**Appendix 1: Application for the Flexible Housing Subsidy Pool for Women Solicitation of Interest**

1. **Cover Page**
   1. Applicant(s) Information

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| **Application For** | Flexible Housing Subsidy Pool for Women | **Application Type**  (select one) | Sole Applicant (one organization applying to provide services)  Collaboration (more than one organization applying to provide services) |

**Housing-Focused Case Management 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** |  |

**Housing Location, Housing Coordination, Subsidy Administration and Landlord Liaison Services**  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** |  |

* 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.*

*I understand that my company is required to be a San Francisco City vendor to enter into an agreement with the San Francisco Department of Homelessness and Supportive Housing. I understand that if my company is not yet a San Francisco City vendor that I am required to initiate the first step in the process to register at the* [*San Francisco City Partner*](https://sfcitypartner.sfgov.org/pages/index.aspx) *website by the time my company submits materials for the Solicitation of Interest.*

*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 are 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:**

1. **Minimum Qualifications**

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

1. Applicants must be a certified City vendor or have initiated the process to become a City vendor, as evidenced by registering at the San Francisco City Partner website by the time of submitting materials for the Solicitation of Interest (SOI).
   1. Applicants must attach verification upon application submission.
2. *For each service type (e.g. Housing-Focused Case Management, Housing Location, Housing Coordination, Subsidy Administration, and Landlord Liaison services), Applicant(s) must demonstrate, respectively, that each has experience delivering similar services.* 
   1. *If any part of the service will be through a collaboration or subcontract, please indicate as such and describe the plan for collaboration to successfully deliver the services in this Solicitation in partnership with that organization.*

**Housing-Focused Case Management 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: |  |

**Housing Location**

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

**Housing Coordination**

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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: |  |

**Subsidy Administration**

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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: |  |

**Landlord Liaison 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: |  |

**Plan for Collaboration *(if applicable)* - For Multiple Agencies Only (up to 500 words)**

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* 1. *Please describe how the Applicant administers a racial equity-based, culturally responsive, housing first, and trauma-informed approach.*

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* 1. *Demonstrate the Applicants experience and ability to collaborate with tenants, property owners, and community-based organizations with the goal of tenant housing stability.*
  2. *Provide an overview for the Applicants competence to implement programmatic elements and the financial ability to comply with all administrative requirements outlined in this SOI.*

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* 1. *Specialized Minimum Requirements: At least two years of experience providing services to women experiencing homelessness. Please demonstrate your competency providing services to women experiencing homelessness.*

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* 1. *Please confirm if there are any limitations to the Applicant’s ability to start services as of April 2024.*

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1. **Plan to Deliver Services**
2. *Please describe three reasons why your organization is interested in administering a FHSP program to adult women experiencing homelessness in San Francisco. (250-500 word limit)*

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1. *Please explain your organization’s experience and capacity to successfully operate a Scattered Site Housing Program or the provision of similar services such as housing-focused case management and retention services, rental property acquisition, landlord engagement, and liaison services to low-income San Franciscans. (250-500 word limit per service)*

**Housing-Focused Case Management Services**

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**Housing Location Services**

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**Housing Coordination Services**

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**Subsidy Administration Services**

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**Landlord Liaison Services**

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1. *Please describe any innovative approaches designed and/or implemented by your organization in the past to improve outcomes for households experiencing homelessness. Include information about partnerships with other community-based organizations and/or the public sectors. (250-500 word limit)*

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1. *Please describe how your Housing Coordination and Housing-Focused Case Management approach is tailored to meet the specific needs of adult women experiencing homelessness, including women who are BIPOC, who are persons with disabilities, who are survivors of violence, and/or who are involved in the criminal justice system. (250-500 word limit)*

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1. *Please describe your experience engaging landlords and property owners in the private rental market to house households experiencing homelessness or at risk of homelessness. (250-500 word limit)*

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1. **Organizational Experience & Capacity**
2. *For each service type, Applicant(s) must describe their organizational capacity. The response should touch on hiring practices, onboarding, and training approach, including focusing on professional development for staff, staffing retention/turnover/ vacancy rates, and the ability to track and report data. Please provide a demographic profile of the organization’s Board and staff and describe efforts to ensure that they reflect the communities that the organization serves. Up to 500 words.*

**Organization Capacity**

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1. For each service type, Applicant(s) must describe their respective challenges and learnings from their experience in service delivery and/or from formal service evaluation. Up to 750 words.

**Housing-Focused Case Management Services**

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**Housing Location, Housing Coordination, Subsidy Administration and Landlord Liaison Services**

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1. Budget
2. Applicants must submit a completed Appendix 2: Budget Template for 15 months from 4/1/2024 to 6/30/2025: 3 months for 23-24 fiscal year, and 12 months for 24-25 fiscal year. Applicants submitting applications without collaboration must submit one Appendix 2: Budget Template. Applicants that submit collaborative applications shall submit separate Appendix 2: Budget Templates for their respective service components. Submittals with budgets above the allocated budget amount and/ or those that do not contain the required staffing will not be evaluated further.