Form 2 - RFA Application

**APPLICATION INSTRUCTIONS:** Fill out this document and upload the document into PartnerGrants. Applicants may submit multiple Applications for different programs. All questions are in green text boxes. Click on the text boxes beneath 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:** Uploaded document names should be LETTERS and NUMBERS ONLY. File names should contain NO SPECIAL CHARACTERS.

**The total word count limit is 15,000 for this entire word document (including Application 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 HSO 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  |
| 2 | RFA Application  |
| 3 | Program Budget and Funding Summary  |
| 4 | COA Certifications and Disclosures |

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

**Pre-Application**

**Annual Agency Threshold Application:** The Annual Agency Threshold Application must be completed in PartnerGrants prior to submitting an Intent to Apply. Please see the Offer Sheet for the deadline for submitting the Intent to Apply. This form must be submitted once per 12 months and remains valid for all competitions closing within that time.

**RFA Intent to Apply:** An applicant will be able to submit an Intent to Apply for this RFA after having submitted the Annual Agency Threshold Application. Once verified and access to Final Applications is granted, the agency will be able to submit an Intent to Apply. A separate Intent to Apply form must be completed for each Application. Applicants may submit multiple Applications to an RFA.

**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 Applications must have satisfactory answers in this section to be evaluated for potential award. If this question was referenced in the Form C - Scope of Work, the letter and number reference is included in parentheses 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 the Homeless Strategy Office’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 D-Standard Agreement Boilerplate Terms and Conditions? 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. Is the Agency in the process of submitting OR has the Agency already submitted a full registration to do business with the Federal government in SAM.gov AND ensured that their record is not restricted from public view? If no, please explain.

Upload initial registration documentation OR SAM.gov Action registration status.

Click or tap here to enter text.

[ ]  **Check here to indicate that** documents demonstrating SAM.gov registration status are attached to the Application in Partnergrants.

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.

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

**Applicants must answer every question and every part of each question. Any required attachments are indicated by a**  **symbol.**

**Please note: Uploaded document names should be LETTERS and NUMBERS ONLY. File names should contain NO SPECIAL CHARACTERS.**

**Section 1: Program Design**

**PROGRAM WORK STATEMENT**

In this section, keep answers concise and only describe concrete services and actions. Answer each item fully, making sure to address each part of each question.

1. **Program Goals and Objectives:** Summarize the Homelessness Prevention program you propose and the purpose of the program, including goals, objectives, and how program success is defined.

Click or tap here to enter text.

1. **Program Clients Served:** Describe how the program will identify and enroll individuals and households eligible for services as described in the Scope of Work. If your program will prioritize a subpopulation of those at risk of homelessness or at imminent risk of homelessness, please identify those criteria for prioritization here.

Click or tap here to enter text.

1. **Program Timeline:** Given that these are one-time funds for a 2-year period, describe the project’s operational lifecycle, clearly identifying timelines to establish full project operations and to close the project down.

Click or tap here to enter text.

1. **Assessment and Prioritization Tool:** Homelessness Prevention programs must effectively identify households who are most likely to experience literal homelessness. Describe the assessment tool including:
	1. risk for homelessness criteria the tool assesses for
	2. how local factors are considered in the development and revision of the tool (examples of local factors are found in Section V)
	3. the data sources utilized in the creation of the tool
	4. how the tool will be administered and how it will determine appropriateness for project enrollment
	5. how services will be prioritized for households determined by the assessment tool as appropriate for the project

Click or tap here to enter text.

1. **Outreach:** Describe the outreach strategies the program will employ to ensure populations most likely to be at risk of experiencing literal homelessness are knowledgeable of and able to easily access the program.

Click or tap here to enter text.

1. **Program Services and Delivery:** Provide a description that addresses the entire scope of the proposed program including:
	1. an overview of the program strategy/strategies for service delivery.
	2. a detailed description of program activities, including how services are delivered and how long participants can receive services.
	3. if submitting on behalf of a collaborative (a subgrantee agreement between another agency or agencies with the Applicant serving as the HSO Grantee and primary fiscal agent), a description of the collaborative framework and how the activities described in the SOW will be delineated, how accountability will be maintained, and how a minimum participant service experience will be consistent regardless of provider.

Click or tap here to enter text.

1. **Evidence-Based Practices:** Briefly describe how the program incorporates evidence-based practices per Exhibit C – Scope of Work, Section VIII.

Click or tap here to enter text.

1. **Service Coordination and Planning with other Agencies:** Describe how the program will work alongside other agencies to connect households to mainstream benefits and access services not provided by the Applicant.

Click or tap here to enter text.

1. **Project Minimum Capacity Formula:** Please complete the following formula to establish an estimate of the minimum number of households that this project may be expected to support.

|  |  |
| --- | --- |
| **a. Budgeted Financial Assistance**: Identify the financial assistance to clients sub-total amount established in this program budget form “12-month Budget Narrative” tab: | Click or tap here to enter text.  |
| **b. Annual Financial Assistance Amount**: Identify the maximum amount of financial assistance that a household can receive per project enrollment: | Click or tap here to enter text.  |
| c. **Annual Participant Turn Over rate**: If a household participated in service for the maximum amount of time, how frequently is that time period per year? (ex. 3 month time limit, 4 occurrences per year; 6-month limit, 2 occurrences per year) | Click or tap here to enter text.  |
| d. **Project Financial Capacity Formula**: Complete the following formula**= a/(b\*c)***This resulting number is the minimum number of households this project will be financially able to support*  | Click or tap here to enter text.  |
| e. **Estimated Service Capacity**: Please identify the project’s case management to client ratio:  | Click or tap here to enter text.  |
| f. Project Service Capacity Formula: Complete the following formula**= d\*e***This resulting number is the minimum number of direct service staff estimated to be needed for the project. The project may need additional staff to ensure capacity above the minimum number of households.*  | Click or tap here to enter text.  |

**Section 2: Performance and Data Management**

The ability to collect, track, and report client demographics and program output(s) and outcome(s) is a priority for the City.

**PERFORMANCE MEASURES**

Contractually identified performance measures, metrics, and goals may change during the awardee negotiation process.

1. **Performance Measures:** Review the Performance Outcomes in Section VIII of the Scope of Work.
	1. Please explain how the proposed project would meet or not meet the identified metrics.
	2. Describe any alternative or additional outcome metrics to measure the effectiveness of the proposed project at meeting the objectives in the Scope of Work.
	3. Identify which data sources will be used to report performance data.

Click or tap here to enter text.

1. **Outputs and Outcomes:** Please complete the table below with estimated program performance metrics. Metrics are for a **12-month reporting period**.

|  |
| --- |
| **Output** |
| Output #1 | Identify the total service capacity in households of the project at a given point in time when the project has reached full operations (ex. The project can support 30 households at a given time) | Click or tap here to enter text.  |
| Output #2 | Identify the minimum number of households the project is expected to serve if all households utilize the fully budgeted financial assistance, available service timeline, financial assistance, and supportive services allocation. | Click or tap here to enter text.  |
| **Outcome** |  | **Numerator #** | **Denominator #** | **12 Month % Goal** |
| Outcome #1 | Percent of households served that maintain housing**Numerator**: The number of households served that exit to permanent housing**Denominator**: The total number of households exiting the program | Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap here to enter text.  |
| Outcome #2 | Percentage of households served who return to homelessness in the 6 months following successful project exit**Numerator**: The number of households served that exit to permanent housing and enter HMIS within 6 months**Denominator**: The number of households served that exit to permanent housing | Click or tap here to enter text.  | Click or tap here to enter text.  | Click or tap here to enter text.  |

**DATA MANAGEMENT**

1. **Data Security and Systems Management**: Describe the systems that the agency has in place to collect and report program data, including data required to report on performance measures.
	1. Describe the data management process and flow, referencing the required data collection in the Exhibit C - Scope of Work Section VII. Data Collection and Reporting.
	2. Describe how physical and digital data will be collected and stored. HMIS data be entered in a timely and accurate manner?
	3. Describe the organization’s internal controls which ensure data accuracy and data security, including who has access to the data, what kind of training is provided to staff on-site and off-site as appropriate to ensure data is collected accurately and completely

Click or tap here to enter text.

1. **Quality Improvement and Feedback**: Describe how data is used in your organization for identifying problems in (1) program design, (2) service delivery, (3) expenditures, and (4) equity, and how that information is used to improve practices and program effectiveness. Please respond to each item.

Click or tap here to enter text.

**Section 3: Experience and Cultural Competence**

Applicants 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. **Agency Experience**: Describe your experience providing the same or similar services to what is being proposed. If this is a new program describe how your previous experience, expertise, and research will inform your ability to implement the new services successfully.

Click or tap here to enter text.

1. **Agency Performance:** Describe your agency’s/program’s past performance.
	1. a) Describe how past performance demonstrates your agency's/program's ability to meet targets and make a positive impact on the community.
	2. b) Describe how the agency’s governing entity (such as a Board of Directors) reviews the performance and administrative capacity of the agency. Include in your answer the frequency of the reviews. Please attach past performance reports received during the past two years or more that demonstrate the service or related services for which your Agency is applying. Reports should demonstrate at least two years of service delivery. Performance reports can include:
* Quarterly performance reports
* Annual reports provided to the community or Board.

Please explain if you are not able to provide these reports, if you are submitting other reports, or if you have any clarification that is being provided to respond to this question.

Click or tap here to enter text.

[ ]  **Check here to indicate that** past performance reports are attached to the Application in Partnergrants.

**PRINCIPLES OF SERVICE DELIVERY**

1. **Growth in Service Delivery:** Describe how your agency works to strengthen and grow in the principles of service delivery and best practices identified in Exhibit C - Scope of Work – Section IX Principles of Service Delivery and Best Practices.
	1. As an agency, how do you ensure that your programs and your employees are continually strengthening your service delivery and aligning with evidence-based best practices?
	2. How do you train new employees in principles of service delivery or best practices?
	3. There are always program elements that require growth. Knowing this, what principles and practices could your agency see growth in? Are there any principles of service delivery or best practices that your agency or staff has limited experience in? How will you address that need? What types of training and technical assistance might your agency benefit from?

Click or tap here to enter text.

1. **Incorporating Lived Experience:** Describe your agency’s experience incorporating people with lived expertise into your organization's policy making and program implementation. Include how they have been incorporated and how that has impacted programming and services.

Click or tap here to enter text.

**CULTURAL COMPETENCE & RACIAL EQUITY**

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.

1. **Diverse Communities**: Describe your experience reaching and successfully providing culturally competent services to diverse communities, such as but not limited to:
* People identifying as Black, Indigenous or Person of Color
* Documented or undocumented immigrant or newly resettled refugee communities
* Older adults
* People with chronic medical and/or mental health conditions
* People living with disabilities
* Individuals within the LGBTQIA2S+ communities
* People who primarily speak a language other than English

 Please attach appropriate documents such as policies, demographic reports, etc. to support your described experience.

Click or tap here to enter text.

[ ]  **Check here to indicate that** if applicable, documents demonstrating experience are attached to the Application in Partnergrants.

1. **Anti-Racism and Racial Equity**: Describe your organization’s practices regarding anti-racism and racial equity. This may include agency policies and procedures, performance measures and data analysis, plans to address racial disparities in your programs and organization, participation in community workgroups/task-groups aimed at addressing racial disparities, racial equity trainings etc.

Click or tap here to enter text.

1. Describe your **language access plan** (LAP). If you are in development of the LAP, describe the process for receiving input and the steps remaining to finalize the LAP. Specifically describe how the LAP impacts different types of services included

Please  attach appropriate LAP policies and procedures.

Click or tap here to enter text.

[ ]  **Check here to indicate that** appropriate LAP policies are attached to the Application in Partnergrants.

**Section 4: Cost Effectiveness**

**PROGRAM STAFFING AND TIME**

1. **Staffing Plan:** Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, daily program operations, safety and security, onboarding and training requirements, and staff recruitment and retention. If submitting on behalf of a collaborative (a subgrantee agreement between another agency or agencies with the Applicant serving as the HSO Grantee and primary fiscal agent), include staffing to support accountability and coordination.

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **Staffing Form:** Complete the Program Staffing form below.

**Instructions:**

1. List CITY FUNDED positions FIRST, then list Staff positions that will be working on the program that you are applying for in this RFA. 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 Application.
3. Provide the corresponding percentages of Full Time Equivalent (FTE) positions for each position.
4. Click on the + button to add more rows, as needed.
5. 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. |
| 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. |
| 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. |

1. **Livable Wage**: Please complete the questions below:
	1. How will you use compensation strategies that increase employee retention and ensure all staff earn a livable wage?
	2. When considering staff compensation, how have you considered the hourly wage that an individual must earn to support a family in Austin as determined by a reputable data source, such as MIT’s living wage calculator?
	3. Please identify the lowest annual wage budgeted for this project.
	4. Please identify the agency’s fringe allocation percentage per staff.

Click or tap here to enter text.

**PROGRAM BUDGET AND FUNDING SUMMARY**

1. **Budget Form:** 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 Applicant does not intend to request funding, or apply funds from other sources, should be left empty.

In general, Applicants 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, 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. **Leveraged Funds:** Identify the total amount of “All Other Sources” funding within your project budget.

Enter $ Total amount of City funding requested.

In the text box below, explain how these leveraged, non-City of Austin, resources will improve outcomes for participants and ensure city funds are used efficiently. Example of leveraged funds may include, but are not limited to, state or federal funded staff and services available to participants, agency acquired philanthropic funding to assist with rapid exit, food bank resources to offset meal cost, etc. Applications for this solicitation, which identify leveraged cash resources (match) of 20% or greater of the proposed budget will score more favorably as outlined in Question 22 of Exhibit H – RFA Evaluation Scoring Rubric Summary.

Click or tap here to enter text.

**COST EFFECTIVENESS**

1. **Cost Effectiveness:** Explain how you have considered maximizing impact through 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. **Cost per Client Methodology:** Enter below the average cost per household served from the Form 3 - Program Budget and Funding Summary spreadsheet (cell B7 on the Cost per Participant tab).

Enter $ Average Cost per Client.

Describe in the text box below why the cost per client is appropriate for the level of services being provided. Explain the methodology used to determine or estimate the appropriate amount of financial assistance per client. Explain any financial assistance maximums or “caps” per household or why the program will not utilize “caps.” Include any data or research sources used when determining these amounts.

Click or tap here to enter text.