST | X |
| H | PROGRAM BUDGET AND NARRATIVE | X |
| J | COA CERTIFICATIONS AND DISCLOSURES | X |
| L | PROGRAM STAFF POSTIONS AND TIME | X |

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

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

**Section 2: Experience and Cultural Competence**

Applicants must demonstrate that they deliver HIV treatment and care services in a culturally appropriate manner to support sustained viral load suppression and reducing new HIV infections.

**AGENCY EXPERIENCE**

**Question 12:** Describe your experience providing the service you are applying for in this application, including successes and existing/potential challenges and how you have/plan to address these challenges. Your experience should also include how you have reached and impacted the priority populations identified in Form C. Documents to support this, such as agency protocols/procedures, may be submitted with this application.

If your agency has not provided this specific service, please describe your agency’s experience providing similar services or services to the priority populations.

If this is a new program describe how your previous experience and expertise will inform your ability to implement the new services successfully.

Click or tap here to enter text.

**Question 13:** Describe how past performance demonstrates that your agency's/program's ability to meet targets and make a positive impact on the priority populations and the community as a whole.

Click or tap here to enter text.

**Question 14:** Describe your experience reaching and serving diverse communities. Demonstrate with data how your organization positively impacts the priority populations identified in Form C and other historically marginalized communities.  Documents to support this may be submitted with this application.

Click or tap here to enter text.

**Question 15:**  If applicable, submit past performance reports received during the past two years or more of contracts that demonstrate the service or a related service 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. If you are not able to provide a performance report, please explain in the textbox below.
4. In the textbox below, please explain if you are not able to provide these reports, submitting other reports, or any clarifications you may have to the question.

Click or tap here to enter text.

**Question 16:**  If applicable, submit all monitoring reports received during the past two years or more of contracts.

**RACIAL EQUITY**

The City of Austin and the Austin/Travis County Continuum of Care evaluate agencies and projects that are able to demonstrate alignment with advancing equitable outcomes.

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 17:** Describe how your agency and the proposed program includes an implementation strategy that advances racial equity in the community.

Click or tap here to enter text.

**Question 18:** Describe how your agency advances racial and ethnic equity within your agency’s culture.

Click or tap here to enter text.

**Question 19:** Rate your organization for each of the following three 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. | Click here for 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. |
| 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 20:** 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.

Please  submit appropriate policies and procedures.

Click or tap here to enter text.

Appropriate policies are submitted with application.

**Section 3: Partnerships & Collaborations**

**Question 21:** Describe your agency’s formal and informal partnerships and/or collaborations with traditional and non-traditional partners that will help effectively and efficiently develop, implement, deliver, and evaluate services articulated in the application. Please clearly describe the roles and responsibilities of each partner. Documents to support this, such as signed Memorandum of Agreements with primary partners, may be submitted to this application.

Click or tap here to enter text.

**Question 22:** Describe how collaboration with these agencies, formal or otherwise, leads to improve health outcomes for clients, especially among the priority populations.

Click or tap here to enter text.

**Question 23:** Describe specific ways in which coordination and collaboration minimize duplication of efforts and maximize client access to, and utilization of, services, especially among the priority populations.

Click or tap here to enter text.

**Section 4: Program Design**

**Question 24:** Describe the program service this program will provide, referencing one of the Program Services listed in this RFA.

Click or tap here to enter text.

**Question 25:** Please complete the following questions:

1. **Program Goals and Objectives:** What are the goals and objectives of the program?

Click or tap here to enter text.

1. **Program Clients Served:** Who does the program serve? Describe your target client population and how the Client Eligibility Requirements will be documented for the target client population.

Click or tap here to enter text.

1. **Program Services and Delivery:** Describe the program strategy/strategies. Include description of program strategy/strategies provided by Program subcontractors. Provide enough detail so that the contract reviewer is able to have a comprehensive understanding of your services and how they are delivered to clients. Documents to support this, such as agency protocols/procedures, may be submitted with this application.

Click or tap here to enter text.

1. **System for Collecting and Reporting Program Data:** Describe the system that the agency has in place to collect and report program data.

Click or tap here to enter text.

1. **Performance Evaluation** – describe how the agency will evaluate the program’s performance in achieving program goals

Click or tap here to enter text.

1. **Quality Improvement** – describe the process for identifying problems or other issues in service delivery, designing activities to overcome these problems, and following up to ensure corrective actions have been effective.

Click or tap here to enter text.

1. **Service Coordination with Other Agencies** - How does the agency coordinate with other agencies to refer and receive clients, to provide comprehensive services,

Click or tap here to enter text.

1. **Service Collaboration with Other Agencies** - If the funded program is a collaborative, describe how the collaborative is structured and how clients will be receiving services from different members of the collaborative.

Click or tap here to enter text.

1. **Community Planning Activities:** Describe your agency's involvement in community planning activities that are specific to the services provided under this program.

Click or tap here to enter text.

1. **Sustainability:** Describe your agency’s sustainability plan for this program.

Click or tap here to enter text.

**Question 26:** Describe your Agency’s readiness to begin providing services. When will your organization start administering/providing the proposed services? This will require that the information system, staff, and other necessary program elements are in place.

Click or tap here to enter text.

**Section 5: Data Collection and Quality Assurance**

**Performance Metrics: Program**

**Question 27:** Please provide a) Output; b) Outcome Measure; c) Key Performance Metric in forms below:

1. **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.

Applications must include the following output:

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

Explain how the data for the proposed output measures will be collected and tracked.

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

Using the above data, how will success be evaluated in your program?

Click or tap here to enter text.

Applicants may propose an additional output to highlight the work of the program.

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **Annual Goal #** |
| Optional Output | Click or tap here to enter text. | Click or tap here to enter annual goal #. |

Explain how the data for the proposed output measures will be collected and tracked.

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

Using the above data, how will success be evaluated in your program?

Click or tap here to enter text.

1. **OUTCOME (RESULTS) MEASURES**

**Proposed Outcome:** Provide an outcome measure that will allow the program to evaluate the intention of the services offered and include proposed numeric goals.

|  |  |  |
| --- | --- | --- |
| **Proposed OUTCOME Text** |  | **Total Program Annual 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 or tap here to enter outcome percentage text. |  | Click or tap here to enter outcome percentage %age (num/denom). |

Explain how the data for the proposed outcome measures will be collected and tracked.

Click or tap here to enter text.

Describe how the data will be calculated for the outcome measure.

Click or tap here to enter text.

Using the proposed outcome measures, how will you use this data to improve the program and program delivery.

Click or tap here to enter text.

1. **KEY PERFORMANCE METRIC (SOCIAL SERVICES)**

**Performance Metrics: 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 allow us to experience and contribute to all the following outcomes: Economic Opportunity and Affordability, Mobility, Safety, Health & Environment, Culture and Lifelong Learning, and 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).

Please see the Complete Report: [Strategic Direction 2023](https://www.austintexas.gov/financeonline/afo_content.cfm?s=73&p=160) and [SD2023 Outcomes Metrics Master List](https://austinstrategicplan.bloomfire.com/series/3304505/posts/3302571-outcome-metrics-master-list)

Programs funded under this RFA must support achievement of metrics and indicators for the Health and Environment and/or Culture and Lifelong Learning Outcomes:

**Health and Environment**: Enjoying a sustainable environment and a healthy life, physically and mentally.

**Culture and Lifelong Learning**: Being enriched by Austin’s unique civic, cultural, ethnic, and learning opportunities.

**SD23 Outcome 1: Number and percentage of clients supported through the City of Austin, including community-based preventative health screenings, who followed through with referrals to a health care provider or community resource.**

**Question 28:** Explain how the proposed program supports at least one of the Strategic Direction 2023 outcome(s).

Click or tap here to enter text.

**Question 29:** Propose how data will be collected to support the outcome.

Click or tap here to enter text.

**Data Management & Quality Assurance: Program**

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 collection and evaluation to improve their programming and increase racial equity and their program's impact on the priority populations and throughout the community.

**Question 30:** Describe the data management process and flow for the proposed program. How will data be collected, where will it be kept and how will it be used to report program performance to Austin Public Health’s HIV Resource Administration Unit, Health Resources and Services Administration, and other monitoring agencies?

Click or tap here to enter text.

**Question 31:** Describe the organization’s process of internal controls and systems implemented to ensure data accuracy and data security. Who has access to the data, what trainings are provided to staff to ensure data is collected accurately, completely, and maintained in a HIPAA-compliant manner?

Click or tap here to enter text.

**Question 32:** Describe how data are used in your organization for identifying problems in (1) program design, (2) service delivery, and (3) expenditures and (3) equity, and how that information is used to improve practices and program effectiveness.

Click or tap here to enter text.

**Question 33:**Describe what data will be shared with planning bodies, local initiatives/campaigns, and/or service providers to improve community understanding of the population’s needs. In the response include how data will be shared without violating client confidentiality.

Click or tap here to enter text.

**Section 6: Budget Proposal and Narrative**

**Cost Effectiveness**

**Program Staffing and Time**

**Question 34:** 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? Distinguish between existing staff and any new positions that will be hired to support the program.

Click or tap here to enter text.

**Question 35:** In the box below briefly describe position descriptions, education, licenses, credentials, qualifications, and/or certifications required for staff members that work directly with clients in the proposed program. Include information regarding current practices and/or future plans to recruit, hire, and retain staff who reflect the priority populations as stated in Form C.

**Required** **Documents:**  Submit Resumes or job position descriptions of program staff working with clients Applicants may submit 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 included with application (as applicable).

**Program Budget and Narrative**

**Question 36: Complete Form H: Program Budget and Narrative**

Form H. Program Budget and Narrative is completed and submitted with application.

**Question 37:** 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 38:** In the following table, state the average cost per client using the total budget. In your description of “total budget” include the requested City of Austin funding that would be allocated to the proposed program. The response should also include the total number of clients served in the proposed program.

|  |  |
| --- | --- |
| Total Program Funding: Amount of City Funding Requested in this Application | $Click here to enter Amount of City Funding Requested in this Application. |
| Total Clients Served by Program: Number of Clients from Output 1 in this Application | # Click here to enter Number of Clients from Output 1. |
| Cost Per Client: Calculate by dividing dollar amount of Program Funding by Number of Clients Served by Program. | = $Click here to enter Dollar amount of Program Funding Divided by Number of Clients. |

**Question 39:** Describe why the cost per client is appropriate for the level of services being provided.

Click or tap here to enter text.

**Question 40:** Describe the social impact or return on investment for clients and the community resulting from the proposed services. Social impact and/or return on investment refers to the proposed program’s positive impact on social, financial, environmental, or quality of life factors for clients and/or the community.

Click or tap here to enter text.

**PART III. BONUS QUESTIONS: HEALTHY SERVICE DELIVERY**

A maximum of ten (10) points will be awarded toApplicants who create a healthy service environment for their clients, visitors, and staff. Applicants will be awarded the point values indicated below for having implemented or agreeing to implement by the date services begin any or all four (4) Healthy Service Environment.

Technical assistance is available from Austin Public Health’s Chronic Disease & Injury Prevention program to assist Applicants in planning and implementing a Tobacco-free Campus policy, Mother-Friendly Workplace policy, and Employee Wellness Initiative. Please call 512-972-5222 for additional information.

* 1. **Tobacco-free Campus**

Applicant has established and is enforcing a tobacco-free worksite policy and has developed initiatives and programming that promotes tobacco-free living.

A tobacco-free campus policy states:

* Use of tobacco products of any kind are not permitted on any property owned, leased, or rented by the organization (indoors and outdoors). This also includes parking areas and company cars. The policy applies to all employees, subcontractors, temporary workers, and visitors.

**Bonus Question A:** If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Submit the approved and signed policy/policies with application packet.

Click or tap here to enter text.

Appropriate tobacco-free campus policy is signed and submitted with application.

* 1. **Mother-Friendly Workplace**

Applicant actively promotes and supports breastfeeding by employees and maintains a written worksite lactation support policy that is regularly communicated to employees. The policy includes:

* Employer provides work schedule flexibility, including scheduling breaks and work patterns to provide time for expression of milk;
* The provision of accessible locations allowing privacy;
* Access nearby to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment; and
* Access to hygienic storage alternatives in the workplace for the mother’s breast milk (may include the allowance of personal coolers onsite).

**Bonus Question B:**If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Submit the approved and signed policy/policies with application packet.

Click or tap here to enter text.

Appropriate mother-friendly workplace policy is signed and submitted with application.

* 1. **Employee Wellness Initiative**

Applicant has a comprehensive Employee Wellness Initiative in place that promotes nutrition, physical activity, tobacco-free living, and the mental health of employees. The initiative encompasses healthy changes to the physical worksite environment as well as formal, written health promotion policies, programs or benefits impacting all employees. The initiative is promoted through educational and issue awareness efforts by the Applicant, signage, and a supportive company culture, championed by leadership.

**Bonus Question C:**If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Submit the approved and signed policy/policies with application packet.

Click or tap here to enter text.

Appropriate employee-wellness initiative policy is signed and submitted with application.

* 1. **Violence Prevention Policy**

Applicant is committed to providing a safe environment for working and conducting business. Applicant will not tolerate or ignore behaviors that are threatening or violent in nature. Applicant has a procedure to guide the identification and reporting of threats and workplace violence.

**Bonus Question D:** If applicable, describe how the Applicant plans to implement one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Submit the approved and signed policy/policies with application packet.

Click or tap here to enter text.

Appropriate violence prevention policy is signed and submitted with application.