**Appendix 1c: Application Template to Request for Proposal (RFP# 141) – Shelter Transportation**

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

**Lead Organization**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Name** |       | **City Supplier #** |       | **Federal ID #** |       |
| **Address** |       |
| **Director Name** |       | **Director Phone** |       | **Director Email** |       |
| **Point of Contact** |       | **Point of Contact Phone** |       | **Point of Contact Email** |       |
| **Subcontractor Name**  |       | **Subcontractor****Address**  |       |

* 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.

The signatory below is a person authorized to obligate the Applicant to perform the commitments contained in the RFP 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 RFP 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. Did Proposer demonstrate at least one year of experience providing Transportation services to individuals utilizing social services?

*Please complete and submit Appendix 3c Minium Qualifications to demonstrate how Proposers meets the Minimum Qualification above.*

1. **Relevant Experience (Suggested 2 pages maximum for responses to this section)**
	1. Describe experience providing Transportation services to individuals utilizing social services. Including populations served, length of time providing Transportation services, service areas/ routes, and schedules.

|  |
| --- |
|       |

1. **Program Plan (Suggested 4 pages maximum for responses to this section)**

4.1 Describe plan to provide safe and reliable transportation services to homeless families and adults as well as their possessions for a minimum of ten hours daily. Include description of vehicles to be used, passenger capacity, and accessibility. Describe preventative maintenance plan for vehicle/s and accessibility features to meet passenger’s needs.

|  |
| --- |
|       |

1. **Organizational Capacity and Staffing (5 pages maximum for responses to this section)**
	1. Describe program staffing plan including staff titles and FTE, language capacity, roles and responsibilities, and supervision structure. Include tasks necessary to provide program services and how they will be assigned to staff.

|  |
| --- |
|       |

* 1. Describe organizational capacity to provide transportation services.

|  |
| --- |
|       |

* 1. Describe proposed plan for backup coverage to minimize unexpected delays of more than twenty minutes. Including location of vehicles and back-up vehicles, plan for coverage if staff are not available and/or vehicle/s is out of service, estimated time to provide backup vehicle and/or staff coverage. Include plan for communicating unexpected delays with pick-up and drop-off points.

|  |
| --- |
|       |

1. **Experience and Plan to Track Data and Outcomes (2 pages maximum for responses to this section)**
2. Describe experience with data collection, tracking, and reporting including tracking daily number of riders, administering, and analyzing annual user satisfaction survey.

|  |
| --- |
|       |