

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. 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.

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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? If yes, how much funding?

Click or tap here to enter text.

If yes, for what purpose was the funding received?

Click or tap here to enter text.

Question 8: Is your organization receiving Emergency Solutions Grant currently or in the past? If yes, how much funding?

Click or tap here to enter text.

If yes, for what Project Type is/was the funding received? (Shelter, HMIS, Rapid Rehousing, Homeless Prevention, etc)

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: Project Type, Program Services, Experience and Administration

Applicants must answer every question and every part of each question unless otherwise specified in question. Any required attachments are indicated by a  symbol, and drop-down menus are indicated by a  symbol.

Question 1: Briefly describe the proposed program and goals. Identify how the program and goals align with the purpose of this funding.

Click or tap here to enter text.

Question 2: Describe the priority population(s) that the proposed program is intended to serve and explain how this population is similar to or different from your current service population.

Click or tap here to enter text.

Question 3: Describe your experience and success working with the priority population. If the priority population(s) is different from your current service population, describe the modifications and new strategies you will implement to serve the new priority population(s).

Click or tap here to enter text.

Question 4: Describe how the priority population(s) learns about and enters the program. Describe any barriers or challenges the priority population(s) may encounter accessing services and how the program will mitigate traditional barriers to services.

Click or tap here to enter text.

Question 5: Describe the program services, referencing at least one or more of the Program Services listed above.

Click or tap here to enter text.

Question 6: 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 and expertise will inform your ability to implement the new services successfully.

Click or tap here to enter text.

Question 7: Describe the proposed program implementation strategies, referencing Evidenced Based or Best Practices to serve the population.

Click or tap here to enter text.

Question 8: Describe experience in the past two years providing health and wellness services or related services in the Rundberg community. Describe any formal or informal coordination, partnership, or collaboration with other organizations proposed in this application and the partner organization's experience in the community.

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Include a **minimum of two letters of support** from formal or informal organizations in the Rundberg community.

[Click or tap here to enter text.](#)

Two letters of support from formal or informal organizations in the Dove Springs community are attached in Partnergrants.

Question 9: Describe engagement strategies that will be used throughout service delivery to reduce client attrition / increase client retention?

[Click or tap here to enter text.](#)

Section II: Client Eligibility

Question 10: Describe how the program will serve clients that meet City of Austin Eligibility Requirements. If you propose to serve clients who do not meet these requirements, explain alternative eligibility requirements and provide justification for different eligibility requirements.

[Click or tap here to enter text.](#)

Question 11: Describe how the City of Austin Client Eligibility Requirements will be documented for the priority population(s).

[Click or tap here to enter text.](#)

Question 12: Describe how any alternative or additional client eligibility requirements for program entry will be documented for the priority population(s).

[Click or tap here to enter text.](#)

Section III: Data 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 and plans for data collection and demonstration of program impact and system improvements through data collection and evaluation.

Question 13: Describe the data management process and flow for the proposed program. How will data be collected, where will it be kept and how will it be used to report program performance to the City?

[Click or tap here to enter text.](#)

Question 14: Describe the organization's process of internal controls and systems implemented to ensure data accuracy. Who has access to the data, what kind of training is provided to staff to ensure data is collected accurately and completely?

[Click or tap here to enter text.](#)

Question 15: Describe how data are used in your organization for identifying problems in (1) program design, (2) service delivery, and (3) expenditures, and how that information is used to improve practices and program effectiveness.

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Click or tap here to enter text.

Question 16: Describe what data will be shared with other service providers to improve community understanding of the needs of the priority population. In the response include how data will be shared without violating client confidentiality.

Click or tap here to enter text.

Section IV: Program Performance

Question 17: Complete the questions and forms below.

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.

Applications must include the following output:

Type of Output	Output Wording	Total 12-month Goal #
Required Output	Total Number of Unduplicated Clients Served per 12 month period	Click or tap here to enter goal #.

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

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

Using the above data, how will success be evaluated in your program?

Click or tap here to enter text.

Applicants may propose an additional output to highlight the work of the program.

Type of Output	Output Wording	Annual Goal #
Optional Output	Click or tap here to enter text.	Click or tap here to enter annual goal #.

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

Click or tap here to enter text.

Describe how the data will be calculated for the output.

Click or tap here to enter text.

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Using the above data, how will success be evaluated in your program?

Click or tap here to enter text.

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.

Proposed 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.

Key Performance Metric (Social Services): Select at least one of the Standard Social services outcome(s) listed below. Provide a goal.

Applications must include at least one of the following standard Social Services outcome measures:

Outcome X- [INSERT OUTCOME HERE]

Note: In the Required Outcome column, choose an item in each box below – Numerator, Denominator and Outcome rate and make sure they are all the same outcome number. You can add a second outcome in the Optional Outcome box below.

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Required: OUTCOME # 1	Total Program Annual Goal
Drop down menu – choose one of three outcome numerators	Click or tap here to enter numerator #.
Drop down menu – choose one of the three outcome denominators	Click or tap here to enter denominator #.
Drop down menu – choose one of the three outcome percentages	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.

Section V: Alignment with City of Austin and APH 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](#).

Programs funded under this RFGA must support achievement of metrics and indicators for the Health and Environment and/or Culture and Lifelong Learning Outcomes:

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

SD23 Outcome [LIST APPROPRIATE OUTCOMES HERE]

Please see the Complete Report: [Strategic Direction 2023](#) and [SD2023 Outcomes Metrics Master List](#)

Question 18: Key Performance Metric (SD23): Choose from the drop-down menu one of the four outcomes above (highlighted in orange).

Drop down menu: Choose one of the four outcomes above.

Explain how the proposed program supports at least one of the Strategic Direction 2023 outcome(s).

Click or tap here to enter text.

Propose how data will be collected to support the outcome.

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Click or tap here to enter text.

Equity

The City’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 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 19: Describe how the proposed program / implementation strategy advances racial equity.

Click or tap here to enter text.

Question 20. 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?
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.
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.
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.

Connection to the Austin/Travis County Community Health Assessment – Community Health Improvement Plan (CHA-CHIP)

Health is affected by many conditions in the environment in which people live, learn, work, and play. The community health assessment (CHA) is a systematic examination of the health status of a population as well as key assets and challenges related to health in a community. The assessment process engaged community members and local public health system partners to collect and analyze health-related data from many sources. This CHA identifies health related needs and strengths of Austin and Travis County and informed the development of community health improvement plan prioritizes. The CHA describes health broadly to include clinical health, health behaviors, social and economic factors, and environmental factors that impact the health status of community residents.

The full CHA can be found [here](#).

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While the CHA illustrates the power of data driven evidence and the community's voice, the Community Health Improvement Plan (CHIP) identifies key priorities and provides direction on how Austin/Travis County will implement strategies to improve our health and well-being by establishing common goals and objectives for our community.

The full CHIP can be found [here](#).

[INSERT APPROPRIATE GOALS HERE]

Question 21: How does the proposed program align with the goals of the Community Health Improvement Plan (CHIP) and which strategies does it address? For example, [ADD INDICATOR]

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 and Health Care](#) in order 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:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
5. 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](#).

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Question 22: 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 attach appropriate policies and procedures.

Click or tap here to enter text.

- Appropriate policies are attached to application in Partnergrants.

Section VI: Program Staffing and Time

Question 23: 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.

Question 24: 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 about the lived experience of staff that is complementary to the priority population to be served.

Applicants may attach 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 attached to application in Partnergrants (as applicable).

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Question 25: 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 RFGA.
- 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:

<i>Funding Source</i>	<i>Title</i>	<i>FTE</i>
<i>APH Social Services</i>	<i>Program Director</i>	0.25
<i>APH Social Services</i>	<i>Executive Director</i>	0.05
<i>Travis County HHSD</i>	<i>Case Manager</i>	1.00
<i>Travis County HHSD</i>	<i>Case Manager</i>	1.00
<i>Foundation</i>	<i>Admin Specialist</i>	0.45
	<i>Total FTEs</i>	2.75

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.
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.
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.

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Section VII: Program Budget and Funding Summary

Question 26: Complete Section I: *Program Budget* in a separate document. Upload completed document into Partnergrants to complete this question.

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 16-month contract period. One 4-month period and one 12-month 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 27: Complete Section I: *Funding Summary* in the Section I: Program Budget form.

Section I. Program Budget and Funding Summary Forms is completed and attached to application in Partnergrants.

Section VIII: Cost Effectiveness

Question 28: Provide the total amount of City funding requested and a summary description of the budget justification for the program strategy/strategies.

Click or tap here to enter text.

Question 29: 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.

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Question 30: 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 and all other funding that would be allocated to the proposed program. The response should also include the total number of clients served in the proposed program regardless of funding source.

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

Question 31: Describe why the cost per client is appropriate for the level of services being provided.

Click or tap here to enter text.

Question 32: 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.

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Section IX: Bonus Questions: Healthy Service Delivery

A maximum of ten (10) points will be awarded to Applicants 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. Attach the approved and signed policy/policies in Partnergrants.

Click or tap here to enter text.

- Appropriate tobacco-free campus policy is signed and attached to application in Partnergrants.

2. 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. Attach the approved and signed policy/policies in Partnergrants.

Click or tap here to enter text.

- Appropriate mother-friendly workplace policy is signed and attached to application in Partnergrants.

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3. 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. Attach the approved and signed policy/policies in Partnergrants.

Click or tap here to enter text.

- Appropriate employee-wellness initiative policy is signed and attached to application in Partnergrants.

4. 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. Attach the approved and signed policy/policies in Partnergrants.

Click or tap here to enter text.

- Appropriate violence prevention policy is signed and attached to application in Partnergrants.