1. Proposal Cover Page
   1. Proposer Information

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Organization Name | Click here to enter text. | | | | Federal ID# | | Click here to enter text. |
| Address | Click here to enter text. | | | | | | |
| Director Name | Click here to enter text. | | | | | | |
| Director Phone | Click here to enter text. | | | Director Email | | Click here to enter text. | |
| Contact Name | Click here to enter text. | | | Contact Title | | Click here to enter text. | |
| Contact Phone | Click here to enter text. | | | Contact Email | | Click here to enter text. | |
| Annual Proposed Budget Amount | Click here to enter text. | | | | | | |
| Using Subcontractor? | Yes  No | If yes, Name of Subcontractor | Click here to enter text. | | | | |

* 1. Certifications

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

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

The signatory below is a person authorized to obligate the Proposer to perform the commitments contained in the RFP and proposal. 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 RFP and proposal.

Signature of authorized representative(s):

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

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

1. **Minimum Qualifications**

*Narrative*

In no more than five pages, the Proposer must demonstrate all of the Minimum Qualifications. If a Subcontractor will be used, the Proposer must identify the subcontractor and how it meets the Minimum Qualifications. The Proposer must include the prior or current program name; funder name; funder contact name, title and email; the start/end dates; and how the Proposer or Subcontractor meets each Minimum Qualification.

1. **At least three years of federal grant writing and submission experience, including successful federal grant award applications, and providing technical assistance for public agencies in a similar capacity in the immediate past five years.**

|  |  |
| --- | --- |
| **Prior or Current Program Name** | Click here to enter text. |
| **Funder Name** | Click here to enter text. |
| **Funder Contact Name** | Click here to enter text. |
| **Funder Title** | Click here to enter text. |
| **Funder Email** | Click here to enter text. |
| **Start/End Dates** | Click here to enter text. |
| **How The Proposer or Subcontractor Meets the Minimum Qualification** | Click here to enter text. |

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| --- | --- |
| **Prior or Current Program Name** | Click here to enter text. |
| **Funder Name** | Click here to enter text. |
| **Funder Contact Name** | Click here to enter text. |
| **Funder Title** | Click here to enter text. |
| **Funder Email** | Click here to enter text. |
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| **Prior or Current Program Name** | Click here to enter text. |
| **Funder Name** | Click here to enter text. |
| **Funder Contact Name** | Click here to enter text. |
| **Funder Title** | Click here to enter text. |
| **Funder Email** | Click here to enter text. |
| **Start/End Dates** | Click here to enter text. |
| **How The Proposer or Subcontractor Meets the Minimum Qualification** | Click here to enter text. |

1. **At least three grant writing and submissions to funders that resulted in an award in the last five years.**

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| --- | --- |
| **Prior or Current Program Name** | Click here to enter text. |
| **Funder Name** | Click here to enter text. |
| **Funder Contact Name** | Click here to enter text. |
| **Funder Title** | Click here to enter text. |
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| **Funder Contact Name** | Click here to enter text. |
| **Funder Title** | Click here to enter text. |
| **Funder Email** | Click here to enter text. |
| **Start/End Dates** | Click here to enter text. |
| **How The Proposer or Subcontractor Meets the Minimum Qualification** | Click here to enter text. |

*Budget*

1. **The City reserves the right to reject proposals over the budgeted annual amount as specified in this RFP. This will be reviewed using the amount in the Proposal Cover Page and Appendix 2: Budget Template Workbook**
2. **Organizational Capability**

In no more than three pages (not including resumes, job descriptions, and letters of reference), the Proposer must provide responses to the following:

1. **Describe agency’s experience developing and implementing NOFA application processes.**

Click here to enter text.

1. **Describe the agency’s experience providing technical assistance and analysis regarding federal regulation.**

Click here to enter text.

1. **Describe agency’s organizational structure and staffing patterns needed to provide the proposed services, including program supervision and management.**

* **Attach job descriptions and resume of key program staff and clearly identify which staff position they occupy and provide written assurance that the key individuals listed and identified will be performing the work and will not be substituted with other personnel or reassigned to another project without the City’s prior approval.**

Click here to enter text.

1. **Program Approach**

In no more than five pages, the Proposer must provide responses to the following:

1. **Describe agency’s plan to prepare and develop a streamlined San Francisco NOFA application process.**

Click here to enter text.

1. **Describe agency’s plan to provide technical assistance related to the CoC application process.**

Click here to enter text.

1. **Describe at least two specific service and outcome objectives, respectively, by which success of the delivery of services will be evaluated, and how they will be met and reported.**

Click here to enter text.

1. **Describe the agency’s process for ongoing evaluation and refinement of the program, including how HSH and CoC applicants may offer input regarding program operations; and how the input will be incorporated into the services.**

Click here to enter text.

1. Fiscal Capacity (Budget)

Using Appendix 2: Budget Template Workbook the Proposer must complete/provide the following:

1. **Direct expenses for all proposed costs to be supported through this contract for a three-year term.**
2. **A budget narrative that clearly explains the basis for each expense listed on the budget forms.**

Click here to enter text.