**Appendix 1: Application Template to Solicitation of Information (SOI) (SOI Direct Cash Transfer Pilot Program for Transitional Age Youth)**

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

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| **Application Type**(select one) | [ ]  Sole Applicant (one organization applying to provide services)[ ]  Collaboration (more than one organization applying to provide services)[ ]  Subcontract (one lead organization with approved subcontractor)  |

**Applicant Information**

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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** |       |

**Applicant Information** (Complete only if applicable; create more tables if necessary)

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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 are willing and able to perform the commitments and requirements contained in the SOI and application.

Signature of authorized representative(s):

**Name:**       **Title:**

**Signature:**       **Date:**

**Name:**       **Title:**

**Signature:**       **Date:**

1. **Minimum Qualifications**

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

1. Must be a community-based agency that is a non-profit organization tax exempt under Section 501 (c)(3) of the Internal Revenue Code.
2. Applicant organizations must be based in San Francisco.
3. At least five years of experience providing case management and peer navigation services to young adults experiencing housing instability or homelessness
4. Must be a qualified City vendor or have started the process of becoming a City vendor at time of proposal submission.

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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 Minimum Qualifications detailed above:  |       |

1. **Responses to SOI Evaluation Questions**

Applicant must answer all questions below:

* 1. Please discuss the top three reasons why your organization is interested in piloting a DCT Program to youth experiencing homelessness or housing instability.
	2. Please describe your experience distributing financial assistance to youth and describe partnerships with agencies that have assisted with this process, if any.
	3. Please describe any innovative approaches designed to improve outcomes for youth experiencing homelessness designed and/or implemented by your agency in the past. Include information about partnerships with other community-based organizations and/or the public sector and how you have considered best practices when developing new interventions.
	4. Please describe how your organization specifically supports the needs of BIPOC, LGBTQ youth, youth with disabilities, and youth involved in the child welfare system.
	5. Please provide examples of how your organization has collected and used input from youth with lived experience when developing, implementing or evaluating programs.
	6. Please describe your organization’s approach to Continuous Quality Improvement (CQI), including how you utilize data to guide and improve the quality of services offered by your agency and your organization’s experience and previous participation in program evaluations.
	7. Please provide a description of your agency’s specific approach to operationalize and deliver the DCT pilot program and how your approach will address the needs of the target population. **Please, note that the program design is not expected to be fully fleshed out in advance of submitting a response. HSH is seeking for applicants to describe their initial thinking and ideas and the process by which program designed will be finalized.** Please address the following areas: planning, community input on program design, outreach, youth identification and recruitment, program orientation and enrollment, resource distribution, supportive programming and partnerships, and program evaluation.

**Question #1: Please discuss the top three reasons why your organization is interested in piloting a DCT Program to youth experiencing homelessness or housing instability. (250-500 word limit)**

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**Question #2: Please describe your experience distributing financial assistance to youth and describe partnerships with agencies that have assisted with this process, if any. (250-500 word limit)**

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**Question #3: Please describe any innovative approaches designed to improve outcomes for youth experiencing homelessness designed and/or implemented by your agency in the past. Include information about partnerships with other community-based organizations and/or the public sector and how you have considered best practices when developing new interventions.** **(250-500 word limit)**

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**Question #4: Please describe how your organization specifically supports the needs of BIPOC, LGBTQ youth, youth with disabilities, and youth involved in the child welfare system.** **(250-500 word limit)**

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**Question #5: Please provide examples of how your organization has collected and used input from youth with lived experience when developing, implementing or evaluating programs. (250-500 word limit)**

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**Question #6: Please describe your organization’s approach to Continuous Quality Improvement (CQI), including how you utilize data to guide and improve the quality of services offered by your agency and your organization’s experience and previous participation in program evaluations.** **(250-500 word limit)**

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**Question #7:** Please provide a description of your agency’s specific approach to operationalize and deliver the DCT pilot program and how your approach will address the needs of the target population. **Please, note that the program design is not expected to be fully fleshed out in advance of submitting a response. HSH is seeking for applicants to describe their initial thinking and ideas and the process by which program designed will be finalized.** Please address the following areas: planning, community input on program design, outreach, youth identification and recruitment, program orientation and enrollment, resource distribution, supportive programming and partnerships, and program evaluation.

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| **Item** | **Response** |
| **7.1 Planning** | **Describe your organization’s overall plan for the DCT pilot program. Include a description of the process of program design, target population your agency plans to serve, eligibility criteria, key partners/stakeholders in overall program design and implementation process, and whether your agency has identified alternative sources of funding to support the DCT pilot program.** (250-500 word limit)       |
| **7.2 Community Input in Program Design** | **Describe how your organization plans to collect and incorporate input from community members and stakeholders when designing the DCT pilot program. Include information about collaborating organization(s) your agency will partner with to gather and use community input.** (250-500 word limit)       |
| **7.3 Outreach** | **Describe how your organization plans to perform outreach to reach TAY experiencing homelessness and how you plan to partner with other agencies. Describe how your organization plans to publicize the program to reach a wide audience.** (250-500 word limit)        |
| **7.4 Youth Identification and Recruitment** | **Describe how your organization plans to identify, recruit, and select TAY experiencing homelessness to participate in the DCT pilot program and efforts to ensure equitable access to the DCT program. If appropriate, include information about collaborating organization(s) your agency will partner with to identify and recruit participants.** (250-500 word limit)        |
| **7.5 Program Orientation and Enrollment** | **Describe how your organization plans to enroll and provide orientation to youth participants and what topics will be covered. If appropriate, include information about collaborating organization(s) your agency will partner with to provide orientation and/or enroll participants.** (250-500 word limit)         |
| **7.6 Resources Distribution** | **Describe the payment amounts, frequency, duration, and how your agency plans to facilitate disbursement of payment to youth participants. If appropriate, include information about collaborating organization(s) your agency will partner with to distribute funds to youth.** (250-500 word limit)        |
| **7.7 Supportive Programming** | **Describe the flexible, client-centered, trauma-informed, low-barrier, voluntary supportive services your organization will offer to youth participants as part of the DCT pilot program. If appropriate, include information about collaborating organization(s) your agency will partner with to provide supportive services.** (250-500 word limit)       |
| **7.8 Program Evaluation** | **Explain your organization’s program evaluation process and some of the metrics that you are proposing be used to evaluate the program. If appropriate, include information about collaborating organization(s) your agency will partner with to evaluate the program.** (250-500 word limit)      |
| **7.9 Program Policy** | **Describe your plan and process for developing policies and procedures for the DCT pilot program**. (250-500 word limit)       |
| **7.10 Ongoing Quality Improvement** | **Describe how your organization will work with HSH and other relevant stakeholders in the design, monitoring, and evaluation of the pilot program during duration of the project grant. If appropriate, include information about collaborating organization(s) your agency will partner with to provide ongoing quality improvement.** (250-500 word limit)      |