**RFA APPLICATION**

**APPLICATION INSTRUCTIONS: Fill out this document and upload the document into Partnergrants. All questions are highlighted in green. Click or tap on the sections below the Questions and type in your answers. Any required attachments are indicated by a**  **symbol, and drop-down menus are indicated by a**  **symbol.**

**Please note:** If any document is uploaded, the name of the document must not include any characters other than letters and numbers, or the database will not allow it to be uploaded.

**The total word count limit is 13,000 for the entire word document (including questions and your answers). The word count is indicated below left on your screen or if you go to the top of the screen to Search “word count”.**

**Required APH Documents:**

**The following must be completed and submitted in Partnergrants.**

|  |  |  |
| --- | --- | --- |
| **FORM NUMBER** | **TITLE** | **Requires Applicant Response DUE** |
| 1 | OFFER SHEET | 8/17/2022 |
| 2 | RFA APPLICATION | 8/17/2022 |
| 3 | DFPS PROGRAM BUDGET – FORM 2030  | 8/17/2022 |
| 4 | COA CERTIFICATIONS AND DISCLOSURES | 8/17/2022 |
| **SECTION NO.** | **TITLE** | **Form input in Partnergrants DUE** |
| A | THRESHOLD REVIEW FORM | 8/1/2022 |

**PART I. Fiscal and Administrative Capacity**

**Section 1. Minimum Threshold Review**

The **Form 1:** **Threshold Review Form** must be completed in Partnergrants by **August 1st , 2022**. This threshold will be reviewed by APH staff and then, if the agency’s threshold is approved, the agency will move forward to submit this final Application.

**Please note:** If any document is uploaded, the name of the document must not include any characters other than letters and numbers, or the database will not allow it to be uploaded.

**Section 2: Agency Information**

No points are assigned to questions in this section, but a response is required for each question. These questions will be used to determine if your organization is eligible to contract with the City of Austin. All Applications must have satisfactory answers in this section to be evaluated for potential award. If this question was referenced in the Scope of Work (Section C), the letter and number reference is included in parenthesis 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 $ amount.

**Question 1:** Does your organization have the ability to meet Austin Public Health’s Social Services [Insurance Requirements](https://www.austintexas.gov/sites/default/files/files/Health/Social%20Services/INSURANCE%20Requirements-%20Soc%20Serv%20contracts%20%28Rev%2004-2019%29.pdf) prior to entering into a contract? Provide any additional information.

Click or tap here to enter text.

**Question 2:** Will your organization be able to meet all the Terms and Conditions listed in the F-Standard Boilerplate? Provide any additional information.

Click or tap here to enter text.

 **Question 3:** Are you able to meet all the non-negotiable outputs and outcomes?

Click or tap here to enter text.

**Question 4:** What is your organization’s annual budget?

Click or tap here to enter text.

**Question 5:** Provide a brief description of the Agency applying for this funding (e.g., mission statement).

Click or tap here to enter text.

**Question 6:** 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 7**: Provide any additional comments or clarifications about your organization.

Click or tap here to enter text.

**Part II. SCORED APPLICATION SECTIONS - Total Points Available: 100 plus optional 10 Bonus Points**

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

**Please note:** If any document is uploaded, the name of the document must not include any characters other than letters and numbers, or the database will not allow it to be uploaded.

**Section 1: Organizational Capacity for Program Services**

Applicants must demonstrate that they have experience in providing Community Youth Development (CYD) core program services for marginalized children and their families. The services will have a goal of providing early intervention or prevention of at-risk behavior that leads to child abuse or neglect, delinquency, running away, and truancy.

**Agency Experience**

**Question 8:** Describe the Applicant’s history and relationship with the target zip code and population.

Click or tap here to enter text.

**Question 9:** Describe the Applicant’s experience in developing and managing juvenile delinquency prevention programs.

Click or tap here to enter text.

**Question 10:** Describe the Applicant’s experience in managing grant programs.

Click or tap here to enter text.

**Question 11:** Describe your plan for ensuring that CYD information is registered and remains updated with 211-United Way Resources within 30 days of any changes in the scope of the CYD program.

Click or tap here to enter text.

**Question 12:** Explain how you will ensure DPS, DFPS and (FBI-only if lived outside of Texas within the last 5 years) criminal background checks are conducted and criminal history affidavits are obtained for staff and volunteers with direct client contact or with access to client information, prior to such contact or access and are renewed every two years.

\**The City of Austin will not reimburse any staff time paid if billing is submitted on a staff that has not cleared all aforementioned background checks prior to the time stated on the timesheets requested in the reimbursement submission where applicable.*

Click or tap here to enter text.

**Client Recruitment and Retention Strategies**

**Question 13:** Describe the process for recruiting, engaging and retaining program participants.

Click or tap here to enter text.

**Question 14:** Describe the procedures and/or processes for intake, including how the family’s individual need(s) for service will be assessed.

Click or tap here to enter text.

**Question 15:** Will your program offer incentives for participation? If yes, describe the types of incentives to be provided.

Click or tap here to enter text.

**Question 16:** Discuss potential barriers (e.g. COVID-19 restrictions, transportation, child care, Limited English Proficiency, etc.) to providing services to the target population and how you will overcome those barriers. If additional services such as transportation are NOT to be offered, identify the processes that are used to ensure that these factors are not obstacles to accessing services.

Click or tap here to enter text.

**Case Documentation**

**Question 17:** How will you determine that it is time to transition participants out of the program?

Click or tap here to enter text.

**Organizational Structure**

**Question 18:** ***Attach two organizational charts: One representing your agency structure overall, marked*** Form 5: Agency-Based Organizational Chart, and one showing the program you are discussing in this Application, marked Form 6: Program-Based Organizational Chart. Your programmatic organizational chart should include the number of staff/volunteers supervised by each position and clearly show lines of reporting and supervision.

 Documents to support this may be attached to this Application.

[ ] If applicable Indicate whether documents demonstrating experience are attached to the Application in Partnergrants.

Click or tap here to enter text.

**Question 19:** Explain and describe your agency’s education and/or experience qualifications for staff delivering and supervising services.

Click or tap here to enter text.

**Question 20:**  In the table below, list all training your staff and volunteers will receive through your training plan. Identify the staff or volunteer position(s) for which you will require this training and the timeframe for conducting the training.

|  |  |  |  |
| --- | --- | --- | --- |
| Staff Position | Training Required | Delivery Parameters | Timeframe for Training |
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**Question 21:** If staff vacancies occur, indicate the business continuity plan you will use to ensure services are continued, include all job duties.

|  |  |  |  |
| --- | --- | --- | --- |
| Position title *(indicate if a volunteer)* | Services for which this position is responsible | Position supervised by | Position has backup by this position |
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**Cultural Competency and Racial Equity**

The City of Austin evaluates agencies and programs 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 22:** Explain your agency’s plan to ensure new and on-going staff and volunteers complete cultural competency training in person or an approved online training. Each CYD direct paid staff members and volunteers must obtain a cultural competency training. All trainings must be obtained for all direct staff/volunteers providing services working on the CYD contract within 60 days of start of contract year.

Click or tap here to enter text.

**Question 23:** Describe how your agency and the proposed program includes an implementation strategy that advances racial equity in the **community**.

Click or tap here to enter text.

**Question 24:** Describe how your agency advances racial and ethnic equity within your **agency’s culture**.

Click or tap here to enter text.

**Question 25:** Rate your organization for each of the following questions with “Implementation Started” or “Plan to Implement”. **Use the**  **drop down** menu to choose and then explain your answer in the next box.

|  |  |  |
| --- | --- | --- |
| **Racial Equity Self-Assessment Item** | **Choose from the** Dropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... **drop down menu that describes your stage of implementation: Planning; Implementation; or Fully Integrated Implementation**  | **Describe what the agency’s board, staff and programs are doing to implement these items.** |
| 1. We have access to data on racial/ethnic disparities to guide our work.
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Our work includes performance measures to determine how well we are doing to address racial disparities.
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Our board has developed and implemented a plan to address racial disparities in our programs and in our organization.
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| 1. Agency staff at all levels participate in community workgroups/task groups aimed at addressing racial disparities
 | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |
| Our agency hosts or participates in training events dedicated to improving equitable outcomes. | Click here for Drop Down MenuDropdown Menu Select Option Form - Dropdown Menu Icon, HD Png ... | Click or tap here to enter text. |

**Alignment With CLAS Standards**

Applicant’s policies and practices are required to align with the following [National Culturally and Linguistically Appropriate Services (CLAS) Standards in Health](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53) and Health Care 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:

1. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
2. Recruit, promote and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area
3. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
4. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.

11. Collect and maintain accurate and reliable demographic data to monitor the impact of CLAS on health equity and outcomes and to inform service delivery

*Agencies are encouraged to implement all 15 CLAS Standards listed* [*here*](https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53)*.*

**Question 26:** 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 Form 7 CLAS Policies and Procedures.

Click or tap here to enter text.

[ ] Appropriate policies and procedures are attached to the application in Partnergrants.

**Section 2: Project Work Plan**

**Program Model**

**Question 27:** Describe how the proposed strategy/strategies reflect evidence-based, research-based, or promising practices. Explain the rationale behind the program design and how this design meets the specific needs of the target population(s) identified in the Application. a. If the program falls in the category of evidence-based or research-based, provide a description of evidence used, including source(s), and method for ensuring program model fidelity. Provide a logic model for innovative approaches as Form 8 – Logic Model.

b. If the program falls into the category of “promising practice,” include (a) a logic model as an attachment to the Application as Form 8 – Logic Model and provide a plan for evaluation in the text box below.

[ ] If applicable Indicate whether documents demonstrating a logic model are attached to the application in Partnergrants.

Click or tap here to enter text.

**Program Services**

The services will have a goal of providing early intervention or prevention of at-risk behavior that leads to child abuse or neglect, delinquency, running away, and truancy. The City requests Applications that address the five protective factors that are linked to reduction of juvenile delinquency: (1) Family bonding/communication, (2) School Involvement, (3) Individual self-esteem/efficacy, (4) Positive peer association, and (5) Community involvement.

This RFA requires the service strategy/strategies proposed be consistent with one or more of the fundable program services outlined below:

|  |  |
| --- | --- |
| Youth Based Curriculum Class or Activity | Youth Based Curriculum Class or Activity Programs should target 6-17-year-old students who attend secondary schools. The COA-APH will fund services provided to youth that are based upon written curriculum that have a proven track record in preventing juvenile crime. Examples of such programs may include, but are not limited to camp programs, cultural and performance art programs, youth tutoring, juvenile crime prevention programs, other youth programs, etc. Subcontractor will be required to provide services throughout the entire year (school year & summer). ***Annual Outcome (September to May): 405******Annual Outcome (June to August): 105*** |
| Youth Leadership Development (YLD) | YLD must be offered to prepare youth to meet the challenges of adolescence through a series of structured, progressive activities and experiences that help them to develop leadership skills (such as conflict resolution, negotiation, communication skills, goal setting, team building, positive self-esteem, and empowerment. The approach must view youth as resources and build on their strengths and capabilities to develop within their own community and may include activities such as service-learning components. Youth must be offered YLD services at least one time per month.Subcontractor will be required to provide services throughout the entire year (school year & summer). ***Annual Outcome (September to May): 190******Annual Outcome (June to August): 100*** |

**Question 28:** Describe any barriers and challenges the target population(s) may encounter accessing services and how these barriers and challenges will be mitigated.

Click or tap here to enter text.

**Question 29:** Is the Program a stand-alone program or component of a larger program?

Click or tap here to enter text.

**Question 30:** Indicate the protective factors this program will identify for change:
 i. Family bonding/communication
 ii. School Involvement
 iii. Individual self-esteem/efficacy
 iv. Positive peer association
 v. Community involvement

Click or tap here to enter text.

**Question 31:** Mentor to Youth ratio (*Applicable to Mentoring services only)*

Click or tap here to enter text.

**Question 32:** Describe the process for ensuring opportunities are provided for youth to serve in leadership roles in their community *(Applicable to Youth Leadership Development services only)*

Click or tap here to enter text.

**Question 33:** Describe your Agency’s readiness to begin providing services. When will your organization be able to start administering/providing the proposed services? This will require that the information system, staff and other necessary program elements are in place.

Click or tap here to enter text.

**Principles of Service Delivery**

Only programs listed as fundable within the program service areas in Section 2 Program Design will be considered responsive to this RFA. Other program services will not be accepted.

Services are only provided for 6 – 17-year-old students who live in and/or attend school in the 78744-zip code. In the case of 78744 students attending Akins and Travis high schools, services must either be provided there on the premises or a plan must be provided detailing the safe passage and transportation to and from the service location in the 78744-zip code where services will be provided.

The Service Provider is not required to be housed in the 78744 zip code. Therefore, the Service Provider must provide a complete plan for transportation and safe passage of participants. All services provided under this grant must be without cost to the participants.

Most services should target 10 – 17-year-old students; however, the 6-9 years old group can be served but is limited to 30% each month.

Service Providers can serve youth that do not live or go to school in 78744. However, they are only allowed to serve 30% of their total served that fall under this category. 70% of the youth served must live or go to school in 78744.

Registration with [www.ysm-austin.org](http://www.ysm-austin.org) of your program.

Community Youth Development (CYD) Service Providers are required to:

* Serve on the 78744 Community Collaborative Committee (CCC) and attend meetings as scheduled;
* Provide proof of Child Care licensure through the Texas Department of Family and Protective Services or exemption from licensure prior to contract start date;
* Ensure site visits are scheduled with the Program Coordinator monthly as well as attend monthly 1:1 meeting to review program progress.

Describe the services to be provided in detail and provide information on the following components:

**Question 34:** Identify the program model or curriculum to be implemented, to include the developer of the program

Click or tap here to enter text.

**Question 35:** Identify the target population to be served *(i.e. Gender, Ages, Race/Ethnicity, and School Grades Targeted)*

Click or tap here to enter text.

**Question 36:** Identify the average frequency of services *(i.e. daily, weekly, monthly, etc.)*

Click or tap here to enter text.

**Question 37:** Identify the average intensity of services *(i.e. Total number of sessions, visits, or interaction per I. participant)*

Click or tap here to enter text.

**Question 38:** Identify the average duration of services *(i.e. average amount of time it will take a participant to complete the program)*

Click or tap here to enter text.

**Question 39:** Identify the location services will be delivered *(i.e. program office, client’s school, client’s home, etc.)*

Click or tap here to enter text.

**Question 40:** Identify the days/times services will be provided *(i.e. M-F 9-5, 24/7 services, weekend services, etc.)*

Click or tap here to enter text.

**Performance Metrics**

**Question 41:**

Please provide ***proposed*** target goal for Output 1, Output 2, and Output 3in the chart below**. Note: Outcome measures are non-negotiable.**

1. **OUTPUT AND OUTCOME (RESULTS) MEASURES**

Indicate the expected average number of Target Youth served annually for 12- month period (9/1/2021- 08/31/2022). Please refer to minimum target goals for each program service in Section 2 Project Work Plan.

Applications must include the following Output and Outcomes:

|  |  |  |  |
| --- | --- | --- | --- |
| **OUTPUTS**  | **TARGET**  | **OUTCOMES** | **TARGET** |
| **OUTPUT 1:** Expected average number of Index Youth served annually. | ***Subject to Negotiation****; see minimum target goal on pgs. 2-5*Click or tap here to enter goal #. | **OUTCOME 1:** 10-17-year-old Index Youths will not engage in delinquent behavior. | **100%***Non-negotiable* |
| **OUTPUT 2:** Expected number of Index Youth served monthly **during the school year** (September – May). | ***Subject to Negotiation****; see minimum target goal on pgs. 2-5* Click or tap here to enter goal #. | **OUTCOME 2:** Index Youth report positive outcomes in at least one domain of the Program Experience Survey at discharge | **80%***Non-negotiable* |
| **OUTPUT 3:** Expected number of Index Youth served monthly **during the summer** (June-August) | ***Subject to Negotiation****; see minimum target goal on pgs. 2-5*Click or tap here to enter goal #. | **OUTCOME 3:** Index youth improve in at least one domain or area of the survey chosen by PEI between pre- and post-program participation. | **75%***Non-negotiable* |
| **OUTPUT 4:** Index Youth will complete the PEI Program Experience Survey at Discharge | **50%***Non-negotiable* |  |  |
| **OUTPUT 5:** IndexYouth will complete a matching pre-program participation and post-program participation survey as designated by PEI | **60%***Non-negotiable* |  |  |

**Question 42:** Explain how the data for the proposed ***output*** measures will be collected and tracked.

Click or tap here to enter text.

**Question 43**: Describe how the data will be calculated for the ***output***.

Click or tap here to enter text.

**Question 44:** Using the above data, how will success be evaluated in your program?

Click or tap here to enter text.

**Question 45**: Explain how the data for the proposed ***outcome*** measures will be collected and tracked.

Click or tap here to enter text.

**Question 46:** Describe how the data will be calculated for the ***outcome*** measure.

Click or tap here to enter text.

**Question 47:** Using the proposed ***outcome*** measures, how will you use this data to improve the program and program delivery.

Click or tap here to enter text.

**Austin Public Health Priorities**

The Austin City Council adopted a strategic direction on March 8, 2018, guiding the City of Austin for the next three to five years, through a shared vision: Together we strive to create a complete community where every Austinite has choices at every stage of life that allow us to experience and contribute to all the following outcomes: Economic Opportunity and Affordability, Mobility, Safety, Health & Environment, Culture and Lifelong Learning, and Government that Works for All.

All City funding should align with Strategic Direction 2023 (SD23). More information can be found here: [Strategic Direction 2023](https://www.austintexas.gov/financeonline/afo_content.cfm?s=73&p=160).

Programs funded under this RFA must support achievement of metrics and indicators for the Health and Environment, Culture and Lifelong Learning, Economic Opportunity and Affordability, and Safety.

**SD23 Health and Environment:** Enjoying a sustainable environment and a healthy life, physically and mentally.

**Health Outcome 1: Years of potential life lost before age 75 per 100,000 Population**

**Health Outcome 2: Percent of people who report 5 or more poor mental health days within the last 30 days.**

**Health Outcome 3:** **Percentage of residents who report having frequent contact with friends and neighbors outside of their home.**

**SD23 Culture and Lifelong Learning:** Being enriched by Austin’s unique civic, cultural, ethnic and learning opportunities

**CLL Outcome 1: Percentage of residents who report being satisfied or very satisfied with the quality of cultural and learning services and programs.**

**CLL Outcome 2: Percentage of residents who report feeling welcome in Austin**

**SD23 Economic Opportunity and Affordability:** Having economic opportunities and resources that enable us to thrive in our community.

**Economic Outcome 1: Number and percentage of students graduating from high school**

**Economic Outcome 2: Dollars-per-hour wage that an individual must earn to support a family in Austin**

**Economic Outcome 3: Number and percentage of residents living in a “Complete Community” (a community where people’s basic needs and essential services can be met with short trips)**

**SD23 Safety:** Being safe in our home, at work, and in our community.

**Safety Outcome 1: Percentage of residents and visitors who say they feel safe anywhere, anytime in the City (at home, at work, and in my community)**

**Question 48: Key Performance Metric (SD23):** Choose one or two outcomes using the drop-down menu from the list of outcomes above (highlighted in orange).

1 - Choose a performance metric from the drop-down menu

2 - Choose a performance metric from the drop-down menu

**Question 49:** Explain how the proposed program supports at least one of the Strategic Direction 2023 outcome(s).

 Click or tap here to enter text.

**Question 50**: Propose how data will be collected to support the outcome.

 Click or tap here to enter text.

**Section 3: Data-Informed Program Management**

The ability to collect, track, and report client demographics and program output(s) and outcome(s) is a priority for the City.

The applicant should have demonstrated experience that they will use data to evaluate and improve their programming, increase racial equity and their program's impact on the community and through data collection and evaluation.

**Question 51:** 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 52:** Describe the organization’s process of internal controls and systems implemented to ensure data accuracy and data security. Who has access to the data, what kind of training is provided to staff to ensure data is collected accurately and completely?

Click or tap here to enter text.

**Question 53:** Describe how data are used in your organization for identifying problems in (1) program design, (2) service delivery, and (3) expenditures and (3) equity, and how that information is used to improve practices and program effectiveness.

Click or tap here to enter text.

**Question 54:**Describe what data will be shared with planning bodies and/or service providers to improve community understanding of the population’s needs. In the response include how data will be shared without violating client confidentiality.

Click or tap here to enter text.

**Section 4: Cost Effectiveness**

**Program Staffing and Time**

**Question 55:** Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations. Include education, licenses, credentials, qualifications, and/or certifications required for staff members that work directly with clients in the proposed program?

Click or tap here to enter text.

**Question 56:** 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.

**Required** **Attachments:**  Attach Form 9 - Staff Resumes or Job Descriptions of program staff working with clients. 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).

**Question 57:** Describe your organization and staff development plan to increase racial equity, ensure staff practice trauma-informed principles and follow anti racist policies.

Click or tap here to enter text.

**Program Budget and Narrative**

**Question 58:** Complete **Form 3:** ***DFPS Program Budget - Form 2030***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 12-month contract period.
* Note: APH requires Sexual Assault and Molestation and Worker’s Compensation insurance if using a City-owned or leased facility as well as other standard insurance requirements. Include the cost estimates in General Operations line item when determining budget estimates.
* Calculate and check all subtotals and totals, including the percentages by funding source at the bottom, and ensure all line item amounts, subtotals, and totals are in WHOLE DOLLARS and are correct.

# Budget Narrative Instructions

# For every budget line containing a requested amount of Community Youth Development funding, enter a short description or list of items included in that budget line under Methodology.

# Do not enter narrative for budget lines that are blank or budgeted amounts from Other Funding.

**Question 59:** Provide the total amount of CYD funding requested and a summary description of the budget justification for the program strategy/strategies.

Click or tap here to enter text.

**Question 60:** 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.

**Question 61:** In the following table, state the average cost per client using the total budget. In your description of “total budget” include the requested Community Youth Development (CYD) 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. Describe in the text box below the table why the cost per client is appropriate for the level of services being provided.

|  |  |
| --- | --- |
| Total Program Funding: Amount of CYD 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. |

Click or tap here to enter text.

**Part III: Bonus Questions: Healthy Service Delivery**

A maximum of ten (10) points will be awarded toApplicants who create a healthy service environment for their clients, visitors, and staff. Applicants will be awarded the point values indicated below for having implemented or agreeing to implement by the date services begin any or all four (4) Healthy Service Environment.

Technical assistance is available from Austin Public Health’s Chronic Disease & Injury Prevention program to assist Applicants in planning and implementing a Tobacco-free Campus policy, Mother-Friendly Workplace policy, and Employee Wellness Initiative. Please call 512-972-5222 for additional information.

* 1. **Tobacco-free Campus**

Applicant has established and is enforcing a tobacco-free worksite policy and has developed initiatives and programming that promotes tobacco-free living.

A tobacco-free campus policy states:

* Use of tobacco products of any kind are not permitted on any property owned, leased, or rented by the organization (indoors and outdoors). This also includes parking areas and company cars. The policy applies to all employees, subcontractors, temporary workers, and visitors.

**Bonus Question A:** If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Upload 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.

* 1. **Mother-Friendly Workplace**

Applicant actively promotes and supports breastfeeding by employees and maintains a written worksite lactation support policy that is regularly communicated to employees. The policy includes:

* Employer provides work schedule flexibility, including scheduling breaks and work patterns to provide time for expression of milk;
* The provision of accessible locations allowing privacy;
* Access nearby to a clean, safe water source and a sink for washing hands and rinsing out any needed breast-pumping equipment; and
* Access to hygienic storage alternatives in the workplace for the mother’s breast milk (may include the allowance of personal coolers onsite).

**Bonus Question B:** If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Upload 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.

* 1. **Employee Wellness Initiative**

Applicant has a comprehensive Employee Wellness Initiative in place that promotes nutrition, physical activity, tobacco-free living, and the mental health of employees. The initiative encompasses healthy changes to the physical worksite environment as well as formal, written health promotion policies, programs or benefits impacting all employees. The initiative is promoted through educational and issue awareness efforts by the Applicant, signage and a supportive company culture, championed by leadership.

**Bonus Question C:** If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Upload 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.

* 1. **Violence Prevention Policy**

Applicant is committed to providing a safe environment for working and conducting business. Applicant will not tolerate or ignore behaviors that are threatening or violent in nature. Applicant has a procedure to guide the identification and reporting of threats and workplace violence.

**Bonus Question D:** If applicable, describe how the Applicant plans to implement one or more of the Healthy Service Environment policies.

Include the key personnel, by position title only, responsible for ensuring implementation.

Upload 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.