**Appendix 1 to RFP#120: Proposal Template**

1. **Proposal Summary**
	1. **Proposer Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization Name** |  | **Federal ID#** |  |
| **Address** |  |
| **Director Name** |  |
| **Director Phone** |  | **Director Email** |  |
| **Contact Name** |  | **Contact Title** |  |
| **Contact Phone** |  | **Contact Email** |  |
| **Proposed Annual Budget[[1]](#footnote-1)** | **$** |
| **Number of Families Proposing to Serve at Any Time** |  | **Case Management to Family Ratio** |  |
| **Location of Proposed Transitional Housing Site** |  | [ ]  **I certify that I have site control of the site listed above, where Transitional Housing for Families will take place and that services may begin July 1, 2019.**  |
| **Using Subcontractor?**  | [ ] **Yes**[ ] **No** | **If yes, Name of Subcontractor** |  |

* 1. Certifications

I understand that the San Francisco Department of Homelessness and Supportive Housing (HSH) reserves the right to modify grant requirements at the time of funding and/or during the grant agreement negotiations; that a grant 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.

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

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

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**

Each Proposer must demonstrate that it meets each Minimum Qualification. If a Subcontractor will be used and fulfills the Minimum Qualifications, the Proposer must identify the Subcontractor and how it meets the Minimum Qualification. Each Proposer must include the prior and/or current program name; funder name; funder contact name, title and email; the start/end dates; and how the Proposer or Subcontractor meet the Minimum Qualification. Proposers are encouraged to provide concrete and clear examples when responding to the following Minimum Qualification:

1. **At** **least five years of experience providing services to families experiencing homelessness within the past seven years.**

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

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

1. **Organizational Capability and Experience**

In no more than eight pages, each Proposer must provide responses to the below. Proposers are encouraged to provide specific, concrete, and clear examples.

1. **Describe agency’s organizational capability and infrastructure to deliver all of the services described in this RFP.**
2. **Describe the agency’s experience soliciting and utilizing participant feedback into the programming.**
3. **Describe the agency’s experience working with diverse families, including Black, Latino, and LGBTQ families. Include any relevant agency practices and any training that staffing has received around topics, such as, but not limited to, structural racism, implicit bias, and strengths based service delivery.**

1. Describe the agency’s experience in incorporating the concepts in HSH’s Strategic Framework, such as, but not limited to, Housing First, harm reduction and trauma informed care approaches.
2. **Program Plan**

In no more than ten pages, each Proposer must provide responses to the below. Proposers are encouraged to provide specific, concrete, and clear examples.

1. **Describe the agency’s plan to provide the Transitional Housing services.**
* 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 existing participants.
1. **Describe the agency’s plan to work with other providers within the Homelessness Response System to coordinate services for families experiencing homelessness, including examples of current and planned partnerships and relationships and their purpose.**
2. **Succinctly describe the proposed program staffing structure, including responsibilities associated with each position.**
* **Include relevant information. Consider how the staffing structure meets the needs of families served by Transitional Housing. For example4, include the licensed or licensed eligible mental health staff; include the Case Management staff to participant ratio; describe who will provide childcare and how they are qualified; describe the coverage schedule; specify the roles of non-direct service staff.**
* **Please ensure that the staffing structure clearly aligns with the Appendix 2: Budget Template Workbook.**
* **Please do not include resumes or CVs.**
1. Describe how the agency will address the needs of and provide services to families who primarily speak language(s) other than English.
2. Describe the agency’s plan to integrate racial equity into the program.
3. **Budget and Budget Narrative**
* The budget must be cost effective and include detailed and accurate information and Budget Narrative.
* The budget forms are in Excel spreadsheets with existing formulas. Please only complete the yellow highlighted sections.
* There are five sections in the budget workbook: Summary, Salaries, Operating, Capital Expenditures, and Budget Narrative.
1. **Using the Appendix 2: Budget Template Workbook, Proposers must list expenses for all proposed costs from July 1, 2019 to June 30, 2022 using the Salary, Operating and Capital tabs, as appropriate.**
* **Complete the highlighted yellow portions, as other cells contain formulas.**
* **Salaries, Operating and Capital Expenditure are direct costs and must be clearly and easily attributable to the program.**
* **Indirect rates are not allowable on Subcontractor indirect or capital expenditures, aid payments, other direct voucher payments, or any stipend, subsidy or expense paid on behalf of a resident (i.e., security deposit, rental payment assistance, transportation vouchers, etc.). These examples are not intended to be a comprehensive list.**
* **If applicable, attach a separate detailed Subcontractor budget using the standard HSH format if there is a Subcontractor arrangement made under the terms of the agreement. Provide a brief explanation of the Subcontractor arrangement, as well as a budget breakdown. Please note the total Subcontractor budget amount should appear on the Operating tab under the Subcontractor section.**
1. **Complete the Budget Narrative tab, to clearly explain the basis for each expense listed on the Salaries, Operating and Capital Detail tabs, as appropriate.**
* **The Budget Narrative provides detailed information and calculations supporting the amount allocated to each budget line item.**
* **Each Proposer must detail all mathematical computations for each line item and show how the total dollar amount was derived, e.g., the annual salary for each position multiplied by the full-time equivalent (FTE), the number of square feet of office space to be utilized multiplied by the rate per square foot, the cost per month for insurance multiplied by the number of months in the agreement term, etc.**
* **For the Salaries and Benefits section, list the position, a brief sentence of the position's responsibilities, the FTE, the percentage of FTE allocated to the activity, the salary per month, the salary per annum, and the mathematical computation used to arrive at the total dollar amount.**
1. Please make sure this matches the Appendix 2: Budget Template Workbook [↑](#footnote-ref-1)