

RFQS#007 CSBG CV Rental Assistance – 2020 - NPS

Section F: RFQS Application

Section I. Applicant Minimum Qualifications

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, the letter and number reference is included at the end of the question in parenthesis.

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

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? (3.1)

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)? (3.2)

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? (3.3, 3.4)

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? (3.2)

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? (3.2)

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? (3.5)

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? (3.6)

Click or tap here to enter text.

Question 8: What is your organization's annual budget?

Click or tap here to enter text.

Question 10: Provide a brief description of the Agency applying for this funding (e.g., mission statement)

Click or tap here to enter text.

Question 11: 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 12: Provide any additional comments or clarifications about your organization.

Click or tap here to enter text.

Question 13: Is your organization prepared to begin administering services within a week of award? This will require that the information system, staff and other necessary program elements are in place. (2.4)

Click or tap here to enter text.

Question 14: Required APH Documents:

Complete and submit the following documents in Partnergrants.


SECTION NO.	TITLE	Requires Applicant Response (X)
A	OFFER SHEET	X
F	RFQS APPLICATION	X
G	PROJECTED BUDGET FORM (Excel Spreadsheet in Partnergrants)	X
H	EQUAL EMPLOYMENT/FAIR HOUSING OFFICE NON-DISCRIMINATION CERTIFICATION	X
I	NON-SUSPENSION OR DEBARMENT CERTIFICATION	X
J	NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING CERTIFICATION	X

Section 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.

Question 1: Experience (20 points)

Please describe your organization's experience managing relevant local, state, and/or federal contracts for a minimum of two (2) years (3.7, 3.8).


 Attach all monitoring reports received during the most recent term of administering the referenced contracts





Check here to affirm that all monitoring reports received during the most recent term of administering the referenced contracts  attached in Partnergrants in a single PDF


Question 2: Experience (20 points)

Provide a narrative in the textbox below with your agency's specific expertise, experience, and compliance regarding Items **4.1, 4.2, 4.3** in the Scope of Work.

Click or tap here to enter text.

Question 3: Personnel (10 points) For the portions of this questions that ask for a narrative explanation, you may either  attach your response in Partnergrants or enter your response into the textbox below. Please note all of the required attachments.

- A. Provide a general explanation in the textbox below or as an  attachment which specifies staff and their program responsibilities; the amount of time or percentage of Full Time Equivalent they will be serving the program; and the structure and reporting responsibilities of personnel.
- B.  Attach an organizational chart for your agency.
- C. If the use of subcontractors is proposed, identify personnel responsibilities and their placement in the structure and provide a description for each subcontractor's responsibilities.
- D. **For Personnel listed above, please attach:**
 -  Attach Resumes and/or professional experience and education for executive leadership listed on the organizational chart, including any professional trainings, degrees and/or certifications held
- E. **Please provide (in the textbox below or  attach) details of what experience, if any, staff assigned to this contract has with:**
 - Administering funding in contract with a governmental entity (municipal, county, state, federal)
 - Distributing Emergency Financial Assistance

Check here to affirm that resumes and/or professional experience, organizational chart, etc. are  attached in Partnergrants in a single PDF.

Click or tap here to enter text.

Question 4 – Service Capacity (30 points)

A. In the textbox below define in detail your understanding of the requirements presented in the Scope of Work and your organization’s capacity to provide the listed services and operations, specifically addressing Items in:

Section 4. Program Design Requirements

Section 6. Application Evaluation


B. Describe your capacity to pay vendors electronically for vendors that prefer electronic payment?


Click or tap here to enter text.

Question 5. Project Budget and Narrative (20 points)

A. What percentage of the budget are you requesting for administrative costs (10% max)?

Click or tap here to enter percentage requested.

B. Please fill out the  attached G. Project Budget Forms.

Complete *Section G: Project Budget Form* in a separate document.  Upload completed document into Partnergrants to complete this question.

Project 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 must equal the amount in Question 5a.
- 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 Instructions:

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.

Do not enter narrative for budget lines that are blank or budgeted amounts from Other Funding.

Check here to indicate that *Section G: Project Budget Form* is  attached in Partnergrants.

OVERALL COMMENTS OR CLARIFICATIONS - Optional

Click or tap here to enter text for any clarification or explanation of required attached documents.