**RFQ #142 TAY Site in SOMA**

**Appendix 1b: Supportive Services Written Proposal**

*Instructions to Proposers*

*Proposers shall use this document as a template to provide their Written Proposal responses. Proposals that fail to address each of the requested items in this document in a sufficient and complete manner will be deemed Non-Responsive and/or receive zero (0) points. Proposers may not leave responses to questions blank and may not respond to questions with “To be provided upon request”, “To be determined” or the like.*

*In order to receive the maximum amount of points, please be sure to follow the format included in RFQ and thoroughly (but concisely) address each section. Please stay within the suggested page maximums per section. Attachments requested do not count toward page maximums.*

*Submission of a proposal will constitute a representation by your agency/ organization that your agency/ organization is willing and able to perform the commitments contained in the proposal.*

*All documents submitted in response to this Solicitation are subject to public disclosure. Therefore, please exclude or otherwise identify confidential or proprietary information, as appropriate.*

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

**Lead Organization**

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| **Organization Name** |       | **City Supplier #** |       | **Federal ID #** |       |
| **Address** |       |
| **Director Name** |       | **Director Phone** |       | **Director Email** |       |
| **Proposal Point of Contact** |       | **Proposal Point of Contact Phone** |       | **Proposal 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 RFQ 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 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 meet all of the Minimum Qualifications (MQs) using Appendix 3b:

* 1. Proposer must demonstrate at least three years of experience providing equitable and successful support services to TGNCI+ individuals.
1. **Relevant Experience *(Suggested 8 pages maximum for responses to this section)***
	1. Describe experience providing Supportive Services including outreach and engagement and case management with the goal of engaging tenants in voluntary services. Include years of experience, location of services, services provided, and populations served.

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* 1. Describe experience maintaining professional and respectful interactions and relationships with intergenerational TGNCI+ and/or LGBTQIA+ populations.

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* 1. Describe experience collaborating and coordinating with external agencies and/or providers to deliver Supportive Services in PSH settings.

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* 1. Describe experience handling tenant crises, including crisis prevention and interventions.

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1. **Program Approach *(Suggested 7 pages maximum for responses to this section)***

4.1 Describe proposed plan for administering Supportive Services included in the Scope of Services. Describe how services will be provided with tenant centered approaches that focus on racial and gender equity and align with the core components of Housing First.

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4.2 Describe how services will be provided to promote TGNCI+ TAY and adult tenant safety and prevent tenant harm and crises. Include any relevant policies and procedures as **Attachment 6b**.

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4.3 Describe your approaches to engaging and incentivizing tenants in voluntary services.

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4.4 Describe proposed plan for providing and coordinating referrals for offsite services to meet TGNCI+ TAY and adult’s needs.

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1. **Organizational Capacity and Staffing *(8 pages maximum for responses to this section)***
	1. Describe organizational capacity to provide Supportive Services.

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* 1. Describe program staffing plan including staff titles, FTE, licenses/ certifications, language capacity; roles and responsibilities; and supervision structure. Include an organizational chart to show where services will fall within the agency as **Attachment 7a.**

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* 1. Describe how staff will reflect the population served through lived experience and/or an organizational growth and development plan that promotes cultural humility.

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* 1. Describe agency capacity and plan to implement the Good Neighbor Policy and work in partnership with neighboring residents and businesses to ensure that the program has a positive impact on the community, including staff that will respond to neighbors, participate in community/ neighborhood events, and attend regular meetings with HSH.

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5.5 Describe plan for building capacity within the first two years of the agreement, including use of capacity building funds and timeline for utilizing funds.

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1. Collaborations and Partnerships (2 pages maximum for responses to this section)
	1. Describe plan for coordinating with the Master Lease and Property Management provider. Include previous experience and collaborators.

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* 1. Describe current partnerships with agencies, community-based organizations (CBOs), advocacy groups that serve TGNCI+ TAY and adults.

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1. **Prior Performance (*1 page maximum for clarification and/or additional information*)**
2. Include program monitoring results for a project with a similar scope including findings and/or corrective action plan, response to the issued corrective action plan, and final disposition status. Include any relevant attachments as Attachment 8b.