**Section F: RFA Application**

**Section I. Organization Information Section**

No points are assigned to questions in this section, but a response is required for each question. These questions will be used to determine if your organization is eligible to contract with the City of Austin or Texas Department of Housing and Community Affairs. All Applications must have satisfactory answers in this section in order to be evaluated for potential award.

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

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

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

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 2:** **Has your Agency submitted all applicable tax returns to the IRS and the State of Texas (e.g. Form 990 or 900-EZ and state and federal payroll tax filings)?**

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 3:** **Is your agency eligible to contract and not debarred from contracting, according to SAM.gov and City Debarment information?**

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 4:** **Is your Agency current in its payment of Federal and State payroll taxes?**

Click or tap here to enter text.

**If no explain:**

Click or tap here to enter text.

**Question 5:** **Does your Agency owe past due taxes to the City?**

Click or tap here to enter text.

**If Yes explain:**

Click or tap here to enter text.

**Question 6:** **What is your organization’s annual budget?**

Click or tap here to enter text.

**Question 7:** **Is your organization receiving funding specific to COVID-19?**

Click or tap here to enter text.

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

Click or tap here to enter text.

 **If yes how much funding was/will be received?**

Click or tap here to enter text.

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

Click or tap here to enter text.

**Question 9:** **Provide the following contact information for the person in your organization authorized to negotiate Agreement terms and render binding decisions on Agreement matters.**

**Name:** Click or tap here to enter text.
**Title:** Click or tap here to enter text.
**Email Address:** Click or tap here to enter text.
**Phone:** Click or tap here to enter text.

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

Click or tap here to enter text.

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

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

**Applicants must answer every question and every part of each question unless otherwise specified in question.**

Applicants must demonstrate that the agency has a history of providing direct services to individuals and households experiencing literal homelessness and/or are at-risk of homelessness. For more information about the Project Types, please review the RFA Scope of Work and [Austin Action Plan for Addressing COVID-19 and Homelessness](https://www-draft.austintexas.gov/sites/default/files/files/Health/Social%20Services/Austin%20Action%20Plan%20for%20Addressing%20COVID-19%20and%20Homelessness.pdf).

**Question 1:** **Select the Project Type outlined in the Scope of Work.**

Choose an item from the drop-down menu.

**Question 2: Project Narrative**

Provide a description that addresses the entire scope of the proposed project

2(a) Describe the scope of the project including:

* the priority population(s) to be served,
* program services and financial assistance that will be offered to address housing and supportive service needs
* the number of households that will be served annually

2(b) Describe the best/promising practices the agency will utilize within the program design to administer services and successfully meet program and system outcomes.

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

Click or tap here to enter text.

**Question 3: History and Organizational Capacity**

3(a) Describe your agency’s experience in the past two years providing services to persons who are homeless or at risk of homelessness.

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

3(c) Will the proposed program use subrecipients and/or contractors? (Yes, No, Unsure). If yes, please list each partner agency, describe their role as either a subrecipient or contractor, describe what services and the frequency of services that will be offered by the partner agency, and provide a brief description of the partner agency’s experience providing homeless services.

Click or tap here to enter text.

**Program Administration**

All programs must:

* Provide sufficient administrative capacity to comply with fiscal and compliance requirements
* Be able to disperse payments quickly to landlords (within 2 business days of complete and eligible application)
* Use HMIS to track program participants and performance metrics
* Develop clear protocols on targeting financial assistance and achieving optimal leverage of other community programs/services
* Provide training on application processes to services providers
* Establish feedback and quality improvement systems for program beneficiaries, landlords, and services providers

Centralized Funding Pool or Rapid Rehousing Collaborations Applicants must:

* Develop user-friendly processes for partner service providers to submit applications and documentation for assistance

**Question 4**

4(a) Describe how your program will develop agreements with services providers who will work with applicants through existing programs, including the Coordinated Entry system access points. These agreements will include requirements for eligibility, documentation, staff training, and supportive services.

4(b) Describe how your organization will provide sufficient administrative capacity to comply with fiscal and compliance requirements, be able to disperse payments quickly to landlords and address the other provider responsibilities listed above.

Click or tap here to enter text.

**Section III. Priority Population**

Review the Scope of Work for regarding Project Types and Definitions.

NOTE: Specific eligibility and recordkeeping requirements apply to each Project Type proposed – see below:

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

**Question 5 Priority Population and Engagement**

5(a) Describe the priority population(s) that the proposed program will serve and include any use of HUD definitions and/or other federal definitions of homelessness that will be used to determine program eligibility.

5(b) Describe how the Client Eligibility Requirements will be documented and internal controls in place to ensure data quality.

5(c) For homeless programs that are not victim services providers, what staff will be entering information into HMIS and evaluating clients for eligibility? For victim services providers, what staff will be entering information in a qualified alternative database and evaluating clients for eligibility?

5(d) Describe how your proposed project will meet the needs of our community funding priorities and supports the community in responding to the COVID-19 crisis.

Click or tap here to enter text.

**Question 6: Client Access to Program Services**

6(a) Describe how the priority population(s) learns about and enters the program; including marketing and communication strategies the agency uses. NOTE: For Rapid Rehousing all clients must enter the program through the local Coordinated Entry System.

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

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

6(d) For homeless providers: Describe your current use of the local Coordinated Entry system and how the proposed program will use the CE system (if applicable).

Click or tap here to enter text.

**Section IV. Data Management and Reporting**

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

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

**Question 7: Data Quality**

**Describe the program’s ability to collect data electronically and your agency’s plan to participate in the Austin Travis County CoC’s Homeless Management Information System. Responses must address the following items:**

1. Agency’s history using the local HMIS database and/or use a comparable database (Victim Service Providers only)
2. Staff responsible for reviewing data and submitting reports (e.g. required HUD/COA/TDHCA reporting and reporting to the HMIS Lead Agency).
3. Current and/or future strategies to ensure data quality.
4. Extent of participation in HMIS (e.g., number and percent of direct service/program staff that enter information directly into HMIS, use of reporting features, entering services and or case notes)
5. Information about current or planned equipment needed for program
6. If agency does not participate in HMIS, please describe how the agency will ensure compliance with HMIS Participation and data entry requirements by the project start date.

Click or tap here to enter text.

**Reporting Requirements and Performance Standards**

The ability to collect, track, and report client demographics and program output(s) and outcome(s) is a priority for the City of Austin and the Austin/Travis County CoC. The applicant should have demonstrated experience and plans for data collection and demonstration of program impact and system improvements through data collection and evaluation.

**Question 8:** Please check all of the boxes below to indicate the reporting requirements the proposed project is able to comply with by the grant start date (date to be determined). Please note that for each item selected indicates an agreement to comply with reporting requirements based on each funding source and the reporting procedures outlined by the funder. If you are not able to or not willing to comply with the reporting requirements requested by any of the funding sources, please do not select.

|  |  |
| --- | --- |
| **Indicate with an [X] Agreement to Submit Report by the deadlines reported by funder** | **Potential reports required by funders and funding sources (these represent multiple funder reports, and the end contract may or may not include all of these reports).** |
|[ ]  [Sample ESG CAPER Report - Blank](https://www.austintexas.gov/sites/default/files/files/Health/Social%20Services/Sample%20HUD%20ESG%20CAPER%20-%20Blank.pdf) |
|[ ]  [HMIS Data Quality Reports](https://www.austintexas.gov/sites/default/files/files/Health/Social%20Services/Sample%20HMIS%20Data%20Completeness%20Report.pdf)  |
|[ ]  [Rapid Re-housing Scorecard](https://www.austinecho.org/wp-content/uploads/2019/07/180711-Performance-Scorecard-RRH.pdf) |
|[ ]  [TDHCA Monthly Report Guide](https://www.tdhca.state.tx.us/home-division/esgp/docs/18-ESG-MPR-Guide.pdf) |
|[ ]  [Action Plan for Addressing COVID-19 and Homelessness - Performance Measurement](https://www.austintexas.gov/sites/default/files/files/Health/Social%20Services/Austin-Travis%20County%20Homeless%20Program%20Performance%20Measurement.pdf) |

**Question 9:** Review the performance reports referenced above.

9(a) How will data be collected, where will it be kept and how will it be used to report program performance?

9(b) Describe how the agency will ensure the performance standards are met for the proposed program.

9(c) Explain how the data for the performance measures will be collected and tracked.

9(d) Describe how the data will be used to improve the program and program delivery.

Click or tap here to enter text.

**Section V. Racial Equity**

The City of Austin and the Austin/Travis County Continuum of Care evaluate agencies and projects that are able to demonstrate alignment with advancing equitable outcomes.

City of Austin’s definition of Equity is the condition when every member of the community has a fair opportunity to live a long, healthy, and meaningful life. Equity is embedded into Austin’s values system and means changing hearts and minds, transforming local government from the inside out, eradicating disparities, and ensuring all Austin community members share in the benefits of community progress.

Equity is one of six strategic anchors of the City of Austin’s strategic direction, and a core value driving the implementation of City services. To advance equitable outcomes, the City of Austin is leading with a lens of racial equity and healing.

**Question 10: Racial Equity**

10(a) Describe how your agency and the proposed program / implementation strategy advances racial equity in the community.

10(b) Describe how your AGENCY advances racial and ethnic equity within the agency culture.

Click or tap here to enter text.

**Question 11:** 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 drop down menu - Implementation started or plan to implement** | **What has been implemented or will be implemented?** |
| 1. We have access to data on racial/ethnic disparities to guide our work.
 | Drop down menu – choose item. |   Click or tap here to enter text. |
| 1. Our work includes performance measures to determine how well we are doing to address racial disparities.
 | Drop down menu – choose item.  |   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.
 | Drop down menu – choose item.  |   Click or tap here to enter text. |
| 1. Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities
 | Drop down menu – choose item. | Click or tap here to enter text. |
| 1. Our agency hosts or participates in training events dedicated to improving equitable outcomes.
 | Drop down menu – choose item. | Click or tap here to enter text. |

**Section VI. Project Staffing and Budget**

**Question 12: Project Staffing Plan**

**12(a)** Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations.

**12(b)** What education, licenses, credentials, qualifications, and/or certifications required for staff members that work directly with clients in the proposed program?

**12(c)** Include information about the lived experience of staff that is complementary to the priority population to be served.

Click or tap here to enter text.

**Question 13: Project Staff Attachments**

Required Attachments: Resumes or job position descriptions of program staff working with clients. Applicants may attach up to 5 additional pages.

[ ]  **Check here** if Project Staff Resumes or Job Descriptions are attached in Partnergrants (as applicable).

**Question 14: Project Staffing Form**

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

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

NOTE: ONLY INCLUDE STAFF REQUESTED IN THIS SOLICITATION.

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

|  |  |  |
| --- | --- | --- |
| **Position Titles** | **Eligible Services Provided by Staff (refer to Scope of Work for each Project Type)** | **Program Staff FTE Amount/% of Time Spent on Project** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter FTE/%. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter FTE/%. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter FTE/%. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter FTE/%. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter FTE/%. |
|  | **TOTAL FTEs =**  | Click here to enter TOTAL FTEs |

**Project Budget**

**15. What is the total budget requested during 12-months of operation?**

Click or tap here to enter total $ dollar amount requested.

**16. The intent of this funding is to get as much funding into the community as quickly as possible to eligible persons affected by COVID-19, with all funding expended by September 30, 2021 (potential extensions available).**

**Fill in the dollar amount expended for each milestone in the table below:**

|  |  |  |
| --- | --- | --- |
| **Period** | **Months 1 - 6** | **Months 6-12** |
| **$Dollar Amount Expected to be Expended** | Click or tap here to enter $ Amount. | Click or tap here to enter $ Amount. |

**17. Please fill out the attached Project Budget Forms.**

[ ]  **Check here if *Section G: Project Budget Form* is attached in Partnergrants.**

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

**Project Budget**

* First complete the tab “Financial Assistance Worksheet”. The financial assistance totals will update automatically in the tab “Full Budget”.
* Second complete the open fields in the tab “Full 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 tab “Full Budget” must equal the amount in Question 14.
* 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.
* Match is not required for this COVID funding.
* 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.