RFP 2024 – 001 HIV, STI Testing and Treatment
Request for Proposals (RFP)
Pre-Bid TEAMS Meeting

January 30, 2024, 9:30 AM CST
February 2, 2024, 1 PM CST

RFP Authorized Contact Person:
Helen Howell
APHCompetitions@austintexas.gov

Welcome & Introductions

❑ Please share your name, organization, and contact info in the chat

❑ Everyone is muted with cameras off until Q&A segment

❑ Materials for the meeting are located in PartnerGrants and on the Competition Website.

❑ Questions can be typed in the chat or sent to APHCompetitions@AustinTexas.gov. Questions emailed may not be answered during the presentation.

❑ After the presentation, submit comments and questions need to be submitted via email to APHCompetitions@AustinTexas.gov or via PartnerGrants.

AGENDA

- Overview and Funding Information
- Scope of Work
- Proposal Submission Instructions
- Proposal
- Important Dates and Information
- Question and Answer

RFP Introduction and Objectives

The City of Austin (City) seeks proposals in response to this Request for Proposals (RFP) from qualified social service providers (Offerors) with demonstrated experience in providing all of the following HIV and Sexually Transmitted Infection (STI) services: testing for HIV, chlamydia, gonorrhea, syphilis, and hepatitis C; low cost or free walk-in testing for new and existing patients; mobile testing, low-cost or free same day STI treatment; HIV medical care and treatment, to include Rapid stART; and Pre-Exposure Prophylaxis (PrEP) access.

Funding Objectives:
The objectives of this funding are to:
1. Reduce new chlamydia, gonorrhea, syphilis, and hepatitis C, and HIV infections
2. Increase access to testing and treatment for HIV, including antiretroviral therapy (ART; Immediate ART is referred to as Rapid stART throughout documents for this RFP).
3. Increase access to testing and treatment for chlamydia, gonorrhea, syphilis, and hepatitis C.

Services Solicited

One organization must provide all of the following services, at a minimum:

1. Low-cost or free walk-in testing for HIV, chlamydia, gonorrhea, syphilis, and hepatitis C for new and existing patients
2. Mobile HIV and STI testing services conducted by awarded agency
3. HIV medical care and treatment initiation available within 72 hours of new diagnosis, including Antiretroviral Therapy (Rapid stART) Initiation, with appointments and prescriptions offered the same day as diagnosis
4. PrEP access, including rapid start PrEP through mobile STI testing.
5. Counseling for persons diagnosed with HIV.
6. Low-cost or free same day STI treatment.
7. Telemedicine services for HIV, chlamydia, gonorrhea, syphilis, and hepatitis C

DATE ISSUED:	**Monday, January 22, 2024**
INTENT TO APPLY DUE DATE:	**Monday, February 5, 2024, 3 PM CST**
RFP PROPOSAL DUE DATE:	**Tuesday, February 20, 2024, 3 PM CST**
Anticipated Start date of contract:	Wednesday, May 15, 2024
Questions regarding the RFP are due on or before:	Tuesday, February 13, 2024, 3 PM CST
Technical Assistance regarding submission of the RFP in PartnerGrants are due on or before:	Thursday, February 15, 2024, 5 PM CST
Questions must be submitted in writing to the Authorized Contact Person through PartnerGrants:	**Authorized Contact Person:** Name: Helen Howell Social Service Funding Specialist E-Mail: APHCompetitions@austintexas.gov
Questions and Answers will be available:	**In Partnergrants and on the competition website**
Optional Pre-Bid Meeting Date(s), Time(s) and Location:	Pre-bid meeting 1: Tuesday, January 30, 2024, 9:30 AM CST **Eventbrite Link** Pre-bid meeting 2: Friday, February 2, 2024, 1:00 PM CST **Eventbrite Link**
Office Hours Meeting Date(s), Time(s) and Location:	Office Hours 1: Tuesday, February 6, 2024, 11:00 AM CST **Eventbrite Link** Office Hours 2: Thursday, February 8, 2024, 3:00 PM CST **Eventbrite Link**

Funding and Timeline

Total Funding: $1,350,000 million, one-time general funds

Contract Term: : May 15, 2024 – April 30, 2025

Request Limits: $1,350,000 million

Anticipated Number of Awarded Agreements: APH anticipates awarding 1 agreement to an agency that provides all services solicited.

RFP Scope of Work

Applicant Minimum Qualifications to be considered

- Agency must have a minimum of two years established, successful experience providing services

- Be a non-profit organization or quasi-governmental entity able to conduct business in the State of Texas, and legally contract with Austin Public Health.

- Have submitted all applicable tax returns to the IRS and the State of Texas (e.g., Form 990 or 990-EZ and state and federal payroll tax filings).

- Be eligible to contract and are not debarred from contracting with the City of Austin, State of Texas and Federal government, according to SAM.gov, and State and City Debarment information.

Applicant Minimum Qualifications - Continued

- Be current in its payment of Federal and State payroll taxes.

- Not owe past due taxes to the City.

- Have the ability to meet Austin Public Health's standard agreement terms and conditions, which includes Social Services Insurance Requirements.

- Have an active Board of Directors that meets regularly and reviews program performance, financial performance, and annually approves the agency budget. The Board of Directors shall have a strong commitment to fundraising to ensure well-funded, sustainable programs and operations.

Data Collection and Reporting:

The agencies will track and report the number of unduplicated clients served and document proof of the services provided where applicable. Client tracking should include methods for securely recording identity, zip code, income, and demographics of the people served without violating client confidentiality. The agency must upload data to Provide Enterprises and have a data sharing agreement with the City of Austin, which will be negotiated upon award.

Organizations will be required to report the following performance measures to Austin Public Health.

Data Collection and Reporting: Outputs and Outcomes

Performance Measures The awardee(s) will be required to report on the following output and list a goal in their Proposal

Required Output:

Number of unduplicated individuals served in a 12-month period

Note: This output will be a cumulative unduplicated count of all individuals who received testing and treatment for HIV, chlamydia, gonorrhea, syphilis, and hepatitis C. Each client should be reported within this measure only once during the contract period.

Data Collection and Reporting: Outcomes - Continued

Required Outcomes:

The awardee will be required to report on each of the following outcomes; numerators and denominators will be negotiated upon agreement award.

Outcome 1:

Percent of individuals who achieve healthy outcomes as a result of receiving services through APH funding

Numerator: Number of individuals who report improvement in physical, mental, emotional, or social functioning

Denominator: Number of individuals receiving services through APH funding

Note: This outcome will be a cumulative count of the following outcomes, listed below, for all individuals who received testing and treatment for HIV, chlamydia, gonorrhea, syphilis, and hepatitis C. The following outcomes are specific to different types of HIV and STI testing and treatment.

Data Collection and Reporting: Outcomes - Continued

Outcome 2:

Percent of newly diagnosed individuals linked to Rapid stART within 72 hours

Outcome target: 80-90%

Numerator: Number of individuals started on HIV treatment within 72 of preliminary HIV+ test result

Denominator: Number of newly diagnosed HIV+ individuals

Patient Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

Data Collection and Reporting: Outcomes - Continued

Outcome 3:
Percentage of persons newly diagnosed with HIV infection who attended a routine HIV medical care visit within one month of diagnosis
Outcome target: 80-90%
Numerator: Number of newly diagnosed persons in the denominator who attended a routine HIV medical care visit within one month of diagnosis
Denominator: Number of persons newly diagnosed with HIV infection in a 12-month measurement year

Patient Exclusions:
1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

Data Collection and Reporting: Outcomes - Continued

Outcome 4:

Percentage of patients, regardless of age, with a diagnosis of HIV who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between medical visits

Numerator: Number of patients in the denominator who had at least one medical visit in each 6-month period of the 12-month measurement period with a minimum of 60 days between first medical visit in the prior 6-month period and the last medical visit in the subsequent 6-month period

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the first 6 months of the 12-month measurement period

Patient Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

Data Collection and Reporting: Outcomes - Continued

Outcome 5:

Percentage of patients, regardless of age, with a diagnosis of HIV with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Outcome target: 80-90%

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Patient Exclusions:

1. Patients who died at any time during the measurement period
2. Patients whose residency moved outside the 10-county service delivery area during the measurement period
3. Patients who were incarcerated more than 6 months during the measurement period

Data Collection and Reporting: Outcomes - Continued

Outcome 6:
Percent of individuals who tested positive for syphilis and were successfully treated
Numerator: Number of individuals who complete full treatment
Denominator: Number of individuals who tested positive for syphilis

Outcome 7:
Percent of individuals who tested positive for chlamydia and were successfully treated
Numerator: Number of individuals who complete full treatment
Denominator: Number of individuals who tested positive for chlamydia

Data Collection and Reporting: Outcomes - Continued

Outcome 8:

Percent of individuals who tested positive for gonorrhea and were successfully treated

Numerator: Number of individuals who complete full treatment

Denominator: Number of individuals who tested positive for gonorrhea

Outcome 9:

Percent of individuals who tested positive for hepatitis C and were referred to appropriate care

Numerator: Number of individuals who complete full treatment

Denominator: Number of individuals who tested positive for hepatitis C tests

Principles of Service Delivery

The following foundational strategies are required to be applied at an operational level:

1. Organizational Standing Delegation Orders must adhere to current clinical guidelines for STI and HIV testing and treatment established by the CDC and authorized by a Texas Licensed Physician.

2. Funds must be utilized for direct health care provisions including operating expenses, clinical services, lab, medications, and training.

3. Organization must have previous experience in successful government health program grant management, including compliance with the Texas Department of State Health Services' (DSHS) HIV and STD Program Operating Procedures and Standards.

4. Status Neutral HIV Prevention and Care practices must be used.

Principles of Service Delivery

5. For persons diagnosed with HIV, then Rapid stART should be employed. Organization must adhere to Rapid stART Standard of Care as established by APH/HRAU

6. Organization must follow Austin HIV Planning Council Service Standards for City of Austin General Funds.

7. Provide Pre-Exposure Prophylaxis (PrEP) for people who are HIV-negative and at high risk for HIV

8. For clients that test positive for HIV and/or chlamydia, gonorrhea, syphilis, and hepatitis C, the organization must participate in or upload data to Provide Enterprises.

9. Organization must work with local Public Health Follow-up Program to expand partner elicitation and notification measures for individuals who test positive for HIV.

Principles of Service Delivery

10. Organization must have sustainable plan for client treatment or referral for long term HIV-care and treatment after the termination of these funds.

11. Organization must follow established guidelines for Doxy PEP treatment, such as those by the National Coalition of STD Directors.

12. For clients that test positive for HIV and/or chlamydia, gonorrhea, syphilis, and hepatitis C, the organization must upload data to Provide Enterprises.

Principles of Service Delivery

13. <u>Trauma-Informed Practices:</u> Successful applicants will apply <u>the principles of trauma-informed practice</u> to program and service delivery: safety, choice, collaboration, trustworthiness, and empowerment

14. <u>Language Access Plan:</u> Applicants will be in development of or already have developed a <u>Language Access Plan</u>. A language access plan is a document that guides the implementation of translation and interpretation services. Language access plans include a four-factor assessment that links service provision with the languages spoken in a grantee's geographic service area.

Principles of Service Delivery - Continued

15. <u>Referrals:</u> Applicants should offer access to referrals and information on how to access other services and providers.

16. <u>Collaboration with other organizations</u> to strengthen outreach, quality service provision, and community planning related to priority populations listed in section IV

17. <u>Program Accessibility</u>: Programs should actively seek to eliminate barriers to services such as lack of transportation, limited communication and outreach, immigration documentation status, institutional barriers, and other restrictions.

18. <u>Equitable Service Delivery:</u> Offerors must ensure that programs are providing services that meet the needs of diverse   populations, considering systemic, institutional, and environmental barriers and inequities that exist and seeking to mitigate the effects on participant outcomes.

Best Practices

Service providers are encouraged to incorporate the following best practices:

• Provide pregnancy, chlamydia, gonorrhea, and syphilis testing for individuals of childbearing age.

• Implement the CDC's five major strategies for prevention of STI's:

    1. Risk assessment and education to reduce the burden of STIs

    2. Vaccination for vaccine-preventable STIs

    3. Screening of patients who do not show symptoms to prevent passing the disease to others

    4. Effective diagnosis, care, and treatment, with appropriate follow-up of infected patients

    5. Evaluation, care, and treatment of a sexual partner who may have an ST

Priority Populations

City of Austin Client Eligibility Requirements

Adult clients must be residents of, work in, or have children enrolled in schools in the City of Austin and/or Travis County. Clients must meet all other requirements to be eligible as described in Exhibit A.3: City of Austin Client Eligibility Requirements (Exhibit D of this Solicitation Package).
Some eligibility criteria may be waived for specific program models. Changes to eligibility are subject to negotiation and approval by APH staff.

Priority Populations

Priority Populations:

Programs serving a variety of populations will be considered. Priority will be given to a program that include a focus on:
• LGBTQIA+ community , especially Black MSM, Latinx MSM, White MSM, transgender and gender non-binary people of color. City and national data show that HIV and other STI's disproportionately affect these populations.
• Latina WSM
• Black women
• Persons with HIV (PWH)
• Youth up to 24 years of age
• Persons who inject drugs (PWID)

Austin Public Health Emergency Response

All agencies that are awarded funding through Austin Public Health Requests for Proposals are expected to provide emergency services in the event of a public health emergency (see Sections 8.6 and 8.6.1 of Exhibit E: Standard Boilerplate). Should agencies be called upon to engage in response activities, contract resources may be shifted or new uses of resources approved within an awarded program budget at the discretion of the City.

Proposal Evaluation

- A total of 100 points may be awarded to the proposal.

- **Proposal sections:**

    1. Experience and Cultural Competence

    2. Program Design

    3. Data Informed Program Management

    4. Cost Effectiveness

- Evaluation criteria:
    - How does the proposal align with RFP goals
    - Is each question adequately addressed.

RFP 2024-001 HIV, STI Testing and Treatment Rubric

Form 1: Offer Sheet	Offerors must print, sign, scan and upload signed forms.	No points, but Offeror must submit signed form.
Form 2: RFP Proposal		
Part I: Fiscal and Administrative Capacity	Agency Information	No points awarded, but Offeror must pass threshold defined in Offeror Minimum Qualifications in C - Scope of Work.
Part 2: Scored Proposal		
Section 1: Experience and Cultural Competence	Agency Experience & Performance Principles of Service Delivery Cultural Competence & Racial Equity	**26 points**
Section 2: Program Design	Program Work Statement Goals and Objectives Clients Served Outreach Program Services and Delivery Program Accessibility Referrals Evidence Based Practices Collaboration with Community	**50 points**
Section 3: Data Informed Program Management	Data Security & Systems Management Quality Improvement & Feedback Performance Measures	**4 points**
Section 4: Cost Effectiveness Form 3	Program Staffing & Time Program Budget & Funding Summary	**10 points**
	Cost Effectiveness & Number of individuals served/ total budget = Cost Analysis	**10 points**
		Total: 100 points
Form 4: COA Certifications and Disclosures	Offerors must print, sign, scan and upload signed forms.	No points, but Offeror must submit signed form.

APH Austin Public Health

5 Minute Break

Contact Info:
Drop your name, organization, contact info in the chat

Collaboration:

Agencies may apply with a subgrantee that is especially skilled in an activity that the applicant could leverage.

Interested parties are welcome to drop a comment with **"Interested in Collaboration,"** share how they might add value, along with contact info.

Application Submission Instructions

Offeror Initial Steps: Registration

Vendor and PartnerGrants Registration

All Applicants must:

1) Confirm your organization is a registered vendor with the City of Austin.
    • To find the City of Austin Vendor Number, please visit Austin Finance Online and search for the organization's legal name.
    • To register to become a potential City of Austin vendor, go to Austin Finance Online .

2) Be a registered user in the PartnerGrants system. Proposals will be submitted through PartnerGrants.

   • To register, visit PartnerGrants and click on "Register Here."

   • Note that the organization's City of Austin Vendor number is required to complete registration in PartnerGrants.

PartnerGrants Database

- Website:
  https://PartnerGrants.austintexas.gov

- PartnerGrants is an online/web-based database APH uses for contract management

- **Proposals must be submitted through the PartnerGrants system**

- Paper proposals will not be accepted

Offeror Initial Steps: Pre-Application

Annual Threshold Process

- Offerors must have completed an Annual Agency Threshold Application in the PartnerGrants database.

- This form must be submitted once per 12 months per agency and remains valid for all competitions closing within that time period. The threshold application will be reviewed by APH staff and the agency will be notified once approved, usually within five to seven business days.

- Retain approval emails and note the submission date for future use

- If you aren't sure if you have completed this step, please email APHCompetitions@austintexas.gov

Annual Threshold Form

This form is for reference only, information therein must be submitted via PartnerGrants.

Confirm and document the following:

I. **Board of Directors**
- Meet 4 times per year
- Supports by-laws

II. **Agency Administration**
- Submitted 990/990-EZ, tax filings
- Not debarred from City of Austin or federal government
- 501C3

I.   BOARD OF DIRECTORS

☐ Yes ☐ No 1. The Board meets regularly (at least four times per year)
☐ Yes ☐ No 1. The Board composition supports what is stated in the by-laws

Documentation Required for this section:
☐ 🖹 Upload Current Board of Directors Bylaws
☐ 🖹 Upload list of Board Members with their positions and terms

II.   AGENCY ADMINISTRATION

☐ Yes ☐ No 1. Agency has submitted all applicable tax returns to the IRS and the State of Texas (e.g. Form 990 or 990-EZ and state and federal payroll tax filings)

☐ Yes ☐ No 2. Agency is eligible to contract with the City of Austin and not debarred from doing business with the City of Austin, State of Texas or Federal government

☐ Yes ☐ No 3. Agency is a non-profit organization able to conduct business in the state of Texas

Documentation Required for this section:
☐ 🖹 Upload copy of the most recently filed IRS Form 990 or 990 EZ (no older than 2018), if applicable
☐ 🖹 Upload proof of agency non-profit status (ex. By-laws, Articles of Incorporation, IRS Tax Exempt Designation, Texas Department of State letter)

III.   AGENCY CERTIFICATION

☐ Yes ☐ No 1. Agency is current in its payment of Federal and State payroll taxes
☐ Yes ☐ No 2. Agency does not owe past due taxes to the City
☐ Yes ☐ No 3. Within the last two years, Agency has required experience outlined in the Scope of Work.

☐ Yes ☐ No 4. If agencies have been funded by other entities (including but not limited to City of Austin, Travis County, St. David's Foundation or other foundations, State of Texas or federal government), the agency has received monitoring reports without findings.

Documentation Required (can duplicate the items required in previous sections):
☐ 🖹 Upload any final monitoring reports from funders within the last two years. If report had no findings, please include only the summary letter. Please combine reports into one PDF.
Confirmation in Partnergrants: By selecting Confirm, applicant certifies that board chair and executive director approves all responses and attachments provided.

Annual Threshold Form - Continued

Confirm and document the following:

III. **Agency Certification**
- Current in payroll tax payments
- No past taxes owed to City
- 2 years' of experience required in Scope of Work
- No monitoring findings from other funders

I. **BOARD OF DIRECTORS**

☐ Yes ☐ No 1. The Board meets regularly (at least four times per year)
☐ Yes ☐ No 1. The Board composition supports what is stated in the by-laws

Documentation Required for this section:
☐ 📄 Upload Current Board of Directors Bylaws
☐ 📄 Upload list of Board Members with their positions and terms

II. **AGENCY ADMINISTRATION**

☐ Yes ☐ No 1. Agency has submitted all applicable tax returns to the IRS and the State of Texas (e.g. Form 990 or 990-EZ and state and federal payroll tax filings)

☐ Yes ☐ No 2. Agency is eligible to contract with the City of Austin and not debarred from doing business with the City of Austin, State of Texas or Federal government

☐ Yes ☐ No 3. Agency is a non-profit organization able to conduct business in the state of Texas

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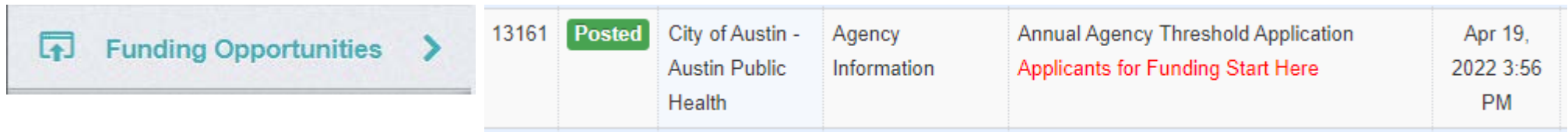Documentation Required (can duplicate the items required in previous sections):
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Confirmation in Partnergrants: By selecting Confirm, applicant certifies that board chair and executive director approves all responses and attachments provided.

Completing the Annual Agency Threshold Application

Once logged into PartnerGrants:

- Click on "Funding Opportunities"

- Then click opportunity title "Annual Agency Threshold Application-Applicants for Funding Start Here" to complete a new threshold application

❑ Click Start New Application

❑ Title your application "[Your Organization's Name] – Agency Threshold Checklist – [Primary Contact's Initials]." For example – Austin Public Health – Agency Threshold Checklist - HH

Completing the Annual Agency Threshold Application - Continued

- Complete General Information - click **Save Form Information** between each entry to complete all required fields

- Provide explanations as needed, and include all required attachments to minimize delays

- Make sure you click **SUBMIT** and receive a confirmation email

Intent to Apply Form

- Offerors must complete an Intent to Apply form prior to the Proposal (Final Application)

- Submit your Intent to Apply form(s) by the due date indicated on the Offer Sheet: **Monday, February 5, 2024, 3 PM CST**

- **Mark all items complete** AND **click Submit** to ensure your Intent to Apply is submitted
  - Once complete, you will receive an automated confirmation from the PartnerGrants system verifying the form has changed status from Editing to Submitted.

Intent to Apply Form (Continued)

- To complete an Intent to Apply form:
  - Once logged into PartnerGrants, click on "Funding Opportunities" and then opportunity title "RFP 2024-001 HIV, STI Testing and Treatment"
  - Click Start New Application (you may have multiple active Applications)

- **Part 1: General Information**
  - Complete each field, clicking Save Form Information after completing each step to open the next section of the form
  - Save and click the title of the next section, "Intent to Apply"

- **Part 2: Ongoing Threshold Certification**
  - Certify that you have completed the Annual Agency Threshold Application
  - Enter the date (month and year are sufficient) of Annual Agency Threshold Application SUBMISSION

Intent to Apply Form (Continued)

- **Part 3: Proposal Description**
  - Enter a brief, but descriptive title that is not the title of the RFP and program description
  - Enter a Program Type, if applicable
  - Enter a Program Description to provide an overview of proposed services

- **Mark Complete** and click **Submit**

Sections of the RFP

Forms and Exhibits

The Offer Sheet lists forms that must be completed by the Offeror.

Exhibits are for reference and should be reviewed in full by all Offerors prior to completing a Proposal.

Form Number	Title	Guidance
0	Intent to Apply	Approved Annual Agency Threshold Application and Intent to Apply for each Proposal in PartnerGrants **due by Monday, February 5, 2024, 3 PM CST**
1	Offer Sheet	
2	RFP Proposal	
3	Program Budget and Funding Summary	Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants **by Tuesday, February 20, 2024, 3 PM CST**
4	COA Certifications and Disclosures	

Exhibit Number	Title	Guidance
A	Threshold Review	
B	Standard Solicitation Provisions and Instructions	
C	Scope of Work	
D	APH Client Eligibility Requirements	Information Only
E	Standard APH Agreement Boilerplate and Exhibits	
F	Applying for APH-Funded Opportunity: PartnerGrants Instructions	

Exhibit A – Annual Agency Threshold

The Annual Agency Threshold Application MUST be completed in the PartnerGrants System.

If you have not already completed this step, you can use this form for reference while assembling your materials.

A– RFP Application Threshold Checklist

Instructions: This form is provided as reference only.

This information must be uploaded in Partnergrants as part of the Annual Agency Threshold Application. See Offer Sheet for instructions. Any required attachments are indicated by a 📄 symbol.

I. BOARD OF DIRECTORS

☐ Yes ☐ No 1. The Board meets regularly (at least four times per year)
☐ Yes ☐ No 1. The Board composition supports what is stated in the by-laws

Documentation Required for this section:
☐ 📄 Upload Current Board of Directors Bylaws
☐ 📄 Upload list of Board Members with their positions and terms

II. AGENCY ADMINISTRATION

☐ Yes ☐ No 1. Agency has submitted all applicable tax returns to the IRS and the State of Texas (e.g. Form 990 or 990-EZ and state and federal payroll tax filings)

☐ Yes ☐ No 2. Agency is eligible to contract with the City of Austin and not debarred from doing business with the City of Austin, State of Texas or Federal government

APH Austin Public Health

Exhibit B – Solicitation Provisions and Instructions

❑ See Exhibit B - Standard Solicitation Provisions and Instructions for information about Proposal Format and Submission Requirements.

❑ The Application must be submitted in the PartnerGrants database. No late submissions will be accepted. Note that where the application materials say "at," "prior to," or "by or before," this means that the PartnerGrants system will not allow you to submit documents at or after that time.

❑ All documents must be uploaded into PartnerGrants. No paper copies will be accepted.

  ❑ Only name your uploaded documents with **letters and numbers**. To reduce possible submission and/or review delays, please ensure the title of any attached file from your local drive DOES NOT contain any special characters. Letters and numbers are acceptable.

Submission Documents

Form Number	Title	Guidance
0	Intent to Apply	Approved Annual Agency Threshold Application and Intent to Apply for each Proposal in PartnerGrants **due by Monday, February 5, 2024, 3 PM CST**
1	Offer Sheet	Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants **by Tuesday, February 20, 2024, 3 PM CST**
2	RFP Proposal	
3	Program Budget and Funding Summary	
4	COA Certifications and Disclosures	

Form 1: Offer Sheet

- ❑ The Offer Sheet is required for your proposal to be valid and must be submitted after your Intent to Apply, along with your Proposal and other documents.

- ❑ On the Offer sheet, the organization's representative states that they are authorized to submit this proposal for funding.

- ❑ It also states that the representative has received and read the entire RFP document packet and agrees to be bound by the terms therein.

- ❑ Signature by an authorized representative is required for the City of Austin to accept the proposal.

The undersigned, by their signature, represents that they are submitting a binding offer and is authorized to bind the Applicant to fully comply with the solicitation document contained herein. The Offeror, by submitting and signing below, acknowledges that they have 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 and submitted in PartnerGrants to be considered for award. Electronic Signature is acceptable.

Form 2 – RFP Proposal

RFP Proposal

Proposal Section Tips:

- Make sure to answer every question and every part of each question.

- Some questions include drop down boxes with preselected answers indicated by

- Make sure to review any links within the RFP – you can find them in the RFP document, on the website and in PartnerGrants.

- We expect that you take the time to review the links to include the guidance provided in your answers.

Form 2 - RFP PROPOSAL

PROPOSAL INSTRUCTIONS: Fill out this document and upload the document into PartnerGrants. An Offeror can only apply for one distinct program per proposal. Offerors may submit multiple proposals for different programs, which may include programs in different service categories. All questions are in green text boxes. Click on the text boxes beneath the questions to type in your answers. Any required attachments are indicated by a 🖹 symbol, and drop-down menus are indicated by a 🗓 symbol.

Please note: Only name uploaded documents with letters and numbers. To reduce possible submission and/or review delays, please ensure any attached file from your local drive DOES NOT contain any special characters. Letters and numbers are acceptable.

The total word count limit is **15,000** for this entire word document (including proposal 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". **The total number of words already included in this proposal is ~4,588. Please ensure your proposal is less than 10,412 words, or 15,000 total with the questions and instructions included.**

Table 1: Required APH Documents. The following must be completed and/or submitted in PartnerGrants:

Form Number	Title	Guidance
1	Offer Sheet	Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants.
2	RFP Proposal	
3	Program Budget and Funding Summary	**Due Tuesday, February 20, 2024 at 3 PM CST**
4	COA Certifications and Disclosures	

PART I. Fiscal and Administrative Capacity - Unscored

Pre-Application

Annual Agency Threshold Application: The **Annual Agency Threshold Application** must be completed in PartnerGrants by or before the Intent to Apply deadline stated in the Offer Sheet. This form must be submitted once per 12 months and remains valid for all competitions closing within that time. This threshold will be reviewed by APH staff, and the agency will be notified once approved.

RFP Intent to Apply: After submitting the Annual Agency Threshold Application, the agency will be able to submit an **Intent to Apply** through this RFP Opportunity. Intent to Apply forms will only be approved and access to Final Proposals granted once the Annual Agency Threshold Application approval has been

Proposal Format and Submission Requirements

ALL DOCUMENTS MUST BE UPLOADED INTO PartnerGrants. NO PAPER COPIES WILL BE ACCEPTED.

Step 1: Proposal Instructions

- This form should be submitted in .doc or .docx format with only letters and numbers in the file title.

- **Total word count in the <u>Form 2-RFP Proposal</u> document is <mark>15,000</mark> words which includes the questions. Proposals that exceed 15,000 words will not be considered.**

- There are about 4,588 words in Form 2-RFP Proposal, and this is included in the 15,000 words limit.

- MS Word automatically counts the number of words in a document and displays it in the status bar at the bottom of the screen.

- The following documents will <u>not</u> count towards the total word count:

  - Attachments submitted to answer a question like policies and procedures, staff positions, etc.

  - Attachments 1-Offer Sheet, 3 - Budget Narrative and Funding Summary, 4-COA Certifications.

Proposal Format and Submission Requirements

- Offerors must type answers into the section that says "Click or tap here to enter text" after each question or in the required tables.

- Agency Information is boxed and highlighted in blue, and all questions are boxed and highlighted in green. Editing is restricted in the document except in the answer boxes.

- For each question, please provide a response or write N/A for not applicable in the boxes provided. It is preferable to be repetitive rather than to leave sections incomplete.

Agency Information

No points are assigned to questions in this section, but a response is required for each question. All Proposals must have satisfactory answers in this section to be evaluated for potential award. If this question was referenced in Exhibit C - Scope of Work, the letter and number reference is included in parentheses at the end of the question.

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

Program Name: Click or tap here to enter text.

Total Amount Requested: Click or tap here to enter text.

1. Does your organization have the ability to meet Austin Public Health's Social Services Insurance Requirements prior to entering into a contract? Provide any additional information.
Click or tap here to enter text.

2. Will your organization be able to meet all the Terms and Conditions listed in Exhibit E-Standard Boilerplate and Exhibits? Provide any additional information.
Click or tap here to enter text.

Proposal Format and Submission Requirements

Offerors must use this template for the proposal and cannot submit a proposal that does not include the questions and narrative.

If compiling responses in a separate document:
- Offerors must include all questions and narrative before their answer, so the Proposal appears the same as the provided template.
- Make sure to include the exact wording of the drop-down menus.

Attachment Submission Requirements

- All Proposal files must be uploaded in PartnerGrants

- Some questions include required or optional attachments indicated by a 📃 symbol.
  - Upload under the designated required attachment item in PartnerGrants or one of the Additional Supplemental Document optional attachments.
  - Remember to clearly title each file using only letters and numbers.
  - Try to consolidate to <u>one file for each question.</u>

| 📎 - Named Attachments	
Named Attachment	**Required**
1 - Offer Sheet	✓
2 - RFP Application	✓
3 - Program Budget and Funding Summary	✓
4 - COA Certifications and Disclosures	✓
ASD1 - Additional Supporting Documentation-pdf, if applicable	
ASD2 - Additional Supporting Documentation-pdf, if applicable	
ASD3 - Additional Supporting Documentation-pdf, if applicable	

APH Austin Public Health

RFP Application: Racial Equity

- Equity is 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.

Racial Equity Self-Assessment Item	Choose from the 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.
We have access to data on racial/ethnic disparities to guide our work.	Click here for Drop Down Menu	Click or tap here to enter text.
Our work includes performance measures to determine how well we are doing to address racial disparities.	Click here for Drop Down Menu	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.	Click here for Drop Down Menu	Click or tap here to enter text.
Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities	Click here for Drop Down Menu	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 Menu	Click or tap here to enter text.

RFP Application: Racial 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 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.

Racial Equity Self-Assessment Item	Choose from the [icon] 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.
We have access to data on racial/ethnic disparities to guide our work.	Click here for Drop Down Menu [icon]	Click or tap here to enter text.
Our work includes performance measures to determine how well we are doing to address racial disparities.	Click here for Drop Down Menu [icon]	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.	Click here for Drop Down Menu [icon]	Click or tap here to enter text.
Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities	Click here for Drop Down Menu [icon]	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 Menu [icon]	Click or tap here to enter text.

APH Austin Public Health
PREVENT PROMOTE PROTECT

RFP Application: Performance Metrics

- Complete each required Output and Outcome in the tables provided and include explanations as needed below.

PERFORMANCE MEASURES

31. Please provide: A) Output Measure(s) and B) Outcome Measures below.

31A. Output Measures: Provide a proposed 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.

This output will be a cumulative unduplicated count of all individuals who received testing and treatment for HIV, chlamydia, gonorrhea, syphilis, and hepatitis C. Each client should be reported within this measure only once during the contract period.

Proposals must include the following output:

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

31Ai. Describe how the data will be calculated for the output.

Click or tap here to enter text.

31Aii. Provide an explanation for determining the annual goal.

Click or tap here to enter text.

31Aiii. Describe how demographic and eligibility data will be collected from clients and the method for reporting this data.

Click or tap here to enter text.

# RFP Application: Program Staffing and Cost Effectiveness

- Upload job/position descriptions of program staff and/or volunteers working with clients. Applicants may attach up to 5 additional pages that include job/position descriptions as supplemental documentation.

  - Pages beyond the allowable 5 total will not be considered when evaluating applications.

- Describe the overall staffing plan to accomplish activities in the proposed program and complete the Program Staffing Form.

Example:

Funding Source	Title	FTE
APH Social Services	Program Director	0.20
APH Social Services	Executive Director	0.05
Travis County HHSD	Case Managers	2.00
	Total FTEs	10.25

Form 3 – Program Budget and Funding Summary

Form 3 - Program Budget and Funding Summary
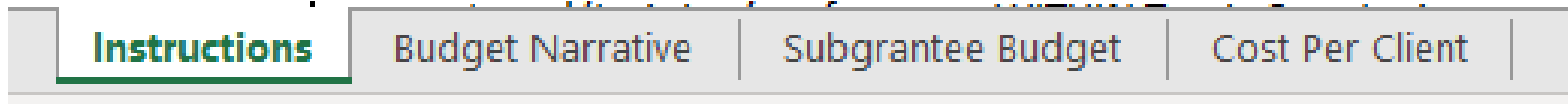
- Complete Form 3: Budget and Funding Summary (Excel Spreadsheet) and upload completed document into PartnerGrants.

- There are four tabs in the spreadsheet: Instructions, Budget and Narrative, Subgrantee Budget, and Cost Per Client. The Instructions include examples of allowable costs.

Budget and Narrative Tab

Budget and Narrative Form:

- Enter the Agency Name, Program Name, and number of unduplicated clients per 12-month period in Cell B4 under the Budget and Narrative worksheet.

  ◦ The Cost Per Client worksheet will use this to automatically determine the Cost Per Client based on the overall program budget and the overall number of clients to be served.

	A	B
1	Form 3 - Program Budget and Narrative	
2	Agency Name:	
3	Program Name:	
4	Total Proposed Clients Served:	

Budget and Narrative Tab (Continued)

Budget and Narrative Form:

- Complete a budget for 12-month period for requested City Funding only

  - Period: May 15, 2024 – April 30, 2025

- For every budget line containing a requested amount of City of Austin Funding, enter a short description or list of items included in that budget line in Column E

- Examples are provided in the Instructions tab

Budget Line-Item	Requested COA Funding 12 months	Amounts Funded by ALL OTHER Sources for the SAME program 12 months	Total Budget (All Funding Sources) 12 Months	Complete an explanation for each City-funded line item.
Salaries				
Personnel (benefits and payroll taxes)			$0.00	
Operations				
General Operations			$0.00	
Outsourced Professional Services			$0.00	
Supplemental Programmatic Services			$0.00	
Training/Travel Outside of Austin/Travis County			$0.00	
Financial Assistance to Clients			$0.00	
Rental Assistance			$0.00	
General Housing Assistance			$0.00	
Direct Client Assistance			$0.00	
Client Food and Beverage			$0.00	
Sub-Grantees - Use SubGrantee Budget worksheet to enter amounts (If applicable)				
Sub-Grantee Personnel	$0.00	$0.00	$0.00	
Sub-Grantee Operations	$0.00	$0.00	$0.00	
Sub-Grantee Direct Assistance	$0.00	$0.00	$0.00	
Sub-Grantee Other	$0.00	$0.00	$0.00	
Program Income				
Program Income			$0.00	
Other				
Other			$0.00	
Total:	$0.00	$0.00	$0.00	

Subgrantee Tab

Subgrantees:

- If working with Subgrantees, include the Subgrantee name, start and end dates of their work, a brief description of services, number of clients served by each Subgrantee, specific line items included, and the ANNUAL amount of City of Austin and funding from other sources in the table

- These totals will automatically fill in the Subgrantee section of the Budget and Narrative Tab

Form 4 – COA Certifications and Disclosures

Form 4: COA Certifications and Disclosures

❑ Be sure to complete the signature block on page 5

The Offeror hereby certifies that they have reviewed all of the above disclosures and agrees to comply with the requirements and disclosures.

CONTRACTOR NAME	
Authorized Signature	
Title	
Date	

Important Information

Communication with the City

Question and Answer Process

- Questions regarding the RFP must be directed to the Authorized Contact Person:

  o Helen Howell at APHCompetitions@austintexas.gov.

- Only the information provided by the Authorized Contact Person is valid

- Official Questions and Answers will be published on the Competition Website weekly

Anti-lobbying ordinance

- Request for Proposal process: Anti-lobbying ordinance does not apply

Important Tips

- **Please make sure to get your application ready *early* to meet deadlines**

- Technical assistance video for submitting an application in PG: [APH PartnerGrants - YouTube](#)

  o The appearance of some items may have changed, but the process is very similar

- You may also contact Allan McCracken – [Allan.McCracken@Austintexas.gov](#)

DATE ISSUED:	**Monday, January 22, 2024**
INTENT TO APPLY DUE DATE:	**Monday, February 5, 2024, 3 PM CST**
RFP PROPOSAL DUE DATE:	Tuesday, February 20, 2024, 3 PM CST
Anticipated Start date of contract:	**Wednesday, May 15, 2024**
Questions regarding the RFP are due on or before:	Tuesday, February 13, 2024, 3 PM CST
Technical Assistance regarding submission of the RFP in PartnerGrants are due on or before:	Thursday, February 15, 2024, 5 PM CST
Questions must be submitted in writing to the Authorized Contact Person through PartnerGrants:	Authorized Contact Person: Name: Helen Howell Social Service Funding Specialist E-Mail: APHCompetitions@austintexas.gov
Questions and Answers will be available:	**In Partnergrants and here**
Optional Pre-Bid Meeting Date(s), Time(s) and Location:	Pre-bid meeting 1: Tuesday, January 30, 2024, 9:30 AM CST **Eventbrite Link** Pre-bid meeting 2: Friday, February 2, 2024, 1:00 PM CST **Eventbrite Link**
Office Hours Meeting Date(s), Time(s) and Location:	Office Hours 1: Tuesday, February 6, 2024, 11:00 AM CST **Eventbrite Link** Office Hours 2: Thursday, February 8, 2024, 3:00 PM CST **Eventbrite Link**

Important Tips

❑ To submit Intent to Apply and Final Proposals in PartnerGrants, you must first MARK AS COMPLETE AND **THEN HIT <u>SUBMIT.</u>**
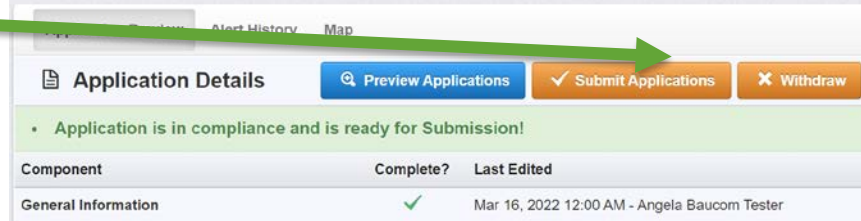
❑ Check that you receive a confirmation email from the PartnerGrants system indicating the status of your application is "Submitted." Mark as Complete is NOT the same thing as Submit.

❑ You must have BOTH an Annual Agency Threshold on file for the Agency AND an Intent to Apply form submitted prior to submitting your final application.

❑ We are unable to make exceptions for internet outages or other technical difficulties in submitting the application by the deadline. Please plan accordingly.

❑ Watch for emails from APHCompetitions@austintexas.gov in the days prior to the deadline in case of reminders or notes about the status of your application and DON'T share PartnerGrants accounts.

Austin Public Health
PREVENT. PROMOTE. PROTECT.

That was a lot of information. We can help clear it up.

Questions?

Contact: APHCompetitions@austintexas.gov

Thank You
for Your Participation