**Form C:**

**RFA APPLICATION**

**APPLICATION INSTRUCTIONS: Fill out this document submit in PartnerGrants. 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 25,000 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 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.

**Services Applying for: (Please select from the list below)**

**Part A**

**CORE MEDICAL SERVICES**

**AIDS Pharmaceutical Assistance – Local**

**Early Intervention Services**

**Health Insurance Premium and Cost-Sharing**

**Medical Case Management**

**Medical Case Management – Community Health Worker**

**Medical Nutrition Therapy**

**Mental Health**

**Oral Health**

**Outpatient Ambulatory Health Services**

**Substance Abuse – Outpatient**

**SUPPORT SERVICES**

**Emergency Financial Assistance**

**Food Bank**

**Housing**

**Linguistic Services**

**Non-medical Case Management**

**Substance Abuse – Residential**

**MINORITY AIDS INITIATIVE**

**CORE MEDICAL SERVICES**

**Early Intervention Services**

**Medical Case Management**

**SUPPORT SERVICES**

**Non-medical Case Management**

**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 submitted in PartnerGrants**

|  |  |  |
| --- | --- | --- |
| **FORM**  **LTR.** | **TITLE** | **Requires Applicant Response (X)** |
| A | OFFE SHEET | X |
| C | RFA APPLICATION | X |
| H | PROGRAM BUDGET JUSTIFICATION | X |
| J | COA CERTIFICATIONS AND DISCLOSURES | X |
| N/A | PROGRAM WORK STATEMENT (PartnerGrants) | X |
| N/A | PROGRAM BUDGET AND NARRATIVE (PartnerGrants) | X |
| N/A | THRESHOLD REVIEW (PartnerGrants) | 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 1: Organizational Overview**

**Question 12: Description of Organization**

Provide a brief description of proposing organization, including:

- Years of operation;

- Experience administering government funds;

- Mission statement;

- Any major changes that have taken place, including achievements and progress that have been made;

- List the full range of services that your organization currently provides. If your organization is part of a multi-program organization, provide a description of the parent organization and its involvement in the ongoing operation of your organization.

Click or tap here to enter text.

**Question 13: Experience w/ HIV Population:** Describe your organization's history of providing services to persons with HIV. Indicate the approximate number of unduplicated clients served annually over the past five years. Please provide this information specifically for the Austin TGA.

Click or tap here to enter text.

**Question 14: Early Identification of PWH:** Describe the organization’s knowledge, involvement and activities with the early identification of individuals with HIV/AIDS (EIIHA) efforts within the Austin TGA. This includes efforts to link clients who are aware of their HIV status to medical and support services, as well as any efforts to make people aware of their HIV status, particularly highlighting efforts prioritizing the populations described in Form B.

Click or tap here to enter text.

**Question 15: Eligibility Criteria**: Describe how the organization ensures eligibility criteria are followed. If the Applicant is requesting funding for core medical services, describe processes in place to assure that third-party insurance coverage is verified at point of service. Also describe how changes to third-party insurance coverage is communicated to eligibility staff and how changes in client eligibility are documented in the RWHAP client data system (ARIES or its Successor).

Click or tap here to enter text.

**Question 16: Consumer Publicity**: Describe the ways in which the organization publicizes its program(s) to consumers, (i.e., social media, newsletters, radio, television or primarily word of mouth), and the availability of its programs and services to the prioritized population(s) and other service providers. If proposing new or expanded services, describe how the number of clients served will increase to match the proposed level and cost of service.

Click or tap here to enter text.

**CULTURAL COMPETENCY**

**RACIAL EQUITY**

The City of Austin and the Austin/Travis County Continuum of Care evaluate agencies and projects that can 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 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.

**Question 21: Client Level Data** Describe the organization’s system for collecting and reporting both agency, administrative, and client level data. Explain the system to be utilized to ensure compliance with contract reporting requirements.

Please  submit appropriate policies and procedures.

Click or tap here to enter text.

**Question 22: HIPAA** Describe how the organization is complying with the Health Insurance Portability and Accountability Act (HIPAA). Please detail your agency’s efforts to comply with HIPAA regulations to the extent that such regulations are applicable to your agency. If your agency does not provide services that fall under HIPAA Privacy Rules, please provide a statement to that effect.

Click or tap here to enter text.

**Question 23: Fiscal Staff Training**

Provide a description of fiscal staff training and retention over the past three (3) years. Include types of fiscal training for the CFO/Financial Director including OMB Circulars A-110, A-122, A-133 and Super Circular.

Click or tap here to enter text.

**Question 24: Trauma-Informed Care**

Describe your agency’s ability to provide services using a trauma-informed approach. Please include training or certification in trauma-informed care and motivational interviewing practices that your staff has undertaken.

Click or tap here to enter text.

**Section 2: Program Design**

**Austin Area Comprehensive Planning Council (AACHPC) Directives**

Tasks for which the Planning Council is responsible include conducting comprehensive community‐wide needs assessments; directing long‐range planning for community needs regarding HIV services; establishing service priorities and allocating Ryan White Part A funding to HRSA/HAB approved service categories.

Applications for funding in the service categories below must adhere to the following HIV Planning Council Directives:

a) **Community Health Workers - Medical Case Management (Respond only if requesting funds for Community Health Workers):**

Program must work through key points of entry or re-entry (such as testing sites, hospital emergency rooms, homeless shelters, substance abuse treatment programs, referral-entry programs for those persons recently released from incarceration, etc.) and must ensure that all required service components are provided.

b) **Outpatient/Ambulatory Health Services (Respond only if requesting funds for OAHS)**:

To increase access to care for residents of the Austin TGA outside of Travis County, applicants for OAHS are required to offer services in one or several of the outer counties, through any of the following methods:

i. Opening a new clinic

ii. Partnering with an GQHC or another provider located in at least one of the other TGA counties

iii. Providing services on a regularly scheduled basis at an existing subrecipient site

iv. Using a mobile health care van without HIV-specific signage

v. By co-location of staff daily or on a scheduled basis in a subrecipient facility outside Travis County.

c) **Health Insurance Premium & Cost Sharing Assistance (Respond only if requesting funds for HIPCSA):**

The AACHPC wishes to achieve the following goals for the provision of Health Insurance Premium & Cost Sharing Assistance to increase the number of clients who enroll in marketplace insurance plans:

i. Reduce and ideally eliminate the number of COBRA policies covered by our Health Insurance Premium & Cost Sharing Assistance service category.

ii. Create a tiered sliding scale system for patient financial contribution in which one tier is 100 to 250% of FPL.

iii. Support those in the 100 to 250% FPL tier who have a silver Marketplace plan by covering 100% of all insurance costs for all services currently being paid for with Ryan White Part A funds including co-pays, deductibles, and premiums.

Applicants must propose to provide at least one or any combination of the following program services:

**PART A**

**Core Medical Services**

A. Mental Health

B. Health Insurance Premium and Cost-Sharing

C. Outpatient /Ambulatory Medical Care

D. Early Intervention Services

E. Medical Case Management

F. Medical Case Management – Peer Navigation

G. AIDS Pharmaceutical Assistance – Local

H. Oral Health Care

I. Substance Abuse – Outpatient

J. Medical Nutrition Therapy

**Support Services**

A. Housing

B. Emergency Financial Assistance

C. Medical Transportation

D. Linguistic Services

E. Food Bank

F. Non-medical Case Management

G. Substance Abuse – Residential

**MINORITY AIDS INITIATIVE**

**Core Medical Services**

A. Early Intervention Services

B. Medical Case Management

**Support Services**

A. Non-medical Case Management

**Medical Transportation** will be managed at the subrecipient level. After the application responses have been reviewed and award amounts determined for agencies, the Administrative Agent (APH-HRAU) will negotiate proportional transportation dollar amounts with agencies to be included as a separate service category in contracts.

The transportation funds received will be determined on several criteria: total amount of available transportation funding, number of agencies requiring transportation funds, client/organizational need, and types of service categories funded at a given agency (i.e., case management).

**Question 25:** Describe the program service this program will provide, referencing one or more of the Program Services listed in this RFA.

**Question 26:** Please complete the following questions using the Program Work Statement Form in PartnerGrants. Complete prompts 5-13 for each program service that your agency is applying for.

1. **[Client Access:](Client Access: Description: Describe how clients will be located and directed to the HIV services program. Describe barriers that hinder or prevent clients from accessing services, and actions that will be taken to reduce or eliminate identified barriers to service delivery. Service Linkage, Referral, and Collaboration Description:  Describe how service activities link clients to primary medical care, including initial access to care and ongoing retention in care. Describe how clients are referred to other agencies for medical care and/or support services. Describe how referrals are documented in client records, including follow-up documentation on results of referrals. Briefly describe external collaborative activities related to services delivery.Client Input and Involvement Description: Describe how clients will have input in the delivery of services, including the service/care plan. 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10. **Location Description** - Location(s) of these service activities
11. **Staffing Description** - List staff position titles, educational degrees, licensure (if applicable), gender, race and/or ethnicity, and any other relevant qualifications of each person assigned to this service. Do not mention positions that are not listed in the Budget Justification. Give a brief job description for each position. Indicate if a position is vacant. List subcontractors, if any, and provide the same information. Describe use of volunteers, if any, including number of volunteers, number of hours, and duties.
12. **Quality Management Description** - Describe how client data will be used to assess progress in meeting outcome targets for this service. Describe how service activities will be evaluated to assure delivery of quality services consistent with the Austin TGA/HSDA Standards of Care for this service.
13. **Part A Responsibilities**

**Question 27:** 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.

**Question 28:** Please describe how your current program or services applies the Principles of Harm Reduction (see list below and the Principles of Harm Reduction website). If your current program or services do not apply all the principles, please note which ones will be developed and how.

• Minimize the harmful effects of drug use

• Understand that drug use ranges from abstinence to heavy use and there are ways to use drugs that are safer than others.

• Indicators for benefits include social, emotional and physical outcomes rather than cessation of drug use.

• Use of respect, nonjudgmental and non-coercive approach and provision of services and resources

• Feedback from clients is used to inform services and practices and policies

• Empower people who use drugs to share information, support and be the primary agent of change in their lives

• Understand and utilize knowledge of social inequity and vulnerability as it relates to an individual’s capacity to effectively deal with use

• Do not attempt to minimize or ignore the real and tragic harm and danger that can be associated with use

Click or tap here to enter text.

**Question 29:** Describe existing and planned engagement strategies that will be used to reach substance misusers.

Click or tap here to enter text.

**Question 30: (Respond only if requesting MAI funding)** Describe how MAI services will be implemented to address the needs of each subpopulation identified

Click or tap here to enter text.

**Question 31: (Respond only if requesting MAI funding)** Describe how MAI services to be implemented may prevent new HIV infections, improve health outcomes, and decrease health disparities and inequities among the identified subpopulations of focus.

Click or tap here to enter text.

**Question 32: (Respond only if requesting MAI funding)** Identify specific interventions that are focused on improving the outcomes for MAI Subpopulations that

1) are late diagnosed

2) have unmet need - Unmet need is defined as the number of individuals with HIV in a jurisdiction who are aware of their HIV/AIDS status and are not in care.

3) are in care but not virally suppressed

Click or tap here to enter text.

**Question 33: (Respond only if requesting MAI funding)**

For Applicants requesting Medical Case Management/MAI funding, describe how services are integrated between the client’s medical home and other medical and supportive services (e.g., behavioral health). Describe how Medical Case Managers facilitate the integration of services, and how this results in improved health outcomes. Describe how integrated care is maintained for clients receiving medical care from providers external to the Proposer’s agency. Provide written Memorandum of Agreement or other evidence that documents the coordination of care between Medical Case Managers and HIV clinical care teams

Click or tap here to enter text.

**Performance Metrics**

**Question 34:** Please provide a) Output; b) Outcome Measure in forms below

1. **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. For all service categories in which funding is sought, address all the required output measures shown in Form B – RFA Scope of Work, pages 6-28.

How will success be evaluated in your program?

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **OUTCOME (RESULTS) MEASURES**

For all service categories in which funding is sought, address all required outcome measures and outcome targets for each service category shown in Form B – RFA Scope of Work, pages 6-28.

|  |  |  |
| --- | --- | --- |
| **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.

**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, Mobility and/or Culture and Lifelong Learning Outcomes:

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

**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.**

Explain how the proposed program supports this Strategic Direction 2023 outcome.

Choose a performance metric from the drop-down menu

Propose how data will be collected to support the outcome.

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 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 35:** Describe the data management process and flow for the proposed program(s). 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 36:** 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 37:** 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 38:**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.

**Question 39:** If your program serves primarily persons/families who are homeless and has homelessness as an eligibility requirement, the program will need to enter data into the Homeless Management Information Systems (HMIS) database. 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 [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). Include any equipment needed, and how many staff will be needing HMIS licenses.

Click or tap here to enter text.

**Section 4: Cost Effectiveness**

**Program Staffing and Time**

**Question 40:** Describe the overall staffing plan to accomplish activities in the proposed program(s), 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(s). Distinguish between existing staff and any new positions that will be hired to support the program(s).

Click or tap here to enter text.

**Question 41:** 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 B.

**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 Justification**

**Question 42: Complete Form H: Program Budget and Justification**

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

**Program 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 in your Application’s Program Budget and Narrative must reflect amounts broken out in the 12-month contract period.
* Note: APH requires Sexual Assault and Molestation and Worker’s Compensation insurance if using a City-owned or leased facility as well as other standard insurance requirements. Include the cost estimates in General Operations line item when determining budget estimates.
* 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.

**Question 43:** Explain how you have considered efficient allocation of financial and staff resources when determining the budget and staffing plan for the proposed program(s).

Click or tap here to enter text.

**Question 44: 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(s) that you are applying for in this RFA. If you have several volunteers who are certified providing 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. 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 Manager* | 1.00 |
| *Travis County HHSD* | *Case Manager* | 1.00 |
| *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. |
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|  | **TOTAL FTEs =** | Click here to enter TOTAL FTEs. |

**Question 45:** 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(s). The response should also include the total number of clients served in the proposed program(s).

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

**Question 46:** Describe why the cost per client is appropriate for the level of services being provided.

Click or tap here to enter text.

**Question 47:** 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.