

# Austin CITYOFAUSTIN, TEXAS Public Austin Public Health Health REQUEST FOR APPLICATION (RFA) OFFER SHEET



SOLICITATION NO: RFA 004 - Youth Services - 2021 - AB

**SOLICITATION NAME: Request for Applications for Youth Services** 

DATE ISSUED:	Wednesday, July 28, 2021
RFA APPLICATION DUE DATE:	Thursday, September 23, 2021, 3PM CST
THRESHOLD FORM DUE DATE	Thursday, August 19, 2021, 3 PM CST
Anticipated Start date of contract:	July 1, 2022
Questions regarding the RFA are due on or before	Wednesday, September 16, 2021 3 PM CST
Technical Assistance regarding submission of the RFA in Partnergrants are due on or before	Thursday, September 23, 2021 12 PM CST
Questions must be submitted in writing to the Authorized Contact Person or through Partnergrants	Authorized Contact Person: Angela Baucom Social Service Funding Specialist E-Mail: APHCompetitions@austintexas.gov
Questions and Answers will be available:	In Partnergrants and on the solicitation website: <u>APH Competition Website</u>
Optional Pre-Bid Meeting- Date and Time:  Note: Each meeting will cover the same material.	Wednesday, August 4, 2021 10:30 AM-12 PM CST OR Thursday, August 5, 2021 1:30-3 PM CST
Pre-Bid Meeting Location:	Registration Required with this link to get the Conference Call details:  August 4 <sup>th</sup> EVENTBRITE REGISTRATION LINK  August 5 <sup>th</sup> EVENTBRITE REGISTRATION LINK

### 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).
    - 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 <u>Partnergrants database</u>. The applications will be submitted through this web-based system. To register, visit the <u>Partnergrants</u> website and click on "Register Here." Note that the organization's City of Austin Vendor number is required to complete registration in Partnergrants.

This Offer Sheet must be signed and submitted in Partnergrants to be considered for award.



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This solicitation is comprised of the following required sections. Please carefully read each section 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.

All of the following items can be found on the RFA Website: APH Competition Website

FORM NO.	TITLE OF REQUIRED FORMS  Note: Forms 1-4 must be scanned, signed or filled out and uploaded into Partnergrants.	REQUIRES RESPONSES DUE
1	OFFER SHEET	9/23/2021
2	RFA APPLICATION	By 3PM CST
3	PROGRAM BUDGET AND FUNDING SUMMARY	
4	COA CERTIFICATIONS AND DISCLOSURES	
SECTION NO.	TITLE	INFORMATION ONLY
А	THRESHOLD REVIEW FORM	Form input in Partnergrants Due 8/19/2021 by 3PM
В	STANDARD SOLICITATION PROVISIONS AND INSTRUCTIONS	
С	RFA SCOPE OF WORK	
D	APH CLIENT ELIGIBILITY REQUIREMENTS	Information Only
E	STANDARD APH AGREEMENT BOILERPLATE	
F	APPLYING FOR APH-FUNDED OPPORTUNITY – PARTNERGRANTS INSTRUCTIONS	

#### **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 <u>Texas Ethics Commission website</u>, 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.



## Austin CITYOFAUSTIN, TEXAS

### Public Austin Public Health





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 Applicant, 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:		
Date		

\* This Offer Sheet must be signed and submitted in Partnergrants to be considered for award. Electronic Signature is acceptable.