

City of Austin Austin Public Health RFP 2022-### Name



Form 1 – Offer Sheet

RFP 2022-007 Community Rooted Safety Grants

Date Issued:	Thursday June 9, 2022
Proposal Due Date:	Thursday July 7, 2022, by 3:00 PM CST
Pre-Application Certification Due Date:	Thursday June 23, 2022, by 3:00 PM CST
Anticipated Start date of contract:	September 1, 2022
Questions regarding the RFP are due on or before:	Wednesday June 30, 2022, by 3:00 PM CST
Technical Assistance regarding submission of the RFP in Partnergrants are due on or before:	Wednesday July 6, 2022, by 3:00 PM CST
Questions must be submitted in writing to the Authorized Contact Person or through Partnergrants	Authorized Contact Person: Name: Michelle Myles Title: Program Officer E-Mail: OVP@austintexas.gov
Questions and Answers will be available:	In Partnergrants and on the solicitation website: <u>Community Rooted Safety Grants</u>
Optional Pre-Bid Meeting Date(s) and Time(s):	Date(s) and Time(s) Wednesday June 15, 2022, by 11:00 AM CST
Pre-Bid Meeting Location:	Registration Required with this link: Pre-bid registration

<u>APH is only accepting proposals through the Partnergrants database. No paper copies will be accepted.</u>
All Offerors must:

- 1. Confirm that their organization is a registered vendor with the City of Austin.
 - o 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 <u>Partnergrants database</u>. The proposals will be submitted through this web-based system. To register, visit the Partnergrants website and click on "Register Here." Note that the organization's City of Austin Vendor number is required to complete registration in Partnergrants.site and click on "Register Here." Note that the organization's City of Austin Vendor number is required to complete registration in Partnergrants.
- 3. Have completed an Annual Agency Threshold Application in the <u>PartnerGrants database</u>.
 - This form must be submitted once per 12 months 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.
 - Once logged into PartnerGrants, click on "Opportunity" and then opportunity title "Annual Agency Threshold Application-Applicants for Funding Start Here" to complete a new threshold application.

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 RFP Website: Community Rooted Safety Grants

Form Number	Title	Guidance
0	Pre-Application (Intent to Apply)	Approved Annual Agency Threshold Application and Intent to Apply for each Proposal in PartnerGrants 6/23/2022, by 3:00 PM CST
1	Offer Sheet	
2	RFP Proposal	Forms 1-4 must be filled out, signed, scanned, and uploaded into PartnerGrants 7/7/2022, by 3:00 PM CST
3	Not Applicable	
4	COA Certifications and Disclosures	
Exhibit Number	Title	Guidance
А	Threshold Review Criteria	
В	Standard Solicitation Provisions and	'
С	Scope of Work	
D	APH Client Eligibility Requirements	Information Only
E	Standard APH Agreement Boilerplate and	
F	Applying for APH-Funded Opportunity: Partnergrants Instructions	
G	Grant Certifications and Disclosures, if applicable	

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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.