1.	Cover	<b>Page</b>
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#### 1.1 Applicant(s) Information

<b>Application For</b>	☐ Bayview Flexible Housing Subsidy Pool		Application Type	☐ Sole Applica	nt (one organization app	lying to provide services)
(submit one				☐ Collaboration (more than one organization applying to provide services)		
Application per						
program)				,		
	Managana Camina					
	se Management Services			0.1.1		
Organization		City		Add	ress	
Name		Supplier #				
Director Name		Director		Dire	ctor Email	
		Phone				
Point of		Point of		Poin	t of Contact Email	
Contact		Contact				
		Phone				
Housing Location, H	ousing Coordination, Subsidy A	dministration a	and Landlord Liaison S	Services 🗆 Check	if same as above	
Organization		City		Add	ress	
Name		Supplier #				
Director Name		Director		Dire	ctor Email	
		Phone				
Point of		Point of		Poin	t of Contact Email	
Contact		Contact				
		Phone				

#### 1.2 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.

I understand that my company is required to be a San Francisco City vendor to enter into an agreement with the San Francisco Department of Homelessness and Supportive Housing. I understand that if my company is not yet a San Francisco City vendor that I am required to initiate the first step in the process to register at the <u>San Francisco City Partner</u> website by the time my company submits materials for the Solicitation of Interest.

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 SOI and application. Submission of this document will constitute a representation by the above organization(s) that are they willing and able to perform the commitments and requirements contained in the RFQ and application.

Signature of authorized representative(s):

Name:	Title:
Signature:	Date:

### 2. Minimum Qualifications

Applicant(s) must demonstrate that they meet all the Minimum Qualifications (MQs):

- 2.1 If any part of the service will be through a collaboration or subcontract, please indicate as such and describe the plan for collaboration to successfully deliver the services in this Solicitation.
  - For each service type (e.g. Housing-Focused Case Management, Housing Location, Housing Coordination, Subsidy Administration, and Landlord Liaison services), Applicant(s) must demonstrate, respectively, that each has at least two years of experience delivering similar services.

Plan for Collaboration- For Multiple Agencies (	Only (up to 500 words)
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Housing-Focused Case Management Services	
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:	

Housing Location, Housing Coordination, Subsidy Administration and Landlord Liaison Services

Prior or Current Program Name	
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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:	

#### 3. Plan

3.1 Applicant(s) must describe the proposed program plan, including potential cross-agency collaborations and referral partnerships. Please specify your plan for Housing Location, Housing Coordination, Housing-Focused Case Management, Subsidy Administration, and Landlord Liaison services. Plan should also detail a communication plan and how tenant stability will be achieved. Up to 1000 words.

## **Proposed Program Plan**

3.2. For each service type, Applicant(s) must describe their respective plan to engage tenants and maintain housing stability for each tenant using a racial equity-based, culturally responsive and trauma informed approach. Up to 500 words.

# **Proposed Tenant Engagement Plan**

# 4. Organizational Experience & Capacity

4.1 For each service type, Applicant(s) must describe their respective service experience serving residents of the Bayview District in San Francisco and/or Black, Indigenous, and People of Color (BIPOC), including delivering services through Housing First approach, and focus on housing stability, to fulfil the services as outlined in the Solicitation. Up to 1000 words.

## **Housing-Focused Case Management Services**

## **Housing Location Services**

Housing	g Coordination Services
	5 door unitation between
Subsidy	Administration Services
Landlor	d Liaison Services
4.2	For each service type, Applicant(s) must describe their respective organizational capacity, including hiring practices, efforts to ensure staff are reflective of the communities that the organization serves, onboarding and training with a focus on professional development for BIPOC staff, retention and turnover rates, and current staff vacancies. Up to 750 words.
Organiz	ration Capacity
4.3	For each service type, Applicant(s) must describe their respective challenges and learnings from their experience in service delivery. Up to 750 words.
Housing	g-Focused Case Management Services
Housing	g Location, Housing Coordination, Subsidy Administration and Landlord Liaison Services

5.1 Applicant(s) must submit a completed Appendix 2: Budget Template for an 18-month period from 1/1/2022 to 6/30/2023. Applicant(s) that submit applications without collaborations must submit only one Appendix 2: Budget Template. Applicant(s) that submit collaborative applications shall submit separate Appendix 2: Budget Templates for their respective service components. Submittals with budgets above the allocated budget amount and/or those that do not contain the required staffing will not be evaluated further.