Section E

Application Scope of Work and Instructions

Access to Health Services for Seniors

Introduction

The City of Austin (City) seeks applications in response to this Request for Applications (RFA) from qualified social service providers (Applicants) with demonstrated experience providing community-based services. Interventions must be designed with the target population’s needs at the outset, with the goal to improve access to physical health care, mental health care and dental care for low-income seniors.

Background & Purpose of Funding

On May 9, 2018, by unanimous vote (13-0), the Commission on Seniors made the following Budget Recommendation to City Council regarding the Fiscal Year 2019 budget: “Improve and expand access to physical health care, mental health care, and dental care for low-income seniors.”

The Commission on Seniors (COS) provided the following rationale:

“The COS Community and Health Services Working Group (which is comprised of Commissioners, community members and service providers) has identified a lack of access to physical health care, mental health care and dental care for low income seniors. Dental care is not covered under Medicaid.

While data is not available, it is the sense of the professionals on the working group that mobile vans and health screenings are not sufficiently focused on seniors and senior communities, nor do they include mental health and cognitive screenings.

The COS recommends engaging and partnering with the counties and other health care and community-based social services agencies to address these accessibility issues.”

On September 11, 2018, the City Council passed the Fiscal Year 2019 Budget which included the following Budget Item:

***Department:***  Austin Public Health

***Proposal:***  Access to physical health care, mental health care and dental care for low-income seniors

***Commission:*** Commission on Seniors

***Funding Amount:*** $125,000

Alignment with *Austin 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: <https://www.austintexas.gov/financeonline/afo_content.cfm?s=73&p=160>

The purpose of this Request for Applications aligns with the following SD23 components:

**Outcome Area:**  Health and Environment

**Primary Indicator:** B. Accessibility to quality health care services, both physical and mental

**Secondary Indicator:** A. Healthy conditions among individuals [absence of unhealthy conditions]

**Metrics:**

A-2: Percentage of people who report 5 or more poor mental health days within the last 30 days.

B-5: Number and percentage of clients supported through the City of Austin, including community-based preventative screenings, who followed through with referrals to a healthcare provider or community resource

Funding and Timeline

$125,000 total available funding

Austin Public Health anticipates awarding one Agreement for the full amount.

The Agreement will have an effective start date of September 1, 2019 for an initial 13-month period, and two 12-month extension options funded at $125,000 per extension option for a total potential Agreement amount of $375,000 over a 37-month period.

Application Evaluation

A total of 100 points may be awarded to the application with an additional 10 bonus points available for a potential of 110 total evaluation points. All applications will be evaluated as to how the proposed program aligns with the goals of this RFA and whether each question has been adequately addressed.

Application Format and Submission Requirements

Responses should be included for each question. Follow the word limit assigned for each section. Applicants may fill in the responses directly on this form or compile responses in a separate document.

If compiling responses in a separate document, clearly label each question and number, use size 12 Times New Roman font, double-space the document, use 1” margins, and print double sided on 8 ½ x 11” white paper without page scaling. Total word limit is 5000 words.

Do not submit booklets, pamphlets, or other bulky items. Do not use covers, card stock, staples, binders, notebooks, or dividers with tabs. Fasten the proposal with binder clips only.

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

The Applicant must submit its response in two **SEPARATE** sealed envelopes or containers.

|  |
| --- |
| **ENVELOPE #1: THRESHOLD REVIEW**  *This envelope must be sealed and contain the following:*   1. **Application Threshold Checklist – Section F** 2. Required Threshold Attachments   🞏 Current Board of Directors Bylaws  🞏 Copy of the most recently filed IRS Form 990 or 990 EZ (no older than  FY2017), if applicable  🞏 Approved Board of Directors Minutes from the previous fiscal year reflecting the  Board has a documented process that: Reviews program performance at least twice annually   1. Approves budgets annually 2. Reviews financial performance at least twice annually 3. Demonstrates regular meetings (at least four annually)   The envelope should be labeled: APPLICATION THRESHOLD CHECKLIST  [NAME OF AGENCY]  [NAME OF PROPOSED PROGRAM] |

|  |
| --- |
| **ENVELOPE #2: APPLICATION DOCMENTS**  *This envelope must be sealed and contain the following:*  ***1 paper copy and 5 CDs or 5 flash drives each containing all the elements below:***   1. Completed Application – 🞎 Section E 2. Additional Required Sections   🞏 Section A – RFA Offer Sheet  🞏 Section H – Program Budget and Narrative     1. Optional Attachments (if applicable)   🞏 Staff resumes and/or job descriptions  🞏 Approved & signed Healthy Service Environment policy/policies  The envelope should be labeled: APPLICATION DOCUMENTS  [NAME OF AGENCY]  [NAME OF PROPOSED PROGRAM] |

**ENVELOPES MUST BE HAND DELIVERED IN A CONTAINER WITH THE SOLICITATION NUMBER AHSS2019MF CLEARLY MARKED ON THE OUTSIDE TO AUSTIN PUBLIC HEALTH LOCATED AT 7201 LEVANDER LOOP (BUILDING H) AUSTIN, TX 78702 NO LATER THAN 11:00AM ON MAY 31, 2019.**

Additional Information

Proposal Acceptance Period: All applications shall remain valid until award, negotiation, and execution of contracts as directed by the Austin City Council.   
  
Proprietary Information: All materials submitted to the City become public property and are subject to the Texas Open Records Act upon receipt. If an Applicant does not desire proprietary information in the proposal to be disclosed, each page must be identified and marked proprietary at time of submittal. The City will, to the extent allowed by law, endeavor to protect such information from disclosure. The final decision as to what information must be disclosed, however, lies with the Texas Attorney General. Failure to identify proprietary information will result in all unmarked sections being deemed non-proprietary and available upon public request.  
  
Exceptions: Please be advised that exceptions to any portion of the Solicitation may jeopardize acceptance of the application.  
  
Application Preparation Costs: All costs directly or indirectly related to preparation of a response to the RFA or any oral presentation required to supplement and/or clarify an application which may be required by the City shall be the sole responsibility of the Applicant.

Contract Adjustments: The City of Austin reserves the right to adjust the Agreement amount or scope of work over the contract period based on community needs, Applicant’s ability to expend funds in a timely manner or any other factor. When the City determines adjustments need to be made, the City will provide at least a 90-day notice to the Grantee.

|  |  |
| --- | --- |
| **Preliminary Questions** | *No points are assigned to Questions A – C below, but a response is required for each question.* |
| Question A | Please provide a brief description of the Applicant (agency applying for this funding). |
| **Answer to A:** |
| Question B | Provide the following contact information for the person in your organization authorized to negotiate Agreement terms and render binding decisions on Agreement matters. |
| **Answer to B:**  Name Email address  Mailing address Telephone number |
| Question C | 1. Austin Public Health agreements include an Agreement Boilerplate in addition to negotiated work statements and other contract exhibits that are specific to each program. Please review all portions of Section I –Agreement Boilerplate and confirm that your organization will be able to comply with all terms and conditions included in the document. 2. Please describe any previous successful experience you have managing agreements with similar requirements. |
| **Answer to C:** |

## **Part I: Program Overview 2000 word limit**

## The City is intentionally leaving program strategies and target population options open beyond the criteria listed in this section, allowing Applicants to propose solutions to meet community needs in an effective and successful manner for the target population(s) identified.

**Target Population**

Residents of the City of Austin and Travis County, living at or below 200% of the Federal Poverty Level, who are ages 55 years and older who lack sustainable access to physical health care, mental health care, and dental care.

**Program Services**

At least one of the following program services or a combination of more than one must be used:

1. Include mental health and cognitive screening and assessment of dental care needs in current intake and/or preventative care screenings of older adults
2. Increasing funding for health care navigators [Community Health Workers] with the goal of increasing knowledge of and access to services to meet the identified needs of seniors, including mental health care and dental care
3. Include physical and mental health care and dental care needs of older adults in data collection
4. Compile and provide list of low-cost, accessible dental care options for low-income seniors
5. Conduct senior-focused outreach to inform seniors and their caregivers about access to insurance, available public benefits and services

**Implementation Strategies**

At least one of the following implementation strategies, or a combination of more than one must be used:

1. Geographic-based

*The program sources clients by focusing in areas of high concentration of low-income seniors.*

1. Placed-based

*The program sources clients by focusing in senior living facilities and communities.*

1. Referral-based

*The program sources clients through a referral organization(s) such as Austin Travis County Emergency Medical Services (ATCEMS).*

**City of Austin Client Eligibility Requirements**

See *Section G – Client Eligibility Requirements.* Client eligibility must be documented, and any proposed alternative requirements explained.

|  |  |  |
| --- | --- | --- |
| **Scored Application Questions** | | |
| Question 1 | Briefly describe the proposed program and goals, identifying how it aligns with the purpose of this funding. | | |
| **Answer 1:** | | |
| Question 2 | Describe the target population(s) the proposed program is intended to serve and explain how this population is similar to or different from your current service population. | | |
| **Answer 2:** | | |
| Question 3 | If the target population(s) is similar to your current service population, please provide a description of your experience and success working with this population. If the target population(s) is different from your current service population, describe the modifications and new strategies you will implement to serve the new target population(s). | | |
| **Answer 3:** | | |
| Question 4 | Describe the program services, referencing at least one or more of the 5 Program Services listed above. Include the clients’ experience engaging with the program from intake to exit. | | |
| **Answer 4:** | | |
| Question 5 | Describe how the program engages with the clients’ support system, including any caretakers and family members. | | |
| **Answer 5:** | | |
| Question 6 | Describe your experience providing the same or similar services to the proposal. If this is a new program describe how your previous experience and expertise will inform your ability to implement the new services. | | |
| **Answer 6:** | | |
| Question 7 | Describe how the program will generate sustainability in client access to physical health care, mental health care and dental care. | | |
|  | **Answer 7:** | | |
| Question 8 | Describe the proposed program implementation strategies, referencing at least one or more of the 3 Implementation Strategies listed above. | | |
|  | **Answer 8:** | | |
| Question 9 | Describe any formal or informal coordination and/or collaboration with other agencies proposed in this application. | | |
|  | **Answer 9:** | | |
| Question 10 | Describe how the target population(s) enters the program, with connection to one or more of the program implementation strategies outlined in Section I. | | |
| **Answer 10:** | | |
| Question 11 | Describe any barriers or challenges the target population(s) may encounter accessing services and how these barriers and challenges will be mitigated. | | |
|  | **Answer 11:** | | |
| Question 12 | Describe how the Applicant will serve clients that meet City of Austin Eligibility Criteria (see Section G). If the Applicant is proposing to serve clients who do not meet these criteria, please explain alternative eligibility requirements and why they are justified. | | |
| **Answer 12:** | | |
| Question 13 | Describe how the Client Eligibility Requirements (Section G) will be documented for the target population(s). | | |
| **Answer 13:** | | |
| Question 14 | Describe how any alternative or additional client eligibility requirements for program entry will be documented for the target population(s). |
|  | **Answer 14:** |

**Part II: Program Performance**  **1000 word limit**

|  |  |
| --- | --- |
| **Scored Application Questions** | |
| Question 15 | Applications must include the following output:  *Number of unduplicated clients served per 12-month program period.*  Provide a proposed goal for the number of unduplicated clients served by the total program as well as any additional context. The annual goal should be based on past performance experience, budgeted program costs, and/or best estimates. The annual goal for unduplicated clients served should be for the total program including City funding and all other funding sources. |
|  | **Answer 15:** |
| Question 16 | If applicable, provide additional output measures and proposed numeric goals. Include justification for inclusion, data source(s), frequency of data collection and method of calculation. |
|  | **Answer 16:** |
| Question 17 | Applications must include at least one of the City of Austin Strategic Direction Metrics (examples below). Strategic Direction Metrics can be found at: <https://www.austintexas.gov/financeonline/afo_content.cfm?s=73> and <https://austinstrategicplan.bloomfire.com/series/3304505/posts/3302571-outcome-metrics-master-list>  *Example 1: A-2: Percentage of people who report 5 or more poor mental health days within the last 30 days*  *Example 2: B-5: Number and percentage of clients supported through the City of Austin, including community-based preventative screenings, who followed through with referrals to a healthcare provider or community resource*  Please select at least one of the Strategic Direction 2023 Metrics as an Outcome. Describe how this/these metrics serve as the best measure(s) for program performance.  (Please also reference Part V. C below for more information) |
|  | **Answer 17:** |
| Question 18 | Explain how the data for the proposed outcome measure(s) will be collected and tracked. Describe how the data will be calculated for the proposed measure(s). |
|  | **Answer 18:** |

## **Part III: Data Management 1000 word limit**

|  |  |
| --- | --- |
| **Scored Application Questions** | |
| Question 19 | The ability to collect, track and report client demographics and program outcomes is a priority for the City. Please answer the following questions about prior experience and plans to demonstrate program impact and make system improvements through data collection and evaluation.  Describe past successes and challenges with data management and reporting, including experience using an electronic data system. |
|  | **Answer 19:** |
| Question 20 | 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? |
|  | **Answer 20:** |
| Question 21 | Describe how data are used for identifying problems in program design, service delivery, and expenditures, and how that information is used to improve practices and program effectiveness. |
|  | **Answer 21:** |
| Question 22 | Describe how data will be shared with other service providers to improve community awareness of the demographics and needs of low-income seniors, without violating client confidentiality. |
|  | **Answer 22:** |

**Part IV: Cost Effectiveness 500 word limit**

|  |  |
| --- | --- |
| **Scored Application Questions** | |
| Question 23 | Describe the overall staffing plan to accomplish activities in the proposed program, including project leadership, reporting responsibilities, and daily program operations. |
|  | **Answer 23:** |
| Question 24 | List each applicable staff member in the proposed program by title and the percentage of each position’s time to be spent on the program. Provide any additional context in the box below.   1. 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. 2. Provide the corresponding percentages of Full Time Equivalent (FTE) positions for each position. 3. Total all full and partial FTE positions at the bottom. 4. *Example: Program Director .25*   *Executive Director .05*  *Case Manager 1.0*  *Case Manager 1.0*  *Admin Specialist .45*  *Total FTEs 2.75* |
|  | **Answer 24:**   |  |  | | --- | --- | | **List Program Staff by Title** | **Program Staff FTEs** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | **TOTAL FTEs =** | **Have this auto-calculate based on the numbers entered above** | |
| Question 25 | Please provide position descriptions, qualifications, and/or certifications required for staff members that work directly with clients in the proposed program. Applicants may attach up to 10 additional pages that include staff resumes and/or job descriptions as supplemental documentation for this question. |
| **Answer 25:** |
| Question 26 | Referencing completed Section H, provide the total amount of City funding requested and a summary description of the budget justification for the program strategy/strategies. All expenses should be identifiable, reasonable, and necessary. |
| **Answer 26:** |
| Question 27 | Using Section H, provide an overview of all funding sources the Applicant will use for the proposed program. Please provide additional context for the funding sources, including grant periods, if applicable. |
| **Answer 27:** |
| Question 28 | State the average cost per client using the **total** budget for the entire proposed program. The response should include clients served by all funding sources including the requested City funding. Please also describe why the cost per client is appropriate for the level of services being provided to clients.  Total Program Funding: $\_\_\_\_\_\_\_\_\_\_ (Applicant fills in numerical value)  Total Clients Served by Program \_\_\_\_\_\_\_\_\_\_(Applicant fills in numerical value)  Cost per Client$\_\_\_\_\_\_\_\_\_\_(Applicant calculates cost per client by dividing total program funding by total clients served) |
| **Answer 28:** |
| Question 29 | Social impact and/or return on investment refer to the proposed program’s positive impact on social, financial, environmental, and/or quality of life factors for clients and/or the community. The application will be scored on these factors.  Describe the social impact and/or return on investment for clients and/or the community resulting from the proposed services. |
| **Answer 29:** |
| Question 30 | Explain how the Applicant has considered efficient allocation of financial and staff resources when determining the budget and staffing plan for the proposed program. |
| **Answer 30:** |

**Part V: Alignment with Austin Public Health Department Priorities 500 word limit**

1. **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 (<https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>) in order to advance health equity and improve service delivery for diverse populations. 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.
5. 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 on the website identified above.*

1. **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: <http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/ATC_CHA_Dec2017_Report_Final.pdf>

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: <http://austintexas.gov/sites/default/files/files/Health/CHA-CHIP/2018_Travis_County_CHIP_FINAL_9.12.18.pdf>

CHIP priority areas identified are:

**1. Access to and Affordability of Health Care**

*Goal 1:* Every Travis County resident has access to culturally sensitive, affordable, equitable, and comprehensive health care.

**2. Chronic Disease, with a focus on Primary and Secondary Prevention and the Built Environment**

*Goal 2:* Prevent and reduce the occurrence and severity of chronic disease through collaborative approaches to health that create environments that support, protect, and improve the well-being of all communities.

**3. Sexual Health (Teen Pregnancy)**

*Goal 3:* Empower youth to make informed decisions about their sexual and reproductive health that result in positive health outcomes.

**4. Stress, Mental Health, and Wellbeing**

*Goal 4:* Advance mental wellness, recovery and resilience through equitable access to responsive, holistic, and integrated community systems.

1. **Connection with *Austin Strategic Direction 2023* 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.

*Austin Strategic Direction 2023* (SD23) outlines a shared vision and six priority Strategic Outcomes:

* **Economic Opportunity and Affordability**: Having economic opportunities and resources that enable us to thrive in our community.
* **Mobility**: Getting us where we want to go, when we want to get there, safely and cost-effectively.
* **Safety**: Being safe in our home, at work, and in our community.
* **Health and Environment**: Enjoying a sustainable environment and a healthy life, physically and mentally.
* **Culture and Lifelong Learning**: Being enriched by Austin’s unique civic, cultural, ethnic, and learning opportunities.
* **Government That Works for All**: Believing that city government works effectively and collaboratively for all of us—that it is equitable, ethical and innovative.

Programs funded under this RFA will support achievement of metrics and indicators for the Health and Environment Outcome:

**Health conditions and absence of unhealthy conditions among individuals**

1. Percentage of people who report 5 or more mental health days within the last 30 days
2. Percentage of residents with cardiovascular disease
3. Number and percentage of clients served through City’s Health Equity contracts who achieve intended healthy outcomes

**Accessibility to quality health care services, both physical and mental**

1. Percentage of resident younger than 65 with no health insurance coverage
2. Percentage of residents 65 or older who received a core set of preventive clinical services in the past 12 months
3. Number of suicides and unintentional overdose deaths
4. Number and percentage of clients supported through the City of Austin, including community-based preventative health screenings, who followed through with referrals to a health care provider or community resource

Note: Applicants may choose to implement programs and strategies that align with other SD 23 areas than those listed above. To review full report, please use link below. <https://www.austintexas.gov/financeonline/afo_content.cfm?s=73&p=160>

|  |  |
| --- | --- |
| Question 31 | Describe how the Applicant’s policies and practices will align with the five National Culturally and Linguistically Appropriate Services (CLAS) standards listed above. Applicants may describe additional CLAS standards that will be met. |
| **Answer 31:** |
| Question 32 | How does the proposed program align with the goals of the CHIP, and which strategies does it address? | |
| **Answer 32:** | |
| Question 33 | How does the proposed program align with one or more of the Strategic Direction 2023 Priorities? | |
| **Answer 33:** | |

## **Part VI: Bonus Evaluation 500 word limit**

**Healthy Service Environment**

A maximum of 10 points will be awarded for 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 policies with a maximum award of 10 points for all four (4) policies described below.  
  
**1. Tobacco-free Campus (3 points)**

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.

**2. Mother-Friendly Workplace (3 points)**

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).

1. **Employee Wellness Initiative (3 points)**

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.  
  
**4. Violence Prevention Policy (1 point)**

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 provide guidance for identifying and reporting threats and workplace violence.

|  |  |
| --- | --- |
| **BONUS Application Questions** | |
| Question 34  (Bonus) | If applicable, describe how the Applicant has implemented one or more of the Healthy Service Environment policies outlined above. Include the approved and signed policy/policies as an attachment to the application. |
| **Answer 34:** |
| Question 35 (Bonus) | If applicable, describe how the Applicant plans to implement one or more of the Healthy Service Environment policies outlined above. Include the key personnel, by position title only, responsible for ensuring implementation.  (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.) |
| **Answer 35:** |