**Appendix 1: Application Template to Solicitation of Information (SOI) – Mission Cabins at 1979 Mission Street**

1. Applicant Information

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

**Applicant Information**

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| **Organization Name** |       | **Website** |       | **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** |       | **Website** |       | **Address** |       |
| **Director Name** |       | **Director Phone** |       | **Director Email** |       |
| **Point of Contact** |       | **Point of Contact Phone** |       | **Point of Contact Email** |       |

1. **Responses to SOI Questions**

Applicant must respond to the questions below. Please do not exceed the word limit.

1. General Background and Qualifications (500 word limit):
	1. Description of the organization.
	2. Demonstrate having two years of experience in shelter or homeless services.
	3. Is your agency a City and County of San Francisco approved vendor?
	4. Is your organization applying individually or in partnership?
2. Program Population (500 word limit):
	1. Please explain your agency’s experience working with marginalized populations, including people experiencing homelessness.
	2. How will you use racial equity and trauma informed approaches when providing services to guests?
3. Program Implementation (750 word limit):
	1. Description of the program model and services you envision for this program.
	2. Description of your agency's experience implementing a harm reduction model.
	3. Description of how you will maintain good relations with the neighbors and community.
	4. Description of your program’s measures of success. Describe the kinds of data and information your organization will collect related to this work. What outcomes are you looking to achieve?
4. Ability to Initiate Services (250 word limit):
	1. Describe your organization’s ability to initiate services outlined in this SOI. Please include a timeline that incorporates how your organization will staff up, initiate, and fully implement services by the anticipated launch date in the SOI.

**General Background and Qualifications (500 word limit):**

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**Program Population (500 word limit):**

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**Program Implementation (750 word limit):**

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**Ability to Initiate Services (250 word limit):**

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