



SOLICITATION NO: RFA #001 – Ending the HIV Epidemic – 2021

SOLICITATION NAME: Request for Applications for Ending the HIV Epidemic

DATE ISSUED:	June 14, 2021
RFA Application Date Due:	Friday, July 9, 2021, 12:00 PM CDT
Anticipated Start date of contract:	August 31, 2021
Questions regarding the RFA are due on or before	Wednesday, June 30, 2021, 12:00 PM CDT
Questions must be submitted in writing to	Authorized Contact Person: Anjelica Barrientos Research Analyst APHHIVRESOURCESADMIN@austintexas.gov Please use the email subject line: 'Ending the HIV Epidemic RFA Question.'
Questions and Answers will be available:	On the solicitation website: RFA Website
Optional Pre-Bid Meetings- Dates and Times:	Thursday, June 17, 2021, 2:00 pm – 3:30 pm CDT
Pre-Bid Meeting Location:	Registration Required with this link to get the Conference Call details: Eventbrite Invitation



CITY OF AUSTIN, TEXAS
Austin Public Health
REQUEST FOR APPLICATION (RFA) OFFER SHEET

APPLICATION SUBMISSION REQUIREMENTS

Follow the exact instructions below in submitting Application(s).

ENVELOPE #1: THRESHOLD REVIEW – ONE ENVELOPE PER APPLICANT

Only one (1) Envelope #1 is required of each Applicant. The envelope must be sealed and contain one (1) double-sided paper copy of the documents listed below.

- Form A – Offer Sheet (this form)
- Form G – Application Threshold Checklist
- Current Board of Directors Bylaws
- Most recently filed IRS Form 990 or 990 EZ (no older than FY2019)
- Complete set of audited financial statements, including the auditor’s opinion and any management letters, covering the two most recent consecutive audit years
- Approved Board of Directors minutes during the previous fiscal year reflecting the Board has a documented process that reviews program performance, approves budgets, reviews financial performance, and approves audit reports
- Form J – City of Austin Certifications and Disclosures

**The envelope must be labeled: THRESHOLD REVIEW DOCUMENTS
 [NAME OF APPLICANT]**

ENVELOPE #2: APPLICATION DOCUMENTS – ONE ENVELOPE PER SERVICE CATEGORY

Applicants must submit one (1) Envelope #2 for each Activity applied for. The envelope must be sealed and contain five (5) double-sided paper copies, each containing all of the following elements. Use only a binder clip to separate each paper copy of the document set.

- Form F – Application
- Form H – Program Budget and Narrative
- Form L – Program Staff Positions and Time

**The envelope must be labeled: APPLICATION DOCUMENTS
 [NAME OF APPLICANT]
 [PROPOSED SERVICE CATEGORY]**

REQUIRED USB FLASH DRIVE

Include one (1) USB flash drive that contains all information for the Applicant: All items in Envelope #1, and all items from all Envelopes #2 submitted. Label the flash drive with the Applicant's name. Organize the flash drive contents using appropriately named folders.

ALL APPLICATION MATERIALS MUST BE HAND DELIVERED INSIDE A LARGER ENVELOPE OR BOX CLEARLY MARKED WITH THE SOLICITATION NUMBER "RFA #001 – Ending the HIV

Epidemic – 2021" AND APPLICANT'S NAME TO:

**HIV RESOURCES ADMINISTRATION UNIT, AUSTIN PUBLIC HEALTH,
7201 LEVANDER LOOP, BUILDING H, AUSTIN, TEXAS, 78702,**

NO LATER THAN 12:00 PM CDT ON July 9, 2021

LATE APPLICATIONS WILL NOT BE ACCEPTED FOR ANY REASON.



This solicitation is comprised of the following required sections. Please ensure each section is carefully read, including those incorporated by reference.

FORM LETTER	TITLE	Requires Applicant Response
A	OFFER SHEET	X
B	STANDARD PURCHASE & SOCIAL SERVICES DEFINITIONS	
C	SCOPE OF WORK	
D	SUPPLEMENTAL PURCHASE PROVISIONS	
E	STANDARD SOCIAL SERVICES AGREEMENT	
F	RFA APPLICATION	X
G	APPLICATION THRESHOLD CHECKLIST	X
H	PROGRAM BUDGET & NARRATIVE	X
I	CLIENT ELIGIBILITY REQUIREMENTS	
J	CITY OF AUSTIN CERTIFICATIONS & DISCLOSURES	X
K	RFA STANDARD SOLICITATION INSTRUCTIONS	
L	PROGRAM STAFF POSITIONS & TIME	X

INTERESTED PARTIES DISCLOSURE

In addition, Section 2252.908 of the Texas Government Code requires the successful Applicant to complete a Form 1295 “Certificate of Interested Parties” that is signed and includes an “unsworn declaration” for a grant agreement award requiring City Council authorization. The “Certificate of Interested Parties” form must be completed on the [Texas Ethics Commission website](#), printed, signed and submitted to the City by the authorized agent of the Business Entity with acknowledgment that disclosure is made under oath and under penalty of perjury prior to final grant agreement execution.



CITY OF AUSTIN, TEXAS
Austin Public Health
REQUEST FOR APPLICATION (RFA) OFFER SHEET



The undersigned, by his/her signature, represents that he/she is submitting a binding offer and is authorized to bind the Applicant to fully comply with the solicitation document contained herein. The Applicant, by submitting and signing below, acknowledges that he/she has received and read the entire document packet sections defined above including all documents incorporated by reference, and agrees to be bound by the terms therein.

Company Name:	
Company Address:	
City, State, Zip:	
Federal Tax ID No.:	
Printed Name of Officer or Authorized Representative:	
Title:	
Email Address:	
Phone Number:	

Signature of Officer or Authorized Representative:

Date:

* This Offer Sheet must be signed by applicant's authorized representative and submitted with application packet(s) to be considered for award.