**Section F: RFA Application**

**Section I. Organization Information Section**

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.

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

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

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

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

Click or tap here to enter text.

**Question 7:** **Is your organization receiving funding specific to COVID-19? If yes, how much funding?**

Click or tap here to enter text.

**If yes, for what purpose was the funding received?**

Click or tap here to enter text.

**Question 8:** **Is your organization receiving Emergency Solutions Grant currently or in the past? If yes, how much funding?**

Click or tap here to enter text.

**If yes, for what Project Type is/was the funding received? (Shelter, HMIS, Rapid Rehousing, Homeless Prevention, etc)**

Click or tap here to enter text.

**Question 8:** **Provide a brief description of the Agency applying for this funding (e.g., mission statement)**

Click or tap here to enter text.

**Question 9:** **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 10: Provide any additional comments or clarifications about your organization.**

Click or tap here to enter text.

**SCORED APPLICATION SECTIONS - Total Points Available: 100**

**Section II: Project Type, Program Services, Experience and Administration**

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

1. Which project type are you proposing?

Click here and choose an item from the  Drop Down Menu.

**Housing Supportive Services Project Type - Program Administration**

Programs must provide the services outlined in the Scope of Work:

* Have capacity to start the project quickly and efficiently
* Have administrative infrastructure to comply with fiscal and compliance requirements
* Have strong connection to communities of color and historically marginalized communities
* Use the homeless database – Homeless Management Information System (HMIS) - to track client services and performance metrics. It is not required that agencies must already be using HMIS, just that they are willing to train and have staff capacity to use the database.
* Establish feedback and quality improvement systems for clients, landlords, and other partners
* Develop clear protocols on targeting financial assistance and achieving optimal leverage of other community programs/services
* Have experience providing Case management, housing location, housing stability case management or other services to assist homeless and/or low-income individuals experiencing a housing crisis.

**Questions 2-4 for Housing Supportive Services Applicants Only**

2. Select which ESG-Eligible services you will providing from the list below:

[ ]  Housing search and finding housing for clients

[ ] Helping clients overcome barriers to housing

[ ] Helping clients remain stable after finding housing

[ ] Other (Explain here): Click or tap here to enter text.

3. Number of households that will be served annually

* These funds will require a large amount of effort at the beginning to house a high number of clients at the same time.
* We estimate that each housing locator/case manager will serve approximately 20 clients and provide them all ESG-eligible housing location and housing stability case management services.
* You can use this estimate to determine how many clients you can serve and how much staff you will need to request in the Section 6: Staffing.

Click or tap here to enter text.

4. Describe how these program services and/or other resources within your agency will be used to quickly reduce housing barriers and quickly engage participants in successfully maintaining housing stability.

Click or tap here to enter text.

**Fiscal Agent Project Type - Program Administration**

Programs must provide the services outlined in the Scope of Work:

* Have experience providing financial assistance to low income individuals including issuing checks to landlords, utilities, and other entities on behalf of clients.
* Provide sufficient administrative infrastructure to comply with fiscal and compliance requirements.
* Be able to disperse payments quickly to landlords (within 2 business days of complete and eligible application)
* Provide training to contracted service providers on processes to request financial support
* Establish feedback and quality improvement systems for community partner agencies, landlords, and other partners
* Develop user-friendly processes for partner service providers to submit requests and documentation for assistance

**Questions 5-6 for Fiscal Agent Applicants Only**

**5.** The fiscal agent will be responsible for processing check requests from Housing Supportive Service providers.Describe how your program will coordinate with services providers, train service providers about check processing requirements, limitations on financial assistance, and other compliance issue related to financial assistance.

Click or tap here to enter text.

**6.**  Describe how your organization will disperse payments quickly to landlords and other housing-related providers

Click or tap here to enter text.

**Question 7: Experience and Community Coordination (For both Project Types)**

**Experience:** Describe your agency’s experience (which could include experience brought to your agency through your staff, board members or past/current agency’s programs) providing any or all of the following:

7(a) Services to persons who are experiencing homeless.

7(b) Services low income individuals, communities of color, and those historically marginalized.

7(c) Helping people moved into housing quickly; responding and supporting families with housing instability; Housing location, housing inspections, landlord outreach, housing-related case management, and/or case management to formerly homeless individuals;

7(d) Financial assistance to low income individuals including issuing checks to landlords, utilities, and other entities on behalf of clients.

Click or tap here to enter text.

**8. Community coordination and collaboration:**

8(a) What resources or other organizations do you typically connect with to support your clients in crisis? What agencies do you typically network or partner with to help your clients meet their needs?

8(b) Describe any formal or informal coordination, partnership, or collaboration with other organizations proposed in this application.

8(c) If you will be subcontracting with another agency to provide services, please list each partner agency, their experience with the populations listed above 7 (a-d), and describe what services and the frequency of services that will be offered.

Click or tap here to enter text.

**Section III. Priority Population**

NOTE: Specific eligibility and recordkeeping requirements– see below:

* [Criteria and Recordkeeping Requirements for Definition of Homelessness](https://files.hudexchange.info/resources/documents/HomelessDefinition_RecordkeepingRequirementsandCriteria.pdf)

**Question 9. Priority Population and Engagement**

As described in the Scope of Work, this funding is intended to first support homeless clients who are leaving the ProLodges into permanent housing and then, the general population of homeless individuals who are impacted by COVID-19. Homeless eligibility is required.

Describe how the program will serve this population and document program eligibility.

Click or tap here to enter text.

**Question 10: Client Access to Program Services**

Describe any barriers or challenges the priority population(s) may encounter accessing services and strategies used to mitigate identified barriers

Click or tap here to enter text.

**Question 11.** **Equal Access**

Describe how the agency uses policy and practices to ensure equal access and non-discrimination when serving prospective and new program participants.

Click or tap here to enter text.

**Section IV. Data Management and Reporting**

**Data Management**

**All HUD-funded programs serving homeless individuals are required to enter data and report in the Homeless Management Information System (HMIS). The following are some general requirements and expectations for HMIS data quality.**

1. Program meets all data quality thresholds for accuracy during reporting period
2. Enter data into the local HMIS database as outlined in the:
	* [ECHO HMIS Policy and Procedures Manual](https://www.austinecho.org/wp-content/uploads/2019/07/ECHO-HMIS-Policies-and-Procedures-Manual-%E2%80%93-02-07-2019.pdf)
	* [HUD FY2020 HMIS Data Standards Manual](https://files.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf)
	* [Performance Improvement Plan Policy and Procedure](https://www.austinecho.org/wp-content/uploads/2019/07/PIP-Policy-Process.pdf)

**Question 12-13: Data Quality for agencies who do not currently use HMIS**

**Question 12.** Describe your current data system and history of collecting client-level demographics as well as client reporting to funders or the community. Include details about how your agency ensures data security.

* **Upload any blank intake forms, demographic and performance reports you currently use.**

Click or tap here to enter text.

[ ] Check here to indicate that you have  uploaded a PDF copy of your blank intake forms, demographic and performance report in Partnergrants.

**Question 13. Will your agency be able to start entering data into HMIS?** If yes, please describe your agency’s ability to comply with the HMIS community database requirements described in the policies and procedures manual listed above. Include any equipment needed, and how many staff will be needing HMIS licenses.

Click or tap here to enter text.

**Question 14-16: Data Quality for current HMIS users**

**Question 14.** Describe your Agency’s history using the local HMIS database and/or use a comparable database (Victim Service Providers only). Describe the extent of participation in HMIS (e.g., number and percent of direct service/program staff that enter information directly into HMIS, use of reporting features, entering services and or case notes)

Click or tap here to enter text.

**Question 15:** Describe current and/or future strategies to ensure data quality, data security

 and include information about current or planned equipment needed for program.

Click or tap here to enter text.

**Reporting and Performance Standards**

The ability to collect, track, and report client demographics and program output(s) and outcome(s) is a priority for the City of Austin and the Austin/Travis County CoC.

**Question 16:** Please check all of the boxes below to indicate the reporting requirements the proposed project is able to comply with by the grant start date (date to be determined). Please note that for each item selected indicates an agreement to comply with reporting requirements. If you are not able to or not willing to comply with the reporting requirements requested, please do not select and explain in the text box below.

|  |  |
| --- | --- |
| **Indicate with an [X] Agreement to Submit Report by the deadlines reported by funder** | **Potential reports required by funders and funding sources (these represent multiple funder reports, and the end contract may or may not include all of these reports).** |
| [ ]  | [Sample ESG CAPER Report - Blank](https://www.austintexas.gov/sites/default/files/files/Health/Social%20Services/Sample%20HUD%20ESG%20CAPER%20-%20Blank.pdf) |
| [ ]  | [HMIS Data Quality Reports](https://www.austintexas.gov/sites/default/files/files/Health/Social%20Services/Sample%20HMIS%20Data%20Completeness%20Report.pdf)  |
| [ ]  | [Rapid Re-housing Scorecard](https://www.austinecho.org/wp-content/uploads/2019/07/180711-Performance-Scorecard-RRH.pdf) |

Click or tap here to enter text.

**Question 17:** Review the performance reports referenced above. These must be entered into HMIS in order to comply with federal regulations.

How will performance standards be met for the proposed program.

How will data be collected?

What staff positions will be entering data ?

How will it be used to report program performance?

How will the data be used to improve the program and program delivery?

Click or tap here to enter text.

**Section V. 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 18:** Describe how your agency and the proposed program / implementation strategy advances racial equity in the community.

Click or tap here to enter text.

**Question 19:** Describe how your **agency** advances racial and ethnic equity within the agency culture.

Click or tap here to enter text.

**Question 20:** 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. |
| 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. |

**Section VI. Project Staffing and Budget**

**Question 21: Project Staffing Plan** 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?

Click or tap here to enter text.

**Question 22:** Describe your agency’s leadership or front-line staff’s level of lived experience of staff, racial or cultural diversity that is complementary to the priority population to be served.

Click or tap here to enter text.

**Question 23: Project Staff Attachments**

* **Required** **Attachments:** Resumes or job position descriptions of program staff working with clients (for Housing Supportive Services Applicants)

OR

* Administering direct financial assistance (for Fiscal Agent Applicants). Applicants may attach up to 5 additional pages.

[ ]  **Check here to indicate that you have** **uploaded REQUIRED** Project Staff Resumes or Job Descriptions are attached in Partnergrants (as applicable).

Click or tap here to enter any clarifications or explanations.

**Question 24: Project Staffing Budget Form**

**Provide an overview of the staffing plan for the project using the table below (you may add additional rows as necessary.)**

**Notes for Housing Supportive Services programs:** We estimate that each housing locator/case manager will serve approximately 20 clients and provide them all ESG-eligible housing location and housing stability case management services.

**Notes for Fiscal Agent programs:** The budget for the RFA is limited to $300,000 for staff only. Any other costs for the program including HMIS Licenses, computer costs, and direct financial assistance (rent, utilities, etc.) will be determined at time of contract negotiation and should not be included in the request and/or in the staffing form below.

For each of the staff positions involved in the project: state position title, indicate what eligible services they will be providing (refer to Scope of Work for each Project Type), percent of time the staff spends on the project, and the Amount Requested for each staff position. Attach separate document if more lines are needed.

**NOTE: ONLY INCLUDE STAFF REQUESTED IN THIS SOLICITATION.**

DO NOT INCLUDE STAFF WHO WILL BE FUNDED 100% BY OTHER FUNDING SOURCES. If a staff member is partially funded by another funder, include only the percentage of time that this application is requesting in this solicitation.

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Position Titles** | **Eligible Services Provided by Staff** *(refer to Scope of Work)* | **Program Staff FTE Amount/% of Time Spent on Project** | **$Amount Requested for Staff Position.** *(Total should match the total amount requested from the RFA.)* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter FTE/%. | Click or tap here to enter $ amount. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter FTE/%. | Click or tap here to enter $ amount. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter FTE/%. | Click or tap here to enter $ amount. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter FTE/%. | Click or tap here to enter $ amount. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter FTE/%. | Click or tap here to enter $ amount. |
|  | **TOTAL FTEs and $ Amount Requested =**  | **Click here to enter TOTAL FTEs** | **Click or tap here to enter Total Requested $ amount.** |

**Please note: The total in this staffing form should match the total amount requested for the RFA. Any other costs for the program including HMIS Licenses, computer costs, and direct financial assistance (rent, utilities, etc.) will be determined at time of contract negotiation.**

**Section VII: Austin Homelessness Advisory Council Questions**

**This section will be scored by the Austin Homelessness Advisory Council (AHAC).** AHAC is a group of approximately 15 individuals with lived experience with homelessness in Austin. AHAC is facilitated and administratively supported by the Downtown Austin Community Court (DACC) and meets on a biweekly basis to provide input on processes, programs, and practices impacting and serving individuals experiencing homelessness.

**Question 25: Please provide a general overview of your proposed program including your goals for the program and what services you plan to provide.**

Click or tap here to enter text.

**Question 26: Please explain how your program will work to be transparent with your clients and build trust with them.**

Click or tap here to enter text.

**Question 27: Please explain how your program will addressing client barriers; getting client feedback; and using client feedback to improve the program.**

Click or tap here to enter text.