**Appendix 1: Application Template to Request for Qualifications #HSH2020-130 (RFQ# 130)**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization Name** |  | | | | | | |
| **Organization Mission** |  | | | | | | |
| **City Supplier #** |  | | | | **Federal ID#** | |  |
| **Address** |  | | | | | | |
| **Director Name** |  | | | | | | |
| **Director Phone** |  | | | **Director Email** | |  | |
| **Contact Name** |  | | | **Contact Title** | |  | |
| **Contact Phone** |  | | | **Contact Email** | |  | |
| **Site Type**  (check all that apply) | | **Shelter In Place (SIP) Sites**  **Congregate Setting Sites**  **Isolation and Quarantine (I&Q) Sites** | | | | | |
| **Available Applicant Service Capacity**  (indicate which services Applicant can provide directly or through a subcontract - check all that apply – provide any potential subcontractor names[[1]](#footnote-1)) | | **Direct or subcontracted Property Management** (if subcontracted list all potential subcontractor names)  **Direct or subcontracted Janitorial** (if subcontracted list all potential subcontractor names)  **Direct or subcontracted Security** (if subcontracted list all potential subcontractor names)  **Direct or subcontracted Laundry** (if subcontracted list all potential subcontractor names)  **Direct or subcontracted Meals** (if subcontracted list all potential subcontractor names) | | | | | |
| **Available Additional Functionality**  (indicate which services Applicant can provide directly or through a subcontract - check all that apply) | | **Direct or subcontracted Harm Reduction** (if subcontracted list all potential subcontractor names)  **Direct or subcontracted Behavioral Health** (if subcontracted list all potential subcontractor names)  **Direct or subcontracted Nursing/Medical Support** (if subcontracted list all potential subcontractor names) | | | | | |
| **Ongoing Services –** (indicate if Applicant would like to qualify for ongoing services – check all that apply) | | | **Support Services**  **Property Management**  **Shelter Operations**  **Shelter Services**  **Other** (specify) | | | | |

* 1. Certifications

I understand that the City reserves the right to modify 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 agreement until a written grant/contract has been signed by both parties and approved by all applicable City agencies.

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**

Applicant must demonstrate that it meets all of the Minimum Qualifications (MQs):

1. Applicant must demonstrate that they are not debarred or suspended on the federal SAMS[[2]](#footnote-2) database by attaching proof that the applicant is not debarred or suspended.

***Please attach proof that applicant is not debarred or suspended with this Appendix.***

1. Applicant must have a minimum of two years of experience providing services to people experiencing homelessness or who are at imminent risk of homelessness or to individuals who are under or disproportionally served by providing the following information. ***Please add boxes as needed.***

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

1. Applicant must have at least two years of experience operating a Drop-in Center, Shelter, Navigation Center, Transitional Housing, Supportive Housing, Property Management, or other like service or currently participating in City’s COVID-19 response by providing the following information. ***Please add boxes as needed.***

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

1. Insert potential subcontractor names if known. [↑](#footnote-ref-1)
2. Applicants that do not have a SAMS account may create one here: <https://www.sam.gov/SAM/>. Awarded subcontractors will be required to show proof that they are not debarred/suspended upon any award. [↑](#footnote-ref-2)