

CITYOFAUSTIN, TEXAS Austin Public Health RFA-002-HOPWA 2021-WT



SOLICITATION NO: RFA #002 - HOPWA- 2021 - WT

SOLICITATION NAME: Request for Applications for HOPWA

DATE ISSUED:	August 12th, 2021
RFA Application Date Due:	Thursday, September 16th, 2021, 12 PM CST
Anticipated Start date of contract:	October 1st, 2022
Questions regarding the RFA are due on or before	
Note: Technical Assistance questions regarding entry into PartnerGrants may be submitted until the due date.	Monday, September 13th, 2021, 5 PM CST
Questions must be submitted in writing to the Authorized Contact Person or through PartnerGrants	Authorized Contact Person: Will Thomas Grants Coordinator E-Mail: william.thomas@austintexas.gov
Questions and Answers will be available:	In PartnerGrants and on the solicitation website: <pre>https://www.austintexas.gov/article/rfa-002-hopwa-2021</pre>
Optional Pre-Bid Meetings- Dates and Times:	Monday, August 16th, 2021, 2:00 pm – 3:30 pm CST
Pre-Bid Meeting Location:	Registration Required with this link to get the Conference Call details: https://www.eventbrite.com/e/166677128779

APH is only accepting applications through the PartnerGrants database. No paper copies will be accepted.

All Applicants must:

- 1. Confirm that their organization is a registered vendor with the City of Austin
 - To confirm enter the organization's City of Austin Vendor Number when registering as a user in the PartnerGrants system (see #2 below).
 - o To find the City of Austin Vendor Number please visit <u>Austin Finance Online</u>. and search for the organization's legal name.
 - To register to become a potential City of Austin vendor, go to <u>Austin Finance Online</u> to register.
- 2. Be a registered user in the PartnerGrants system. The applications will be submitted through this web-based system. To register, visit the PartnerGrants site and click on "Register Here." Note that the organization's City of Austin Vendor number is required to complete registration in PartnerGrants.



CITYOFAUSTIN, TEXAS Austin Public Health RFA-002-HOPWA 2021-WT



This solicitation is comprised of the following required forms. Please carefully read each form including those incorporated by reference. By signing this document, you are agreeing to all the items contained herein and will be bound to all terms.

Form	TITLE	Requires Applicant Response (X)
А	Offer Sheet	Х
В	Standard Purchase & Social Services Definitions	*
С	RFA Standard Solicitation Instructions	*
D	Supplemental Purchasing Provisions	*
E	RFA Scope of Work	*
F	RFA Application	Х
G	RFA App Threshold Checklist	*
Н	Program Budget Justification	Х
I	APH Standard HOPWA Agreement	*
J	COA Certifications and Disclosures	Х
К	Applying for APH Funded Opportunity – PartnerGrants Instructions	*
L	HOPWA Program Guidelines	*

^{*} Completed forms marked with an asterisk are not required for Application submission, but rather provided as reference.

INTERESTED PARTIES DISCLOSURE

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



CITYOFAUSTIN, TEXAS Austin Public Health RFA-002-HOPWA 2021-WT



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

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