**Appendix 1: Application Template to Request for Qualifications #HSH2019-127 (RFQ# 127)**

1. **Cover Page**
   1. Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Name** |  | | **Federal ID#** | |  |
| **Address** |  | | | | |
| **Director Name** |  | | | | |
| **Director Phone** |  | **Director Email** | |  | |
| **Contact Name** |  | **Contact Title** | |  | |
| **Contact Phone** |  | **Contact Email** | |  | |
| **Service Component**  (check only one) | **Homelessness Prevention**  **Rapid Rehousing**  **Emergency Shelter Services (Essential Services)**  **Emergency Shelter Services (Shelter Operations)** | **Requested Annual Budget Amount** | |  | |
| **Brief Description of Funding Use** | |  | |

* 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 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 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 Applicant to perform the commitments contained in the RFQ and application. 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 application.

Signature of authorized representative(s):

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

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

1. **Minimum Qualifications**

In no more than four pages, the Applicant must demonstrate all of the Minimum Qualifications (MQs):

1. **Applicant must be a nonprofit organization with a minimum of five years of experience providing services to people experiencing homelessness or who are at imminent risk of homelessness.** *Provide proof of Applicant’s nonprofit status and complete the below. Add additional tables as needed, and delete unnecessary tables.*

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

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

1. **Applicant must have at least two years of experience operating the proposed service category (e.g., Homelessness Prevention, Rapid Rehousing, or Emergency Shelter Services) within the past five years.** *Complete the below. Add additional tables as needed, and delete unnecessary tables.*

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

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

1. **Applicant must demonstrate that it has matching contributions to supplement the ESG award in an amount that equals or exceeds 100 percent of the total requested annual budget amount.** *Complete the below. Add additional tables as needed, and delete unnecessary tables.*

|  |  |
| --- | --- |
| Match Program Name |  |
| Match Amount |  |
| Match Funding Source |  |
| Funder Name |  |
| Funder Contact Name |  |
| Funder Contact Title |  |
| Funder Contact Email Address |  |
| Start and End Dates of Services |  |
| Describe how Applicant meets this Minimum Qualification: |  |

|  |  |
| --- | --- |
| Match Program Name |  |
| Match Amount |  |
| Match Funding Source |  |
| Funder Name |  |
| Funder Contact Name |  |
| Funder Contact Title |  |
| Funder Contact Email Address |  |
| Start and End Dates of Services |  |
| Describe how Applicant meets this Minimum Qualification: |  |