1. Response Cover Page
   1. Respondent Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Organization Name |  | | | Federal ID# | |  |
| Address |  | | | | | |
| Director Name |  | | | | | |
| Director Phone |  | Director Email | | |  | |
| Contact Name |  | Contact Title | | |  | |
| Contact Phone |  | Contact Email | | |  | |
| Subcontractor? | ☐ Yes  ☐ No | If Yes, Name of Subcontractor | | |  | |
| Annual Proposed Budget Amount *(excluding rental income; copied from HSH Revenue section of Appendix 2 Budget Template Workbook)* |  | | | | | |
| Site(s) Proposing to Serve (Check all that apply) | ☐ **2524 Mission Street**  2524 Mission Street  San Francisco, CA 94110 Veterans | | ☐ **Bayview Hill Gardens**  1075 Le Conte Avenue  San Francisco, CA 94124  Families | | | |
| ☐ **Casa Quezada**  35 Woodward Street  San Francisco, CA 94103  *Adults* | | ☐ Dudley Apartments  172 Sixth Street  San Francisco, CA 94103  *Adults; Families* | | | |
| ☐ Edith Witt Senior Community  66 Ninth Street  San Francisco 94103  *Older Adults* | | ☐ **Mary Helen Rogers Senior Community**  701 Golden Gate Avenue  San Francisco, CA 94102  *Older Adults* | | | |
| ☐ Parkview Terrace Apartments  871 Turk Street  San Francisco, CA 94109  Older Adults | | ☐ **Vera Haile Senior Housing**  129 Golden Gate Avenue  San Francisco, CA, 94102  *Older Adults* | | | |
| ☐ Willie B Kennedy  1239 Turk Street  San Francisco, CA 94115  Older Adults | | ☐ **New Program Sites: Support Services and Operations Services**  ☐ **New Program Sites: Support Services**  ☐ **New Program Sites: Operation Services** | | | |

* 1. Certifications

I understand that the San Francisco Department of Homelessness and Supportive Housing (HSH) reserves the right to modify grant agreement requirements at the time of funding and/or during the agreement negotiations; that an agreement may be negotiated for a portion of the amount requested; that funding sources are subject to change; and that there is no grant until a written grant agreement has been signed by both parties and approved by all applicable City agencies.

Submission of a Response signifies that the proposed services and prices are valid for 180 calendar days from the Response Deadline and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

I understand that as a condition of receiving a grant under this RFQ, my organization is required to use the ONE System as described in the RFQ.

In accordance with Administrative Code Chapter 12X, I certify that my organization is headquartered at the following address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I will notify the City if my organization's headquarters moves.

The signatory below is a person authorized to obligate the Respondent to perform the commitments contained in the RFQ and Response. Submission of this document will constitute a representation by the organization that it is willing and able to perform the commitments and requirements contained in the RFQ and Response.

Signature of authorized representative(s):

**Name:** **Title:**

**Signature:** **Date:**

1. **Minimum Qualifications**

Respondents proposing to serve **continuing sites** must demonstrate that they meet Minimum Qualifications 2.1 to 2.3. Respondents proposing to serve **new sites** must demonstrate they meet Minimum Qualifications 2.1. to 2.4.

When listing experience, Respondents must include the prior or current program name; funder name; funder contact name, title and email; and the start/end dates. If a Subcontractor will be used, Respondents must identify the Subcontractor and how it meets the Minimum Qualifications.

1. **Respondents must have at least five years of experience** **providing the services required at the site(s) the Respondent is proposing to serve within the past seven years; Respondents proposing to provide services to sites where both Support Services and Operations Services are indicated must have at least five years of experience providing each type of service. If a Subcontractor will be responsible for a service component, the Respondent must show that the Subcontractor meets minimum experience requirements for that service.**

*Respondents may copy and paste as many tables as necessary.*

|  |  |
| --- | --- |
| Prior or Current Program Name |  |
| Provided by | Primary Respondent  Subcontractor |
| Funder Name |  |
| Funder Contact Name |  |
| Funder Contact Title |  |
| Funder Contact Email Address |  |
| Start and End Dates of Services |  |
| Describe how Respondent or Subcontractor meets this Minimum Qualification: |  |

|  |  |
| --- | --- |
| Prior or Current Program Name |  |
| Provided by | Primary Respondent  Subcontractor |
| Funder Name |  |
| Funder Contact Name |  |
| Funder Contact Title |  |
| Funder Contact Email Address |  |
| Start and End Dates of Services |  |
| Describe how Respondent or Subcontractor meets this Minimum Qualification: |  |

1. Respondents must have at least five years of experience working with individuals and/or families experiencing homelessness and/or formerly homeless populations.

*Respondents may copy and paste as many tables as necessary.*

|  |  |  |
| --- | --- | --- |
| Prior or Current Program Name |  | Adults  Families  Older Adults  Veterans |
| Provided by | Primary Respondent  Subcontractor | |
| Funder Name |  | |
| Funder Contact Name |  | |
| Funder Contact Title |  | |
| Funder Contact Email Address |  | |
| Start and End Dates of Services |  | |
| Describe how Respondent or Subcontractor meets this Minimum Qualification: |  | |

1. Respondents must have at least five years of experience providing responsive services to diverse individuals and/or families, including Black, Latino and LGBTQ tenants, within the past seven years.

*Respondents may copy and paste as many tables as necessary.*

|  |  |
| --- | --- |
| Prior or Current Program Name |  |
| Provided by | Primary Respondent  Subcontractor |
| Funder Name |  |
| Funder Contact Name |  |
| Funder Contact Title |  |
| Funder Contact Email Address |  |
| Start and End Dates of Services |  |
| Describe how Respondent or Subcontractor meets this Minimum Qualification: |  |

1. If Respondent is proposing to provide services at new sites, Respondents must have at least five years of experience directly holding a Master Lease or serving as the primary steward of a Master Lease.

*Respondents may copy and paste as many tables as necessary.*

|  |  |
| --- | --- |
| Prior or Current Program Name |  |
| Master Lease Role | Master Lease Holder  Primary Steward of Master Lease |
| Funder Name |  |
| Funder Contact Name |  |
| Funder Contact Title |  |
| Funder Contact Email Address |  |
| Start and End Dates of Services |  |
| Describe how Respondent meets this Minimum Qualification: |  |

1. **Organizational Capability and Experience (40 Points)**

Respondents proposing to serve **continuing sites** must respond to 3.1. Respondents proposing to serve **new sites** must respond to 3.1 and 3.2.

1. **Describe the agency’s experience delivering the services required at the site(s) the Respondent is proposing to serve, and the agency’s organizational capability and infrastructure to deliver the services described in the RFQ.**
2. **If the Respondent is proposing to serve new sites, describe the agency’s experience holding or serving as the primary steward of a Master Lease, including responsibilities related to lease enforcement and negotiations with the property’s owner.**
3. **Program Plan (30 Points)**

For Respondents proposing to provide services at continuing and new sites, Respondents must respond to items 4.1 to 4.3. For Respondents proposing to serve sites that require Operations Services (new sites and 2524 Mission Street), Respondents must respond to 4.4.

1. **Describe the agency’s plan to provide the services required at the proposed site(s). Make note of any challenges and barriers that may arise, and how the agency plans to mitigate such issues, including how it plans to ensure continuity of services for tenants.**
2. **Describe the agency’s plan to integrate best practices and HSH’s Strategic Framework into services.**
3. **Describe the agency’s proposed staffing structure and coverage, including brief job descriptions, qualifications, training, supervision system, and quality assurance plan. The ratio of Case Managers to tenants should be at least 1:25. If a Respondent proposing to serve tenants at a continuing program site believes that it cannot meet this standard by the time the agreement term begins, describe the agency’s plan to increase Support Services staffing capacity until this ratio is achieved.**
4. **If proposing to provide Operations Services, describe the agency’s plan to provide 24-hour front desk coverage.**
5. Budget Template Workbook (30 Points)

For each site a Respondent is proposing to serve, Respondents must complete and submit the appropriate Budget Template Workbook. As Workbooks have been pre-programmed with computational formulas, Respondents should enter text or figures in the designated yellow-highlighted cells only.

# Continuing Program Sites

For each continuing site a Respondent is proposing to serve, use **Appendix 2A: Budget Template Workbook for Continuing Program Sites** to provide a three-year budget for all services required at that site (e.g., Support Services only or Support Services and Operations Services). Figures entered in the first term year column will auto-populate in second and third year columns.

# New Program Sites

If a Respondent is proposing to serve one or more new program sites, use one **Appendix 2B: Budget Template Workbook for New Program Sites** to provide an estimated budget for Support Services and Operations Services at a single site for one year. Be sure to include and clearly label any one-time startup costs that will be incurred prior to tenant move-in as “one-time” in the relevant budget line item (for example cleaning, IT infrastructure, etc.), and provide justification for those costs in the Budget Narrative tab.

As new program site details are not yet available, please base budget estimates on the following assumptions:

* The program site is a building with 100 SRO Units;
* The building has 25 percent private and 75 percent shared shower and restroom facilities;
* The program serves 100 single adults who meet Tier V criteria; and
* The annual budget for Support Services is **$5,383** per tenant.

1. **Provide direct expenses for all proposed costs to be supported through this grant using the Salary, Operating, Capital and Summary tabs, as appropriate.**
   * Enter the estimated indirect cost percentage in the designated cell of the Summary tab.
   * If rental income is expected, estimate the annual amount and include it in the “Other Revenue” section at the bottom of the Summary tab.
2. **Complete the Budget Narrative tab, to clearly explain the basis for each expense listed on the Salaries, Operating and Capital Detail tabs, as appropriate.**
3. **Attach a Cost Allocation Plan.** **The plan should explain how indirect costs were calculated. A response submitted without a Cost Allocation Plan may be considered non-responsive.**