Form 2 - RFP PROPOSAL

**PROPOSAL INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. An Offeror can only apply for one program area per proposal. Offerors may submit multiple proposals for different program types. All questions are highlighted in green. Click on the sections below the Questions to 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 proposal 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”.

**Table 1: Required APH Documents**. The following must be completed and/or submitted in Partnergrants:

|  |  |  |
| --- | --- | --- |
| **Form Number** | **Title** | **Guidance** |
| 1 | Offer Sheet | Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants.**April 10, 2023, 3PM CST** |
| 2 | Proposal  |
| 3 | Program Budget and Funding Summary  |
| 4 | COA Certifications and Disclosures |
| **Exhibit Number** | **Title** | **Guidance** |
| A | Threshold Review  | Threshold Application in PartnerGrants March 23, 2023, 3PM CST |

**PART I. Fiscal and Administrative Capacity - Unscored**

**Minimum Threshold Review**

The **Annual Agency Threshold Application** must be completed in PartnerGrants by or before the Pre-Application Certification deadline stated in the Offer Sheet. This form must be submitted once per 12 months and remains valid for all competitions closing within that time period. This threshold will be reviewed by APH staff and the agency will be notified once approved.

After submitting the Annual Agency Threshold Application, the agency will be able to submit a **Pre-Application Certification** through this RFP Opportunity to express intent to apply. Pre-Application Certifications will only be approved and access to Final Proposals granted once the Annual Agency Threshold Application approval has been verified. A separate Pre-Application Certification must be completed for each Proposal. Offerors may submit multiple proposals to an RFP.

**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 determine if your organization is eligible to contract with the City of Austin. All Proposals must have satisfactory answers in this section to be evaluated for potential award. If this question was referenced in the Scope of Work (Document 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.

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.

1. Will your organization be able to meet all the Terms and Conditions listed in Exhibit E-Standard Boilerplate and Exhibits? Provide any additional information.

Click or tap here to enter text.

1. What is your organization’s annual budget?

Click or tap here to enter text.

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

Click or tap here to enter text.

1. 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.

1. Provide any additional comments or clarifications about your organization.

Click or tap here to enter text.

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

**Offerors 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**

Offerors must demonstrate that they, members of their board, or leadership staff have experience delivering high quality services in Austin/Travis County for a minimum of 2 years.

**AGENCY EXPERIENCE & PERFORMANCE:**

1. Please provide examples of your organization’s experience or ability to provide services to victims of a wide range of crimes, including, but not limited to, victims of sexual assault, domestic violence, physical assault, shooting, stabbing, human trafficking, and vehicular assault, as well as family members of homicide victims.

Click or tap here to enter text.

1. Provide examples of your organization’s experience and or ability to serve as a community resource by making presentations and providing training to law enforcement, community-based agencies, and other care providers on the identification and effects of violent crime.

Click or tap here to enter text.

1. Provide examples of your organization’s experience and or ability to serve the greatest number of victims based on geographic location. Include considerations such as such as, crime rate in your service area, segments of the population to be served, availability of similar services in your area and the impact or deficit to the community if not funded.

Click or tap here to enter text.

1. Please provide examples of your organization’s experience or ability to provide outreach and successfully serving crime victims who typically are unable to access traditional services, identified service populations from the Priority Populations section of Exhibit C – Scope of Work.
	1. Describe how you ensure that no person is excluded from services solely on the basis of emotional or behavioral issues resulting from trauma, substance abuse, low initial motivation, high levels of anxiety, or based on immigration status.
	2. Demonstrate with data how your organization positively impacts:
		1. Populations most impacted by crime
		2. People of color
		3. Victims of violent crime

Click or tap here to enter text.

**Section 2: Program Design**

1. Please complete the following questions using the [Program Work Statement Form in Partnergrants](https://partnergrants.austintexas.gov/). In this section, please keep your answers concise and only describe concrete services and actions. Refer to the questions and guidance below when completing your responses.

**Program Services**

1. **[Program Goals and Objectives:](https://partnergrants.austintexas.gov/)** [What are the goals and objectives of the program? Describe how your program defines success.](https://partnergrants.austintexas.gov/)
2. **[Program Clients Served:](https://partnergrants.austintexas.gov/)** [Who does the program serve? Describe your target client population and how the Client Eligibility Requirements will be documented for the proposed client population.](https://partnergrants.austintexas.gov/)
3. **[Program Services and Delivery:](https://partnergrants.austintexas.gov/)** [Describe the program strategy/strategies. Include description of program methods and activities. 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.](https://partnergrants.austintexas.gov/)

**Data Collection and Program Evaluation**

1. **[System for Collecting and Reporting Program Data:](https://partnergrants.austintexas.gov/)**

[Describe the system that the agency has in place to collect and report program data, including data required to report on performance measures. Include data management process and flow for the proposed program.](https://partnergrants.austintexas.gov/)

[How will data be collected, where will it be kept and how will it be used to report program performance to the City? 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 kind of training is provided to staff to ensure data is collected accurately and completely?](https://partnergrants.austintexas.gov/)

1. **[Performance Evaluation](https://partnergrants.austintexas.gov/)**[: Describe how the agency will evaluate the program’s performance in achieving program goals.](https://partnergrants.austintexas.gov/)
2. **[Quality Improvement:](https://partnergrants.austintexas.gov/)** [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.](https://partnergrants.austintexas.gov/)

**Coordination and Collaboration**

1. **[Service Coordination with Other Agencies:](https://partnergrants.austintexas.gov/)** [How does the agency coordinate with other agencies to refer and receive clients, to provide comprehensive services? Describe what data will be shared with planning bodies 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.](https://partnergrants.austintexas.gov/)
2. **[Service Collaboration with Other Agencies:](https://partnergrants.austintexas.gov/)** [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. Collaboration is defined here as a subgrantee relationship with another agency or agencies with the Offeror serving as the primary fiscal agent. If none, put N/A.](https://partnergrants.austintexas.gov/)
3. **[Community Planning Activities:](https://partnergrants.austintexas.gov/)** [Describe your agency's involvement in community planning activities that are specific to the services provided under this program. Include how your agency may participate in activities such as the local CHA-CHIP working groups, engage with community stakeholders, utilize Connect ATX, work with the APH CHW Hub and coalition, etc.](https://partnergrants.austintexas.gov/)
4. Provide specific examples of your organization’s experience and or ability to offer evidence-based and evidence-informed mental health services and support services.

Click or tap here to enter text.

1. Provide examples of your organization’s experience and or ability to utilize a multidisciplinary team of clinicians. Describe how this multidisciplinary team will assist with medication management, provide consultation, and assist with treatment to meet the clinical needs of victims.

Click or tap here to enter text.

1. What type of outreach plan will the program use (*e.g., social media, virtual community meetings, in-person meetings with social distance protocols, phone calls, distribution of print materials, other)*?

Click or tap here to enter text.

**PRINCIPLES OF SERVICE DELIVERY**

1. Describe existing and planned strategies for providing programming and services that integrate trauma-informed practices into services environments and processes.

Click or tap here to enter text.

1. Describe your method of communication framework to service and interact with clients from diverse cultures.

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 Offeror 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 through data collection and evaluation.

**PERFORMANCE MEASURES**

1. Please provide a) Output; b) Outcome Measure; c) Key Performance Metric in forms below:
2. **OUTPUT MEASURES**

Provide a proposed a 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 including City funding and all other funding sources.

Proposals must include the following output:

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **24-month Goal** **June 1, 2023 – May 31, 2025** |
| Required Output | Total Number of Unduplicated Clients Served per 12-month period | Click or tap here to enter goal #. |

1. Describe how the data will be calculated for the output.

Click or tap here to enter text.

1. Provide an explanation for determining the annual goal.

Click or tap here to enter text.

**Additional Optional Outputs:** Offerors may propose additional output(s) to highlight the work of the program. These are optional.

|  |  |  |
| --- | --- | --- |
| **Type of Output** | **Output Wording** | **24-month Goal** **June 1, 2023 – May 31, 2025** |
| Supplemental Output 1 | Click or tap here to enter text. | Click or tap here to enter annual goal #. |
| Supplemental Output 2  | Click or tap here to enter text. | Click or tap here to enter annual goal #. |

1. Describe how the data will be calculated for the output.

Click or tap here to enter text.

1. Provide an explanation for determining the annual goal.

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. Below are examples of outcome measures that may be used, or you may provide your own.

**Outcome 2B –** Percent of individuals who obtain or maintain public benefits.

**Numerator**: Number of individuals obtaining or maintaining public benefits

 **Denominator**: Number of individuals in program

**Outcome 3B –** Percent of individuals making progress toward their treatment plan goals.

**Numerator**: Number of individuals making progress on their treatment plan goal(s)

**Denominator**: Number of individuals evaluated for progress on treatment plan goals(s)

**Outcome 5B –** Percent of individuals who demonstrate improved life skills.

**Numerator**: Number of individuals demonstrating improved life skill(s)

**Denominator**: Number of individuals participating in the activity

|  |  |  |
| --- | --- | --- |
| **Proposed OUTCOME Text****CHOOSE OUTCOME:**Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ...Click here for Drop Down Menu |  | **24-month Goal** **June 1, 2023 – May 31, 2025** |
| 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 (num/denom). |

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

Click or tap here to enter text.

1. Provide an explanation for determining the annual goal (rate, numerator and denominator).

 Click or tap here to enter text.

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

Proposals must include the following standard Social Services outcome measure. Please enter a program goal for the numerator, denominator, and percentage:

**Outcome 6A -** Percent of individuals who achieve healthy outcomes as a result from receiving services.

**Numerator:** Number of individuals who report improvement in physical, mental, emotional, or social functioning.

**Denominator:** Number of individuals receiving services through the program.

|  |  |
| --- | --- |
| **Required: OUTCOME # 1:**  | **24-month Goal****June 1, 2023 – May 31, 2025** |

|  |  |  |
| --- | --- | --- |
|  |  | Click or tap here to enter numerator #. |
|  |  | Click or tap here to enter denominator #. |
|  |  | Click or tap here to enter outcome percentage (num/denom).  |

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

Click or tap here to enter text.

1. Provide an explanation for determining the annual goal (rate, numerator, and denominator).

Click or tap here to enter text.

1. Describe how data are used in your organization for identifying problems in (1) program design, (2) service delivery, and (3) expenditures and (4) equity, and how that information is used to improve practices and program effectiveness.

Click or tap here to enter text.

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

Programs funded under this RFP must support achievement of the following Measure for the Health and Environment Strategic Outcome - Enjoying a sustainable environment and a healthy life, physically and mentally.

1. Explain how the proposed program supports the above Strategic Direction 2023 outcome. Please provide evidence-based information as appropriate.

Click or tap here to enter text.

**Section 4: Cost Effectiveness**

**PROGRAM STAFFING AND TIME**

1. Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations.

Click or tap here to enter text.

1. In the box below briefly describe position descriptions, education, licenses, credentials, qualifications, background check requirements and/or certifications required for staff members and/or volunteers that work directly with clients in the proposed program.

Click or tap here to enter text.

1. **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 RFP. If you have several volunteers who are certified to provide key programmatic services, please list them in this table as well.
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 proposal.
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**

1. Complete 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.

**Required Attachment:** Attach Form 3 – Program Budget and Funding Summary Form in Partnergrants

[ ] **Check here to indicate that** Form 3 – Program Budget and Funding Summary Form is attached in Partnergrants

**General Form 3 Program Budget and Funding Summary Instructions**

Form 3: Program Budget and Funding Summary is a spreadsheet intended to capture the budget of the proposed program, including City funding as well as program funding from other sources.

The Instructions tab contains instructions on how to fill out each section. Any activities or eligible costs for which the offeror does not intend to request funding, or apply funds from other sources, should be left empty.

In general, Offerors must:

* Enter all line-item amounts as whole dollars.
* Apportion your funding request into 12 months of funding.
* Include Other Funding for the first program period (12 months) in the Budget.
* Do not erase or change formulas or functions - only enter information into the orange-colored cells.
* If a formula error is discovered, please alert your Solicitation Point of Contact as soon as possible. Excel formulas and functions exist throughout the workbook and across worksheets to limit the necessity of the applicant to enter duplicitous information.
* Ensure all line-item amounts, subtotals, and totals are in WHOLE DOLLARS and are correct.
* For every budget line containing a requested amount of City of Austin funding in either Program Period 1 or 2, 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.
1. Provide the total amount of City funding requested for the 24-month period and a summary description of the budget justification for the program strategy/strategies.

Enter $ Total amount of City funding requested

Click or tap here to enter text.

**COST EFFECTIVENESS**

1. 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.

1. How have you considered City of Austin SD23 EOA.C.3 – Dollars-per-hour wage that an individual must earn to support a family in Austin? How will you use compensation strategies that promote tenure and reduce the likelihood for staff attrition, and aim to promote all staff earning the minimum livable wage in Austin/Travis County?

Click or tap here to enter text.

1. Enter below the average cost per client and/or transaction from the **Form 3 -** **Program Budget and Narrative** spreadsheet (cell B7 on the Budget and Narrative Form tab). Describe in the text box below why the cost per client and/or transaction is appropriate for the level of services being provided.

Click or tap here to enter text.