



SOLICITATION NO: RFA 9100 CG0001 Community Youth Development 2021

SOLICITATION NAME: Request for Applications for Community Youth Development (CYD)

DATE ISSUED:	6/3/2021
RFA APPLICATION DUE DATE:	7/8/2021
THRESHOLD FORM DUE DATE	6/14/2021
Anticipated Start date of contract:	9/1/2021
Questions regarding the RFA are due on or before	7/1/2021 by 12pm CDT (noon)
Questions must be submitted in writing to the Authorized Contact Person or through Partnergrants	Authorized Contact Person: Cynthia Gamez Public Health Program Manager E-Mail: APHCYDInfo@austintexas.gov
Questions and Answers will be available:	In Partnergrants and on the solicitation website under Recent News: CYD RFA
Optional Pre-Bid Meeting- Date and Time:	6/10/2021 2pm CDT
Pre-Bid Registration:	This link is to get to the Pre-Bid Registration: Pre-Bid 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 [Austin Finance Online](#). and search for the organization’s legal name.
 - To register to become a potential City of Austin vendor, go to [Austin Finance Online](#) 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.

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



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 Austin Public Health Website under Recent News: [CYD RFA](#)

FORM NO.	TITLE OF REQUIRED FORMS	REQUIRES RESPONSES DUE
	Note: Forms 1-4 must be scanned, signed or filled out and uploaded into Partnergrants.	
1	OFFER SHEET	7/8/2021
2	RFA APPLICATION	7/8/2021
3	DFPS PROGRAM BUDGET – FORM 2030	7/8/2021
4	COA CERTIFICATIONS AND DISCLOSURES	7/8/2021
SECTION NO.	TITLE	INFORMATION ONLY
A	THRESHOLD REVIEW FORM (Must be submitted into Partnergrants)	Form input in Partnergrants Due 6/14/2021
B	STANDARD SOLICITATION PROVISIONS AND INSTRUCTIONS	Information Only
C	RFA SCOPE OF WORK	
D	STANDARD APH AGREEMENT BOILERPLATE	
E	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 [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.



CITY OF AUSTIN, TEXAS

Austin Public Health

REQUEST FOR APPLICATION (RFA) OFFER SHEET



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:	Click or tap here to enter text.
Company Address:	Click or tap here to enter text.
City, State, Zip:	Click or tap here to enter text.
Federal Tax ID No.:	Click or tap here to enter text.
Printed Name of Officer or Authorized Representative:	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 Number:	Click or tap here to enter text.

Signature of Officer or Authorized Representative: _____

Date: Click or tap here to enter text. _____

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