



ALLIANCE OF COMMUNITY ASSISTANCE MINISTRIES

Helping Hands Benefits Application Assistance Fillable Response Form

- 1) Offeror shall describe its firm's overall mission and vision and how that relates to the work outlined in this RFP. (Maximum 2,000 characters)



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- 2) Offeror shall describe the targeted service area including but not limited to zip codes and demographic data of the target population. Describe the projected need for benefits application assistance in the proposed targeted Harris County service area. If already providing this service describe the people in household served and their zip code of origin. (Maximum 3,000 characters)



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- 3) Offeror shall describe an Outreach Plan including planned and coordinated efforts to communicate information about a host of public benefits and financial assistance programs with an overall intent to increase awareness, participation, and enrollment in BAP. Describe the marketing strategy that involves identifying, communicating with, and recording contacts with specific groups or individuals with those most in need of benefits and benefits application assistance. Offeror shall provide an outreach plan including General Outreach (e.g. social media, mailers, flyers etc.) and Targeted Outreach (sessions on-site or off-site, in-person or virtual, designed to provide information to likely eligible beneficiaries).
(Maximum 3,000 characters)



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- 4) Describe the current capacity to provide outreach and navigation services including justification for the proposed Program Tier chosen see ***Section II(D)***. Describe the agency's current partnership level with CPP and plans to upgrade to Level III status. (Maximum 3,000 characters)



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- 5) Describe the experience of key staff and the relevant experience of those working directly with clients. Describe any relevant training and/or certification(s). Describe the experience of navigators. If the organization plans to add staff for this project, describe the staffing plan (including the number of FTEs) and the relevant duties of the additional staff. (Maximum 3,000 characters)



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- 6) Provide the projected number of new applications, renewal applications, approved applications, and denied applications during the 17-month projected term of the program. Provide the projected number of unduplicated people and households who will be served over the 17-month project term (these proposed figures must match those on the budget form). (Maximum 10 characters per item)

Number of new applications

Number of renewal applications

Number of approved applications

Number of denied applications

Number of unduplicated people

Number of unduplicated households



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- 7) Offeror shall describe its firm's overall qualifications to successfully complete the scope of services. Knowledge of and competency in federal, state, and local safety-net benefits enrollment, rules, and eligibility as described in ***Section II(C)(iv)***. (Maximum 3,000 characters)



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- 8) Describe the follow up process for families to determine if applications are approved, denied or require re-submission or appeal. (Maximum 2,000 characters)



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- 9) Describe how high-quality benefits application navigation services will be provided and how families will be best supported in the process. What methods will be used to communicate with clients? (Maximum 2,000 characters)



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- 10) Describe capacity to record client level data and ability to report the impact measures described in ***Section II(E)***. Be specific about the methods to accurately track data. (Maximum 2,000 characters)



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11) Describe how the organization aligns with the Harris County ARPA Equity Framework see **EXHIBIT B**. (Maximum 2,000 characters)