**Appendix 1: Application Template to Solicitation of Information (SOI) (SOI# 134.1) Eula Hotel, Mission Inn Hotel, & 1321 Mission Street**

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

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| **Application For**  (submit one Application per property) | Eula (TAY)  Mission Inn (TAY)  1321 Mission (Adults, Older Adults, & Families) | **Application Type**  (select one) | Sole Applicant (one organization applying to provide the Property Management & Support Service)  Collaboration (more than one organization applying to provide services)  Subcontract (one lead organization with approved subcontractor) |

**Support Services**

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| **Organization Name** |  | **City Supplier #** |  | **Address** |  |
| **Director Name** |  | **Director Phone** |  | **Director Email** |  |
| **Point of Contact** |  | **Point of Contact Phone** |  | **Point of Contact Email** |  |

**Property Management**  Check if same as above

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| **Organization Name** |  | **City Supplier #** |  | **Address** |  |
| **Director Name** |  | **Director Phone** |  | **Director Email** |  |
| **Point of Contact** |  | **Point of Contact Phone** |  | **Point of Contact Email** |  |

**Real Estate Development Management** (Must be completed for Mission Inn, but optional for Eula)

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| **Organization Name** |  | **City Supplier #** |  | **Address** |  |
| **Director Name** |  | **Director Phone** |  | **Director Email** |  |
| **Point of Contact** |  | **Point of Contact Phone** |  | **Point of Contact Email** |  |

* 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 SOI and application. Submission of this document will constitute a representation by the above organization(s) that 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:**

**Name:**       **Title:**

**Signature:**       **Date:**

1. **Minimum Qualifications**

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

* 1. For each service type (e.g. Support Services; Property Management; and Real Estate Development Management, if applicable), whether provided through a single entity, collaboration, and/or subcontractor, Applicants must demonstrate at least three years of experience delivering similar services, respectively.
* If any part of the service will be through a collaboration or subcontract, Applicants must indicate as such and describe the plan for collaboration to successfully deliver the services in this Solicitation. **Please add boxes as needed.**

**Plan for Collaboration**

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**Support Services**

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| 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: |  |

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| --- | --- |
| 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: |  |

***Property Management***

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| --- | --- |
| 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: |  |

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| --- | --- |
| 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: |  |

**Real Estate Development Management**

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| 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: |  |

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| 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. Property Management Applicants must demonstrate experience with:
* Operation of a project similar in scope and size to the proposed project; or
* Operation of at least two affordable rental housing projects in the last ten years, with at least one of those projects containing at least one unit housing a tenant who qualifies as a member of the served population. **Please add boxes as needed.**

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| 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: |  |

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| --- | --- |
| 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. **Plan**
2. For Support Services and Property Management, Applicants must describe the plan to engage and maintain housing stability for a diverse population of tenants, including non-English speakers, persons with disabilities, and individuals with a history of homelessness, substance use and/or mental health challenges*.*

**Support Services**

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**Property Management**

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1. For Support Services and Property Management, Applicants must describe the plan deliver services to achieve the service and outcome objectives described in this Solicitation.

**Support Services**

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**Property Management**

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1. **Organizational Experience & Capacity**
2. For Support Services and Property Management, Applicants must describe their respective service approaches, including, but not limited to:

* Delivering services with equity; and
* Housing First and housing stability principles to deliver the services as outlined in the Solicitation.
* Applicants must describe any policies or procedures that are in place that demonstrate how these principles will be/are implemented.
* Applicants must describe intake requirements and tenant selection criteria.

**Support Services**

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**Property Management**

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1. For Real Estate Management Development (if applicable), Applicant**s** must describe their experience and capacity in delivering services on-time and within budget. Must be completed for Mission Inn, but optional for Eula.

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* 1. For each service type, Applicants must describe their organizational experience in delivering services, managing buildings, including Asset Management and Real Estate Development Management (if applicable), including, but not limited to:
* Years of experience delivering each service type,
* Average building vacancy and turnover rates in existing portfolio;
* Challenges and learnings with each service type;
* Serving a diverse population of tenants, including non-English speakers, persons with disabilities, and individuals with a history of homelessness, substance use and/or mental health challenges;
* Delivering services with equity; and
* Engaging in collaborative service partnerships.

**Support Services**

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**Property Management**

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**Real Estate Development Management** (Must be completed for Mission Inn, but optional for Eula).

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* 1. For Support Services and Property Management, Applicants must describe their respective organizational capacity, including, but not limited to:
* Their current employee vacancy rates;
* Employee turnover rates;
* Capacity to hire, train, and retain staff;
* Capacity to deliver services on-time and within budget; and
* Organizational capacity to track and report service and outcome data.

Support Services

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**Property Management**

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1. For each service type (Support Services and Property Management), Applicants must submit one completed single Appendix 2: Budget Template for a 12-month period with each tab completed. Submittals with budgets above the allocated budget amount and/or those that do not contain the required staffing will not be evaluated further.